CAN MARRIAGE SURVIVE TRAUMATIC CHILD DEATH?
A 'NARRATIVE DANCE' TOWARDS AN ALTERNATIVE DISCOURSE FOR SPOUSES' EMOTIONAL ATTACHMENT THROUGH PASTORAL THERAPY

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BY

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THIS DOCTORAL THESIS HAS BEEN SUBMITTED IN ACCORDANCE
WITH THE REQUIREMENTS
FOR THE

PHILOSOPHIAE DOCTOR

DEGREE
IN THE FACULTY OF THEOLOGY DEPARTMENT OF PRACTICAL THEOLOGY
AT THE UNIVERSITY OF THE FREE STATE

MAY 2007

PROMOTER DR BF JOUBERT

ACKNOWLEDGEMENTS

What a privilege to set foot on the 'dance floor'!

It is a particular privilege to be part of a 'dance' that goes beyond certainties and conformities. I do not consider it as taken-for-granted that I am part of a 'pastoral therapeutic dance' that moves towards new outcomes. Therefore, I want to express thanks towards those who played a role in shaping me as pastoral therapist.

Thanks be to **Jesus** (the Christ)…the One who has made me part of his Great Story.

Thanks be to **Ben** (Dr Joubert)…the one who has guided me as a genuine mentor.

Thanks be to **Hannelie** (my wife)…the one who has influenced me to move beyond limits.

Thanks be to **my parents** (and the family)…the ones who have always believed in my future.

Thanks be to **my parents in law** (and the family)…the ones who prayed for me.

I wish to pray: Dear Father in Heaven, make me an artist in every 'pastoral therapeutic dance'. Guide me with your Holy Spirit to co-discover the colours of life with all 'dance partners' You make me cross their paths. Here I am, use me as an instrument, use my abilities, my words, my actions, my own story, yes, also my faith in You and my own spiritual development. Use it all in your service…

> **"Lord, make me an instrument of your peace. Where there is hatred, let me sow love, where there is injury, pardon..."**
>
> **(Prayer of Francis of Assisi).**

Up to now I have not experienced the death of a child. That does not necessarily mean that I cannot place myself in the shoes of those who had lost their child. My heart, full of empathy, enables me to *go the second mile* with parents who have to face the tragedy of a sudden child death. I consider myself an instrument that is able to facilitate a pastoral therapeutic process

towards new outcomes. However, I experienced the sudden loss of *two children*, my two precious dogs that served as my *children* for nearly thirteen years. Their death touched my heart and life. I will always long for their companionship and for their special relationship that was a vital part of my life. Someone said: *"God named one friend 'dog' by turning his own name back to front"*. Surely, they were more than friends to me!

The pain of sudden child loss also touched my heart when viewing the film *Eternal Enemies* produced by Dereck and Beverly Joubert. The story is about the emotional pain of a Savuti (Botswana) lioness, Matsumi, who lost her three cubs after an attack by an Egyptian Cobra. She was also attacked and fought for her life. However, it took her several weeks to recover physically and emotionally from the loss. She revisited the site to look for her cubs. She mewled and groaned, wandered around and lay down meaninglessly; she became emaciated and withdrew from the pride. Although she was on a difficult road to the recovery of her strength, she did not lose courage. Finally she became part of the pride again. There are many more examples from nature that tell the story of devastating emotional pain after the loss of a precious offspring, for instance in the elephant world. My love for nature cannot ignore the pain of animals, how much more so the pain of human beings!

The 'dance' is about to begin!
Thanks be to **you** (the reader)…the one who will join me throughout the 'dance'…

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CHAPTER 1: PREPARING THE 'DANCE FLOOR'

1.1 Introduction

Shall we 'dance'?[1] I[2] invite you, the reader, to take part in this 'dance'. For the purposes of this thesis, I will be referring to a 'pastoral therapeutic dance'. A dance is an excellent metaphor[3] for the process of pastoral therapy in a postmodern world. In the next paragraphs a detailed explanation will be given for the use of dancing as a metaphor for pastoral therapy[4]. Here, in the beginning, it is worthy to note that dancing has a *"powerful appeal"* (Kraus 1969:3) drawing oneself along. This is the most striking characteristic of dancing, and I use it in my therapeutic framework. I have experienced the powerful effect of pastoral therapy in people's

[1] I have been inspired by the art of dancing in the heart-warming romantic film by director Simon Fields: *Shall we dance?*. The film tells the story of a lawyer with a near-perfect life. Although he is blessed, something is missing in his life. He discovers a passion for dance, and as he learns the steps and comes into the rhythm of the music, he embraces a new enthusiasm for life he never knew was possible. When I invite you, the reader to join me in 'dancing', our passion for 'dance' may inspire us to find 'steps' and 'rhythms' that may bring new life both for us and for grieving couples after traumatic child death.

[2] I am drawing upon the insights of Legg & Stagaki (2002:386), who say that the rhetoric within postmodern therapy should be changed to be distinctive. Postmodern rhetoric is unable to bear a prescriptive perspective on academic writing, but flourish within a descriptive perspective. This means that therapists draw on postmodern ideas to prompt their readers *"to construct one set of truths in preference to another"*. Postmodern rhetoric favours the first person (singular or plural) in order to render reading conversation-like, in that the reader is invited to be engaged by acknowledging that he may think differently. Thus, the first person will be used in order to encourage an exchange of views.

[3] Although metaphors are carriers of much information *"in compact and memorable packages"* (Lawley & Tompkins 2000:9), they are more than verbal expressions. I understand the essence of metaphors in accordance with the description by Lawley & Tompkins (2000:6), namely as an *"understanding and experiencing of one kind of thing in terms of another"*. They proceed by saying that the using of metaphors is an attempt to capture *"the essential nature of an experience"*; thus, a metaphor involves an active process *"which is at the very heart of understanding ourselves, others and the world around us"*. However, it is impossible to understand fully, even by means of metaphors. Lawley & Tompkins (2000:7) have shown that it does not matter how much a metaphor is described, its full meaning remains hidden and vague. Metaphors consist of a number of interrelated symbols that contain more than meets the eye. However, the more a metaphor's symbolism is explored, the more its significance emerges. I see the challenge of this study contained in exploring the symbolism of the dancing metaphor as an attempt to gain a better understanding of, not only traumatised parents, but also of the process of pastoral therapy involved in the guidance of parents grieving the loss of a child and the significance of this therapy for the parents. We all have the ability to deal with metaphors. Lawley & Tompkins (2000:3) refer to Jose Ortega y Gasset's (1972) definition of metaphor as *"perhaps one of man's most fruitful potentialities... and it seems a tool for creation which God left inside His creatures when He made them"*. Thus, we all have the potential to create worlds through metaphors, and to understand metaphors as a means of expressing information. My utilisation of the dancing (and other) metaphor(s) in this study will show that this is true for both counselor and those being counseled.

[4] Lawley & Tompkins (2000) are psychotherapists who are working from a new approach which they call *Symbolic Modelling*. In the chapter that they call *Metaphors We Live By*, they are saying that metaphors have the ability to heal, transform and enrich lives. They use metaphors in therapy as a means to facilitate change. Therapists have the task to artfully facilitate persons to transform themselves by using their own metaphors,

lives myself. My greatest wish is that you, the reader, will join me in this experience for the course of this study. Come along and be drawn into the power of pastoral therapy!

The 'pastoral therapeutic dance' as artistic movement

Besides the power contained in pastoral therapy, it also comprises of a fine artistic process and one cannot approach it at random. One has to become part of the artistic movement. Likewise, dance has its own story developed through the centuries. Since 1960 a striking and rapid growth of dance activity has been seen in the world. This, however, was not the beginning of dance. Through the centuries dancing has become an art with Gray (1989:2) defining it as *"the art of human movement"*. According to Kraus (1969:6), the philosopher James K. Feibleman (1949) also defines dance as *"that art which deals with the motions of the human body"*. As early as 1790, Jean Georges Noverre described dancing as *"the art of composing steps with grace, precision and facility..."* (Kraus 1969:5). Today, any systematic dancing is a form of artistic experience. Kraus furthermore quotes Munro (1951), who says that dance is:

> **"...an art of rhythmic bodily movement, presenting to the observer an ordered sequence of moving visual patterns of line, solid shape, and colour. The postures and gestures of which these are made suggest experiences of tension, relaxation, etc., and emotional moods and attitudes associated with them. They may also represent imaginary characters, actions, and stories..."**
>
> **(Kraus 1969:7).**

Like dance, pastoral therapy is a special 'ordered sequence of rhythmic moving' which is sometimes laden with emotion, sometimes tension, sometimes relaxation, sometimes enjoyment, and sometimes with overwhelming grief. Therefore, the 'steps' of the 'dance' of pastoral therapy have also to be artistically composed grace, precision and facility!

The 'dance' of pastoral therapy within a postmodern era

When reference is made to the ordered or rhythmic movement of dance, this is not done in the modernist sense of understanding. One can no longer *"settle dance into comfortable*

and, in the process, also to transform themselves as therapists. The transforming nature and ability of pastoral therapy can never be underestimated and will be clearly demonstrated in this study.

modernist formulas where boundaries are fixed and forms pure" (Morris 1996a:11). Morris's (1996a:10) point of departure is that the time for looking at dance in terms of the movement, is past. This led to a dichotomy between mind and body, with the emphasis on the latter. After 1980 dance scholarship started to flourish in a postmodern era and brought new insight into the nature of dance itself. Postmodern influence made it possible for dance to be rethought and conceptualised in detail for the first time. Movement is only one element of a larger whole characterising much of postmodern dance performance. Dance scholarship has tended to move in an interdisciplinary direction embedding dance within a cultural and social context. This rendered the borders of dance more open and flexible, as opposed to rigid and closed. The definition of dance in a postmodern world has also moved from ballet to socially structured human movement (Morris 1996a:2). Movement in dance has become a way of creating meaning, and the structure of dance reveals elements of social meaning (Morris 1996a:4). The view on dance, thus, has been broadened to include social and cultural ideas such as gender, race, class, the body, the mind, language, and symbolism, and the interactions and connections between these (Morris 1996a:9). According to Thomas (1996:63), we can no longer think of dance as personal and individual, but as being much more as common and shared within the bounds of society's larger discourses. In thinking about pastoral therapy, we cannot deny postmodern influence. Fixed modernist formulas, boundaries and pure forms within a formalistic point of view, are counterproductive towards the power locked within pastoral therapy. Morris (1996a:2) is correct in saying that we all have to learn to cope with the shifting ground of a postmodern world. In this study it will gradually become clear that postmodern influence has brought new insight to the nature of pastoral therapy, and has opened up new and meaningful opportunities within a cultural and social context[5]. Postmodern influence has made it possible to use dance as an effective metaphor for pastoral therapy. It leads to flourishing pastoral therapeutic processes where therapist and client[6] arrive

[5] O'Dell, De Abreu & O'Toole (2004:138) have illustrated a tendency in the world of psychology to turn towards culture *"in the light of globalisation, mass migration and mass communication"*; the main building blocks of a postmodern era. A new look to cultural and contextual issues has emerged and which is outlined in chapter three. It is no longer possible to turn a blind eye to the influence of one's culture and context.

[6] A postmodern view to therapy is sensitive to power relating issues and language. The term *client* may establish a power difference between therapist and the person needing therapy. Wylie (1994:46) refers to White's (1991) dislike of the term *client* in Narrative Therapy. *Client* suggests to him the sort of *"expert domination of people in therapy that reproduces the social control and disqualification they already experience outside"*. Thus, in using the term *client* in this study, it should not be understood in terms of a power difference between therapist and the person needing therapy. Instead, an equal relationship may be found between therapist and client which will be discussed in more detail in the next chapter. *Person* and *individual* are more preferable terms as these

together at new meanings! In studying a complex issue such as the survival of marriage after traumatic child death, a broader look needs to be taken than at merely formalistic means of therapy. Issues such as symbolism, class, gender, language, and the connection between body and mind[7] are indeed vital for purposes of this study.

Please note the representation of stories in dance, mentioned in the second paragraph. This notion will be repeated in more detail in the paragraphs to follow. Meanwhile it is worthy to note the significant title of Rosenberg's (1985) book: *Dance me a story*. In the introduction ballet is referred to as a kind of dance that is for many an enlightening and entertaining portrayal of a story. Ballet is thus intended to express a story and to provide a memorable experience - even if the dancing is not fully appreciated. Failure to understand the story as it unfolds, or failure to notice certain small details, will remain an obstacle to full enjoyment (Rosenberg 1985:6). In this study it is my intention as researcher to *"vividly create"* (Rosenberg 1985:6) a story for a 'pastoral therapeutic dance'; to transform different stories into 'dances', thereby integrating them into a 'pastoral therapeutic dance'. After all, this study has to be a 'dance' in itself. As researcher, I would like to 'dance' a story, and to draw the reader along in a memorable experience.

Preparing the 'dance floor' for the 'pastoral therapeutic dance'

But what about the 'dance floor'? In this first chapter I am preparing the 'dance floor' for a 'dance' to be remembered! As stated by Laws (1984:43), dancers are well aware of the importance of dance floors for their safety and technique. Both the elastic properties and the surface friction of dance floors are extremely important. The dance floor has to be adequate for the demands of dancers. The elastic properties are important for a safe and softer landing that decreases the potential for injury. Frictional properties, on the other hand, are important for accelerations, since friction permits motion more easily once the feet are moving on the floor. Rosin is used to increase the measure of friction of the feet against the floor as it tends to be sticky in the absence of motion. The friction must be sufficient for allowing movements such as sliding on the floor, jumps, rotations, and stopping.

terms signify equal power between the therapist and the person needing therapy. However, it is sometimes necessary to use *client* where the context so dictates.

[7] The connection between body and mind represents the holistic approach to humans that forms part of postmodern thinking (Buitendag 2002:951). My own holistic approach in pastoral therapy will be outlined in the next chapter.

Can the reader imagine a 'pastoral therapeutic dance' without a 'dance floor'? No, an adequate 'dance floor' is essential for the demands of the 'dancers'! The researcher, the reader, and everyone involved in the pastoral therapeutic process have the desire to know that the 'dance floor' is safe for every technique. In using the term *technique*, I am not referring to the modernist, mechanical therapeutic style, but to the dynamic 'dance steps' that form part of a postmodern view to therapy. The postmodern view, which permits varying perspectives and alternative meanings and stories, provides both 'elastic and friction properties' for the 'dance floor'; properties not accounted for by the modernism view. Modernism could only provide *"an unyielding floor construction such as concrete that is difficult and dangerous to dance on"* (Laws 1984:39). As researcher, I am in need of the 'elasticity' of postmodern thinking in order to open up as many alternatives as possible for grieving couples[8]. Furthermore, enough 'friction' is also needed to set the motion forward in terms of an easy, dynamic process towards a common goal. Postmodern influence provides the 'rosin' needed to 'free the sticky feet' from the 'dance floor' in moving on after the difficulty of traumatic child death. However, I am of the opinion that the component of the 'dance floor' which is most important, lies in my own life orientation based on the Bible. The Bible is a wonderful story in itself! When the Bible invites us to partake in the 'dance', the same 'elastic and friction properties' are present. There are so many alternatives within the realm of God's love, mercy, providence and victory, that every grieving couple can find new meaning in life. As researcher, I find sufficient 'friction' in the Holy Spirit of the Bible to bring the 'acceleration' that is needed in the process of creating a new marriage story. He makes the impossible possible! He brings about a 'safe and softer landing' that decreases the potential for 'injury'. He makes the 'pastoral therapeutic dance' an unforgettable experience!

1.1.1 Dance as metaphor

The history, meaning and purpose of dance

It is necessary to determine the essential nature of dance, rather than its outward form, to understand the metaphor of dance as clearly as possible. Dance is found among all the peoples and civilisations of the world and plays an important role throughout life. In his book *History of the Dance*, Kraus (1969) states that dancing was already a highly important part of the life

[8] In this study the terms *grieving couples* and *grieving parents* are used interchangeably as the study is focussed

of prehistoric man. Kraus (1969:6) quotes Cheney (1929) who says that prehistoric man was the ancestor of dance as we know it today: *"After the activities that secure to primitive peoples the material necessities, food and shelter, the dance comes first. It is the earliest outlet for emotion and the beginning of the arts..."*. Why was dance so important to primitive societies? What are its functions? Within primitive cultures, past and present, that are essentially tribal, living in rural surroundings, and depending on hunting or agriculture for their livelihood, dance has constituted a major form of social expression and religious ritual. Dance is used as a means of worship, as a way of expressing and reinforcing tribal unity and strength, as a framework for courtship or mating, as a means of communication, and as a therapeutic or healing experience. Dance started as a gesture or facial expression in order to communicate, and gradually was used in combination with sound, symbolic acts and action as a means of telling a story or conveying information. Primitive cultures danced the stories of animals and life. As culture became more complex, it became practice to perform war dances in preparation for battle, or to celebrate victory. There were also dances for weddings, births, and funerals (Kraus 1969:16-17).

Dance was not limited to primitive cultures alone, but was furthermore developed by the great Mediterranean civilisations preceding the Christian era, such as the ancient Chaldeans, Sumerians, Assyrians, Egyptians, Hebrews, Greeks and Romans. Under the Romans, dance suffered from the sickness of corruption when it was used as a component of the torture and slaughter of thousands of captives, slaves and Christians before the eyes of thousands of spectators during circuses in Roman arenas (Kraus 1969:44). After this, it is understandable that the Christian church, which offered unity and form of universal citizenship in Europe, was mindful in its view of dance. When dance expressed vice and luxury, it was condemned, and when it expressed virtuousness and was performed in honour of God, it was praised. The predominant picture of dance throughout the Dark and Middle Ages, was that it formed part of the Christian church's life and was performed in the church (Kraus 1969:47). Other ceremonies that were of a dance-like nature were also continued after the formal service of the church. Therefore, dance was a church-thing during those years. Religious authorities condemned all secular forms of dance that were performed as entertainment outside the control of the church (Kraus 1969:52, 59). Dancing continued in the Christian church until

on grieving couples who are simultaneously parents after traumatic child death.

about the 12th century, when the pressures against it mounted and it was widely banned and prohibited in churches. Nevertheless, it continued to be performed in some areas of church life, and also continued well into the Renaissance period of the 17th century. Through all the years of the Dark and Middle Ages, wandering entertainers continued to be welcomed in the castles after the restrictions imposed by religious authorities were less strongly enforced. This paved the way for performances by professional entertainers, and for common people to amuse themselves by performing dances that were essentially social in nature. Subsequent to this, dancing started to flourish and found its way to new heights of artistic development and popularity. A special profession developed, that of the dancing master (Kraus 1969:59, 62).

Dance as metaphor for pastoral therapy

In what ways can dance be employed as a metaphor for pastoral therapy? It is obvious that the roots of dance are widespread and deep. Dance is not only rooted in the history of mankind, but also deeply rooted in man's life itself. Dance is an important part of contemporary life, but also played an important role in prehistoric life. In thinking about pastoral therapy, I am looking for a metaphor to deal with the most basic issues of mankind; issues that connect a person with man in general, with his own history, and his own roots in life. Dance has the ability to bring about this connection. I can also not think of a better metaphor[9] for the marriage of religion and social life. In conducting pastoral therapy, one works with a person's religious and social life with the purpose of significant integration of these aspects.

The most remarkable features of dance are its communicative functions and the ability it has to bring about a therapeutic or healing experience. Isn't this exactly what therapy is all about? Therapy deals with life itself, and with the issues of life through mutual communication between therapist and client. The deepest issues pertaining to the present life situation of clients are revealed and discussed with the purpose of facilitating a healing experience. Therapy, including pastoral therapy, is insignificant if it does not bring healing or relief. Therapeutic conversations are emotional by nature, as dance may also be seen to have an

[9]Lawley & Tompkins (2000:6-7) state that any metaphor has a unique personal significance that connects a person to his history, his spiritual nature, his sense of destiny and to the hidden aspects of his life. Whatever a person says, sees, hears, feels, does or imagines has the potential to become a self-generated metaphor that can either unlock creativity or create a self-imposed prison. We all set goals, make commitments, and execute plans on the basis of how we structure our experience through metaphors. Thus, the dancing metaphor has the ability to help us understand the personal connections in people's lives and how these connections should be dealt with in pastoral therapy in order to open prison doors towards new alternative connections.

emotional function. Choreographers believe that emotional expression lies at the heart of dance:

> **"The rhythm of life brings the dance, and every dance transforms man's innate passive rhythm into an active vital rhythm. It changes mechanical repetitiveness into passionate life. Dance is thus a means of enriching life and of expressing man's deepest moods. Dance also serves as therapy: for many it offers a form of physical and emotional release and rehabilitation. It is provided, along with other therapies, in many treatment centres"**
>
> **(Kraus 1969:12).**

Emotional states tend to express themselves through physical movement. The fundamental purpose of dance is the dancer's expression of his[10] own emotions, or of his feelings about his life experiences. Dance is an expression of life as a person sees or experiences it today. The dancer belongs to his time and place and he can only express that which passes through or close to his own experiences. Some have questioned this line of thinking because not all forms of dance intended as communicative expression. Some forms of dance serves only as entertainment. Nevertheless, nobody can deny the communicative and expressive function of dance. Like dance, therapy provides the opportunity to express the deepest emotions of the present verbally and non-verbally. This is an integral part of the therapeutic process. Negative and positive emotions are expressed. Literally, the emotions of the wedding and the funeral may thus be released.

The enrichment of life goes hand in hand with emotional healing and relief. Like dance, I believe that therapy can 'transform man's innate passive rhythm into an active vital rhythm' by changing 'mechanical repetitiveness into passionate life'. The purpose of therapy is to bring new life and to enrich a person's life. As many dance scholars believe that dance is needed to sustain life, I believe in the power of therapy to recover and sustain life. Scholars say that dance has meaning for society because it is a social experience shared by all members of the culture, and therefore is essential for its well-being (Kraus 1969:9). One cannot conceive of a

[10] In using a personal pronoun, this will take the masculine form *his*. The feminine form *her* is supposed in each case. Thus, the usage of the masculine form does not imply any form of discrimination against the feminine sex, but has merely been adopted for practical reasons, to avoid unnecessary repetition and to save on space.

person in crisis and who does not receive therapy. It brings new strength to individuals, new unity and strength between couples, and creates a new framework for courtship. Like dance, therapy leads to the celebration of victory. Without this victory, nobody can live life to its full! Ultimately, therapy becomes the means to perform a 'war dance in preparation for battle' against the dominant forces in life. The integration of religion and the social aspects of life make this possible, and bring new and enriching growth. Gray (1989:2) alerts us to the importance of dance in our lives when she says:

> **"The famous dance educator Margaret H'Doubler believes that dance can play an important part in the enrichment of an individual life - that movement is the source of meaning as well as the medium for expressing and communicating".**

Gray believes that every person has the physical need for expression through rhythmic play, and through exploration of bodily powers and physical environment. As researcher, I believe that every person in crisis has to face his environment and bodily powers, and has to come to the point of therapy where physical and emotional needs are expressed with the aim of attaining enrichment and growth.

In a discussion of movement it must be noted that dancing has its own dynamic inspiration which draws one along with itself. Body movement is life itself:

> **"Our movement begins in the womb before our birth and the new-born infant's need for movement is imperative and continuous. Movement is a basic need we all have to satisfy. As long as there is life, there is movement. But movement alone is not enough. The quality of the movement experience is crucial. Dance has the capacity to promote a special kind of feeling - a sense of heightening of life, an exhilaration, a sense of joy. It has the unique capacity to blend, or combine, the physical and emotional aspects of our being in an integrated expression. The ability to release one's feelings in this way is a deeply therapeutic and healthful function"**
>
> **(Kraus 1969:10-11).**

A reference has already been made to emotional expression as a means to gain a healthful life, but I would here like to emphasise the kinetic aspect of dance. In connection with movement, Gray (1989:2) notes that in dance the body is the medium, and the movement is the message. Thus, in the movement itself lies fulfilment. Kraus (1969:12) refers to a certain psychoanalyst with a high regard for dance and who views those who cannot dance as being *"imprisoned in their own ego"* and having lost the *"tune of life"*. They are deeply *"repressed"* and *"forlorn"*. As already stated, movement is essential for every human being. Movement in the therapeutic process is also very essential. Movement bears one forward to a certain outcome, and this movement renders one part of a process which may be experienced as *"a special kind of feeling - a sense of heightening of life, an exhilaration, a sense of joy"* (Kraus 1969:12). In therapy, every person is desirous of experiencing progression towards an end; of the expectation to move on in life on a positive note. For this reason therapy has to be of a high quality. Quality lies within every therapist's creativity, vitality and encouragement. To assure therapy of a high quality, the therapist has to form part of this movement[11]. The postmodern concept of the researcher as simultaneous participant and observer has been particularly helpful to dance scholars (Morris 1996a:8). Similarly, it is thus necessary for the researcher-therapist to become a participant in the therapeutic movement.

The multi-faceted nature of dance has unique application possibilities for pastoral therapy; thus rendering this art form an excellent metaphor for pastoral therapy. Although dance is an age-old custom, it remains fresh for individuals entering every new era.

1.1.2 Different kinds of 'dance'

When standing on the dance floor, the dancer has to select[12] a particular dancing style in accordance with the music that is playing. As is known, there are various kinds of dances, all

[11] Buitendag (2002:941) illustrates that dancing participants are simultaneously the product and producer of a dance. This means that both therapist and client are thus simultaneously involved in the creating and enjoyment of new meaning.

[12] Over and against the modernist view of universality, one is confronted, within a postmodern context, to openly and honestly decide between alternatives. According to Mittleton & Walsh (1995:59) postmodernity is characterised by *"freedom of choice"* which means *"keeping your options open"*. However, it is impossible to keep one's options open, because, at the end, no choices can be made that really matters. Freedom to select confronts one with the need to choose between alternatives, which mean to choose in favour of one specific option, especially when the choice carries with it the possibility of making a difference, of changing the course of events, of setting in motion a chain of events that may prove irreversible. In this 'dance' of study I have to

accompanied by different kinds of music. Kraus (1969:14) quotes Martin (1963) who says that there are basically two types of dance:

> **"The kind which is performed by people without an audience, usually a mass activity, and which is done for the emotional release of the dancer, without regard to the possible interest of a spectator. Examples of this are social or folk dance. And secondly, the kind of dance which is meant to be performed for an audience and which is done for the enjoyment of a spectator either as an exhibition of skill, the telling of a story, the presentation of pleasurable designs, or the communication of emotional experience… like ballet or modern dance".**

This distinction has been adapted in some of the present-day uses of dance, in the sense that the first kind is sometimes seen on a highly skilled level for performances, and the second is sometimes engaged in merely for enjoyment. At this time the reader must be clear that, for purposes of this study, the dancing metaphor is based upon the second type of dance that accompanies skill, story and communication of emotional experience. The dancing metaphor focuses on dances that are developed to a high level of artistic skill and renders their performance attractive to an audience. Nevertheless, each dance has its own unique style and story. It would be wrong to assume that all forms of dance have a common purpose or meaning. The functions of the different dances vary according to the specific style. In this study I have emphasised classical ballet, not through judgments on the form's inherent value or worth, but because all other styles of dance share features of ballet in the types of movements on which they are based. All imaginable dance movements may be analysed on the same grounds as ballet. Ballet is the most convenient vehicle for the analyses since this is form of dance most well-defined, constant, and universal.

It is on this point that the reader must understand the complexity of the dancing metaphor for purposes of this study, in that I go about this study using a multiple of 'dances'. The reader has

select. Besides my choice for a postmodernist framework, I have to choose between various 'dance' options for the course of this study. In this sense, the selection process becomes an owing of responsibility and accountability for making a difference in the lives of individuals.

made contact with the 'pastoral therapeutic dance' as the main 'dance' of this study. Besides this 'dance', eight other 'dances' are of importance, namely:

- The 'dance' of study;
- The 'dance' of culture;
- The 'dance' of marriage;
- The 'dance' of family of origin;
- The 'dance' of life;
- The 'dance' of trauma;
- The 'dance' of my own life story as therapist; and
- The 'dance' of God.

This study is a 'dance' on its own. Readers are invited to join each step as the 'dance' of study develops in terms of the research. The 'dance' of study contains the main 'dance', and namely the process of pastoral therapy. After all, it is the main interest of the study! As the reader will read in the next section, the specific kind of 'pastoral therapeutic dance' is a 'narrative dance' with its own style[13]. To 'dance' the main 'dance', it is necessary for the 'pastoral therapeutic dance' to employ other kinds of 'dance' to be true to the nature of dance itself. The reader is reminded of what has already been said about the broadening of the borders of dance to include culture, gender and other social and interdisciplinary subsections such as marriage and trauma. When working with individuals, it is clear that each person 'dances' life according to the interplay of the different 'dances' active in the life of that person, including the 'dance' of family of origin. This is exactly what has to happen in this 'dance' of study. All the various kinds of 'dance' have to be integrated into a harmonious whole to form the 'dance' of study. As researcher, my purpose is to deal with the complicated issue of whether marriage has the ability to survive traumatic child death?[14]. Bearing in mind the different 'dances' connected to

[13] There are various kinds of 'pastoral therapeutic dances', such as the kerygmatic model of Thurneysen (1957), Firet (1977), and Heitink (1979), the so-called (American) client-centred or empirical model under the influence of Rogers and Freud, the nouthetic model of Adams (1970), the holistic growth model of Clinebell (1984), the *telic*-model of Louw (1998) with its basis as promissiotherapy, or the Biblical model of Janse van Rensburg (2000a). In the following paragraphs as well as the next chapter, I will argue the reasons for why I believe that a 'narrative dance' is the best 'dance' to choose in order to be in rhythm with the 'music' of traumatic child death (see also next footnote).

[14] The issue of traumatic child death is only one kind of 'music' people may 'hear' from life. There are also other kinds of 'music' representing different kinds of problems or crises people may experience in their 'dance' of life. This 'dance' of study is demarcated to focus on the 'music' of grieving parents, especially on the 'music' of

it in some way or the other. The more complicated the issue, the more 'dances' are needed to give insight to the main 'dance' of pastoral therapy. The 'dance' of this study cannot be pastoral in nature if parents are not assisted in integrating the 'dance' of God[15] into their story of grief. Ultimately, as pastoral therapist, I cannot escape the 'dance' of my own life story and which influences not only the 'dance' of study, but also the 'pastoral therapeutic dance'.

It is already said that different 'dances' consist of different stories. One may expect that the various 'dances' in this study also have their own stories. Even the study itself, as a kind of 'dance', has a story. I present the 'dance' of study in terms of a story. Due to the number of 'dances', a number of stories is to be found, and how the story of one 'dance' may influence the next and its stories. Every chapter of this 'dance' of study will be presented as a 'dance', and each of these 'dances' will reveal its own story in detail. This study will be incomplete if it does not reveal the stories of married couples' 'dance'[16], the story of their 'dance' of trauma, and the story of their 'dance' after the traumatic death of their child. Similarly, this study will be incomplete if it does not reveal the individual stories of both husband and wife since childhood. Lastly, this study will be incomplete if it does not reveal the possibility of integrating God's story[17] into all the other stories of all the different 'dances' and *vice versa*. My wish is that this 'dance' of study will contribute and lead to new 'dances' and stories in the lives of those who struggle to survive traumatic child death. New 'dances' and stories can emerge because the story of Christ's death and resurrection makes victory possible!

1.1.3 'Dancing' in stories

In this paragraph the term *narrative* is sometimes used instead of *story*. For the purposes of this study these terms are synonymous; both say something about the nature of our lives. Life

their marriages after traumatic child death. As researcher, I believe that the 'narrative dance' is able to take up the rhythm of this kind of 'music' distinctively.

[15] As researcher, I understand the 'dance' of God as God's dealings with mankind in general. He was not only once the Creator of everything, but is still continuing with his active involvement in the unfolding of history according to his will and purposes. Thus, God stays continually on the move with his people throughout history. This is based on his omnipotence, sovereignty, power and redemption. While He respects his people's free will and choice, God allows suffering and joy in their lives for the purposes of either testing, punishment or new growth, or either for the enjoyment of life to its full (Disciple's Study Bible 1988:1664-1676).

[16] Middelberg (2001:341) shows that 'dance' is a term commonly used in systemic couple therapy for referring to the repetitive sequence of interactions between partners.

is like a story and we all live in stories. Müller & Laas (2000:319) state this briefly and concisely: *"The nature of our existence is narrative. It is part of our being to be storytellers and listeners"*. They quote Webb-Mitchell (1995) who says:

> **"We are all born with the ability and desire to express and receive stories… narrative is crucial in understanding human life for all that we are, and all that we do, and all that we think and feel is based upon stories, both our personal stories and the stories of our significant community"**
>
> **(Müller & Laas 2000:319).**

We live in stories

One of the most basic actions of human existence is to tell and to interpret, and to retell these interpretations in the form of a story. People of all times and cultures have used stories as a means to organise and give meaning to their lives. As human beings we all think, perceive and imagine in terms of stories. Stories are ways of organising episodes, actions and accounts of actions in time and space, in order to grasp them in some kind of pattern. White & Epston (1990:9-10) explain it as follows:

> **"In order to make sense of our lives and to express ourselves, experience must be 'storied'… in sequences across time in such a way as to arrive at a coherent account of themselves and the world around them. This account can be referred to as a story or self-narrative. The success of this storying of experience provides persons with a sense of continuity and meaning in their lives, and this is relied upon for the ordering of daily lives and for the interpretation of further experiences. Since all stories have a beginning (a history), a middle (a present), and an ending (a future), the interpretation of current events is as much future-shaped as it is past-determined".**

Müller & Laas (2000:320) quote Hoskins & Leseho (1996), who explain the process of storying as follows:

[17] The 'dance' of God tells the story of God's redemptive acts throughout history, based upon his love, compassion and concern for his people as we see it throughout the Bible (Disciple's Study Bible 1988:1665).

> **"As we construct our stories we are sewing together fragments of living in larger wholes. We seek comprehension through the stories we tell. Story is the natural form we use to put the aspects of experience and life together, to bring what we are living into synthesis, an articulated coherence".**

Morgan (2000:5) also understands a narrative in terms of a thread weaving events together in a particular sequence across a time period, to form a story. In the process of storying, meaning is attributed to these events:

> **"As humans, we are interpreting beings. We all have daily experiences of events that we seek to make meaningful. That is, we give meanings to our experiences constantly as we live our lives. The stories we have about our lives are created through linking certain events together, and finding a way of explaining or making sense of them. This meaning forms the plot of the story, and the story itself, becomes a powerful shaper of a person's live"**
>
> **(Morgan 2000:5-6).**

According to Morgan (2000:8) our lives are multistoried. There are many different kinds of stories by which we live our lives and relationships[18]. These various stories about our lives and relationships may occur simultaneously. We all have stories about our abilities, about our struggles, our competencies, actions, desires, relationships, work, interests, our achievements, conquests, failures, and about ourselves. Müller & Laas (2000:320) say that human actions always consist of parts of or whole stories, and that these stories do not necessarily consist only of human actions, but also of lifeless objects such as photographs or houses. When a story is told, all these lifeless objects receive life, although they are speechless. These stories can belong to us as individuals, or they may form part of our relationships.

Besides these different stories, there are also the broader stories of the culture in which we live (Morgan 2000:9-10). The meanings we give to events occurring in sequence across time do not occur in a vacuum. There is always a context in which the stories of our lives are

The content of God's story will be discussed in detail in the following chapter.

[18] These stories include, as White & Epston (1990:10) have suggested, stories about the past, present and the future. Stories are indeed powerful shapers of our present and future lives in terms of the past. This is a very important idea to which repeated references will be made throughout the study.

formed. This context contributes to the interpretations and meanings we give to events. In other words, our lives are influenced by the context in which we understand our lives. The context of gender, class, race, culture and sexual preference are all-powerful contributors to the plot of the stories by which we live. The beliefs, ideas and practices of the culture in which we live play a large part in the meanings we make of our lives. We are all part of a continuous process of circular social construction[19].

Müller & Laas (2000:319) show the way in which Hermans and Hermans-Jansen (1995) use the metaphor of *"the person as motivated storyteller"* to indicate that all persons are keen to tell stories by nature. Granting somebody the opportunity to tell his own story is the most basic premise of Narrative Therapy. To think about life in terms of stories unlocks a new dimension for pastoral therapy, and gives hopeful inspiration, as is argued in section 1.1.5, to therapists working with grieving couples who have suffered traumatic child death. Müller & Laas (2000:320) refer to Webb-Mitchell (1995), who says that a narrative approach to people is all about the exploitation of a person's, a family's or a married couple's master story. Thus, the challenge for the narrative therapist is to step into *"a universe of stories"* (Parry 1991).

Narrative Therapy and the stories we live by

Michael White and David Epston are the main exponents and developers of the narrative approach. They were first to start using the narrative metaphor to think about people's lives as stories. However, Nicholson (1995), a trainer and supervisor in Narrative Therapy, conceptualised Narrative Therapy as being akin to a dance. He developed[20] the idea of a 'narrative dance' as a clear therapeutic 'step' to facilitate movement across the central dimensions of Narrative Therapy. He says: *"Dancing is a kind of narrative shuffle; the therapist and client are involved in an action and meaning shuffle across time"* (Nicholson 1995:24). Thus, Narrative Therapy has to be understood as a *"fluid, moving process of gliding*

[19] A return will be made to the concept of social construction in the next paragraphs and chapter, but meanwhile it will suffice to say that the concept is derived from a postmodern frame of mind that indicates people's ability to negotiate meaning within the contexts they live, by means of a process of co-construction through language. Anderson & Goolishian (1991:1) say that *"a socio-cultural system is the product of social communication"* and that it is our engagement in some meaning-generating dialogue within the system that we are able to arrive at some meaning or understanding. In this sense, the culture in which we live may exert a great influence on the meaning we attribute to life. Likewise, it is possible to exert a big influence on the culture in which we life.

[20] According to Nicholson (1995:23), the richness of the narrative approach for therapy has obscured the directions available in therapy. As a result, he developed a teaching tool to assist therapists in applying White & Epston's work. Nicholson's approach will be outlined in more detail in chapters seven and eight.

across, backwards and forward" alike unto a dancing couple. The metaphor of the 'narrative dance' is a powerful means to understand and apply the narrative approach in therapy.

Nicholson's idea of a 'narrative dance' guided me to 'dance' with the dancing metaphor in this study. I, however, would like to build on Nicholson's idea, by moving in terms of the dancing metaphor. The grounded stories of the 'dances' are all filled with successive events, meanings and interpretations that have been developed over time. It will become clear that my goal with this study is to join with couples in exploring all their stories about their lives and relationship before and after the traumatic death of their child, and also the effects of these stories, their meanings and the context in which they have been formed and authored. It is my intention to help grieving couples to re-experience their life stories after their trauma in new ways, in order to 'dance' again in ways that are meaningful and fulfilling for their marriages. Thus, this 'dance' of study will remain a true 'narrative dance' within the story of pastoral therapy.

From the outset, it is important to mention that this 'dance' of study in terms of the narrative approach is conducted from a certain pastoral point of view that does not give way to postmodern relativism. Although I am working from a postmodern premise, it will clearly be shown that it poses no threat for a Biblical and Christian orientation. I believe that I cannot be a *pastoral* therapist without a thorough theological foundation, theological point of departure and theological way of being. One cannot escape the influence of the theological 'dance' in one's life. This foundation and influence enable us to unlock the richness of the 'narrative dance'. Necessarily, the 'dance' and stories of the Bible will exert an influence in this 'narrative dance' as a *'pastoral* therapeutic dance'. The Bible's 'dance' and stories give an alternative vision and a dream of new possibilities that will captivate the imagination. The Biblical vision of life dares us to dream dreams of newness and hope for every couple in the light of God's story of redemption. As pastoral therapist, I want to reflect a liberate imagination for this new future. If there is no possibility for newness and hope, a 'pastoral therapeutic dance' is not possible and no new life-giving stories will be generated!

1.1.4 Previous 'dances' of study

Over the last 25 years, various scholars have studied the death of children. Examples of these are the studies of Peppers & Knapp (1980), Rosen (1986), Leon (1990) and Murphy (2003).

One of the most comprehensive and thorough studies on child death in general, is that of Arnold & Gemma (1994). Less scientific material on the topic has been written by Linda Hurcombe (2004). Furthermore, a few master's degree studies have been conducted in South Africa, such as that of Du Toit (1991) entitled *Parents in the Process of Mourning*. Various articles are available on the topic of child death. Examples of these are those by Friedlander (1991), Littlewood & Cramer (1991a+b), Black (1998), and Riches & Dawson (2002). Less scientific articles are also available in article form like that of Tamara Jones (2004). On the Internet are also articles available such as the one from the National SIDS Resource Centre with the title *The Death of a Child – The Grief of the Parents: A Lifetime Journey* (Anon 1997: Online). These scholars have focused primarily on child death in general, and not particularly on traumatic or sudden child death.

Certain scholars have focused particularly on traumatic or sudden child death, such as De Frain, Tylor & Ernst (1982). In South Africa, master's degree studies have been conducted by Redelinghuys (1987) (title: *The Psychological Implications of a Cradle Death for the Mother*) and Cohen (1999) (title: *Unexpected Death of a Child: A Constructivist approach*). A recent South African doctoral study has also been conducted, namely that of Basson (1995), entitled *The Psychosocial Implications of the Loss of a Fetus or Baby*. Many articles are available on the topic of traumatic or sudden child death, such as that of Najman, Vance, Embleton, Foster & Thearle (1993); Fabrega & Nutini (1994); and Vance, Boyle, Najman & Thearle (2002). *The Compassionate Friends* have also produced valuable leaflets on sudden child death, available on the internet (Anon 2004: Online and Anon [n.d.]: Online). Certain articles are particularly focused on couple's marriages after the death of their child. Examples of these are articles by Littlewood & Cramer (1991a+b), Najman *et al.* (1993), Hagemeister & Rosenblatt (1997) and Schwab (1998). A valuable book on a couple's healing process after child death is that of Gilbert & Smart (1992), entitled *Coping with Infant or Fetal Loss: The Couple's Healing Process*. The question remains as to the degree to which the specific approaches of all these studies contribute to a narrative approach in dealing with traumatic or sudden child death.

The issue of child death, whether it be traumatic or not, is referred to in most literature dealing with grief and bereavement, but appears as an individual chapter. Examples of this are

found in the works by Worden (1982), Raphael (1983), Smith (1985), Walsh & McGoldrick (1991), Sanders (1998), and Becvar (2001). These studies are valuable in their detailed outline of adult grief in general, bearing titles such as *The Mourning After: Dealing with Adult Bereavement*; *Good Grief: Exploring Feelings, Loss and Death with Over Elevens and Adults*; and *Aspects of Grief: Bereavement in Adult Life.* Some recent studies have explored the intersections between grief and trauma, such as the study by Harvey (2002). While the latter explores child death within the particular context of trauma, Regehr & Sussman (2004) focus their attention on traumatic grief in general. It has to be added that the book *Meaning Reconstruction & the Experience of Loss*, edited by Neimeyer (2001), is breaking new ground in formulating a fresh approach towards understanding grief following on trauma; a theme which will be explored in greater detail in this 'dance' of study. The challenge now lies in exploring the different approaches taken by the authors mentioned above.

A study of the literature reveals that most scholars have examined death or bereavement from a medical, psychological, psychiatric, social or sociological perspective. Schoemberg, Carr, Peretz & Kutsscher (1970) wrote, for instance, from a psychological and psychiatric point of view. More important is the phenomenological approach of most of these scholars. It is clear from these studies that their purpose has mainly been to provide caregivers and professionals with information on grief and loss in order to arrive at a better (or even *full*) understanding of the process of and reactions to grief or bereavement (Schoenberg *et al.* 1970; Switzer 1970; Ward 1993; Sanders 1998; Becvar 2001). Schutz (1978:3-4) shows that most studies on death, dying and bereavement before 1960 were conducted on an existentialist-philosophical basis. It was only after 1960 that a variety of disciplines started to collect systematic-empirical data. Since then there has been a *"growing consensus that large quantities of empirical data are required for answers to the many problems already identified"* (Schutz 1978:3). Many scholars have been focused on the gathering of large quantities of data about bereavement on the basis of individual observations, in order to give explanations and descriptions of their experiences, and to specify the types of intervention needed.

In the field of child death, many scholars (De Frain *et al.* 1982; Raphael 1983; Rosen 1986; Arnold & Gemma 1994; Sanders 1998; Becvar 2001) have studied this phenomenon from a phenomenological framework. They have explored the effect of child death on parents in

order to help these mothers and fathers to cope with their grief. They examined parent's experiences of child death by means of questionnaires and personal contact sessions in order to learn more about the nature of child death and its effect on both husband and wife, and on marriage as a whole. These descriptions have then served as predictions of what husband and wife can expect to happen after the death of a child. Scholars agree that, in spite of the emotional difficulties, it is important for spouses to learn to cope with traumatic child death and to learn to live with their feelings and failings. Most of the time advice is given to help parents cope with the pain (see especially the article from the National SIDS Resource Centre, Anon 1997: Online), although the difficulty of this is acknowledged. In this context, Peppers & Knapp (1980) have identified the emotional responses that produce the greatest difficulties for caregivers in the process of therapy, in order to deal more effectively with these difficulties. The lessons learned from couples struggling through traumatic child death, helped them to get it right as therapists and to contribute to this difficult and overwhelming crisis in life. They want to overcome these difficulties and to be armed with theory in order to be prepared to enter reality and to cure the pathologised symptoms of grief.

Besides this purpose, most studies focused on the provision of a model for intervention, or a way to deal with or adapt to the loss. In most cases these have been treatment-models, based on expert knowledge and help (Raphael 1983; Leon 1990). Prescriptive steps and techniques are given as a means to guide the bereaved towards recovery. Phrases such as *"give guidance, counsel and support"*, *"treatment towards cure"* or *"techniques of routine caring"* are used, while specific counseling skills are highlighted. Friedlander (1991), for instance, writes, as a health care professional, about what to do and what not to do after child death. Her focus falls on the professional expert's management of parents' distress. The following is an excellent demonstration of the need for experts to work with bereaved persons within a medical practice:

> **"The patients' awe of the physician as possessor of special knowledge, secrets, and remedies may be a source of considerable pleasure. It is all about how health personnel must be prepared to recognise and manage his own anticipation of and reaction to loss as well as the reactions of the patients, the patient's family, and paramedical personnel who was serve the dying patient"**

(**Schoenberg *et al.* 1970:3-4**).

The term *management* has dominated approaches to death and loss for a long time. Traditionally it has been the responsibility of the expert to fulfil the basic needs of persons. Sanders (1998:1) refers to the expert whose task it is to *"compare and contrast objectively the experiences among individual bereaved persons as well as groups"*. The expert is responsible for training bereaved people for new roles, has to interpretate for the bereaved his wishes or needs, has to encourage the bereaved to express their feelings, and has to build persons' self-esteem (Raphael 1983:370). LeSHAN (1976) also stresses the role of the expert in understanding the emotions of the bereaved. It is suggested that the bereaved person is helpless and should get help from a social worker, psychologist or psychiatrist that is specially trained to help people to find out more about their feelings:

> **"After all, if you broke a leg you wouldn't try to fix it yourself; you know that you need someone who is trained to take care of such thing. There are people who know how to take care of those other kinds of wounds, too"**
>
> (**LeSHAN 1976:71**).

Wolfram's (2004) article is a good example of a study on child death from a medical point of view. Although Wolfram refers to the uniqueness of each child's death, and that a *"standard 'cookbook'-approach by the physician is inappropriate"*, he attempts to give advice on the subject of child death *"that must be modified according to individual circumstances"*, as with clinical medicine. Experts always know the how's, the do's and don'ts (Ward 1993). The implication is that the grieving person does not have any power[21] to act, and is also not allowed to feel freely what or how he wants. Because grieving persons are easily labeled as helpless, special help is needed on the basis of an unequal power relation between the expert and the bereaved. The expert alone is able to determine how one should feel, what is

[21] Amundson, Stewart & Valentine (1993:111) warn against temptations of power and certainty within the therapeutic context by saying: *"When therapists do not adequately account for the position of our clients, we fall prey to the temptation of certainty. When we attempt to impose corrections from such certainty, we fall victim to the temptation of power… our commitment to 'expert knowledge' blinds us to the experience in the room"*. A position of power and certainty run the risk of producing rigidity or inflexibility, and of subjugating the client rather than liberating him. It is easy then for the therapist to have the upper hand, by being selective in accordance to his own lenses of expertise knowledge (Amundson *et al.* 1993:114).

experienced or needed, and what should happen to arrive at a solution (Raphael 1983; Leon 1990).

In an examination of literature on trauma, attention is normally given to traumatic experiences in general, and not to trauma relating to the death of a child in particular. Examples of this are found in the studies of Stone (1976), Roman & Le Duc-Barnett (2000), Schulz, Van Wijk & Jones (2000) and Van Wyk (2003). These studies are mainly focused on the understanding of trauma, its effects on individuals in general, the management of trauma, dealing with its aftermath, or the aid that is necessary to recovery after trauma. As with grief and bereavement, the phenomenological framework is also visible here, as well as the emphasis of the therapist as expert. Although scholars such as Tedeschi & Calhoun (1995) and Spiers (2001) have worked from the same point of view, they have made fresh contributions to the field by highlighting holistic growth and transformation by means of changed assumptions. The opposing points of view of certain recent scholars should also be acknowledged, namely the physiological approach of Van der Kolk in Wylie (2004a) on the one hand, and the narrative approaches of White (2004) and Müller (2004) on the other. The insights of these scholars will be explored in more detail. However, it is evident that a gap exists in trauma-related literature with regard to particularly the traumatic or sudden death of a child.

From the literature survey it became evident that no comprehensive studies have been conducted on traumatic or sudden child death, in which both the components of trauma and marriage are combined into a narrative approach. Therefore, the issue of child death, in this 'dance' of study, will be approached from a traumatic point of view. As researcher, I am specifically concerned about the *pastoral therapeutic* guidance of married couples after the traumatic or sudden death of their child. I prefer that this *pastoral therapeutic* guidance is narrative by nature. Thus, there is a need for a comprehensive narrative study with regard to the *pastoral therapeutic* guidance of married couples on the traumatic loss of their child. As researcher, I believe that my 'dance' of study will contribute largely to couples' healing process after traumatic child death, and to the intersections between grief and trauma, especially after a child's death, within the footsteps of Harvey (2002) and Regehr & Sussman

(2004). My 'dance' of study moves away from an expert-approach[22] towards meaning reconstruction within the field of traumatic child death, within the footsteps of Neimeyer *et al.* (2001).

1.1.5 The need for this 'dance' of study

The literature survey has shown the need for a comprehensive narrative study with regard to the *pastoral therapeutic* guidance of couples on the traumatic loss of a child. A need exists for something more than a phenomenological approach from a medical, psychological, social psychiatric or sociological perspective. A study is needed that goes further than an exploration of the effect of child death on parents in terms of their experiences, in order to help these parents cope. There is also a need for something more than simply a focus on what experts can offer in terms of management and treatment of traumatised parents. Thus, therapy has to involve more than simply giving advice or answers to spouses on how they have to handle the traumatic death of their child in order to ensure that they cope. A type of therapy is needed that is both pastoral and client-focused (especially marriage-focused), and that is able to set a process in motion towards the healing of traumatic grief. Too few studies have been conducted on the emotional recovery of marriage after traumatic child death, or on the new emotional relationship arising between spouses so that marital discord may be counteracted and kept to a minimum. A kind of therapy is also needed in which the wider relational contexts and discourses[23] are taken into account, so that may influence both partner's capability and capacity for co-constructing an alternative emotional attachment after the

[22] The intention to move away from an expert approach, has to be understood within the context of *the client is the expert*-approach of Narrative Therapy. With *the client as the expert* is meant that the client's needs and experiences are acknowledged and that the therapist does not limit his own understanding and interpretation of the client by prior experiences or theoretically formed truths and knowledges (Anderson & Goolishian 1992:28). *The client as the expert* also means that the therapist adopts a *not-knowing* position, which consists of an attitude, or stance that communicates a genuine curiosity or need to know more about what has been said (a state of being informed). This stance enables the therapist to take the story of the client seriously, to join with the client in a mutual exploration of the client's understanding and experience, and to focus with the client on the *not-yet-said* stories (Anderson & Goolishian 1992:29).

[23] According to White & Epston (1990:18-27), the stories of persons who come for therapy are framed by a broader socio-political context. Power is operative within this socio-political context on the basis of global and unitary knowledges. These knowledges serve as the *truths* by which persons are incited to constitute their lives. While these truths are associated with techniques of social control that lead to the subjugation or objectification of persons, their massive effect on lives and relationships has to be expected. *Truths* in this context can be defined as the dominant discourses or grand narratives of society that include not only gender or mourning issues, but also *truth*-discourses of professional disciplines that *"propose and assert objective reality accounts of the human condition"* (White & Epston 1990:28).

traumatic death of their child. The need is great for a comprehensive narrative study relating to traumatic child death in South Africa within a *pastoral therapeutic* context.

Therefore, the narrative approach is suggested for working with traumatised couples on the death of their child. The question has to be answered: *Can marriage survive traumatic child death?* The uniqueness of the researcher's 'dance' of study lies in its narrative approach to traumatic child death. The focus will fall on the construction of alternative discourses to enable couples not only to survive traumatic child death, but also to 'dance' on in life within new possible discourses. This study's focus on the emotional relationship between couples is unique in its comparison with existing studies on marriage. It is not the goal of this 'dance' of study to complete therapy within a certain period of time. The goal can better be defined as the opening of new perspectives for couple's lives and the starting of a process in which they can integrate their child's death into their future life.

The value of this 'dance' of study lies in its participation in the most recent dialogue about traumatic child death. It will also have great value for marriage counseling. Other valuable points of this 'dance' of study are:

- The exposure of the dominant societal discourses on gender norms, mourning, marriage and couples' experiences of emotion;
- The stories of marriage and trauma;
- The stories of couples' grief upon traumatic child loss;
- The pastoral therapeutic process in terms of the narrative approach;
- A critical evaluation of different models in dealing with traumatised couples after the death of their child; and
- The joyful outcomes of mourning couples.

Now that the reader is informed about both the need and value of this 'dance' of study, an invitation is extended to the reader to join narrative therapists' understanding of *the problem*[24]

[24] Narrative therapists' understanding of *the problem* is based on Anderson & Goolishian's (1991) language systems approach. According to them, a *problem* is no more than a socially created reality that is sustained by behaviour and mutually co-ordinated in language. In the words of White & Epston (1990:16), persons' lives and relationships are governed by the influence of *the problem* by means of a problem-saturated story. The influence of *the problem* is experienced as an obstacle that creates an interference with lived experience. White & Epston (1990:28) say that persons experience a problem *"when the narratives in which they are storying their experience, and/or in which they are having their experience storied by others, do not sufficiently represent their lived experience, and that, in these circumstances, there will be significant aspects of their lived*

concerning traumatised couples after the death of their child. This *problem* may interfere with their marriage 'dance' by creating stumbling blocks in this 'dance'. *The problem*[25], it doesn't matter how it looks like or how it takes up its position, needs to be addressed effectively. This constitutes the difference between the life and death of a marriage and remains the most basic reason for conducting this 'dance' of study.

1.2 Stumbling blocks in the 'marriage dance'

Can marriage survive traumatic child death?

Scholars, such as De Frain *et al.* (1982) believe that the death of a child is the main reason for many instances of divorce. Schwab (1998:445) refers to a study by Schiff (1977) who shows that some studies have estimated that as high as 90% of all bereaved couples found themselves in serious marital difficulty after the death of their child, and that many of these marriages end in divorce. Schwab (1998:446) also discovered that information about the high rate of divorce has been widely circulated. Certain bereaved parents read or hear about it from others and are then alarmed by this news, believing their own marriage to be in danger of breaking up. Although marital partners are often faced with both the emotional trauma of loss and with the disruptive interactional patterns between themselves, Schwab (1998:448) questions the evidence indicating that such difficulties have the potential to cause irreparable damage to marriage. After conducting a thorough literature review, he found that there is a lack of empirical evidence to support the commonly held belief that marital breakdown necessarily follows the death of a child. In some cases the loss of a child has created a renewed bond between husband and wife. This is not to say that Schwab denies couples' experience of estrangement, strain or a decline in marital satisfaction. On the contrary, he refers to the high degree of tension that develops between marital partners after child death (Schwab 1998:447). However, this does not mean that the tension will end in separation and

experience that contradict this dominant narrative". Thus, persons experience a measure of stress because of the contradiction between lived experience and the specifications for personhood and relationship created by *the problem*. When a problem-saturated story predominates, persons are repeatedly invited into disappointment and misery. Anderson & Goolishian (1991) see a *problem* as something that a person is alarmed or concerned about and is trying to do something about, because a *problem* is never a pleasant experience.

[25] Narrative therapists believe that *"the person is never the problem, but the problem is the problem"*. O'Hanlon (1994:26) outlines how narrative therapists are always working towards the personification of *the problem* and its oppressive intentions and tactics, designed to oppress or dominate a person or family. Thus, *the problem* always has a life of its own, and the person always lives in a relationship with *the problem*. The problem is able to exert an influence from its position of power.

divorce[26]. It has to be acknowledged that only a relatively small percentage of bereaved parents get divorced[27]. Evidence has shown that more couples remain married (Schwab 1998:460).

The problem faced in this 'dance' of study should therefore not be divorce or marital breakdown after the traumatic death of a child. The slyness of *the problem* should rather be sought in couples' experience of estrangement, marital strain, or decline in marital satisfaction. In a study by Najman *et al.* (1993:1009), on the impact of child death on the duration and quality of the marital relationship of the parents, it was found that parents who have lost a child are more likely to express dissatisfaction with the relationship with their partner[28], than parents whose children have survived. The emotional changes resulting from the child's death negatively influence the relationship between the partners. According to Schwab (1998:447), the estrangement experienced in the marital relationship is the result of the individual loss felt by each spouse:

> **"The intense grief that each parent experiences, coupled with differences in grieving and coping with the threat of loss and/or actual loss, can hamper couples' communication, engender misunderstanding, and produce tension between marital partners".**

Grief is a highly individual matter. Each parent uniquely grieves[29] his own loss, on the basis of the unique relationship each had with the deceased child. *The problem's* influence escalates when it is supported by a commonly held belief such as the widely circulated high rate of

[26] Schwab (1998:463) is of the opinion that some scholars make the mistake of confusing marital strain and divorce: *"Most couples can experience strain in their relationships… for a period of time following the death of their child. Experiencing a strained marital relationship, however, is not the same as getting separated and/ or divorced"*.

[27] Najman *et al.* (1993:1009) have also found that there is only a slightly increased rate of marital break-up resulting from a child's death (only 5-6%). The overwhelming proportion of marriages survives the death of a child.

[28] Vance *et al.* (2002:371-372) found that distress is a common feature of the relationships between bereaved couples: *"For mothers, being distressed following a loss, but having a non-distressed partner, was associated with longer-term marital dissatisfaction. However, this was not so for fathers… a partner's distress did not seem to have an adverse effect on the way men perceived the quality of the relationship"*. Thus, there are differences in response within couples, together with changing needs over time that may influence marital satisfaction.

[29] Littlewood & Cramer (1991:139) refer to the empirical study of Sanders (1980), who compared the loss of spouses, parents and children. He found that parents who had lost a child experienced the highest intensity of grief as well as the widest range of reactions.

divorce previously mentioned. This commonly held belief serves as a grand narrative or discourse that may lead individual parents and couples' problem-saturated story after the death of their child. Riches & Dawson (2002:212-213) alert us to the frameworks of meaning within the culture of those whose actions are being studied. They refer especially to the impact of child death on married couples. With their cultural analysis of grief, they found that individuals negotiate their realities within the norms, attitudes, and values of the structure they inhabit. Thus, to understand how persons feel and act, their particular world view has to be understood, and also *"how their relationships and ways of life reinforce this particular world view, as well as how this world view is reinforced by the social structures and discourses they encounter"* (Riches & Dawson's 2002:212). Riches & Dawson's approach is characterised by constructionism when they examine the interactions inside bereaved parents' marital relations; interactions that are controlled by the dominant discourses of society.

Littlewood & Cramer (1991b) point out another discourse which may affect both parents in their relationship with each other; that of gender. They, and also De Frain *et al.* (1982:6), show that spouses have different experiences of grief and mourning in that they have divergent coping mechanisms[30]. This is influenced by societal prescriptions. There is the popular notion that a wife expresses her emotions, but that a husband is unable to verbalise or show his feelings. This not only leads to attempts by the husband and wife to prescribe to one another on how to mourn the death of their child (Peppers & Knapp 1980:15), but also to the urge to normality by friends and family members. These dominant discourses fail to account for the true significance of child death, and have a stigmatising and isolating effect upon survivors (Riches & Dawson 1996:8).

[30] Littlewood & Cramer (1991:141-142) and Black (1998:1376) found that men tend to prefer active styles of coping, and women tend to show more passive, comforting thoughts and emotionally expressive styles of coping. Although mothers experience more difficulties than fathers after the death of their child, both mothers and fathers tend, over time, to revert to gender-related coping preferences. Fathers, however, are less likely to use emotional expression as a style of coping, and also move more quickly towards general coping preferences. The foundings of Vance *et al.* (2002:371) may be added here. They found that bereaved couples are rarely congruent in their distress, in that usually one partner, but not both, experience distress. Mothers are more likely to be distressed than their partners, and are also more likely to report marital problems. Men view their partner's distress as being separate from the relationship because of its severity, and will also be more accepting of that distress. Riches & Dawson (2002:212) have also shown how differences in mothers and fathers' coping strategies contribute to misunderstanding and marital conflict.

The many societal prescriptions faced by marital partners may encourage an emotional withdrawal[31] from one another amidst their struggle to cope, and may hamper their communication. It appears as if the intense feelings that surface after child death hinder a marriage's further development and may even ruin it. Mourning becomes problematic for spouses when it is detached from the emotional relationship between them as partners. In Western culture grief has become so medicalised and individualised, that the impact of social relations on the experience and interpretations of grief has become problematic (Riches & Dawson 1996:6). This is further problematised by a therapeutic endeavour which sees grief as a problem to be overcome, and which sees the individual as a biological organism to be facilitated through recognisable stages or phases of grieving. Therapists often want to prescribe to couples how to mourn, what they have to experience, and how they have to handle their grief. Meanwhile they may ignore the couple's emotional obstacle that has become the main barrier between them, and which may cause marital disruption. In this case *the problem* and its influence are not addressed adequately.

The pastoral therapeutic guidance of married couples

In the previous paragraph readers were informed that no studies had been found on the *pastoral therapeutic* guidance of married couples, specifically in terms of a narrative approach, after the traumatic or sudden death of their child. This assumes that no such guidance[32] is currently available to spouses on how to find each other emotionally after the traumatic death of their child. According to Arnold & Gemma (1994:v), literature on parental bereavement does not adequately convey the intensity and depth of emotional reactions. Many couples cannot handle each other's emotional reactions and do not know how to maintain an emotional relationship after the death of their child (Schwab 1998). Often the emotional attachment between spouses before the traumatic death of their child gives way to emotional separation afterwards (Najman *et al.* 1993; Schwab 1998). All marriages and the

[31] Hagemeister & Rosenblatt (1997:231-232) have shown that the sexual relationship of bereaved parents may be profoundly affected by the death of a child. Many parents move from emotional closeness in which sexual contact intensifies love, to emotional and physical distance with no sexual contact. Thus, besides the emotional distance, parents also lose interest in sexual activity.

[32] Johnson & Williams-Keeler (1998) have done great work on the healing of couples' emotional attachment after a traumatic experience. Although we can learn much from their relational approach, they are not exclusively focused on traumatic child death, and they do not work from a narrative point of view. Gilbert & Smart (1992), who devote their entire study to the couple's healing process, take a detailed look at the emotional destabilisation and restabilisation of a couple's relationship. Much may be learned from them, although they also did not work from a narrative point of view.

individual spouses who form part of them have their own emotional backgrounds to be taken into account in therapy. These backgrounds are often established by the grand narratives of society and culture, in terms of the fixed rolls of husband and wife, and in terms of the expression of their emotion towards each other. They create and sustain the problem-saturated story between spouses after the death of their child by leading them to think *the problem* is insurmountable.

> **"Parents may feel that they can never recover fully from the loss of a child. They may adjust to it, they may be able to resume their everyday activities, and they may even derive pleasure from life, but they feel they remain vulnerable"**
>
> **(Black 1998:1377).**

Parents' experiences of inability to overcome their grief and marital problems are attributed, by Hagemeister & Rosenblatt (1997:232), to the meanings couples attribute to their experiences. Like Riches & Dawson (2002), they also operate from the perspective of social constructionism. Within this perspective, meanings are very important, and from the discussion above, meanings keep *the problem* alive in the lives of bereaved parents. *The problem* then remains the stumbling block in the 'dance' of marriage as long as it is not addressed adequately. Hagemeister & Rosenblatt (1997:249) believe that different meanings underpin the distance and differences between partners, as partners are not always in agreement about meanings. They warn against the routine handling of the aftermath of child death (Hagemeister & Rosenblatt 1997:233). To handle the aftermath of child death adequately requires a process of exploring the meanings of bereaved couples, and of meaning-making:

> **"Everything has to start over again, necessarily involving a couple's reconstructing and renegotiating shared meanings about things, including their mutual relationship... As people talk about events, self, others, feelings, thoughts, and so on, they invariably provide some meaning – some semantic content that says it is *this* rather that *that* and it has such-and-such significance, value, and relationship to other things. The struggles of**

> **bereavement, both individually and at the family level, can be understood as struggles to find meaning"**
>
> **(Hagemeister & Rosenblatt 1997:233).**

As grief, in this context, involves couples in a *"relearning of the world"* (Hagemeister & Rosenblatt 1997:233), the narrative approach, which is built on the insights of constructionism, is able to guide married couples over the stumbling blocks of the 'marriage dance' towards a newly discovered emotional attachment through pastoral therapy.

Can marriage survive traumatic child death? It is possible indeed! No marriage is doomed to divorce. The stumbling blocks in the 'marriage dance' can be overcome, if the pastoral therapist believes in his own hypotheses and aims to accomplish certain objectives to get the 'marriage dance' on track again.

1.3 Getting the 'marriage dance' on track again

Najman *et al.* (1993:1009) refer to marriages as *"resilient entities as far as major acute stresses are concerned"*. With this is meant that marriages are able to absorb even the tensions of devastating trauma such as the death of a child, as long as the counseling needs of both bereaved parents are addressed. Vance *et al.* (2002:372) also stress the importance of facilitating longer-term adjustment for both partners, for the purposes of survival of their marriage. According to Schwab (1998:465) marital relationships are difficult to restore when one spouse is not able to deal with a child's death. However, *"most marital bonds appear strong enough for couples to negotiate this period of extreme ordeal and remain married"* (Schwab 1998:465). I share Schwab's (1998:465) optimism, as stated below:

> **"With this sense of optimism, professionals can strive to help bereaved parents understand some of the effects of loss on their marital relationships, learn ways to cope with their difficulties, and promote bereavement outcomes that will foster healthy marital and family relationships".**

Schwab (1998:465) believes that *"when parents are grief-stricken, they need hope that things will eventually get better, not fear the integrity of their marriage is now being threatened,*

resulting in another loss". Thus, the great challenge for the pastoral therapist is to get the 'marriage dance' on track again.

Both Hagemeister & Rosenblatt (1998:251) and Riches & Dawson (2002:219) believe in the reconstruction of meaning in dealing with bereaved parents. The former refers to a *"reordering of self narrative"* and the latter to a *"co-creating with bereaved parents the narratives of their relationships"*. Hagemeister & Rosenblatt (1997:251-252) continue by saying:

> **"For grief experts to understand grieving and for bereaved parents to understand what is going on in their relationships with one another, attending to the meanings incorporated in narratives and to the meaning-making process is extremely important".**

Although I am cautious in referring to myself as a grief expert, as argued in 1.1.4 and 1.1.5, support is given to both Hagemeister & Rosenblatt's (1998) and Riches & Dawson's (2002) emphasis of the capturing and reconstruction of meanings. Hagemeister & Rosenblatt (1998:251) say that *"focusing on meaning can be a route into understanding, as opposed to pathologising, what bereaved parent couples do and do not do"*. Therefore, I would like to argue in favour of the narrative approach, based upon the capturing and reconstruction of meanings. This approach sees a movement away from a focus on symptoms, diagnosis and pathology[33] (Hoffman 1990; White & Epston 1990; Freedman & Combs 1996).

From a narrative point of view, I hold the following hypotheses in getting the 'marriage dance' on track again:

[33] According to Freedman & Combs (1996:21) diagnosticans use criteria like those in DSM-IV as if they posses a set of descriptions causes and cures for real that holds true for all people across all contexts. However, people are not television sets who can be approached as objects about which we know truths or experiences. This is dehumanised. We cannot let people feel like machines for which we can give a pill or procedure to function better. At the end they view themselves as broken or defective because the medication was required for their functioning. Beware to ignore the specific and localised meanings of individual people who might become the passive, powerless recipients of our knowledge and expertise. A culture that is dominated by modernist ideas, according to O'Hanlon (1994:18), always brings invitations to identify people by equating them with pathological labels. Anderson & Goolishian (1988:372) argue that labelling is always a dangerous and unsatisfactory process to use because it connotes problems as fixed and invariant.

- The narrative pastoral therapist is able to help grieving parents, *par excellence*, to survive their child's traumatic death and to integrate their pain into a new marriage story.
- Dominant discourses of society, such as gender roles, create and sustain a problem-saturated dominant story between spouses after their traumatic loss; this problematises their grieving process.
- The traumatic death of a child results in couples' experiences of estrangement, marital strain, and decline in marital satisfaction because of their inability to handle each other's emotional reactions, and to maintain an emotional relationship after their traumatic loss.
- Each couple and partner has his own marital and emotional story, frequently established and strengthened by the grand narratives of society and culture.
- The handling of the aftermath of traumatic child death requires a process of exploring the meanings of bereaved couples over and against a model that favours routine in terms of stages or phases.

As researcher, my purpose with this 'dance' of study is to illustrate how the narrative approach makes it possible to deconstruct the dominant discourses that problematise a couple's grieving after traumatic loss of a child. Also to be illustrated is the way in which the narrative approach makes it possible to reconstruct a free narrative which assists grieving partners to repair their damaged selves, and to rediscover a meaningful and alternative marital discourse (Riches & Dawson 1996:12) on the basis of an emotional relationship. In this context, Emotionally Focused Therapy (EFT) of Greenberg & Johnson (1988) opens up new possibilities within the narrative framework, to facilitate alternative emotional relationships. Ultimately it must become clear that it is possible for grieving parents to overcome their problem-saturated dominant story[34], or the stumbling blocks in their 'marriage dance', and that no marriage is doomed to end in divorce, provided new meanings are established. It is therefore not taken for granted that marriages are marked for failure after traumatic child death.

[34] Littlewood & Cramer (1991b: Online) have shown that a positive bereavement outcome is possible when *both* parents are able to move beyond their gender-prescribed coping styles towards more active ones (compare footnote 28).

Thus, the goal of this 'dance' of study is to move away from prescriptions[35] in the handling of traumatic child death. The process of narrative pastoral therapy is too dynamic to be tied up into dos or don'ts. Finally, the purpose with this study is to share the stories of bereaved couples who have started to live according to the outcomes of therapy. These are couples that have identified *"their resistance to the effects of the problem or its requirements"* or *"refuses to cooperate with the requirements of the problem"* (White & Epston 1990:63).

1.4 Demarcation of the 'dance' of study

Every project of research needs to be clearly demarcated. The subject of child death is too wide and too deep to explore in a single study. As Arnold & Gemma (1994) have pointed out, the death of a child at various stages of life requires unique handling by the therapist. These researchers have focused on child death in all stages of life, from the unborn child to adolescence and adulthood. Child death at a particular stage of life brings about its own experiences and needs, and has unique challenges that have to be taken into account by the therapist. Although couples grieve the loss of a child regardless of the age of the child at death (Arnold & Gemma 1994:v), every life cycle asks for its own appreciation. Thus, in this 'dance' of study, it is not possible to cover the subject of child death in the entirety of the cycle of life. The 'dance' of study is thus demarcated to focus on a particular phase of life.

The focus of this study will fall on couples who have lost an infant or young child. Human development throughout the life cycle[36] is described in much detail by Kaplan, Sadock & Grebb (1994). The commonly accepted stages of early development after birth are named by Kaplan *et al.* (1994) as the stages of infancy (from birth to about 15 months), the toddler period (15 months to two and a half years), the preschool period (two and a half to six years), and the middle years (six to 12 years). According to them, there is rarely a clear-cut division

[35] Prescriptions are often based on expert knowledge in terms of the management and treatment of grieved parents. In suggesting a move away from prescriptions and expert knowledge, this has to be understood within the context of *the client is the expert*-approach of Narrative Therapy. This does not mean that one has to erase and ignore modernist insights. The difference is in the way one sees things. The next paragraph will further this discussion and show how modernist insights may effectively been used within a postmodern perspective.

[36] The fundamental assumption of the life cycle theory holds that human development occurs in successive, clearly defined stages. This life cycle theory was an outgrowth of psychiatry's concern with the course of personality development in the 20th century. Life cycle studies lie within the boundaries of developmental psychology and involve elements such as biological maturity, psychological capacity, adaptive techniques,

between these developmental stages after birth (Kaplan *et al.* 1994:37). For purposes of this study, I will refer to these stages as *infancy and childhood*, and will refer to this whole developmental period from 0 to 12 years as the early life period of a child. There is indeed a clear split between a child's 11th or 12th year and adolescence that is the beginning of puberty. Puberty has been defined as the time between childhood and adulthood and is characterised by profound biological, psychological, and social developmental changes, triggered by the maturation of the hypothalamic-pituitary-adrenal-genital axes that lead the secretion of sex steroids (Kaplan *et al.* 1994:51). Due to the differences between the early period and adolescence, the divide between these two life cycles will be adhered to in working with bereaved parents.

A second argument for the above-mentioned demarcation pertains to the special needs of infants or young children. According to Kaplan *et al.* (1994:16), each phase of life is characterised by its own special needs, events or crisis points distinguishing it from stages that precede or follow it and have to be successfully negotiated for each stage to be satisfactorily passed through. Among other things, a favourable environment accelerates progress through the stages (Kaplan *et al.* 1994:24). Although the period from infancy to childhood consists of different stages, this period may be seen as a unit with certain basic characteristics, as will be discussed. During this time, many needs, events and crisis points have to be negotiated through the different stages of life. The most outstanding feature of this life period is the foundation and development of a very special attachment between parents and child; a bond that forms the basis for the child's growth on various levels. The quality of this attachment serves as the environment in which a child's progress is stimulated towards puberty. During this time parents and children play an enormous role in each other's lives.

When parents lose their infant or young child through death, this is totally devastating for them and their marriage is influenced. Although grief is felt regardless of the age of the child, the loss of an infant or young child causes extremely deep pain in the lives of parents. The relationship between parent and child is powerful throughout the life cycle, but a special attachment is found during infancy and childhood, making the loss of a young child extremely difficult to deal with. Parents of infants give continuous love through protection and nurture,

defence mechanisms, role demands, social behaviour, cognition, perception, language development, and interpersonal relationships (Kaplan *et al.* 1994:51).

and when this cord of love is severed, parents feel that they themselves are dying (Arnold & Gemma 1994:45). When a young and vulnerable child, connected to parents through dependency, dies, a large empty space is left behind in the lives of parents (Arnold & Gemma 1994:53, 55). Besides the loss of somebody special in their lives, parents also lose the special attachment between them and the child who died.

For this reason it has been deemed appropriate to clearly demarcate this study by focusing on parents who have lost a child during this special time of infancy and childhood. It is also important to note that *parent* and *child* are understood to be blood-related. Although Arnold & Gemma (1994:37) make no distinction between parental attachment towards own and adopted children, I have chosen to work with parents who have lost an own child, biologically born from marriage. The married couple is the nuclear unit of the family left behind after the loss of their child. Although the impact of child death on the whole family (parents and other siblings) is to be appreciated, this study is focused on the experiences of parents or married couples and not the other living siblings in a family. It must be borne in mind, though, that the remaining children influence the couple's marriage after the loss of a child.

In discussing the death of an infant or young child for purposes of this study, a further demarcation is necessary in terms of the kind of death. This 'dance' of study is focused on the sudden or traumatic death of a child, i.e. unexpected or unforeseen death that may be described as traumatic. According to Wright (1991:11) no other life event has the same impact as sudden death. A question remains as to whether the seriousness of sudden child death has enjoyed enough consideration in terms of the survival of couples' marriages. For this reason, this study has been demarcated to focus on the sudden loss of a young child and the influence of this on married parents.

1.5 Methodological 'rhythm' of the 'dance' of study

Many researchers have recently written about a new generation with a different view of the world (Anderson & Goolishian 1988; Hoffman 1990; White & Epston 1990; Anderson 1995; Freedman & Combs 1996; Middleton & Walsh 1995). They are particularly referring to postmodernity. Although not without problems concerning definitions and clear-cut time-lines, researchers have identified useful markers of three larger socio-cultural movements,

namely premodernity, modernity and postmodernity (Middleton & Walsh 1995; Du Toit 2000; Dueck & Parsons 2004). Du Toit (2000:43) and Janse van Rensburg (2000:4) have defined these movements as paradigm shifts[37] on the basis of work by Thomas Kuhn (1970). Dueck & Parsons (2004:239) believe that "*postmodernity is another and different cultural discourse, one we think does exist and will continue to exist concurrently with modernity*". They see postmodernity as a reaction to modernity. Middleton & Walsh (1995:25) admit that the rising of postmodernity has followed after the shattering of modernist self-confidence and autonomous foundation. However, the movement from modernity to postmodernity has had epistemological[38] implications for scientific researchers.

Dueck & Parsons (2004:232) are convinced that both psychologists and theologians are *"culture-bound and culture-creating beings"* whose thinking takes place within history at such a rate that *"traces of the social and linguistic context flow into their scholarly dialogue"* or construals. Thus, scientific researchers, including therapists, may be unconsciously or consciously influenced by the cultural discourses in varying degrees. This may lead to communication problems within and across any one of the above-mentioned cultures. For example, a modern therapist may find it difficult to communicate with a person from a premodern or postmodern culture, or *vice versa*.

> **"If one of the two partners in the dialogue between theology and psychology represents one version of modernity and the other a unique postmodern narrative, it is difficult to image a meaningful dialogue"**
>
> **(Dueck & Parsons 2004: 234).**

[37] Janse van Rensburg (2000a:1-2) understands a paradigm as a frame of mind or reference. It denotes the point of departure from which one thinks and acts. The paradigm with which one works determines one's world-view, perspectives, convictions, and how one's knowledge will be structured. It defines and guides the content and end result of research. A paradigm shift can now be understood as a revolution or radical change in thought, frame of mind or perceptions (Janse van Rensburg 2000a:4). Du Toit (2000:43-47) describes the process of a paradigm shift as follows: Paradigm A exists as a closed system in which every question has an answer, without any opposition. The moment that new information becomes available for which there is no answer, tension mounts in this frame of mind as it can no longer be taken-for-granted. As the tension caused by the new information can no longer be tolerated, it leads to a new paradigm (B) which is different from the former.

[38] The method (the how) of gaining and arranging knowledge about a particular subject is called epistemology (Janse van Rensburg 2000a:2). Epistemology involves the origins of knowledge and the relationship between the knower and the known (Maykut & Morehouse 1994:3).

Epistemological conflicts may occur which render all forms of dialogue virtually impossible. As I have chosen to work from a postmodern epistemology, dialogues have been created with persons from any cultural discourse. Different epistemological stands need not be in conflict with each other. Dueck & Parsons (2004:233) argue for the *"legitimacy of voices"*. They refer to an *"integrative discourse"*, implying that both modern and postmodern discourses should be taken into consideration and explored. Although most clients and therapists, from both psychological and pastoral perspectives, have almost always functioned within a modernist framework, they should not choose between cultures or seek to condemn one above the other, but grant each other the freedom to give reasons for its proposal in their own language. Dueck & Parsons (2004:232) call for a peaceful co-existence between modern and postmodern discourses. Du Toit (2004:47) shows that paradigm shifts are mostly accompanied with tension and experiences of impatience[39]. The scientific community is polarised, with some defending and protecting their familiar views, and others urging for the replacement of old paradigms[40]. This tension leads to a measure of threat on both sides. To defuse the tension, Dueck & Parsons (2004:233) emphasise that *"it is then the task of the republic to adjust to the diversity of traditions, not the other way around. It is more peaceable"*.

Thus, there is a place for both models and all voices should be heard. Dueck & Parsons (2004:233) encourage a plurality of discourses and dialogue between supporters of each discourse that will enrich both partners. This does not imply tolerance of one above the other, but that, while a person is conscious of the limitations or weaknesses of his own paradigm, he should also recognise the strengths of the other's paradigm. It is possible to discover points of agreement and then enlarge on these agreements (Dueck & Parsons 2004:242). This implies that modernist and postmodernist scholars need not find each other's discourse confusing. They are able to succeed in their attempts to converse with each other despite their different epistemological commitments. The question now remains as to the content of modern epistemology in comparison to postmodern epistemology.

[39] Saunders (1995:5) also remarks that a paradigm shift leads to *"a state of crisis in which the technical, puzzle-solving activity of normal science breaks down and is replaced by a re-examination with much bitterness and controversy"*.

[40] Middleton & Walsh (1995:173) refer to many Christians who yearn for a naïve return to the traditional and timeless values of modern or premodern Christian ideal, and others who want to embrace postmodernism without reservation to celebrate radical pluralism. However, Middleton & Walsh (1995) clearly show that neither of these options provides real guidance in the postmodern world with its ethical crisis. While being sensitive for the postmodern spirit, a reorientation is necessary which I will outline in a while.

Modern *versus* postmodern epistemology

Modern epistemology is based, according to Maykut & Morehouse (1994:7-8), on traditional ways of doing science. This traditional method is still dominant; it is determined by quantitative philosophic beliefs in objective observation, quantifiable data and verifiable truths, which have formed part of the natural sciences from at least the time of Newton. Dueck & Parsons (2004:235, 237) refer to this as the *"realist discourse of modernity"* based on three criteria: foundationalism, individual and autonomous expressivity, and the reliability of scientific method for producing universal knowledge. Modern epistemology is marked by self-evident truths as the basis for a worldview. This led to foundationalism, meaning that these truths are treated as foundational unless one has good reasons for thinking that they have been proven untenable. Scholars who adopted foundationalism as an epistemological framework for their projects believe that it provides sure knowledge about reality. Truth, certainty and verification are built on a consensus that the knowledge accurately reflects or describes an objective reality. It is believed that language references reality because there is a correspondence between word and object. The knowledge may then be considered as universal[41] and the assumption is made that the truth is ahistorical and acultural. The language of an autonomous and expressive individual based on this knowledge takes precedence over sociality.

Postmodern epistemology, on the other hand, is defined by Maykut & Morehouse (1994:10), as the new, alternative way of doing science. This alternative method represents the qualitative research method that has long been neglected and underestimated; since the time of Freud[42]. According to Dueck & Parsons (2004:239), in postmodern epistemology it is believed that *"there is no independent, human viewpoint from which to begin"* that transcends all other. Reality is socially constructed. That means that our observations are linguistically created by communities of speakers with the result that there is no kind of universal, objective truth. Thus, there are no foundational pieces of knowledge: *"All of science is considered to be*

[41] Universality implies that the products of rationality and scientific reason are universally applicable and that universal experiences exist across all humanity regardless of any particularities (Dueck & Parsons 2004:235).

[42] Maykut & Morehouse (1994:8-9) show that researchers were left with the impression that there are no rigorous ways of collecting and analysing qualitative data. Researchers such as Freud, Rogers and certain anthropologists have made use of qualitative methods but have not made a strong case for a qualitative approach. Thus, many students tend to think of only one scientific method, namely the quantitative approach (Maykut & Morehouse 1994:16). The lack of understanding of the philosophic grounds of the qualitative approach led to the view that it is a less valued way of doing research.

interpretation. Reality is only accessible in terms of how persons understand and interpret it" (Dueck & Parsons 2004:239). Postmodern epistemology is based on a hermeneutical framework where the emphasis is placed on meaning and understanding. A person's experiences and words have to be understood in terms of the meaning contextually attributed to it. The self is always a relational-self whose face and voice are important. Postmodern epistemology unmasks the issues of power that may underpin universal knowledge (Dueck & Parsons 2004:240).

Thus, each one of the described epistemologies represents a different way of conducting research. Maykut & Morehouse (1994:9) remind us of Kuhn's (1970) finding that a shift in research methods has taken place within the history of science. The two research methods, quantitative and qualitative, are based on different and competing sets of underlying assumptions concerning the understanding of reality. These differences are reflected in the way research data is collected and in the perspective of the researcher (Maykut & Morehouse 1994:4, 16). A short comparison between the two research methods, as outlined by Maykut & Morehouse (1994:11-21), clearly reflects the different epistemologies.

Traditional method (quantitative)

This method takes a positivist[43] approach, implying that the focus falls on a hypothesis to be tested by means of the verification of data. The purpose is to prove and verify the hypothesis derived from the observation of specific people or events in order to eliminate all other alternate explanations. Generalisations are made from the observations by means of quantifying the results statistically. The focus here is on the gathering of as much information as possible about the objects of study. Objectivity is synonymous with good research. The researcher makes something into other in a cold and distant manner. The modernist researcher sees the world as simple and that it may be thoroughly examined and taken apart correctly. Good research may also be found in the following rules and in the intellectual control over experience. Language is seen as subject-related and only the informed understands it properly. Relationships are seen as mechanical in form, meaning that they are linear and causal (A

[43] Positivism refers to the objective basis of inquiry on which scientific researchers build their scientific projects. The way a researcher understands reality directly affects the way he sees himself in relation to knowledge. Here the researcher stands apart from whom, or outside of what, he is examining to reach true objectivity. The hallmarks of positivism are considered as explanation, prediction and proof (Maykut & Morehouse 1994:3, 12).

causes B). The sources of change are determined and identifiable, and change is mechanically by replacing parts.

Alternative method (qualitative)

This method takes a social constructionist[44] approach, meaning that people construct their understanding of the world or situations by means of their words and actions. The main task of the postmodern researcher is to, through a process of interpretation, discover the patterns of meaning that emerge from the observation and examination of people's words, actions and records. The process of discovering is on the way, which is always as if not yet plainly understood, and relies on the clues that are given. The researcher is uncertain about what is being searched for. This requires an empathetic understanding of the feeling, motives, and thoughts behind the actions of others within a particular context, to find patterns within those words and actions. The researcher focuses on the subject and different perspectives[45]. The task of the qualitative researcher is to present those patterns to others, as close to the construction of the world originally experienced by the participants, for inspection. The qualitative researcher sees the world as complex and interconnected, and the research has to maintain this complexity for the explanation to be trustworthy. Language is intersubjective and local. Relationships are multidirectional, which means that events are mutually shaped. Thus, causality is mutual (A and B cause each other), meaning that the cause is both inseparable and indistinguishable from the effect. Change is seen as organic, with one change affected by the next in a connected and organic manner.

It is clear that the differences between these two scientific methods of research are based on two different philosophic grounds. Maykut & Morehouse (1994:11) show the importance of renewing our understanding of qualitative research. Sears (1992) has also argued for a new understanding of qualitative research on the basis of constructionist theories. Thus, it is

[44] Reality is a given. The way a researcher understands reality directly affects the way he sees himself in relation to knowledge. If knowledge is constructed, then the knower cannot be totally separated from what is known. He is necessarily part of the meaning-making process (Maykut & Morehouse 1994:12).

[45] Subjectivity has, according to Maykut & Morehouse (1994:20), to be understood here not in the sense of *"to be aware of agency or action"*, but rather *"to be tending to the subject"*. It is about an awareness of speech patterns and behaviour of subjects, and the specific context in which these behaviours occur. Thus, to get to the world of the subject. Qualitative researchers also see themselves as subjects, but not outside of the process as distant observers. They share the same world and they are interdependent in the discovery of meaning. Maykut & Morehouse prefer the term *perspective*, as the researcher works with different subject perspectives, while he is also conscious of his own different perspectives as observer.

important for any pastoral therapist to get clarity on the epistemological framework as qualitative researcher.

Epistemological shifts in psychology and theology

According to Dueck & Parsons (2004:235), psychology has been clearly shaped by the emergence of modernity as a culture. Since the beginning of the last century, psychology has been constructed on the sure foundations of an objective reality that may be comprehended rationally. Dueck & Parsons (2004:237) have shown how psychology has been absorbed by modern epistemology through observation, validated methods of assessment, hypotheses formation, diagnoses, procedures of intervention and evidence-based treatments based on empirically[46] supported proofs. On the other hand, they have also outlined a movement in psychology towards a postmodern epistemological framework. Postmodern psychologists have challenged foundationalist assumptions regarding knowledge, objectivity and truth. They place greater emphasis on the social construction of knowledge, objectivity as being relationally achieved, and language as a medium through which local truths are constituted[47] (Dueck & Parsons 2004:240-241). This movement has not only been visible in the field of psychology, but also in the field of theology, and especially in the field of practical theology.

During the last centuries modern methods have been used in Biblical studies. Walter Brueggemann, an Old Testament theologian, states that scientific positivism has dominated Biblical interpretation since the Enlightenment (Brueggemann 1993:1). In the field of practical theology, Janse van Rensburg (2000a:35-51) argues in favour of the Bible as the only objective truth[48]. He acknowledges his own foundationalist framework that he names *"a Biblical epistemology"*, although he rejects foundationalism as an absolutism of statements

[46] Sears (1992:150) has highlighted that we live in an empirical world which often relies on hard data to justify decisions. The meta-theoretical assumptions of the empirical world are concerned with generalisations. Researchers, who have an admiration for empiricism, believe that truth can be algorithmised into coefficients and that knowledge is a simple distillation and ordering of sensory data. They say that objectivity is the product of precise instrumentation and rigorous controls. Empirical research imposes an order to social phenomena and labels that construct reality (Sears 1992:147).

[47] Postmodern psychologists refer to their approach as hermeneutical. They believe that the grand metanarrative theories developed in modernity that are based on empirically verifiable manuals and subjective theorising, are no longer helpful, if not harmful. A hermeneutical point of view claims that the therapist is an interpreter of experience. The client is stuck in one method of constructing his world within his horison of meaning, and successful therapy involves a fusion of alternative horisons (Dueck & Parsons 2004:241).

[48] When the objective facts of Scripture become the foundation of theological construction, the role of human experience, according to Dueck & Parsons (2004:235), should always be secondary to the primary role of Scripture. They refer to Greer (2003) who points out that *"modernism appears in theology when it presumes to*

about everything[49]. Both De Jongh van Arkel (1991:72) and Nipkow (1993:51) have shown that theologians in practical theology have an affinity towards a Newtonian epistemology or an empirical epistemology of reality. Since the paradigm shift towards postmodernity, some theological researchers, according to Dueck & Parsons (2004:240-241), have tended to embrace a non-foundationalist approach, and argue for the end of universal reason. Others tend to be deconstructionists in that they believe there can be no objective or absolute knowledge, including the text of the Bible. They argue for a plurality of interpretations. And others seek to balance the role of the modernist and postmodernist frameworks. According to Pieterse (1991:38-39), the paradigm shift to postmodern epistemology has also forced scholars in the field of practical theology towards a fresh reflection on scientific methodology.

The theory of communicative acts in practical theology

The dominant tendency within the field of practical theology is to embrace the theory of communicative acts[50] as the basic methodological theory valid for pastoral therapy (Pieterse 1991:43). Pieterse (1991:39-41) sees the theory of communicative acts against the background of development in scientific theory from a narrow to a broad view on rationality[51]. With this he means the shift from modern to postmodern epistemology. Pieterse (1994:94, 97) is convinced that the theory of communicative acts is able to do justice to the quality of practical theology, and is also able to shape the contact and co-operation with other sciences, specifically the social sciences. The benefit of the theory of communicative acts lies in its ability to interactively involve both theory and empirical analysis in the process of

discover what is timeless and changeless". The issue of postmodern faith will be addressed when it is discussed in relation to a modernist understanding.

[49] Malan (2001:626) considers Janse van Rensburg as an example of typical foundationalism because of his adherence to the Bible's *"universal and absolute truth"*. He builds his approach to the Bible on the rationality, certainties and empirism of the positivism of modernity.

[50] Habermas (1981), a non-Christian, first developed the theory of communicative acts. The theory of communicative acts reflects Habermas's view on reality, based on intersubjective consensus. In the process of gaining knowledge and definitions, there is always an interactive relationship between subject and object and between theory and praxis in terms of communicative acts of meaning. Habermas's theory of communicative acts has been applied to practical theology by Zerfass (1974). It is important for Pieterse to understand the theory of communicative acts in terms of the Gospel (Pieterse 1991:41-42, 48; Pieterse 1994:94).

[51] Pieterse (1991:39-40) sees the shift from a narrow view on reality to a broad view on reality as the shift from an emphasis on objectivity, positivism, cognitive control, explanations, rationally justified solutions and legalistic observations, to an emphasis on meaning, subjectivity, interrelational communicative acts and norminative decisions. Pieterse believes that the broad view on reality culminated with Habermas's theory of communicative acts.

understanding[52]. Thus, the hermeneutical approach of the theory of communicative acts in the service of the Gospel involves all relationships, actions and reactions in word and deed between God and Christians, and between Christians themselves (Pieterse 1991:46). Another benefit is that it makes way for qualitative research in the form of enquiries, case studies, and empirical and narrative analyses. The theory of communicative acts also involves, according to De Jongh van Arkel (1991:62), systems theory[53]. He believes that the theory of communicative acts has to be seen as complementary to systems theory when one is considering an epistemological framework. This will bring epistemological thinking in line with the development towards a postmodern understanding of reality.

The movement towards a postmodern epistemology, and especially to the viewing of practical theology in terms of the theory of communicative acts, has been criticised by scholars such as Janse van Rensburg (2000a:93-95). He warns against the overemphasis of phenomenological and empirical research that does not take sufficient cognisance of the Bible, of God, Christ and the Holy Spirit. He sees a danger in the movement towards postmodernity as it may lead to pastoral therapy without Christian theological roots, and to ethical relativism. Middleton & Walsh (1995:57-61) admit that postmodernism has brought about normative confusion since ethical normativity became a matter of choice according to a person's own constructions: *"Nothing can be measured because there are no measures that are not people's own constructions"* (Middleton & Walsh 1995:58). Thus, it may be dangerous to take postmodern developments in practical theology too far. Christian or Biblical roots may be left behind within the variety of options and voices that became available in the postmodern context. However, I cannot view postmodernity as such as an "*onslaught"* (Janse van Rensburg 2000a:97) on theology in general and practical theology in particular. As researcher, I agree with Brueggemann (1989:10), who says:

[52] According to Pieterse (1991:49), empirical research in pastoral therapy is directed to both the analysis and description of pastoral situations and to the evaluation of theories about communicative acts in service of the Gospel. Within this view it is able to work with the interaction between theory and praxis on the basis of the bipolar tension between them. Theory and *praxis* can question each other, complete each other, and correct each other.

[53] When De Jongh van Arkel (1991:69-71) discusses his thoughts on systems theory, he understands systems in terms of meaning that is intersubjectively constructed through language. Thus, human systems are linguistic systems and depend on mutual relationships, and interaction with the environment. Within this complex inter-relatedness, reality and meaning are shared. The researcher is part of the meaning system responsible for the research problem. See 2.6 for more detail.

> **"The threat of relativism is not much of a threat. In reality, the dispute boils down to a few competing claims on any issue, and this is not the same as 'anything goes'. I regard relativism a less of a threat than objectivism, which I believe to be a very large threat among us precisely because it is such a deception".**

Brueggemann (1989:11) is convinced that the Biblical text *"was made to fit our modes of knowledge and control"* through our practice of modernity. According to Middleton & Walsh (1995:65-66), modernity was characterised by the quest for purely, rational, objective, abstract and universally applicable self-assured truths or claims for normativity in order to oppose subjectivism and relativism. These truths or claims had to guide human actions independently of social, cultural, historical and individual particularity or context. However, universal and objective truths or claims came under suspicion, since the postmodern discovery that no neutral rationality is available. It was found that the practice of modernity was caught into the trap of subjectivity which may lead to relativism. Rationality is but one particular way of constructing the world. Brueggemann (1989:6) highlights that the dominant modes of power and certitude no longer command respect and credibility, since they lead to the dismissal of rhetoric in Biblical texts. Thus, the text is deprived of its ability to voice itself boldly, without any accommodation of universal and objective truths or claims (Brueggemann 1989:21). I am convinced that it is impossible to deny postmodernity, and neither the dynamic challenges[54] opened up by it. *"Postmodernity has set in with a vengeance"* (Middleton & Walsh 1995:24), and as theologians we have the responsibility to decide about the influence of postmodernity in terms of its control of epistemology. Thus, we have to find ways to live and work with and within postmodernity. Janse van Rensburg's (2000a:51) suggestion to use only postmodern strategies within a compatible Biblical epistemology does not satisfy pastoral therapy's need for a hermeneutic intersubjective approach[55]. Therefore, as researcher,

[54] Malan (2001:631) refers to Van Aarde (1995) who considers postmodernity as a positive challenge to the church, and not as a crisis and threat. The positive challenges of postmodernity are also highlighted by scholars such as Capps (1984), Gerkin (1986), Brueggemann (1993), Middleton & Walsh (1995), and Graham (1996). According to Middleton & Walsh (1995:11), the cultural shift towards postmodernism has positively led to a questioning of dominant and taken-for-granted truths, and simultaneously led to a retelling of those truths by means of new alternative voices.

[55] Although Janse van Rensburg (2000b:21-22) admits that the hermeneutic intersubjective approach can enrich the pastoral process, he is against intersubjectivity as the ultimate goal. The importance of a subject-object scheme, where God is the primary subject of pastoral care which alone can change people's (objects') lives, has to be maintained, although not the exclusive usage of it. Thus, Janse van Rensburg takes the middle way

I will argue in favour of a *"co-drifting"* (Freedman & Combs 1996:16) with a postmodern epistemological framework alongside my Christian orientation.

My Christian orientation

As researcher, I orientate myself in this 'dance' of study towards a postmodern epistemology. Thus, I have chosen to work with a hermeneutical framework[56] that operates on the basis of communicative acts within a linguistic systems approach[57]. The communicative acts in linguistic systems are in the service of the Gospel through the Holy Spirit, and are directed towards the transformation[58] of the current situation in people's lives and society. Therapists (intersubjectively and in co-construction with clients) carry this transformation as instruments of God through the Spirit, towards a new reality in which freedom is experienced (Pieterse 1994:97). Within this view, the Bible will never be supplanted. It is only understood from a different horison that allows for an optimum communication of the Gospel[59] (Pieterse 1991:49). Dueck & Parsons (2004:233) are convinced that *"the Good News of the Gospel has found root in many different cultures and we believe that the Reign of God can emerge in unique ways in premodern, modern or postmodern cultures"*. With reference to postmodern culture, these researchers understand that postmodernity *"permits us to affirm the Christian tradition as that community which shapes the grammar of our language and praxis"* as

when it comes to epistemology. However, due to his middle way, Janse van Rensburg's intersubjectivity may be handicapped by an experience of power differences between therapist and client as long as the therapist works from a modernist orientation built on power and taken-for-granted knowledges. Intersubjectivity depends on linguistic activity within a system where meaning is communicated between therapist and client, and where realities are co-constructed (De Jongh van Arkel 1991:71).

[56] Capps (1984:37-60) has clearly outlined a hermeneutical framework for pastoral work on the basis of Ricoeur's theory of hermeneutics. According to a hermeneutical framework, pastoral therapy is a process that consists of pastoral actions which have meaning in the immediate situation and also have world-disclosive potential. These are dynamic actions based upon an understanding which leads to a reorientation of one's life towards an increase in self-awareness: To be *interpreted by* a pastoral action is, in effect, to become more self-aware towards the realisation of God's image. Interpretations of different perspectives are of importance.

[57] Anderson & Goolishian (1988; 1991) consider human systems as products of social communication, rather than communication being a product of social organisation. Thus, a therapeutic system is a linguistic system where meaning is intersubjectively constructed. Therapy can be seen as a linguistic event that takes place in a therapeutic conversation in which the therapist is facilitator and participant.

[58] Transformation in the pastoral therapeutic situation has much to do with *"potential world-disclosures"* based upon the metaphorical content of meaningful conversations or pastoral actions (Capps 1984:45). Thus, the resources for change do not reside within the self-actualised individual as in the case with modernist thinking (Dueck & Parsons 2004:235), but in facilitating the stories by which people learn to locate themselves within a wider complex context of cultural, religious and political factors (Graham 1996:52).

[59] As researcher, I agree with Pieterse (1991:49) that a positivist approach to the Bible tends towards a one-way authoritarian communication of the Gospel accepted by everyone, while the postmodern approach involves two-way communication in which all can share and partake in the rich experiences of God within the pastoral

therapists (Dueck & Parsons 2004:243). Brueggemann (1989:28) also believes that the open situation of postmodernnity makes it possible to appreciate the good news of the Gospel anew. He considers the Christian faith as being practiced from a certain perspective[60] embraced in the face of other perspectives (Brueggemann 1989:10). No one can escape perspectivism as the world is perceived, processed, and articulated with one or another perspective. Thus, Christianity represents a certain posture on reality that cannot claim to be objectively true, but may claim *"to be a position where one will stand at all cost and at risk, so that in the end, the test of validity is no longer logic or fact, but the expenditure of one's own life, which is the only thing that finally has worth"* (Brueggemann 1989:10). Middleton & Walsh (1995:73-74) agree when they say that no grand narrative can have privileged status since they are all *ad hoc* products of our limited, particular and finite communities and have no transcendent justification: *"There is no innocent, no intrinsically just narrative, not even the Biblical one"* (Middleton & Walsh 1995:84). The Christian narrative is discerned from within a particular tradition, socially embodied and conditioned within the historical context in which it actually arose. The Christian community intersubjectively thinks, talks and lives according to the Christian narrative.

Christianity then means, as Gerkin (1986:37, 101) puts it, to see oneself, the world and human purposes within the interpretation provided by the metaphors and themes of the Christian story. Thus, what life is about and what it should be, depends on one sustaining identification with the Christian story. It should be clear that postmodern pastoral therapy does not necessarily – as a modernist view would assume – represent a break with Christianity, but rather *"a recovery and reaffirmation of Christian roots"* (Graham 1996:54). Müller (2001:

therapeutic situation. Thus, postmodernity opens up new possibilities for experiencing God, and each other as Christians.

[60] Simon (1985:35-36) draws our attention to the implications of Maturana's findings, namely that what we perceive is always determined by the nature of our own structure. Thus, each person is *"unalterably imprisoned within the bubble of his or her perceptions"* (Simon 1985:35). This means that different persons will have different views of reality, and that each view is absolutely valid as a perspective. However, Freedman & Combs (1996:26) have argued in favour of a social constructionism. Maturana's view represents a constructivist view. Since there is no direct perception as a result of the nervous system, social interaction always plays a role in perceptions. Efran, Lukens & Lukens (1985:25-27) have shown that a perspective on an event only exists in our distinguishing it in words and symbols. Each perception is an observer description of reality, and, thus, a matter of interpretation. Our interpretations, or our perceptions, are always socially constructed by means of language within the system we live. Thus, within the system of Christianity, we look through the lens of Christianity and live according to the language and truths of Christianity socially constructed from our birth. (A return will be made to the difference between the constructivism and social constructionism when system thinking is dealt with in the next section).

Online) argues that postmodernity opens our eyes to the deconstructive nature of the Bible[61] itself, as *deconstructive* does not necessarily imply an elimination of all ideas about God. Dueck & Parsons (2004:242) make us aware that *deconstructive* may also be understood in a constructive sense, meaning "*transformative and/or revisionary*". The depths of our Christianity now have, in a postmodern era, the potential to reconstruct our views and acts according to the Gospel of the Bible[62].

My choice of a qualitative methodology

Within a postmodern epistemology, I have chosen to work with a qualitative methodology. I understand qualitative research in terms of the alternative method described above. Thus, qualitative research involves more than technique. It is:

> **"A state of being: a willingness to engage and to be engaged, the ability to momentarily stop internal dialogue and to engage reflectively in a search for meanings constructed by others and ourselves… qualitative inquiry allows social constructionists to step into the worlds of others, to portray these worlds through the authenticity of their voices, and to understand these worlds through methodological integrity reflected in emerging hypotheses and the development of grounded theory"**
>
> **(Sears 1992:148, 152).**

As researcher, I see my task as the examining of the multiple meanings of life constructed by people within the context of their language and culture. This view represents a movement

[61] Müller (2001: Online) says that everything is questioned in postmodernity, that all certainties are undermined, and attention is sought for paradoxes. This is the nature of the Gospel. The Gospel forces us away from human certainties, frees us from structures, and involves us in the surprises of life. God is not a God of the *status quo*. The Gospel knows no limits and no boundaries. Jesus' resurrection serves as a deconstruction of reality and opens up life space. Brueggemann's thoughts are illuminating on this point. He says that our Christian view enables us to challenge fixed images of reality and dominant social definitions, and to redefine reality by imagining alternative images. This may be done on the basis of Christ, who broke fixed constructions of reality and who has opened up new and alternative possibilities for life (Brueggemann 1993:14-21).

[62] Brueggemann's (1993:67-68) insights are valuable when he says that people's lives are a collage of dramas in which they both cope and struggle for constancy and freedom: "*We are in fact characters in many dramas, sometimes trying to bring the parts into a coherent whole, sometimes trying to break out of an oppressive coherence, sometimes exploring a new freedom within a constancy, seeking to guard both against frozenness…and against a kind of ad hoc mode of life…*". Thus, no one's life is neither a settled certitude nor an empty procession, but an ongoing transaction. The Christian has the challenge to see God as a participant in the drama. The Bible invites us to live the drama with God, by taking up a role with the consequence of being

away from definitive conclusions and labels based on taken-for-granted assumptions. To be involved in the world of meanings implies that the qualitative researcher has the opportunity to make an inquiry into himself and others[63]. As researcher, I do not want to be an external observer, attempting to effect change from the outside. I want to *"see through informants' eyes, conveying with integrity their understandings of their many worlds"* (Sears 1992:149). I hear the voices of both Brueggemann (1993:ix) and Graham (1996:3) – and the voices of many others such as Middleton & Walsh (1995) – that practical theologians have to acknowledge the inescapable context of postmodernity, and to take its challenges seriously, if they want to be faithful. I see pastoral work, in line with Gerkin (1986:47), as the facilitation of a process in which ordinary human affairs are interpreted in ways that give life coherence. These methods of interpretation involve the formation of a worldview according to the images, themes, metaphors and stories of the Bible. This has effected a change in the subject of pastoral therapy: it has shifted from the self-actualised individual[64] needing therapy only in times of crisis, towards persons in need of nurture and support to make sense of their complex contexts in terms of Christian understandings of the world (Graham 1996:51-52). To reach this goal in pastoral therapy, the focus should not be on the pastoral agent and his theory, but on pastoral practice, as theory and practice do not exist independently, but inter-dependently[65]. Part of this praxis is the therapist's ability to convey the rich language and

healed, enlarged, subverted or transformed. Transformation or change will then occur when we are guided by the new images constructed on little pieces of evangelical faith (Brueggemann 1993:20).

[63] Sears (1992:148) believes that qualitative research makes it possible to consider people's ability to communicate their experiences, and to consider their willingness to invite the therapist into their lived worlds against their diverse backgrounds. De Jongh van Arkel (1991:73) also believes in *"an epistemology of participation"* where the researcher does not stand above the client as object. McNiff (1988:4) refers to this kind of research as *"action research"*, which means that change takes place in both the system under consideration, as well as the people involved in that system. To effect this change, it has to be research WITH, rather than research ON. Maykut & Morehouse (1994:25-39) define the qualitative posture as *"indwelling"*. With this they mean that the researcher should be a participant-observer and an in-depth interviewer who is willing to *"walk a mile in the other person's shoes"* in order to understand the person's point of view. He becomes a human instrument who connects with the other in an interdependent dialogue to capture multiple meanings. In this sense the client may be seen as the co-participant in the research.

[64] Graham (1996:50) says that the ultimate goal of the modern pastoral care movement has been one of personal wholeness and well-being in which the individual is seen as possessing an innate orientation towards self-actualisation. In postmodern pastoral care the self is seen as a subject-in-relation who has to discover a sense of personal identity and who has to locate himself in and make sense of the world.

[65] Graham (1996:7) draws upon the Aristotelian notion of *phronesis* to highlight the difference between abstract knowledge claims, and orderings of purposeful human activity in relation to theory. I have already referred to Pieterse's (1991:49) remarks about empirical research within the field of practical theology that is directed towards the analysis and description of pastoral situations in terms of communicative acts in the service of the Gospel.

meanings of others, with the willingness to accept the realities of others as given (Sears 1992:150).

My choice of Narrative Therapy

White and Epston (1990) explore the importance of language and meaning in Narrative Therapy. According to Besley (2002:126), Narrative Therapy was not developed from psychological discourses, but is a synthesis of the work of several social theorists including Foucault, and is philosophically grounded in social constructionist view[66]. The development of postmodern counseling towards the narrative approach has also been highlighted by scholars such as Clandinin & Connelly (1991), O'Hanlon (1994), Freedman & Combs (1996), Dueck & Parsons (2004) and Lee (2004). Narrative Therapy tends to move away from a mechanistic, reductionist and deterministic method with a tendency to reify the social *status quo* and power hierarchies. Therapists discover new understandings of their role as conversation partners with a more circumspect attitude, a more humble approach, more sensitivity to mystery, miracle and meaning, and more respect for clients (Lee 2004:221). The *"foundational epistemology of neutrality and objectivity in the human sciences"* has became untenable (Dueck & Parsons 2004:239), and its methodology has gradually been considered as a *"use and abuse of research"*[67], to the detriment of persons in therapy (Müller *et al.* 2001:76). Müller *et al.* (2001:79-85) use Lamott's (1995) ABCDE-model for fiction writing as a metaphor for explaining the process of research[68] within a narrative approach:

- **A**ction: Focus on the *now* of the actions the person is involved in. Allow the person to tell his *now*-story in his own voice without interruption. Be part of the action as researcher by means of interaction with the person and his action.

[66] According to social constructionism, people are owners of *"evolving sets of meanings that emerge unendingly from the interactions"* between them (Freedman & Combs 1996:26). This has to be distinguished from a constructivist view that views people as the *"prisoners of their perceptions"* (Freedman & Combs 1996:20). While the former represents a postmodern point of view on reality, the latter is a modernist viewpoint (see 2.6).

[67] The objectivity of the traditional method creates a power difference that makes the therapist the *"change-agent"* (Lee 2004:221) or expert who uses his knowledge to solve clients' problems properly. Most of the time, according to Müller *et al.* (2001:76-77), the therapist works towards his own interests in research that involves both problem definitions, and solutions to, or treatments of, problems, without considering the person. The research then becomes abusive as persons are pathologised or victimised within a fixed model. Understanding comes too quickly, and the outcomes are known beforehand without taking the development of people into account. This is a control-based approach. On the contrary, narrative therapists see people suffering and help them to find meaning, while maintaining a moral responsibility to care for them in terms of reverence and awe.

[68] Müller *et al.* (2001:77) believe that the writing metaphor emphasises the wholeness of the research process towards the development of one consistent story. In describing the research process, I will only mention the contribution of the writing metaphor to narrative research.

- **B**ackground: Help the person to picture the action against a certain background by revisiting previous situations. Picture the *now* of the story against the background of the current socio-political milieu.
- **C**limax: The researcher sets the scene in motion and waits for the plot to develop into its own climax. Allow the person to develop in character in his own way towards the end, despite the time it takes, and be part of the solution.
- **D**evelopment: Stay curious and patiently wait for the research plot to develop while observing and interacting with the person. Be on the look-out for new, better stories to develop, although it may sometimes feel as if the plot is absent. Research is not in the first place about an action with objects, but about people in action, participants and co-researchers that should be allowed to be part of the development. The contribution of the researcher is to reflect and facilitate while listening with compassion, and trying to see things from the person's perspective.
- **E**nding: The researcher dreams for, and with people towards creating a new story that cannot be easily destroyed. The ending is somewhere. The research does not end with a conclusion, but with an open ending which will hopefully stimulate a happy ending that is different from the beginning. Hopefully there will be a new perspective.

Thus, to escape the use and abuse of research, the researcher and participant come to a shared narrative construction and reconstruction through the research inquiry. Clandinin & Connelly (1991:265) have shown that the narrative method always involves participant-observation interaction as a shared work in a practical setting. Thus, narrative inquiry is a collaborative process between researcher and participant. In narrative research, data can come from researcher observation, participant-observation of practice, and observations by other participants. Data may also be generated by participants' reflective methods such as journal keeping, storytelling, letter writing, the writing of personal annals and chronicles, discussions between the researcher and participant, and the researcher's own reflections (Clandinin & Connelly 1991:268). In this 'dance' of study I will make use of these different methods and will also attempt to remain sensitive to the role played by interpretation. In gathering data, an interpretative quality enters into the notes (Clandinin & Connelly 1991:275). To be engaged in stories is to be engaged in interpretation. The participant's story is an interpretation of the story he lives, and the researcher's construction of a narrative account arising from the

database is also filtered through an interpretation. These interpretations are shaped by the situation within a particular culture, with its larger knowledge context. Ultimately, this 'dance' of study is a restorying of my narrative in my practices. Hopefully, *"an audience of other practitioners and researchers will read narratively the one narrative presented in the research account"* (Clandinin & Connelly 1991:276). Hopefully they will read it with meaning, implying that readers will be drawn into this story to question their own stories and practices in sharing some qualities of the participants' experience. Hopefully they will see the potential for possible alternative stories!

Towards an integrative discourse

To be a narrative researcher does not mean the researcher has to shut his eyes to everything else. As researcher, my postmodern viewpoint makes it possible to integrate modernist elements within a postmodern epistemology. Brueggemann (1989:14) clearly shows the openness and freedom of postmodern thought. Since modernity cannot make space for postmodernity, postmodernity can make space for modernity. I have already referred to Dueck & Parsons (2004), who argue that both voices, modern and postmodern, deserve to be heard and considered. They refer to Gergen (2001), who in turn argues that both are useful forms of discourses and may exist alongside one another in contemporary culture: *"At times they appear incommensurate while at other times overlapping"* (Dueck & Parsons 2004:244). Gerken (2001) also says that the realist discourse of modernity is *"essential to the achievement of complex forms of human coordination"* whether in aviation, medicine or psychology (Dueck & Parsons 2004:238). Thus, Dueck & Parsons believe that the modernist discourse still has an important role to play in an integrative discourse, and should not be rejected entirely. Dueck & Parsons (2004:244) write:

> **"There are constructivists who use data to demonstrate the constructed nature of science! And there are realists who point out the circularity of the constructed nature of the constructivists' proposal with an infinite regress of argument as the result".**

Thus, in contemporary society we will always use the *"dual vocabularies of modernity and postmodernity"* simultaneously (Dueck & Parsons 2004:244). In this 'dance' of study I am utilising modernist elements (not only modernist therapeutic models, but also scientific results

of modernist research and modernist insights) within Narrative Therapy (see chapter two). Amundson (2001:184), who argues from a narrative point of view, also asks for a *"useful harmony"* between diverse approaches to clinical practice and various perspectives. They can *"link hands… instead of climbing to some mythical height from which to look down upon the savages/barbarians"* (Amundson 2001:184). In more detail, Amundson (2001:187) says: *"Visit the outlanders in cognitive science, medicine and naturalistic philosophy, even steal from them the useful, and then how can our patients lose?"*. Thus, Amundson attempts to say that Narrative Therapy need not fear science from a modernist perspective. Since I have started assisting clients with their needs related to life difficulties (Anderson 2001:347), I am urged to utilise anything available in order to provide this assistance. Of course, I believe that the *anything* should always be within the framework of the Christian story. The point is: to be committed as a helper, has in its nature the willingness to assimilate extremes (in 1 Corinthians 9:22 Paul says: *"To the weak I became weak, to win the weak. I have become all things to all men so that by all possible means I might save some"*[69]).

My calling as narrative pastoral therapist

In understanding the narrative research process within the field of practical theology, Gerkin's (1986) thoughts on narrative practical theology are illuminating. Gerkin (1986:54-74) says that the pastoral worker is the interpretive facilitator and mediator in relation to both the Christian faith tradition and the human situation. Thus, he is the instrument through whom persons are enabled to see their present situation through new lenses[70]. The pastoral therapist's interpretations of people's present situations can open up potential for divine transformation of that situation, not otherwise possible. For this purpose, the process of conversation is itself most important as a means to share perspectives on all aspects of life. Hoffman (1990:11) refers to the process of therapy as *"an art of conversation"* that involves, what Müller (1996:161) calls more than a "*neutral listening*" to someone, but an "*empathetic involvement"* in and penetration of one's life. Sears (1992:150) says that the test of research

[69] All the quotations from the Bible in this 'dance' of study are taken from the New International Version (1984) by the International Bible Society.

[70] Gerkin (1986:71) sees the pastoral worker's main task as the mediation of perspectives with the hope and expectation that the fusion of horisons of perspectives will bring a new understanding and praxis of the Christian life in the current situation. He is the one with a vision of what we are called to be in terms of the Christian story and what the God of that story brings about through the power of the Spirit. The fusion of horisons of perspectives, i.e. the Christian perspective and other ways of seeing the world, will inform and shape decisions, perceptions and actions in the present situation.

lies not in one's ability to remain objective, but in one's capacity to be empathetic, to bring a flood of emotions with each question, to make progress towards closeness, to share in the burden, to understand the richness and complexity of the person's life, and to lead each response towards being another forward step into his world[71].

The importance of being involved in the world of people's meanings has already been noted. A *"willingness to engage and to be engaged"* (Sears 1992:152) requires becoming part of people's systems (De Jongh van Arkel 1991:72). As researcher, I see this as my main calling as narrative pastoral therapist. However, in another context, Watson (2004:254) refers to *"The Epistemology of Love"*, where love is *"the divine being and the basis of any real knowledge*[72]*"*, according to 1 John 2:10-11. This love has to be focused on all rejected stones representing all those in need of solidary understanding. Through solidary understanding, those in need meet The Truth, *"the very stone the builders rejected"* (Luke 20:17). In this sense, love is more than mere social affect, but, in the words of Anderson (2001:348), *"a way of being: a way of thinking about people, relating with them, acting with them and responding with them"*. With this, Anderson emphasises the stance of the postmodern client-therapist relationship. She relates to the nature of Rogers' person-centred approach. Rogers believes that if a person is fully accepted, he couldn't help but change (Anderson 2001:341). Freedman & Combs (1996:10) also refer in this context to the contribution of Erickson, who appreciates people as resourceful persons. Egan (1990:123) refers to this way of being as empathy, the *"ability to enter into and understand the world of another person"*. I will outline the nature of the love that is needed to elaborate such a quality of presence, in more detail in the next chapter.

In conclusion, as researcher-therapist, I want to make a difference in married partners' lives! As guide and facilitator, I am convinced that spouses' emotional attachment can be

[71] Graham (1996:110-111) shows that *practice* within a pastoral context, involves Christian practice. This is not the acting out of predetermined moral norms or an application of doctrinal truths or theological understanding. On the contrary, it involves expressions of the Christian presence in the world. This is the foundation. These practices will then be the creators and bearers of the fundamental truth-claims of the Christian community. When the therapist embodies such purposeful actions in time and space, he becomes a subject of agency that he has to handle with the greatest responsibility.

[72] Watson (2004:254) here understands knowledge not in terms of objective knowledge, but as the light of a definitive rationality that makes it possible to see all perspectives from the metaperspective of love. Thus, to see the perspectives of all human needs in the light of the sacrifice of the Truth, namely Christ. Persons in need become objects of the therapist's knowledge as far as practical love is concerned.

transformed into new discourses after traumatic child death. The narrative approach makes this possible for spouses, and grants them the opportunity to mourn the death of their child in their own special way, without prescriptions and predictions about the future of their marriage. The narrative approach also makes it possible for spouses to construct new alternative discourses for their marriage, to be assisted in integrating their loss meaningfully into these new discourses, and to discover a new emotional relationship between themselves that they can define independently. Lee (2004:230) writes:

> **"Narrative therapy, with its limited teleological conception of agency, provides an important challenge… By breaking the hold of problem-saturated stories and subjugating discourses, it opens a place for clients to articulate and strive towards preferred goals".**

In the process, I, as a Christian researcher-therapist, want to *"reimagine the world as a place where God desires to move suffering and imperfect humans towards their created end"* (Lee 2004:230). The Bible, as a liberating metanarrative[73], reveals a God who has compassion for those who suffer and are suppressed. According to Middleton & Walsh (1995:83), Christianity is rooted in a metanarrative that claims to tell the true story of the world from creation to eschaton. This story conveys the truths about God's redemptive love for a fallen creation (Middleton & Walsh 1995:70). An encounter with the God of the Bible and the Biblical story of God's redemptive love enables us always to imagine the new possibilities I am searching for as researcher.

[73] Metanarratives may be considered as the truths that guide or legitimise the practice of a given community (Middleton & Walsh 1995:69). From a postmodern point of view, metanarratives make, in line with modernism, universal and absolutistic claims which may lead to the exclusion or oppression of those whose stories and experiences do not fit the metanarrative. Thus, metanarratives may be used as long as they are considered as social constructions within the context of a particular community, like Christianity (Middleton & Walsh 1995:71, 73).

CHAPTER 2: THE 'DANCE' OF PASTORAL THERAPY

2.1 Introduction

Did you know that when watching a dance performed, you only see an illusion but that it appears real? Dance works with movement. Although pure strength and agility is needed to perform certain difficult movements, more complex skills are required in creating the difficult physical feats of illusion (Laws 1984:4). Thus, we have to understand the difficulties facing the dancer. Why are movements in dance particularly difficult? Dancing is based on the well-known physical principles of motion that underlie every movement. Dancers learn to move under the influence of these physical principles of motion and to use them to their advantage. This allows them to create an effective illusion of, for instance, jumping into the air and then turning. What you see when someone is dancing, is *"a display of interacting forces, but these forces are not the physical forces of the dancer's muscles. These forces are created for our perception and convince us that they are real"* (Laws 1984:2). When obeying these physical principles of motion, the dancer can develop techniques that lead to the creation of this fine art. Dancing thus appears easier than it is!

The challenge for the dancer is to analyse the laws of motion, apply it to dance, and to surrender himself to them. This will communicate visual images that the dancer is performing the impossible (Laws 1984:7). The last thing a dancer should think of on stage is controlling his movement. The dancer has to concentrate on the response of the body to the forces that lead to movement, and on the flow of the dance. To enjoy the dance, and to make steps appear smooth and graceful, the dancer should always recognise the difficulty of performing these movements (Laws 1984:1,5,7). Knowledge of body movement can help to prevent the kinds of injuries that interrupt many promising careers in dance.

How can dancing be learned?

According to Laws (1984:6), people who are learning to dance have to depend on language to form meaningful images of body and movement. A dancing teacher may communicate words as objective definitions, but unless students can translate these words into images of their own bodies, the information transfer is abstract and of no use. Different dancers, because of their

differing ages and backgrounds, have different levels and kinds of understanding. When learning or improving a particular movement, a dancer usually depends on three methods:

- Trial and error adjustments are made in the basic motions;
- The example of an experienced dancer executing the motion; and
- Instructions from a teacher.

This will lead to a particular body position or a change in the body configuration that contributes to the desired form.

In the light of this difficulty to dance, we may conclude with Laws (1984:2) that our understanding of dance as a form of art can contribute to our appreciation of it. This does not mean that we should analyse dance scientifically, because this could lead to a reduction of dance to a science, and to negligence of the aesthetic dimension and the essence of communication with the audience. We should rather focus on the large and complex world of dance:

> **"With many windows which one can both perceive and illuminate. Through these windows one may see portrayals of characters or images of a culture, spectacular athleticism or lyrical grace, painful years of dancer's discipline, or free expression of human creativity"**
>
> **(Laws 1984:9).**

Which window do you perceive from when focusing on the 'pastoral therapeutic dance'? If you have your view obstructed by a purely scientific analysis of pastoral therapy, you will lose the aesthetic dimension and the essence of communication in the 'pastoral therapeutic dance'! With dancing, you have to take a broader look and include all the dimensions that underlie the 'pastoral therapeutic dance'. You have to see the artistic and aesthetic creativity which accompanies the dynamic 'dance steps'. Pastoral therapy is indeed a difficult endeavour. It remains an endeavour because the movement and communication that form part of the process of pastoral therapy can never be grasped if one has arrived at final conclusions and landmarks. In conducting pastoral therapy I experience something of the illusions of dancing. I work with *a reality*, but not as *the reality*, since the postmodern concept of reality is a social construction. In therapy we, as therapist and client, work together to create new realities on the basis of 'movement principles', which both influence the process and provide it

with interacting forces to rewrite perceptions into the direction of a healthier reality. These principles of motion' are factors such as empathetic love, externalisation, deconstruction, social construction, the setting of a vision, internalising and others that I will discuss in this chapter. These are my 'dance steps' which give both the 'elasticity' for opening up alternative possibilities, and the 'friction' to set the motion forward. I believe that a postmodernist framework provides the 'rosin' necessary to free the 'sticky feet' from the floor when moving on after traumatic child death; a process that is extremely difficult. In this chapter I will discuss my postmodern point of view and its implications for pastoral therapy.

Learning the 'pastoral therapeutic dance'

To participate in the process of pastoral therapy, a therapist cannot rely upon 'the physical forces of his own muscles' or on his own control of the movement. A therapist remains part of a continuing learning process. He learns through the language and movement that take place between him and the client. Thus, the therapist forms part of the therapeutic processes, and he learns in relation with the client. The therapist has to surrender himself to the therapeutic situation in order to co-drift with 'smooth and graceful' steps. Like a dancer who tries to prevent the kinds of injuries that can interrupt the dance, the therapist also has to proceed carefully in the 'dance'. Sometimes he will be required to take the lead and give instructions in the sense of suggestions and facilitation, but he cannot rely on objective definitions. He does not have to deny or sidestep trial and error, but needs to use them as part of the construction process to come to new alternatives and realities. In this chapter I also want to reveal the necessity for a pastoral therapist to, as a dancing student does, 'translate those words into images'. This means that as pastoral therapist, I have to learn to integrate the dynamic 'dance steps' of the pastoral therapeutic process into my own life so that the process itself can form part of my own example of motion in life.

As I have indicated, no dance is possible without a dance floor. When we plan to take the first 'steps' of the 'dance', we have to make sure we know the quality of the 'dance floor'. The story of the 'pastoral therapeutic dance' starts with the 'pillars of the dance floor' so that we can proceed with the 'dance' itself.

2.2 Where did the 'dance' of pastoral therapy start?

The story started with God Himself. We find this story in the Bible. The Bible produces many accounts of God's story with people. I consider the Bible as the point of departure for the 'pastoral therapeutic dance'.

I have chosen to form part of the tradition of Reformed Protestantism, and I have chosen to, as Potgieter (1990:12) puts it, confess within this tradition that *"the Holy Bible is the infallible Word of God with final authority, the source of all true knowledge, and the only norm for doctrine and life"*. I believe that the Bible is in its whole and in all its parts the Word of God, and that it is impossible to distinguish in the Bible those parts that came from God and those parts that came from humans (Potgieter 1990:60). I believe that it is possible to work from a postmodern paradigm and still adhere closely to the Bible. Middleton & Walsh (1995:174) argue in favour of a renewed rooting in the Bible as a basis for living in a postmodern context. When I confess my belief in the authority of the Bible, I bear in mind that it has premodern roots. According to Du Toit (2000:14), the Bible was considered, in premodern times, as a source containing all authoritative answers to nearly all possible questions. The Bible is the basis for everything that I do, am or stand for as a Christian, but it is unrealistic to use the Bible in the premodern style. This also warns me of the sensitivity inherent to using the Bible according to the style of modern times, namely in terms of foundational absolutism (Du Toit 2000:65). According to modernist thought I would have to stand outside the text and the contemporary context in order to correlate the two on the basis of universal truths. However, a more postmodern understanding of Biblical texts is required (Middleton & Walsh 1995:174). I do not want to use the Bible as a grand narrative, since this will lead to totalitarianism aimed at reduction of one's life.

A postmodern use of the Bible is based on persuasion with the intention to enrich a person's life. Middleton & Walsh (1995:174) believe that it is necessary for the Christian community to *"indwell or inhabit the story, to so live inside it that it becomes our story"*. Thus, the text[74]

[74] Brueggemann's (1993) thoughts are illuminating in this context. He believes that we can no longer deal with Biblical texts as if we are modern masters of control able to arrive at general, universal and timeless truths based on rationality. The shift to postmodernity has forced us towards new ways of reading Biblical texts. We have to take into consideration that knowledge is always contextual, pluralistic and dependent on different perspectives. This does not necessarily imply a relativism of Biblical texts, but rather an opening of the

does not need to be applied to our situation, but rather, our situation needs to be submitted to the text. This will be representative of a personal and communal response to God's intent in the story to redeem a fallen creation. The Bible is full of stories, and thus we cannot ignore the narrative movement of the Bible embedded in the great diversity of narrative and non-narrative material – the movement from creation, to fall, to redemption (Middleton & Walsh 1995:69). The story line of the Bible is that of God's mighty deeds of redemption throughout history. This story line does not form part of a closed book that has ended in a bygone age, but God still continues with the story and invites us to play a significant role in the story by contributing to plot resolution (Middleton & Walsh 1995:187). Middleton & Walsh (1995:185) write, remarkably:

> **"God's authority is not that of an implacable tyrant who demands blind obedience. On the contrary, this is the loving Creator of the universe who cares intimately for his creation and who desires to see all creatures flourish. This is the Redeemer who delivered his people from slavery in Egypt and who entered history supremely in Jesus to liberate creation from the bondage of sin and death. This is the author of an unfinished drama who invites us to participate in a genuinely open future in which we can indeed make a difference, as we implement in new, even unforeseen circumstances the plot resolution that Jesus initiated through his death and resurrection".**

Thus, the Bible is an open-ended story that draws us along. Since the human mind thinks in terms of stories, and the human life is itself narratively shaped, we are able to process Biblical narratives in order to live in the light of the story (Middleton & Walsh 1995:186).

Middleton & Walsh (1995:68) believe that the narrative is an effective packaging for timeless truths that really matter. Biblical narratives are helpful for understanding the nature of the Biblical worldview, human life and how to live ethically[75] in the world. Biblical stories also

transformational abilities of the Biblical texts. The Bible as the only truth for Christians is able to break down all the certainties and conformities of the present, and helps us to arrive at alternatives. Once the Christian perspective is embraced, the Bible will remain the only source of truth, as long as *truth* is understood as contextual.

[75] According to Middleton & Walsh (1995:62,186), we need a normative framework to guide us through life. Where postmodernism leaves us in a lost sea without navigational assistance and direction, the Bible shows us the way, not in terms of prescriptions, but in making room for us to live freely and to work through the issues

give guidance in understanding God's redemptive acts throughout history. We cannot read the story without being caught up by the Spirit of God who enables us to risk dreams of an alternative world that can capture our imagination and liberate us from the constrictions of dominant discourses (Middleton & Walsh 1995:192). In this sense the Bible will always be important to me as the foundation of my pastoral work, or shall I say, of the 'dance floor' itself. The story of the Bible opens up a new way for people's stories towards new beginnings and happy endings. When the story of God's redemption is opened up, no dead end is final!

The Biblical story of God's redemption is rich in traces of God's love. His love acts as the 'pillars of the dance floor', and forms part of the core testimony of the Bible. The Bible necessarily involves me with the focal point of its entire testimony. The core testimony reveals who God is, and how his love is intended for you. In the next sections I will show how the two Testaments are interrelated with one another to communicate a core testimony by means of a story. I will discuss two Biblical terms[76], one from the Old Testament and one from the New Testament, to indicate the content of the core testimony of the Bible; both my motivation and foundation for pastoral work. I consider this as the starting point of the 'pastoral therapeutic dance'. God's love urges me to do pastoral work. His love also makes it possible, and sustains me to continue with the 'dance'.

2.2.1 The core testimony of the Bible

When doing pastoral work within the context of the Bible, one has to be concerned with the entire Biblical testimony. According to Westermann (1975:105), the Bible, from beginning to end, gives an account of a great history, God's history with his people, or shall we say God's story with his people. This story can be explored through an overall view of the Bible in which both Testaments, the Old and the New, function side-by-side. To get to the significance of both Testaments in their connection with one another, one has to read both in reference to God's history with his people. Although they are two separate parts of the canon, they are united as two complimentary parts of one whole. Neither one of the two Testaments can be

of our own lives. However, on this way, a postmodern point of view enables us to hear all the voices around us – also the voices of those crying out in pain - and to acknowledge and attend to these voices.

[76] When these terms are described, it has to be acknowledged that words, within a postmodern context, can only be representations of reality, and do not form reality itself (Middleton & Walsh 1995:51). However, in studying these terms, one is effectively reimaged in one's pastoral basis according to the discourses that these terms represent. Every pastoral therapist should be open to the process of reimaging.

read or correctly understood without each other. According to Cate (1982:12), the Old Testament contains the roots of the New Testament[77]. Hasel (1975:145) refers to the *interconnection* and *interrelatedness* between both Testaments. It is necessary to say this about both Testaments, as long as we remember that the two Testaments can, at the same time, also be heard and understood in their own right. On this point Brueggemann (1997:733) says that we should always think in terms of the independent status of both Testaments, in the sense that each of them has its own evocative potential that can be interpreted according to its own distinctive testimonies[78]. Thus, both Testaments are treated as equally important in this 'dance' of study in accordance with the Reformed Christian tradition.

Christ in the light of the relationship between the two Testaments

Cate (1982:13) notes that Jesus was the fulfilment of all to which the Old Testament had pointed and for which it had looked with such hopeful longing. God's great purpose that He had worked out in the lives of the Israelites, reached its final focus in the life of Jesus Christ. The early Christians saw Him as the personal fulfilment[79] of the hope of Israel. I agree with Cate (1982:14) in saying that the New Testament faith has grown and blossomed from the Old Testament. If we want to understand the full message of Jesus' deeds in the New Testament, we have first to understand God's deeds in the Old Testament. When I say this, I do not mean that we must try to *"dissolve the Old Testament into the New"*, as Brueggemann warns (1997:730). He believes that the Old Testament does not directly point to Jesus or the

[77] Cate (1982:12) argues that for many Christians the Old Testament is a closed book. They know some of the stories, but they have little idea of how they relate to each other, and less of how they relate to the New Testament. Christians mostly prefer the New Testament because they do not understand much of the Old Testament. However, the Old Testament is not a dead book, but a living book with a message about God's deeds towards His people. The Old Testament waits to be read in coherence with the New Testament, and the unique message of the New Testament waits to be understood in coherence with the Old Testament. Thus, the two Testaments cannot be treated independently.

[78] I am cautious of arguments in favour of complete discontinuity (Bultmann) between both Testaments, which means that the Old Testament is in fact a book with no relevance for Christians (Hasel 1975:146-148). I am also cautious of arguments in favour of continuity (Vischer), which means that the Old Testament has to be dominated by the New Testament before it can have any relevance (Hasel 1975:150).

[79] Cate's thoughts should not be understood in terms of Zimmerli's promise-fulfilment outline in which he believes that the Old Testament only describes what was promised, and the New Testament only what has been fulfilled. According to Hasel (1975:156), the promise-fulfilment approach cannot describe the multiplex nature of the relationship between the Testaments. Both Testaments know promise and fulfilment, and progression from promise to fulfilment. Hasel (1975:157) wants us to understand that the Old Testament leads forward to the New Testament and enlightens the content of the New Testament, since Israel has always transmitted God's promises to generations to come. Brueggemann (1997:732) adds that the Old Testament does not intend to be fulfilled in Jesus Christ, but has its own theological message that cannot be subordinated to the Christological message of the New Testament. This will reduce the Old Testament's testimony.

New Testament. However, the Old Testament has an openness that makes it possible to look back from the New Testament to the Old in terms of a Christian interpretation.

What binds the two Testaments together?

We have to take up the idea of the focal point of the Bible's core testimony. Hasel (1975:165) links up with Westermann's (1975) idea, and sees the common mark of both Testaments as the continuous history of God's people and God's dealings with mankind. It is all about the concept of salvation history, linking the Testaments together. Hasel (1975:167) writes:

> **"Secular history and salvation history are not to be conceived as separate realities. Particular historical events have a deeper significance, perceived through divine revelation; such events are divine acts in human history. The course of salvation history was inaugurated for man after the fall and moved from Adam and all mankind through Abraham to Christ, and from Him it moves to the goal of history, the final future consummation in glory".**

According to Westermann (1975:100), the two Testaments have much in common: both tell how God's history with his people in the old- as well as in the new covenant turned out. That the Old- and New Testament agree in this is by no means accidental. At the heart of both is the account concerning the divine saving acts whereby the covenant was established. When Cate (1982:18) searches for the *"common thread of revelation"* which binds the two Testaments together, he also looks for it in God's dealings with his people throughout history. According to Cate (1982:22), the Bible is a common witness, which is all about the awareness of the redeeming God and penitent man:

> **"The Old Testament's focus upon God's salvation and forgiveness serves as the basis for the New Testament's understanding of the mission of Jesus. The fullness of Jesus' ministry becomes much more real when seen as the ultimate end of the works which God began in the Old Testament. When the Old Testament people understood the nature of God's redemptive acts in their midst, they began to look forward with hope to his ultimate acts of redemption in future in the coming of the Messiah".**

We can conclude with Cate (1982:45) who comments that Israel's history was not just history, but was the sacred story of God's redemptive acts, even in judgment:

> **"What we have then in the Bible is not Israel's history so much as it is the history of God working out his redemptive purposes in and through Israel. It was this sacred story that set the stage for God's ultimate sacred story, the Gospel of Jesus Christ. It was Israel's sacred story which gave us the vocabulary by which Jesus' mission was proclaimed by New Testament preachers".**

This means that God revealed Himself throughout history in the actual events in which He acted. This was the primary way by which God could be known or experienced. Israel met God in events, and this is why they never recorded history in terms of what the events were, but rather in terms of what the events meant. The basic question was not, *"What happened?"*, but rather, *"What was God doing?"*. This salvation story of Israel culminated in the coming of Jesus Christ as a historical event; the climax of God's redemptive purposes which had guided the divine dealings with man since the creation of the universe (Cate 1982:35).

Before I go into more detail about the core testimony of the entire Bible, it is important to note Brueggemann's critique against salvation history. Brueggemann takes a fresh approach to Old Testament Theology from a postmodern frame of reference. According to him it is impossible to sufficiently capture especially the Old Testament's testimony in terms of salvation history (Brueggemann 1997:726). In Brueggemann's opinion the embrace of history as the proper perspective on Biblical texts, reflects the cultural spirit of objective positivism[80]. We find great emphasis on events in history in the Old Testament scholarship in the first part of the 20th century up until 1970. Von Rad was an exponent of this approach. At the end of the 20th century, and in the midst of the new cultural shift towards postmodernity, scholars came to realise their own inability to explain the phrase *acts of God* (Brueggemann 1997:59). Brueggemann's own approach is more confessional in nature as he works with the utterances

[80] Brueggemann (1997:43-49) believes that the notion of recovering history *as it happened* was in operation from the 19th century and was carried over to the 20th century. Scholars considered history as moving in a single, developmental line in terms of events that can be submitted to scientific investigation (historical criticism). However, since scholars started to believe in the collapse of history, this has led to new methodologies.

of God. He says that speech is a given of the text which leads to theological interpretation. Israel's speech about God can be considered as testimony (Brueggemann 1997:117-126). The setting of testimony is a court of law. Evidence given by witnesses is a mixed matter of memory, reconstruction, imagination and wish. The court must determine, with no other data except testimony, which version is reality. It is on the basis of testimony that a court arrives at what is real. The court has no other access to the actual event in question other than the testimony. The two main streams of Brueggemann's theology are the ideas of social interaction and the rhetoric of the text that form part of the postmodern context (Brueggemann 1997:732).

I identify myself with Brueggemann's postmodern approach. Although he criticises a mainly historical attempt, he still believes that the Old Testament's testimony cannot be isolated from the history of Israel (Brueggemann 1997:726-728). We also must believe that the entire Bible is bound up with history. New Testament scholars such as Roberts & Du Toit (1989:33-34) refer to the so-called historical narrative. Such narratives are not on the same level as modern historiography, which makes claim to scientific historical description on the grounds of objective history. The historical material in the New Testament is not meant to be a scientific treatment of history. Roberts & Du Toit (1989:36) state that a historical narrative is deliberately tendentious, that is to say the Bible is interested in history, not for history's sake, but on account of the message of God's salvation. It is concerned with the messages of God's redemption, and we find these throughout the entire Bible. Thus, we have to listen until we hear the message in both Testaments in their inherent unity (Roberts & Du Toit 1989:77).

I believe that the foundation and main motivation of my pastoral work lies in God and his story with his people. This story is based upon the testimony of God's redemptive acts that run throughout the entire Bible from creation to its culmination in the coming of Jesus Christ, to the final consummation at the end of time. This story stretches from the Old- to the New Testament as a complimentary unity. Pastoral work involves me with this story and its core testimony. Since I have chosen the Bible and its core testimony as the 'dance floor' for the 'pastoral therapeutic dance', I have to explore the content of this testimony, termed by me: the 'pillars of the dance floor'.

2.2.2 God's love as the 'pillars of the dance floor'

God's redemption throughout history reflects God's loving kindness for his people. God's love is intertwined with salvation history. If one asks: How did the people of God, of Old- and New Testament times, understand and experience Him, there is only one answer: The basic understanding of God in both Testaments is his loving nature – his love wanting to heal the brokenness of sin. This is central, although there was a difference in Israel's understanding of God's love in the Old Testament, and the understanding we find in the New Testament (Cate 1982:68). Nevertheless, God's love is the golden thread that runs throughout the story of God's redemption in the entire Bible. God's love can be referred to as the 'pillars of the dance floor' for the 'pastoral therapeutic dance'. I believe that God's love, as experienced in the salvation history of both Testaments, is the most basic motivation for pastoral work. The nature of this love is the healing redemptive power for my own brokenness through sin, and is therefore an example to me and an inspiration in my own love for wounded people, and for the love with which I conduct pastoral therapy. By being a pastoral therapist, I become the vehicle through which God releases his healing and redemptive power of love. But what is the content of God's redemptive acts?

The content of God's redemption in history

According to Westermann (1975:5), the narrative books in the Old- and New Testament are the origin as well as the basis of the entire Bible. These are the Pentateuch and the Gospels. The Pentateuch and the Gospels consist of the testimonies of various witnesses throughout Biblical history. The only difference between the Pentateuch and the Gospels lies in the fact that the Gospel's first-hand reports exist side-by-side in separate books, while those in the Pentateuch have been woven together into one general account. The benefit of Westermann's thoughts is to show how the Old Testament's witnesses that started in the Pentateuch, run throughout the Gospels in the New Testament with its final fulfilment in the messianic hope through Christ. However, the remaining books of both the Old- and the New Testament further develop the testimonies of respectively the Pentateuch and the Gospels. Thus, these testimonies were finally accomplished by respectively the prophets in the Old Testament and the apostles in the New Testament (Westermann 1975:4). When we trace God's love as the

golden thread throughout the entire Bible, we have to start at the Pentateuch, and trace it from there to the rest of the Old Testament and then to the New Testament.

God's love in the Old Testament

Brueggemann (1997:416) roots God's love in his commitment to Israel. There was a time when Israel did not exist. Israel came into existence *"because of the decisive, initiatory action of God"* (Brueggemann 1997:416). This sovereign and free action of God is rendered in the narratives of the Pentateuch. Israel was initially without hope, possibility, or future. The sorry situation of these people, barren and bondaged, was dramatically transformed by the utterance of God in Genesis 12:1-3. No reason was given for God's commitment to Israel. It only had to be accepted, embraced, and obeyed by Israel. When Israel later spoke about its existence, it offered no explanation, except expressions of astonishment and gratitude. The only explanation for God's commitment to Israel that can be derived from the narratives is God's love for those who were not-yet-Israel (Brueggemann 1997:415). Zimmerli (1978:44-45) also notes that the Pentateuch tells the story of God's love for Israel. He elected Israel amongst all the other nations to be his people because He concerned Himself with Israel in a very special way from the beginning; Israel was God's special possession. This was the starting point of the people of Israel becoming God's people. God's love for Israel led to its deliverance from Egypt because the people of Israel they were his people. This deliverance was the result of the promises God made to the patriarchs that He would be their personal God, and that He would give them all his attention, guidance and love. The God who created the world is none other than the God who brought them out of Egypt, and supported and provided for them.

Israel also experienced God's love in the wilderness. Deuteronomy tells the story about Israel's wandering in the wilderness. According to Von Rad (1975:282), this was a time when the relationship between God and his people was at its fairest in terms of their dependence on Him. We read in Deuteronomy that God sustained his people, even looking after their sandals and clothes. He gave manna to each Israelite according to his needs. He led them through the desert, and cared for them providing water and food because of his love for and relationship with them. They had to understand that they must depend upon the hand of God for each minute of their lives (Von Rad 1975:281). God's relationship with Israel was carried by the covenant which means a special relationship of communion with God on the basis of the

promises God made, and on the basis of the regulations for Israel's life before and with God (Von Rad 1975:135, 190). The story of God's love in the Pentateuch finally ended in the possession of the land of Canaan (Von Rad 1975:296).

However, according to Brueggemann (1997:415), the rest of the Old Testament articulates God's love for Israel. Von Rad (1975:120) refers to "the proper unfolding of Israel's witness" in the rest of the Old Testament. While being aware of an absolutising of Von Rad's view[81], we may agree with Brueggemann (1997:104) who says that God indeed acted along the lines of his earlier saving acts, and even in a more splendid way in the rest of the Old Testament. The prophets always went back to the initial and basic testimonies of Israel, and applied them to the history of the Israelites in later times. These testimonies serve as landmarks to which Israel hold upon throughout their history. According to Brueggemann (1997:104), the Old Testament's faith tradition is a vital, ongoing and living tradition that responds to the circumstances in which it finds itself. This explains why the story of God's love runs throughout the entire Old Testament like a golden thread, and can also be traced in the utterances of the prophets of pre-exilic, exilic and post-exilic times.

God's love in the New Testament

The good news is that the story of God's love does not end in the Old Testament! Against the background of the discussion about the relationship between the two Testaments, we can frankly say that God's love was set forth in the New Testament, especially through Jesus Christ. I have already noticed the progress of narrative history from the Pentateuch, through the rest of the Old Testament to the Gospels in the New Testament. The coming of Jesus Christ, as a historical event, was the climax and culmination of God's redemptive purposes in history. God's love for people and the world is stated in John. 3:16: He showed his love for the world comprehensively in the fact that He gave his Son. God ultimately fulfilled and illustrated his love through this deed, which stands in line with the Old Testament's

[81] Von Rad (1975) thinks about God's love in terms of basic and interwoven faith traditions or credo's of old Israel that became elements of Israel's faith in the rest of the Old Testament. According to Brueggemann (1997:103-104) this view is too representative of pre-conceived categories. Although Brueggemann admits that God's love is also audible in the rest of the Old Testament, like the prophets, he is convinced that it is not part of a deliberate frame of distinct and heterogeneous traditions as separate acts of revelation. However, Brueggemann (1997:103) warns against a belief in developmentalism, which pushes the witness or primary intentionality of the text aside. This would rule God out as the primal subject of the text, and also his mysterious workings. Thus, the focus must remain on the testimonies of the text.

deliverance of Israel from Egypt. According to Guthrie (1981:104), it is basic to all parts of the New Testament that God is a God of love. The Father's love for Jesus became the foundation and pattern of Jesus' love for people (John 17:23). God's loving character in 1 John, represents God's approach to people. His approach to people is:

- Firstly, that of grace, which denotes the favour of God towards those who do not deserve his favour (Guthrie 1981:105); and
- Secondly, God's approach to people is also that of mercy, which denotes God's ongoing compassion and righteousness towards all sinners (Guthrie 1981:107).

These two approaches of God towards people led to the mission of Jesus Christ as the supreme revelation of God's grace and mercy. God's grace and mercy represents his covenant love of the Old Testament. In the New Testament we read about the new covenant as a basis for the ongoing relationship between God and his people with new ethical obligations for those under it to live according to God's will (Guthrie 1981:435).

God's loving character led to his providential dealing with creation. After He created the world, God did not leave the creation to its own devices (Guthrie 1981:79). God's love motivates Him towards care and providence for creation. In the teaching of Jesus, there is a specific emphasis on God's special providential care for his creatures. God is concerned about his creation. The heavenly Father feeds the birds, without them having to sow, reap or store their food (Matthew 6:26). Even more significant is his knowledge of the hairs on one's head, which demonstrates his interest in the smallest detail of human life (Matthew 10:30). God's fatherly concern for his people is also brought out in such a petition as the prayer for bread in the Lord's Prayer (Matthew 6:11) (Guthrie 1981:80). With the advent of Christ, the idea of God as Father brings an element of intimacy into man's relationship with God. In God the perfect pattern of true fatherhood is seen. As Father He knows everything and this is applied to the everyday needs of believers (Guthrie 1981:81). Believers can rely on the promises of their Father (Guthrie 1981:109). Jesus' life and work represent God's love for people who came his way. Although in the New Testament the idea of God as Shepherd (Psalm 23) falls short of the acceptance of God as Father, it is Jesus who identifies Himself as the fulfilment of the Good Shepherd (Guthrie 1981:725). God is also the Father of believers in the sense that He is the source of their spiritual life, and as the One who is concerned with their spiritual welfare. He wants to lead them through love towards a new sanctified life in union with

Christ and in relation with his Spirit, and finally towards the eternal new heaven and new earth (Guthrie 1981:639-640). Ladd (1974:28) remarkably shows how God's loving character that culminated in the words and works of Jesus was extended and explicated by the rest of the New Testament.

I can conclude by saying that God's love is intertwined within the core testimony of the entire Bible, and throughout the history that proceeds from the Old- to the New Testament. However, Ladd (1974:32-33) makes us aware of how the experience of God's love differs in both Testaments. The love of God in the New Testament leads to a consummation, which is, in its nature, much more on the level of a personal encounter, while it still retains the same quality of the love of the very same God of the Old Testament. Nevertheless, we may take the love of both Testaments seriously as the 'pillars of the dance floor'. The challenge is to surrender myself to the nature of God's love that runs throughout both Testaments. I want to take God's love as the ultimate example for my own approach towards pastoral therapy and wounded people. Thus, I have to 'dance' the 'pastoral therapeutic dance' on the basis of God's love. This represents my own specific love-based approach to pastoral therapy.

2.2.2.1 A specific love-based approach to pastoral therapy

I have argued that the story of the 'pastoral therapeutic dance' started with God. This story is based upon the Bible and its core testimony that is intertwined with God's love. I want to 'dance' on the pillars of God's love. I consider my love-based approach to pastoral therapy as sewn into the story of the 'pastoral therapeutic dance'. This story leads us to discover the 'pillars of the dance floor'. We firstly have to note that, in the course of time, scholars have developed various 'pillars' for the 'dance floor'.

A metaphor for pastoral therapy

According to Louw (1998:39), who has a theological design for pastoral therapy, it is important to work from a useful metaphor that enables a Biblical perspective on pastoral therapy. Louw (1998) chooses to work with the theological model of *faith care as life care*, which means that faith, as a dimension of salvation, determines in reality the nature and style of life care. Thus, Christ's incarnation should have relevancy for contextual and existential issues in any care (Louw 1998:38). In seeking a metaphor, Louw (1998:45) stresses the

importance of adopting a Biblical metaphor to describe the mediatory event of care so that faith care can indeed also be life care. This metaphor should illuminate the style and mode of pastoral care. Louw (1998:47) decided on the *paraklesis*-metaphor, which he defines as *"comforting as pastoral mediation of salvation"*. The theological essence of this metaphor expresses both the indicative components of care (Christ's reconciliatory work and victorious resurrection) and the imperative component of care (admonition, reprimanding, encouraging). Both components function with the view of changing the direction of a life. This metaphor envisages hope, growth and support under the guidance of the indwelling Holy Spirit. The practical implication of this metaphor *"is that people need both psychological intervention and paracletic support to enable them to use their sources of faith in a responsible way"* (Louw 1998:50). However, there are also other metaphors with which scholars have tried to capture the essence of pastoral therapy.

Other metaphors

Louw (1998:39-41) refers to the *shepherd*-metaphor, which denotes care as a mode of pastoral ministry according to Psalm 23 and Ezekiel 34. Especially De Klerk (1978:2-17) uses this metaphor as the basis for pastoral care. It indicates that God is the Shepherd, which means that He looks after and cares for his flock with love, grace and faithfulness. The people of the Old Testament knew that they were safe and secure within God's shepherding care. This care was based on God's covenantal grace and was manifested and directed at Israel. In the history of Israel, God proved, through his pastoral care, that He was their God and that He remained faithful to them. During the course of Israel's history, the *shepherd*-metaphor was also used to describe the Messiah, who would act as God's Shepherd, and this fostered the messianic hope and kept it alive. During the New Testament era, Christ chose this metaphor to express God's love for sinners (John 10). He identified with the messianic shepherd who has compassionate love and mercy for the lost sheep, and who demonstrates it by laying down his life for the sheep. The significance of the *shepherd*-metaphor for pastoral care lies in the fact that it connects what pastoral care involves (compassionate and loving charity) to Jesus Christ's sacrificial and redeeming love for humans, and thus represents the way in which God cares for and supports people in distress. This *shepherd*-metaphor is conferred on the pastoral carer who becomes an instrument through which God's care is displayed towards those *sheep* who are in need or distress. Two other possible metaphors to take notice of are the *servant*-

metaphor (which stresses therapeutic service as pastoral identification) and the metaphor of the wise fool (an indication of the paradox of pastoral discernment and understanding) (Louw 1998:41, 44). Louw's critique on these other metaphors is important here.

Critique on the metaphors of the shepherd, the servant and the wise fool

Louw (1998:39) believes that it is impossible to describe *"the richly textured scope of the scriptural concept of caring"* in terms of a single term. Louw (1998:39) warns, *"any quest for a descriptive metaphor, which includes both mode and content of pastoral care, should be aware of Scripture's open and dynamic approach"*. Thus, Louw is cautious of combining the mode and content of pastoral care in one metaphor. This is the reason why he also questions the *shepherd*-metaphor as an indication of the content of pastoral therapy. This metaphor, as seen above, has traditionally been viewed as an expression of God's loving care and protection for humans in need. This metaphor acquired later an exact meaning which makes it insufficient in capturing the whole range of what pastoral work involves. It is indeed suitable to describe the mode of pastoral care, and it reminds us that the main focus in pastoral care is to mediate God's loving care and grace, but it is not broad enough to incorporate issues such as humanity, spirituality, and maturity in faith (Louw 1998:22-23). The nature of God's loving care in salvation cannot be expressed in a single scriptural term. I agree with Louw (1998) that an exact and static metaphor is insufficient for describing pastoral care, but Louw's own metaphor can also be understood as prescriptive with respect to what should happen in pastoral care. Although Louw has valuable insights, his *paraklesis*-metaphor becomes yet another schema which can be limiting in terms of possibilities in the pastoral therapeutic situation. His metaphor becomes an exact frame into which he forces the Biblical witness about the Holy Spirit. Louw strives for a normative approach, which is based on theological insights concerning eschatology, anthropology, spirituality, faith and pneumatology. However, he works with a modernist framework of the therapist's pre-conceived knowledge, his ability to assess, diagnose, and his ability to remedy a person's faith pathology on the basis of his images of God (Louw 1998:12).

However, I have decided to adopt another point of departure. It is impossible for a therapist to work with people's minds, behaviour and spirituality in terms of schemas, as if the therapist can know beforehand what a person's problem is, what that person is thinking and

experiencing, and how the problem can be solved[82]. I will come back to Louw's model and his discussion of the paradigm shift to postmodern approaches, but I want to state that it is not effective, within the bounds of a postmodern approach, to use static or exact metaphors as a strategy. This means that the *shepherd*-metaphor, in an exact sense, is also insufficient in a postmodern approach. I am looking for something more open-ended that will take the Biblical witness into consideration, and that will include not only the mode of pastoral therapy, but also the content.

My decision to move away from metaphors as a blueprint for pastoral therapy, 'set the stage' to adopt God's love as the basis of pastoral therapy, both in terms of mode and content. Since the *shepherd*-metaphor focuses on God's compassionate love in terms of safety, protection, charity and welfare in the light of Christ's redeeming acts for lost sheep, I have decided on two terms from the Old- and the New Testament respectively that give a broader witness for pastoral care in terms of both the mode and content. I see this witness as the basis of pastoral therapy, or shall I say, the 'pillars of the dance floor'. I have allowed this Biblical witness to remodel myself without rendering it a blueprint for pastoral therapy.

Two terms: *hesed* and *splanchnizomai*

In the next two sections I show how comprehensively God's love can be understood. I will discuss two terms[83], the Hebrew term *hesed* in the Old Testament, and the Greek term *splanchnizomai*/*splanchna* in the New Testament, and I will consider these terms as the basis of my pastoral work. According to Cate (1982:14), almost every term used to describe Jesus and his ministry in the New Testament, has its Old Testament root. It will be obvious how these two terms link with each other, but also complete each other. We also have to take

[82] I have argued in favour of a postmodern approach (1.1.5 and 1.5) that moves away from objective knowledge, therapist expertise, certainties or techniques and methods based on blueprints. I am working with the understanding of the *client as the expert* which does not mean that *"I do not know anything"*, but in the sense that my *"knowledge is of the process of therapy, not the content and meaning of people's lives"* (Freedman & Combs 1996:44). Anderson (2001:350) admits that the position of *not-knowing* has been misunderstood as an expertise or a technique. It does not mean a therapist lacking knowledge, ignorance, withholding knowledge, avoiding suggestions or forgetting what he knows. *Not-knowing* is an ethical position, an intent: I do not know better than a client how he should live his life. Thus, the therapist is sensitive to lead the client in a particular direction and to keep his knowing open to question and change.

[83] Freedman & Combs (1996:29) refer to the insights of Derrida who believes that language, within a postmodernist worldview, is always changing. Meanings are indeterminate, as meaning is not carried in a term by itself, but by the term in relation to its context. Meaning is always something to be negotiated between a text and a reader. In what follows, I am not discovering the meanings of *hesed*, *splanchnizomai* or *splanchna*, however I am looking at witnesses that are carried by the language signs within particular contexts.

Westermann (1975:4) seriously, who says that individual Biblical terms can only be rightly perceived in connection with the whole account of the Bible, and in relation to its central testimony. Thus, single or basic concepts must be understood within the context of the entire Bible, or must be considered as an individual portion of God's history with his people. In an attempt to understand, Roberts & Du Toit (1989:65) warn that we have to be aware of the incompleteness of our human analysis of texts. Through all our means to get hold of a text, we have to listen until we hear God's testimony itself so that we become the object of enlightened Scripture. What do the two Testaments say about God's love?

2.2.2.2 In the Old Testament

It is noted in the previous section that the Israelites came to their understanding of God through God's acts in history. They experienced Him in their lives and from these experiences came their understanding of his nature. What did they learn about God from his actions? His acts of love! The Hebrew term in the Old Testament that denotes God's love most touchingly is *hesed*. This term is used to describe God's acts of love, kindness and mercy (Cate 1982:70). Insight in the meaning of *hesed* gives the basis for an understanding of the 'pillars of the dance floor' of this 'dance' of study.

Most of the time God is the subject of *hesed* in the Old Testament (Genesis 24:12, Micah 7:20, Psalm 57:4). According to the Theological Dictionary of the Old Testament (1986:55), both individual worshippers and the entire people of Israel are recipients of God's kindness, which manifests itself in the acts of God that are constitutive of Israel's history[84]. God has decided in favour of Israel and has promised life, care, preservation, and alleviation of distress. In fact, *hesed* is focused on the entire world and on all mankind. This is what Israel hears throughout God's word that came through the mouth of his prophets in pre-exilic, exilic and post-exilic times. An essential element of Israel's faith is a constant hope in expectation of God's favour and kindness in future. God's *hesed* is often expressed as an act of strength

[84] God in his kindness led and guided Israel (Exodus 15:13), and since the deliverance from Egypt, He has granted his kindness to Israel (Isaiah 63:7). Since the desert period He has loved them with an everlasting love (Jeremiah 31:2). In the temple, the community can visualise the kindness of their God (Psalm 48:10), and they are called on to offer thanks for the kindness God has shown them (Psalm 107). The suffering people of Israel can turn to their God in prayer for help and deliverance (Psalm 44:27; 85:8). After judgment a new beginning will be given to Israel through the kindness of God (Lamentations 3:22, 32) (Theological Dictionary of the Old Testament 1986:55).

(Exodus 15:13) or of victory and salvation (Psalm 98:2; Psalm 85:8, 10). Within the context of the covenant, God's *hesed* is characterised with promises of grace and mercy. This gracious and merciful activity on the part of God is then marked with quality of permanence, constancy, faithfulness and commitment, so that Israel can rely on it (Cate 1982:70).

Hesed in Lamentations 3:22, 32

One of the best passages that illustrates God's *hesed* is Lamentations 3:22, 32. It reads:

> "Because of the Lord's great love (*hesed*) we are not consumed, for his compassions never fail.... Though He brings grief, he will show compassion (*hesed*), so great is his unfailing love".

The year was 586 BC. The Babylonians had destructed Jerusalem. Judah as nation had been destroyed. The temple had been demolished and its sacred vessels taken as spoils of war. The priests had been killed or taken captive to Babylon. The prophet Jeremiah had warned of impending disaster, and finally it had come. The people of Judah had lost all their security, and they had experienced the horrors of defeat, and disruption of the economy. Lamentations was originally composed in Palestine, and its primary concern is the fate of the community of Judah remaining in Palestine after the destruction, and their general orientation and perspective (Dobbs-Allsopp 2002:4). When focusing on the larger context, Lamentations 3:1-39[85], it is observable that verses 1-18 consist of the complaint, verses 19-24 consist of the hope, and verses 25-39 constitute a sapiential consolation.

The speaker's main complaint in verses 1-18 is about God's violent behaviour that put him (Judah) through severe affliction. He says in verse 4: *"He has made my skin and my flesh grow old and has broken my bones"*. Then follows ideas of isolation, abandonment, and encirclement in which he experiences extreme helplessness and deep sorrow. In the depth of his sorrow, he stresses that God is the main cause for his torment, and that God has rejected

[85] I have decided to explore only Lamentations 3:1-39, because in these verses the essence of what I want to illustrate in terms of *hesed* is found, and also because these verses form a meaningful unit. In my demarcation of the unit at verse 39, I follow Dobbs-Allsopp (2002:123) who says that the section starting with verse 40, thus, verses 40-47, is set apart by its use of the first-person plural *we*. Although this section is integral to both what precedes and what follows, a new theme is taken up with the character of a prayer, and which consists of self-examination, repentance, and contriteness. The content of verses 40-47 (and the rest of the chapter) flows from and depends on the preceding unit, but we cannot deny that the entire part, verses 40-66, forms a new unit as the logical conclusion of verses 25-39.

him totally so that he has lost all his hope. Thus, the people of God felt that God had abandoned them. Their suffering had prompted *theodicy*-questions about the omnipotence, presence and goodness of God. They struggled with questions about the punishment of sin, their sense of responsibility, and their fidelity in God. Had God permitted the Babylonians to devastate his elect people? Or had God Himself been defeated? Judah's affirmation of God's providential care and power was severely tested by the reality of their suffering. The question was: how would Judah respond to this loss of security. Lamentations gave voice to Judah's pain, grief, complaint, anger and experience of suffering. However, Lamentations also gave voice to Judah's faithful prayers despite their suffering (Dobbs-Allsopp 2002:33-41).

Finally, in the face of the suffering, Judah discovered fragments of hope and new life for survival (Lamentations 3:19-24, 25-39). It was a hope that was not easily come to, but one born out of pain (Dobbs-Allsopp 2002:117). Judah's hope was a profound act of expectation for deliverance from the hurtful reality. Even if God seemed to have abandoned them, they should be hopeful. Hope was all they had left! However, from the depths of their despair, they turned their thoughts to God's *hesed* (his compassion and steadfast love) and put their confidence in God's mercy in verse 22. The last part, verses 25-39, draws on aspects of Judah's wisdom tradition. Judah conferred that they had to be patient with the long suffering, accept it passively, and be confident and certain that God would eventually listen and help them who were waiting for salvation.

It is remarkable, according to verse 22, that Israel's (or the speaker's) hope and deliverance was not based on God's covenantal obligation towards them (Renkema 1993:277). Their sin and disobedience stood in the way. However, their hope and deliverance were only based on God's kindness and loyalty (*hesed*), to which He was not obligated, although He still demonstrated it. This kindness and loyalty (*hesed*) imply an attitude of warmth and affection that God confirmed in terms of deeds towards his people. God was given *hesed* in the form of blessings, salvation, forgiveness, wellbeing and miracles on the basis of free mercy. The plural here refers to God's favours, his mercy and compassion, on which they could reckon. That is why the people's end did not yet happen (Renkema 1993:278). The term that is used in verse 22b reminds of the everlasting and constant compassion of a mother towards her child. This compassion led to *hesed* that came to the fore in different deeds, and also made it

possible to survive their circumstances (verse 23a). *Hesed* activated God's promises of salvation and support. The people of God were strengthened in their hope to receive new help from God in the midst of their trouble. In verse 32 God's *hesed* is connected to history: the people of God thought about God's many favours towards them throughout history despite their disobedience. At the end the people of God discovered a new perspective on God, namely that He does not find delight in his people's distress. He always stays a God full of love (*hesed*). He does not leave his people in endless suffering, but eventually come to their rescue. In the process He leads them towards new hope and faith (Dobbs-Allsopp 2002:120). According to Renkema (1993:294), the purpose of the words of Lamentations is not catharsis, but an attempt to persuade people to leave the track of complaints in exchange for the track of new hope and expectation. Thus, the essence of *hesed* in Lamentations 3:1-39, is God's favours towards his people despite their suffering.

Hesed **in the 'pastoral therapeutic dance'**

As pastoral therapist, I orientate myself towards the realisation of *hesed* in the 'pastoral therapeutic dance'. It has been outlined that God's kindness finds expression in his endless love towards his people. However, *hesed* also denotes God's kindness at work between individuals, where one individual is placed:

> **"In a new relationship with his neighbour, a relationship based on God's kindness; in his daily contacts with others he must keep the kindness he has experienced, and must practice kindness and mercy. Thus, *hesed* shapes not only the relationship of God with human beings, but also that of human beings among themselves"**
>
> **(Theological Dictionary of the Old Testament 1986:63).**

Thus, God's *hesed* practiced by human beings, grants the principle of mutuality[86] new content, and makes it possible for humans to repay each other's kindness, goodness and mercy with reciprocal acts of kindness, goodness and mercy.

[86] In a secular sense the term *hesed* is used most concretely with respect to interpersonal relationships. In the closest of human bonds, there is the need for mutuality. The one who receives an act of *hesed* responds with a similar act of *hesed*, or at least, the one who demonstrates *hesed* is justified in expecting an equivalent act of kindness in return. Thus, there is always someone else to whom *hesed* is shown or from whom *hesed* is expected (Theological Dictionary of the Old Testament 1986:51).

The fact that *hesed* involves each person in acts of kindness, goodness and mercy, leads to the conclusion that Lamentations 3:1-39 not only draws us along in experiences of pain and hope, but also in testimonies in God's own example of *favors despite of*. *Hesed* should move the pastoral therapist to wanting to do the favour of providing hope to someone in miserable circumstances, in order that the person may survive. *Hesed* involves the pastoral therapist in wide-ranging acts of merciful love, kindness and goodness in order to promote new life, and to bring new future expectations on the basis of God's promises. In trouble God's people can cry to Him and find mercy. Any suffering and grieving person may hold steadfastly to the hope to be found in God's *hesed*; this is the only anchor in times of loss and insecurity. Through God's *hesed* we are not consumed, but rather delivered!

2.2.2.3 In the New Testament

The New Testament term that denotes God's love most touchingly is the Greek term *splanchnizomai* (verb) or *splanchna* (noun) which means *"to experience great affection and compassion (love) for someone"* (Louw & Nida 1988:295). The term *splanchnizomai* or *splanchna* refers to a person's inner compassion (intense upsetness) for people in distress. The semantic value of *splanchnizomai* or *splanchna* opens a specific understanding of God's love which is, together with the semantic value of *hesed*, my basic premise in pastoral therapy, or in terms of the dancing metaphor, the 'pillars of the dance floor'.

***Splanchnizomai* or *splanchna* in the Gospels**

In the Synoptic Gospels, the term occupies a central place in three parables: the parable of the wicked servant (Matthew 18:23-35), the parable of the prodigal son (Luke 15:11-32) and the parable of the Good Samaritan (Luke 10:25-37). In these three parables the term denotes a specific attitude on the part of men in the light of the coming of God's kingdom (Theological Dictionary of the New Testament 1985:551):

- In the parable of the wicked servant, the servant prays, *"Be patient with me"* (Matthew 18:26), which is followed by the master's response in Matthew 18:27: *"The servant's master took pity on him..."*. Thus, the master has pity on the servant who owes him an enormous amount of money that he is not able to repay (Schweizer 1975:377). Jesus told this parable to emphasise that forgiveness cannot be understood quantitatively, but is a qualitative attitude that starts with the willingness to have the

wellness of the other who has trespassed against you. This willingness starts in a heart full of love, and a disciple of Christ never reaches the limits of love (Disciples Study Bible 1988:1202). The moral of the story is that God's acts of mercy towards us must inspire us to react with the same attitude of mercy with regard to forgiveness.

- In the parable of the prodigal son, *splanchnizomai* is juxtaposed with *horghizomai*. We read in Luke 15:20: *"So he got up and went to his father. But while he was still a long way off, his father saw him and was filled with compassion for him"*. The contrast with *horghizomai* is clear when we read in verse 28: *"The older brother became angry and refused to go in"*. As the father remains constant in his love for both sons, we have to identify ourselves with God in his loving attitude to the lost. As persons who have received grace, we have to share in the Father's compassion and loving care by extending grace and love to others (Disciples Study Bible 1988:1295; Liefeld 1984:984).
- In the third parable, the parable of the Good Samaritan, *splanchnizomai* is shown to be the basic and decisive attitude in human, and hence in Christian, acts. In Luke 10:33 we read: *"But a Samaritan, as he traveled, came where the man was; and when he saw him, he took pity on him. He went to him and…"*. Love should be expressed in action, thus, in terms of unselfish and unlimited assistance to anyone in need, even someone who might hurt one's reputation. The lawyer sought to limit his neighbourliness, and wanted to determine who he should help on the basis of ego-boosting rules (Disciples Study Bible 1988:1285). Our attitude must consist of a deep feeling of empathy that is willing to pay the price and to be liberated from preconceptions (Liefeld 1984:943).

In Jesus' telling of these parables, inward compassion plays an immense role as the necessary attitude for controlling his disciples' lives. It is clear that *splanchnizomai* and *splanchna* denotes an inner disposition[87] that leads to mercy or pity. This inner disposition comes out of the heart as the *"centre of personal feelings or sensibilities"* (Theological Dictionary of the New Testament 1985:548). In each case the all-embracing distress of men *went down* to the

[87] In later Jewish and the first Christian writings the term *splanchna* was mostly used to refer to man's inward parts as the centre of emotions such as sorrow or loving mercy. Later the verb also denoted an inner disposition that leads to pity or compassion. *Splanchna* was also applied to God Himself as the characterisation of the divine nature relative to God's eschatological acts (Theological Dictionary of the New Testament 1985:549).

innermost parts of someone who was moved and filled with *splanchna*, and this led to heart-felt mercy in action. This inward compassion becomes the inspirational example of Jesus himself. The evangelists draw upon Jesus as an example to his disciples of someone with this heart-felt attitude and level of compassion. According to Du Toit (1990:20), different surveys have shown that especially Luke emphasises Jesus' compassion for the *underdog of society*.

Jesus' inner reaction of compassion always leads in the Gospels to definite actions to lighten the distress (Du Toit 1990:21). When Jesus experiences compassion towards people, He is touched by their physical distress, and then He lays hold of their circumstances. This is clearly shown where Jesus fed the hungry crowd with plenty of bread and fish after He had been filled with compassion towards them (Mark 6:34; 8:2)[88]. According to Lane (1974:271-275), Mark clearly understood that there were two different occasions when Jesus miraculously fed a multitude. In both texts *splanchnizomai* is used. Although the multitude had chosen in each case to be nourished by Jesus' words rather than bread, He saw the hungry crowd, became worried that they might die along the road, and then He performed the miracle. In focusing specifically on Mark 8:30-44, it becomes obvious how the text emphasises the need of the people: they have been in an isolated location for three days and their provisions have been exhausted. They have been weakened through hunger. Some must travel a distance to reach home. This practical situation calls forth Jesus' compassion as an expression of the gracious disposition of God towards men. The sole purpose of the feeding is to meet the multitude's physical needs satiating their hunger. He takes the initiative in calling the attention of his disciples to this urgent situation. He involves his disciples in the action so that they may understand his feeding of the people as a necessary pre-requisite for a spiritual understanding of Jesus Himself. Then, although the disciples thought it was impossible to do something about the situation, the needs of the multitude were satisfied. The abundance of the

[88] The term *splanchnizomai* also occurs in connection with healings in Mark 1:41, Mark 9:22 and Luke 7:13. In all these cases Jesus took the initiative to heal the physical needs of people only because of his *splanchna*. When Jesus' love overflowed, He showed his compassionate willingness to overcome all obstacles to help (Disciples Study Bible 1988:1277). However, Jesus' missionary vision was also motivated by his compassionate love. In Matthew 6:36 Jesus calls for harvesters who care for the multitudes in the most comprehensive way, and with the same compassionate love. When Jesus sent his disciples out on mission it is clear that this text does not speak exclusively about evangelism. The text is mainly about a comprehensive sort of caring for the needs of people that are tormented and exhausted as a flock of sheep. Jesus' disciples have to be available for any desperate situation, even when people reach the limit of their abilities (Schweizer 1975:233-234). God needs many workers. His disciples have to continue his mission in this world. He called the 12 disciples in Matthew 10:1 to follow in his footsteps.

provision was witnessed. Thus, the relationship between compassion and feeding is clear: Jesus was moved with compassion for the multitude in need, and this compassion proceeded into action. This parable is another example of how Jesus has compassion towards people within their all-embracing distress. Again the needs of the multitude *went down* to the innermost parts of Jesus' heart so that he was moved to heart-felt mercy in action. His *splanchna* became his inner disposition that led to his comprehensive involvement with the multitude's physical needs. Jesus is theologically characterised here as the Messiah in whom the divine mercy is present.

2.2.2.4 Conclusion

According to the testimony of both New Testaments, the importance of love is clear. According to what I hear, God's love has to be my life, and his love includes everything[89] that is needed in pastoral care, without the limits of prescriptions. I have to be a mediator who carries God's presence in terms of his love. This includes anything and everything that is needed in the *now* of therapy. Thus, it is impossible to make a distinction between mode and content. The two are integrated in the acts of love according to God's example in the Old Testament, and Christ's example in the New Testament. This all-inclusive love is demonstrated according to the mode, content and nature of Biblical witnesses. God is not only working through his word, but He also takes my whole being with all my actions, especially communicative actions which form the essence of humanness, into service through his own example of love. His comprehensive and wide-ranging love includes all his actions, and all his actions demonstrate his love and compassion. Thus, what I am and do have to become an instrument of what God wants to do in love in someone's life. Pastoral therapy is not only about the content that the therapist handles or in terms of which he operates (as Louw has suggested), but everything becomes an instrument of love: the conversation, every movement and touch, one's eye contact, every question, every word. In the pastoral situation I live out a

[89] I do pastoral therapy from the point of view of the communicative acts in the service of the Gospel (see 1.5). I argued on the basis of Pieterse's (1991; 1994) understanding of Habermas, that these communicative acts are part of a hermeneutical approach to practical theology that includes all relationships, actions and reactions in word and deed between God and Christians, and between Christians mutually. I have outlined the implications of this for pastoral therapy. My body as a whole, which includes my communication and context, become an instrument in the service of the Gospel. The Gospel's nature and action, as I have shown, is love. To work with a hermeneutical approach means that language (conversation) is an important part of therapy as a means to co-construct new realities and alternatives (Anderson & Goolishian 1988).

testimony, and the conversation becomes a testimony of all that God does and can do. I want to orientate myself towards God's love-testimony to become a representer of those possibilities. I cannot separate love and my pastoral therapeutic endeavour from each other. To do pastoral therapy in its widest sense is to do love in its widest sense. I have to surrender myself to the nature of God's love that runs throughout both Testaments, and take it as the ultimate example for my own approach towards pastoral therapy and wounded people.

More specifically I can conclude:

- God's *hesed* is my greatest motivation as pastoral therapist, and gives me hope for every person and traumatised couple in crisis. As *hesed* saturates God's work with people He created and delivered, the 'dance' of pastoral therapy also has to be saturated by *hesed*. On the basis of *hesed* I want to communicate hope throughout the pastoral therapeutic process by means of verbal and non-verbal language, and through my total being and attitude. I want to be a carrier of God's merciful love, kindness and goodness. I want to place my heart at his disposal and permit heart-felt mercy to flow from me in terms of compassionate action.
- I am God's co-worker in this world, destined to bring comprehensive help for his flock when they are helpless in the face of their problems, and unable to rescue themselves or escape their tormentors (Carson 1984:235). Likewise the disciples were called to continue with Jesus' mission, and similarly I am called to proceed with the same mission according to the example of Jesus' *splanchna* or *splanchnizomai*.
- It is not enough to proclaim the Gospel of the kingdom, but to be it, and live it in word and deed. I have to identify myself with the needs of people, and do something about it. I identify with the words of Luke 10:37: *"Go and do likewise"*. I am called to be an extension of the compassionate and comprehensive work of Jesus and His disciples. Jesus employs me and gives me in-service training to live, to be, to talk, and to do what He called me to do.

A striking example of comprehensive love in action in the context of therapy is Christensen's (1991) compassionate approach to people living with AIDS. Christensen uses the example of the Good Samaritan as the basis for his ministry to people living with AIDS. According to the so-called *Samaritan's imperative*, love is a radical willingness to be merciful even to those

you do not like (Christensen 1991:35). It is a deep compassion that desires the best for others, and an indiscriminate expression of concern in terms of a practical demonstration of goodness and kindness. The demonstration of this love and compassion is achieved by means of a ministry of presence (Christensen 1991:119), which includes all practical support, acceptance, conversation and communication skills, explorations of emotions, questioning, emotional and spiritual support, active listening, empathy, praying and much more. Thus, Christensen shows how compassion employs an all-inclusive approach to pastoral work. Everything I do, say and am, become a *"healing service"* (Christensen 1991:155) for people in crisis. When love comes into action, things happen! As Brueggemann (1997:414, 417) argues about God's love: people without hope, possibility or future, people who are barren and bondaged as Israel was, can be evoked into a new existence when they are assured of God's commitment, and of his strong, personal and emotional compassion for their own sake. I want to be a representative of this divine love for the sake of new possibilities and hope.

Thus, I have a specific understanding of God's love, which is not exclusively defined in terms of the *shepherd*-metaphor. A postmodern approach does not allow schemas or prescriptions for what has to happen, and what or how the therapist has to operate in the pastoral situation in order to be effective. Both Testaments give proof of the comprehensive and wide-ranging nature of God's love. God's love includes all-inclusive actions of various kinds, and I see myself as an instrument of this love. To 'dance' the 'pastoral therapeutic dance' is to 'dance' it on the 'pillars' of God's love. The 'dance' itself becomes a 'dance' on the 'rhythm' of love. With this in mind, we may proceed to explore the story of the 'pastoral therapeutic dance'. The 'dance' has been altered in terms of its direction, 'steps' and even in its type; this development has its impact and implications on the love dimension of pastoral therapy.

2.3 Before and after the Reformation

I have shown that the story of the 'pastoral therapeutic dance' started with God and the story of his love in the Bible. Thus, the story of the 'pastoral therapeutic dance' was set forth in the Bible itself, in terms of the all-embracing love of God. I have explained my choice to understand God's love in an all-embracing sense, as it is outlined in both the Old- and New Testament. I have also explained that I consider the love-approach to pastoral work as my specific approach in this 'dance' of study. In other words, I consider the love-approach as the

'pillars of the dance floor'. However, after Biblical times, with the closing of the New Testament, the story of the 'pastoral therapeutic dance' went on. For many, the *shepherd*-metaphor served, and still serves, as the 'pillars of the dance floor'. Since the *shepherd*-metaphor is only one perspective on God's love, I have criticised an exclusive usage of the *shepherd*-metaphor. In the proceeding of the 'pastoral therapeutic dance', the *shepherd*-metaphor made room for more scientific methods.

Various scholars consider the period from, and even before, the Bible up to the Enlightenment (1700) as representative of premodern man's outlook on life and the world. However, this period includes the Reformation and may be considered as pre-scientific (Brueggemann 1993; Middleton & Walsh 1995; Du Toit 2000; Deuck & Parsons 2004). According to Middleton & Walsh (1995:14), premodern man focused mainly on the supernatural. The premodern man of the Bible believed that life is determined by the interplay of forces in the universe (Du Toit 2000:15-23). On the one hand is God, the Good Force, who rewards the righteous and obedient person with prosperity, but punishes the disobedient. On the other hand are found the evil forces, those who strive to destroy or to take control of someone for their own evil purposes. This involves especially persons who do wrong. People understood that they constantly had to live within this power struggle. The interplay between God and the evil forces was manifested in the physical, psychological and religious conditions of people. Diseases, whether physical or mental, were attributed to the devil, while prosperity was attributed to devotion to God. When there was not enough devotion, one would face misfortune. To get rid of misfortune, the Old Testament person had to convert, while the New Testament person had to surrender to Christ. Thus, we find this outlook on life and the world in both the Old- and New Testaments. However, it was already present in the spiritual world of the Greeks and Romans, and in the times before them.

Pastoral work from Biblical times to the Reformation

It is clear that the Bible has to be placed within the context of the premodern and pre-scientific period. Helping one to get rid of misfortune by means of conversion or surrendering to Christ was the way in which pastoral work was done in both Testaments. This was done on the basis of the all-embracing love of God. However, the story of the 'pastoral therapeutic dance' was set forth in post Biblical times in terms of the same outlook on life and the world.

Pastoral work was now conducted under the absolute authority of the pope and the Roman Catholic Church (Middleton & Walsh 1995:14). Graham (1996:58) remarks that pastoral work was characterised by the individual cure of souls in terms of confession and absolution, and by church discipline in terms of the right and proper administration of the sacraments. Thus, all traces of pastoral work led to moral theology. We find traces of the same kind during the time of the Reformation, although there was already a gradual development towards the science of modern times. The establishment of pastoral and practical theology and the codification of Christian ministry would soon take place after *"the divorce of pastoral and moral theology"* (Graham 1996:58).

The story of the 'pastoral therapeutic dance' in the time of the Reformation and thereafter was based upon the *shepherd*-metaphor. According to De Klerk (1978:21), the most prominent feature of the Reformation was the dependence on the *shepherd*-metaphor, denoting God's love. God's love was emphasised as the underpinning motivation and aim of pastoral work. The ideal was to come into conversation with an individual on the basis of shepherding love. Thus, the Reformation cut back to one perspective on God's love, namely the *shepherd*-metaphor, and built forth on it as the 'pillars of the dance floor'. However, the Reformers' views of pastoral work also fully overlapped and linked up with the nature of pastoral work in the time of the Bible, with regard to its content and function.

During the Reformation, both Calvin and Luther investigated what *confession* meant. Their investigation led to the conclusion that the central function of pastoral work lay in the kerygmatic components of proclamation and conversion. Pastoral work was mainly viewed as the offering of redemption to sinners through a process of forgiveness and the care of the soul (Louw 1998:25). The emphasis was on authoritative speaking in line with the proclamation of the Gospel. According to De Klerk (1978:21), it was especially in Calvin's pastoral work where prophetic speaking always dominated. Calvin viewed pastoral work mainly in terms of instruction, exhortation and comfort. He used the Bible to individually direct God's Word to a person. He saw his actions as an instrument in God's hand through whom the Holy Spirit worked to move a person towards change and a better understanding of the Word and living according to it.

Pastoral work after the Reformation

From the time of the Reformation up to nearly the first half of the 20th century (1950), pastoral work was understood in terms of the proclamation of the Word to individuals (De Klerk 1978:18). Graham (1996:62) refers to this tendency as a focus on *"the application of Christian truths"* or *"applied Christianity"*. Although a strong development took place from the middle of the 18th century towards a rationalisation of theology that grew stronger with the modernist era (see next section), this approach also continued sporadically in the second half of the previous century. Thurneysen (1957 serves as an example. Graham (1996:74) notes that Thurneysen experienced the development towards rationalisation and the incorporation of psychotherapeutic notions of healing (see next section) as liberal. Thus, he kept following the *care of the soul*-tradition that he understood as the kerygmatic proclamation of the Word in order to redeem the sinner and convey forgiveness. He saw human problems as related to human sinfulness, and soul-care as the sanctification of human life (Graham 1996:74; De Klerk 1978:18). De Klerk (1978:26) quotes Thurneysen (1957) who says:

> **"Pastoral care is an appeal by the mercies of God. Not a single conversation can do without admonishing, even rebuking and chastising in some way. This does not exclude the fact that this conversation aims at comfort, the real content of all pastoral care".**

After Thurneysen, Firet (1977) also followed this line of thinking. According to Louw (1998:23), he saw the pastoral act as the intermediary of God's intervention through his Word, to human beings and their world. Although Thurneysen and Firet both adopted this line of thinking, they eventually started to move away from admonition towards communication, conversation and counseling (Louw 1998:25). Adams (1970) also followed in this line of thinking with his *nouthetic*-confrontation towards perfection through Christ: reproving, teaching, correcting and training people in righteousness according to the principles and practices of the Word and the directions of Christ (Adams 1970:41-54). De Klerk (1978) can also be considered as an exponent of this line of thinking (De Klerk 1978:18-30). Thus, pastoral work emerges primarily from a theological stance that touches the area of spirituality and faith, and was primarily directed towards converted sinners.

Pastoral work, viewed as an encounter between God and a person with the focus on the communication of the Gospel, was no longer the obvious option for pastoral work. According to Louw (1998:25), the pressure of modernity on pastoral work grew bigger, and with it the quest for scientific knowledge that includes both the psyche and the social context, as important knowledge resources. We may consider the Reformation-era as a transition from the premodern- to the modern period. Although modernism started with the rising of modern science in the same time as the Reformation, the premodern period was not fully outmoded. Du Toit (2000:24-25) refers to the many events that took place at the beginning of the 16th century and which led to the scientific era. The *enlightened* man freed himself from premodern man's view on life and the world. This was not only accompanied by the crumbling of the pope's and the Roman Catholics' authority with Calvin and Luther's protest, but also by a series of scientific discoveries (see next section) accompanied by the beginning of the Enlightenment (Middleton & Walsh 1995:14). With this the final transition was made towards the gradual development of modernity. A *thinking man* stood up that resulted in conflict with the prevailing views of the church and society (Du Toit 2000:26). Indeed, this also had its implications for the psychological and pastoral treating of people.

According to O'Hanlon (1994:22), troubled people were no longer viewed as morally deficient. People's problems were now increasingly seen as directly connected to the condition of their sick (or healthy) bodies, and not to their own sin and perversion, or to the actions of evil spirits. Solutions for troubles could no longer be found in the proclamation of God's authoritative Word and conversion. The door was now opened for pastoral work to receive *"scientific status"* (Graham 1996:62). The quest for technique, method and acquired skill, and for an observation of individual's contextual and innermost, existential and psychological needs became important (Louw 1998:23). The focusing on the authoritative mediation of God's Word became absolute. The story of the 'pastoral therapeutic dance' was on its way towards a systematic unfolding into a new trend of pastoral work.

2.4 Gradually the 'dance' became scientific

The new paradigm for pastoral work was indeed a scientific one. I have referred to the scientific development that gradually started to take place from the time of the Enlightenment/ Reformation and onwards. This development was driven forth by increasing discoveries made

by scientists of the 17th, 18th and 19th centuries. Middleton & Walsh (1995:14-20) refer to the dominant spirit of modernity as:

- The rising of the autonomous, self-assured, confident and rationalising man with the power to control his own destiny and the forces of nature;
- A belief in progress, and in social, cultural and technological accomplishment; and
- A belief in science, methods of observation, and the reflection needed to attain truths about life.

The story of the 'pastoral therapeutic dance' became part of the cultural shift to modernism. For the first time it became obvious how the 'pastoral therapeutic dance' was whirlpooled into the 'dance' of culture. Before this time, the 'dance' of culture played a role as I have already noticed, but from then onwards the 'dance' of culture attained a firm grip on the 'pastoral therapeutic dance', and should be taken into consideration. The temptation for pastoral therapy today is to 'dance' on in the grip and under the influence of modernism. This makes the 'dance' difficult, and nearly impossible, especially with reference to couples coping with traumatic child death. This 'dance' of study forms part of the struggle to free the 'pastoral therapeutic dance' from any constraints that may interfere with the 'dance'.

The modernist period became known for the scientists of the 17th to the 19th centuries, who built upon the discoveries and developments of the 16th century scientists (such as Copernican with his discovery in 1514 that the earth revolves around the sun). Du Toit (2000:25-30) also mentions discoverers such as Galileo (1609), Descartes (1637), Newton (1687) and Kant (1781). These scientists emphasised, amongst others, man's rationality, scientific knowledge, trustworthiness of knowledge based on rational arguments, and the logical comprehensibility of everything that can be proven. The scientific development gained increasing momentum through Darwin's (1859) theory of evolution and the discovery of medicine (for the treatment of diseases) such as penicillin in the 1890s. Thus, diseases were no longer seen as the result of evil forces that had to be cast out, but medicine could now be applied to control diseases. Einstein's (1905) theory of relativity brought about further revolution in the scientific world (his theory later became the basis of scientific philosophy of postmodern thought). This caused Europe to question the existence of the church, God and faith. Modernism reached its climax at the end of the 19th century and the beginning of the 20th century, when Europe was carried along by the optimism of the intellectual and technological abilities of the scientific

era. It became possible to understand and to develop complex machines and information systems on microchips, thus rendering it possible to comprehend, explain and control life, prosperity, adversity and the environment. Logical explanations were available for any event or condition on the basis of scientific laws. Patterns could be manipulated and predicted (Middleton & Walsh 1995:14-20; Du Toit 2000:34). These scientific developments became the filter through which everything was filtered, including psychology and pastoral work.

With the turn of the 19th century (1900), a scientific development took place within the fields of psychology and psychotherapy. Many theories were developed from the end of the 19th century through which psychologists could explain human behavior (Du Toit 2000:29) and pastoral work became part of these developments. Graham (1996) gives an outline of the development of pastoral theology during the modernist era. A rationalisation of theology already started in middle of the 18th century, when Schleiermacher (1768-1834) established the scientific status of modern pastoral and practical theology (Graham 1996:59). From the middle of the 19th century, with the rise of professionals in, for example, medicine, the search for the scientific status of pastoral theology led to a kind of pragmatic expertise. Thus, the pastor became the professional specialist in the field of pastoral ministry. It was especially at the beginning of the 20th century that scientific skill was emphasised and accompanied by empiricism, rationalism, ordered observation and criticism. Thus, pastoral theology started to be led by scientific norms. This development mainly took place within the European and North American context. De Klerk (1978:19) refers to this new trend that developed after the Reformation as the rising of an American form of pastoral work. The result of this development led pastoral theologians, according to Graham (1996:63), to an engagement with the new psychologies, psychiatry and psychoanalytical theory. These new therapies guided the aims and ends of pastoral practice[90].

The development of psychology and psychotherapy hit the world in three waves. The first two waves are part of the scientific development of modernism, and I will discuss both waves in

[90] Graham (1996:64) remarks that many working pastors in North America and Europe became, during the early years of the 20th century, interested in the new sciences of psychology and psychotherapy and saw the potential benefits for pastoral theology. This led to the usage of therapeutic methods, principles and techniques in an alliance with the pastoral ministry. Although many Christian pastors turned to the modern psychologies without examination of their underlying worldviews, many pastoral workers never abandoned theological value-commitments in favour of embracing secular theories. The relationship between religion and health is one of ongoing debate.

the following paragraphs. The third wave is already part of the developments into postmodern thought, and I will discuss this wave in the next section.

The First Wave

The First Wave began with Freud in the first half of the 20th century, who laid the foundation for the field of psychotherapy (O'Hanlon 1994:22). Freud adopted and popularised views of human difficulties under the so-called Medical Model (Adams 1970:4). O'Hanlon (1994:22-23) states that Freud's theory was heavily focused on pathology (symptoms and problems) and that he was also dominated by psychodynamic theories and biological psychiatry. Freud sought hidden meanings and ultimate causes. He focused mainly on the individual and examined intra-psychic processes. Problems and personal characteristics were looked at as though they were set in concrete and troubling forces as located within individual troubled personalities. This led to the belief that change was very difficult to bring about. His approach led people to an identification of themselves with stigmatising labels based on social prejudices and imaginative guesses. These diagnoses were seen as absolute and eternal truths. His model gave rise to psychotherapy with the ability to determine what was sick or healthy, right or wrong.

Freud's model was considered so successful that most people naïvely believed that the root causes of mental illnesses were diseases and sicknesses such as measles (Adams 1970:4). Thus, *he could help it* has become a very popular phrase since the time of Freud. As long as sicknesses were considered the cause of personal problems, people did not need to consider themselves responsible for what they did wrong. People blamed society for a person's anti-social self and actions (Adams 1970:5). The fundamentals of the Freudian theory and therapy were Freud's belief of a human being as torn within[91]. It is believed that the diseases and sicknesses that led to the inner conflicts came from without. Thus, the expert, namely the physician, could only cure the disease and sickness from without. A person had no hope unless there was medicine or therapy that could be applied to his case. This led to an

[91] Freud believed that one's difficulties and irresponsible behaviour were a result of the battle between the *Id* (primitive wants and impulses seeking expression) and the *Superego* (conscience that is socialised into the individual) on a subconscious level. Conflicts arose when the *Id* sought expression, but was frustrated by an over socialised and strict conscience. Diseases and sicknesses were now the result of people becoming victims of the *Superego*. Due to guilt feelings, people shifted the blame for their actions and problems to someone in their past. An expedition back into the past was needed to find a person to place the blame on (Adams 1970:6, 10).

experience of helplessness and hopelessness that were the natural results of the Medical Model. If there was no medical cure for people in a certain form of trouble, they were declared *sick* and were moved from despair to deeper despair (Adams 1970:7).

As far as the therapist was concerned, he had to take into consideration that a person was sick, and that he could not offer help. The only help was sympathy and understanding which provided the context in which false guilt could be dispelled. Ventilation of emotions and resocialisation formed part of the process. Psychological relief was achieved through a process of becoming aware of repressed feelings associated with traumatic historical development (Anderson & Goolishian 1988:374). Change was very difficult, and the therapist had to deal with a patient's personal helplessness, hopelessness and irresponsibility (Adams 1970:5). While the therapist provided the needed therapy, the pastor could only provide Christian comfort. A chaplain remarked: *"There is little you can do as minister for people with mental illnesses"* (Adams 1970:9). The pastor had to help mentally ill patients to be liberated from their guilt and to get well, understanding that their illness was not their fault. As their actions were not considered as sin, the religious approach of responsibility, guilt, confession and forgiveness was ignored. Ministers were persuaded that they could not (dare not!) help the mentally ill, and had to refer persons to a specialists psychiatrist because they were considered to be insufficiently competent to counsel (Adams 1970:12).

Although nearly all the counseling books for ministers in Freud's time were written from a Freudian perspective, Freud and his thoughts were gradually replaced. Adams (1970:1) refers to the "*revolution in psychology"* that came about in the early 1950s, revealing the "*state of disarray"* of psychiatry. Patients, failing to recover after years of analysis, started wondering about the boasts of psychology and psychiatry. The gradual disillusionment with psychiatry caused people to place the blame for their errors on Freud. A new movement arose in opposition to Freud, and had the intention of challenging traditional Freudian ideas. Exponents of this new view espoused the term *therapy*, and dragged it into a new context of psychology (Adams 1970:15). Adams (1970) sees himself as a rethinker of pastoral counseling in the second half of the previous century. He emphasises that only the therapist who is well-trained in scriptural presuppositions is competent to counsel. With this, he has moved back to the Moral Model with its emphasis on irresponsible behaviour and confession,

as indicated in the previous section. Freud's model was, at least, a move away from viewing people as morally deficient (O'Hanlon 1994:22).

The Second Wave

After Freud, the Second Wave hit the world. Psychotherapy's Second Wave emerged in the 1950s but did not entirely supplant the First Wave. This Wave tried to remedy the overly strong focus on pathology and the past. The focus fell on problem-focused therapy, including Behavioural Therapy, cognitive approaches and Family Therapy (O'Hanlon 1994:22). Problem-focused therapy means that therapists described therapy sessions in terms of a problem and what they can do to solve it (Freedman & Combs 1996:4). O'Hanlon (1994:22) also mentions that the problem-focused therapies which developed did not assume that clients were sick on the basis of social prejudices or imaginative guesses. Problem-focused therapies focused more on coping with the here-and-now, day-to-day issues, instead of searching for hidden meanings and ultimate cause. Personality was no longer seen as set in concrete, but as influenced by patterns of communication. The goal was to *fix* clients as quickly as possible and send them back into life. Few therapists saw their clients as decisive agents in their own change, but as persons who had to be worked with. Thus, the early family work was also done using psychodynamic theories based on individual psychology. However, there was a growing dissatisfaction with Family Therapy on the basis of individual theory (Anderson & Goolishian 1988:374). A new development led to the *systems*-metaphor through the cybernetic paradigm explained by Freedman & Combs (1996).

According to Freedman & Combs (1996:3), Family Therapy drew many of its ideas from cybernetics from the 1960s to the 1980s. The *systems*-metaphor developed through the cybernetic paradigm in the 1950s after World War II. *Cybernetics* derived from the Greek term *kubernetes*, which refers to the pilot of a boat. In World War II work in cybernetics was done on guided missile systems. After that, cybernetics became a science of guidance, of control through the kind of successive cycles of error correction involved in keeping a boat on course. Because of this, people understood cybernetics as knowledge about structure and flow in information-processing systems. Within the therapy world, problems were seen as residing in small systems such as the family, and therapists had to focus on these small interactive systems (O'Hanlon 1994:23). According to Anderson & Goolishian (1988:375), it was the

work of Bateson in communication and cybernetic theory that gave this new field of Family Therapy its maximum load of energy. The so-called *double-bind theory* of 1956 that was based on communicative interaction has led to the description of problems as interactional in nature. This emergence of Family Therapy held the promise of many new ideas, and finally liberated family work from the constraints of individual theory. However, Family Therapy moved in two directions, namely first-order cybernetics and second-order cybernetics.

First-order cybernetics

First-order cybernetic theories invited therapists to view families as machines such as guided missiles or computers. This view presupposes that therapists are separate from and able to control families, that they can make detached, objective assessments of what is wrong and fix problems in the same way a mechanic fixes a dysfunctional engine. Therapists tend to think of the help they offer as providing assistance in controlling things so that a specific goal is reached. Freedman & Combs (1996:3) call it *"strategic therapy"* based on structuralistic principles[92]. Families easily become stuck in recurring patterns of unfulfilling behaviour (including communication) or in hierarchical structures that are not properly balanced. Therapists have to focus on what they can do to interrupt the patterns leading to unfulfilling and unbalanced behaviour, and guide families into a healthy stability and a more satisfying homeostatic balance. Thus, the therapist is the repairperson who has the job of observing a recurring pattern, of designing a strategic intervention to disrupt it, and then redirecting family members to new behaviours. After the therapist has made his assessment of what goals people need to reach, he decides what is wrong with the family, and then tells clients about how their worlds should be. At the end the family has to be convinced to carry out the intervention as designed, just as a physician has to convince patients to take the medicine he

[92] A structuralistic approach is based on the principle that a family member acts according to how he is put together, in other words, his perspective, and according to his connections within the family in which he lives (Efran & Lukens 1985:25). Family Therapy was initially influenced by Maturana's structuralistic theory of structural determinism. Maturana believes that what a person perceives is always determined by the nature of his own structure. Thus, each person is *"unalterably imprisoned within the bubble of his or her perceptions"* (Simon 1985:35). Freedman & Combs (1996:26), in line with Hoffman (1990), considering Maturana's view as being representative of constructivism. With constructivism is meant that a *direct perception* of reality is possible as a result of the nervous system. However, Maturana's view disallows any form of circular cause-effect explanations for family members' behaviour. When the family systems approach developed, research was done on how a family member's structure fits in with his surrounding structure (Efran & Lukens 1985:25). Bowen further refined the family system theory in line with the model of first-order cybernetics. He focused on individual behaviour within the context of the family system in which one lives. He also believed that the relationship and emotional processes within the system regulate individual family members' behaviour and *vice versa*, on the basis of biological instinct (Kerr & Bowen 1988:9, 49).

prescribes (Freedman & Combs 1996: 4). According to O'Hanlon (1994:23), change was not seen as nearly so difficult a process than with the First Wave. Change happens when some of the variables are influenced, causing the entire system to be shifted, including personal characteristics that initially may seem to be cast in stone. Thus, to redirect a family towards change, the therapist has to maintain an external perspective on the mutual influence between family members and the system, and has to suggest solutions as an expert. However, there has been yet another development in Family Therapy.

Second-order cybernetics

Second-order cybernetics is based upon a general social theory developed by Parsons in the 1950s and 1960s (Anderson & Goolishian 1988:376). He applied cybernetic concepts to social theory and concluded that systems are layered, like an onion, and that each layer is subordinate to the layer above. Each individual is encircled by the family, the family by the larger system, the larger system by the community, the community by culture. Each layer of social organisation is controlled by the maintenance, stability and effectiveness of the social system above through a process of homeostasis or equilibrium. Thus, the relation between the components of a system and the processes that go on within it must be such that the structure of the system and its components remain unchanged. According to this approach, problematic behaviour or pathology resides within components of the system, and represents inadequacies in the social role and structure of the social system above the one expressing the problem. The task of the therapist is the diagnosis and treatment or repair of the social defect (the problem) by means of his expert knowledge of social systems and their function. The therapist, as an observer, is in the position of determining how a system should be, and knows how to repair the system. The systems approach of second-order cybernetics was seen as different from that of first-order cybernetics, in that the latter places the individual in the context of the family, while the former looks at the family in terms of the larger system (Anderson & Goolishian 1988:375). The systems approach of second-order cybernetics is referred to as the ecological systems paradigm (Freedman & Combs 1996:5).

Thus, second-order cybernetics is an attempt to think differently about systems. Scholars strive towards a less control-oriented model in which therapists become part of the family undergoing therapy. They try to move away from objective assessments and adjustments

(Freedman & Combs 1996:5). Instead of looking for patterns of behaviour in families, they look for patterns of meaning on the basis of language and communicative action. Organisation and structure are seen as the results of communicative exchange. Problems are seen as the result of the continuing struggle towards understanding which occurs between interacting persons (Anderson & Goolishian 1988:375; Freedman & Combs 1996:6). Thus, the focus is placed on family members' interconnectedness, on how a family member's feelings and actions influence and are influenced by the feelings and actions of others (Freedman & Combs 1996:6). However, according to Anderson & Goolishian (1988:375), the family systems approach of second-order cybernetics is still determined by structure, hierarchy, power, and control, superimposed from above. Therapists work with designed interventions, logically formed hypotheses, and mechanistic control over clients (Freedman & Combs 1996:6). O'Hanlon (1994:22) says that the therapists of second-order cybernetics are the experts, and solutions are found with them. Few see their clients as decisive agents in their own change. Clients are deprived of their sense of personal agency, and easily experience themselves as passive recipients of external wisdom. They do not even enhance their sense of personal agency. Although the approach of second-order cybernetics seemed to be very promising, it was only an extension of the underlying assumptions of the Second Wave's first-order cybernetics. It was built on the theory of social systems, which means that family systems were still empirically and objectively defined, and seen as existing independently of the observer (Anderson & Goolishian 1988:375). The question remains as to what influence these scientific developments within the field of family systems theory exerted on pastoral practice.

The methods of pastoral practice

The development of psychology and psychotherapy along the lines of the two waves described above, had indeed taken pastoral practice and theology along with it. According to Louw (1998:46), pastoral theology was pressurised to give up its kerygmatic approach in favour of a psychotherapeutic approach with its emphasis on the needs of the individual. Thus, the trend existed, as De Klerk (1978:19) has suggested, that the proclamation of the Word could be replaced by clinical-therapeutic counseling. However, both De Klerk (1978) and Louw (1998) are threatened by a focus on reciprocal relationships, communication procedures, processes of understanding, authority of man, therapeutic techniques and

expertise, and the development of human potential. Graham (1996:67) refers to the period of 1930-1960 as *"the heyday of psychological influence upon pastoral theology"*. Louw (1998:46) correctly observes that the developments represent a modernist trend in pastoral practice. Although he is in favour of moving away from *advice counseling*, an explanation-solution model, towards *wisdom counseling* on the basis of a hermeneutic theology (Louw 1998:14), he is still an exponent of the modernist approach when working with assessment, diagnostic tools, pathology, and expert knowledge (Louw 1998:12). Although his attempt to develop a *normative approach* contains valuable insights regarding anthropology and spirituality, his model may easily be understood as a tendency towards the Moral Model. His demarcation of boundaries between pastoral practice and psychology (Louw 1998:298-302), reflects, on the one hand, a modernist strive towards power and control, and on the other hand, makes him part of the modernist dialogue between the psychology and theology of the past few decades.

According to Louw (1998:46), it was Boisen (1876-1965) who founded a pastoral practice on the basis of American psychotherapeutic practices in modernist times. Knowledge of a person was gained by means of communicative techniques and an empathetic orientation towards the client. The therapist then had to help the client to discover his inner potential to manage change and to come to constructive self-realisation. Louw (1998:47) and Graham (1996:67) also refer to Rogers (1902-1986), who became increasingly influential with his person-centred approach based on empathy, caring and genuineness. Rogers demonstrated how a supportive environment could liberate a person towards self-acceptance and ultimate growth. Graham (1996:68-69) also mentions attempts to achieve a critical synthesis of religious concepts and practices with the newer therapies. Tillich (1886-1965) and Hiltner (1909-1984) should be mentioned here. While Tillich attempted to integrate theological doctrines with psychological insights, Hiltner considered theology as always open to new insights from psychodynamic theories. Although Hiltner emphasised the *shepherd*-metaphor to describe the healing and restoration of human functions by means of guidance and comfort, he pushed aside the theological interpretation of the *shepherd*-metaphor. He worked in terms of a task-orientated empiricism on the basis of communication techniques (Graham 1996:72-73; Louw 1998:39-40). Graham (1996:92) remarks that, throughout the modernist era, many pastoral theologians

have struggled to establish a methodology by which the truth-claims of Christian theology and *secular* theories and therapies may be integrated.

By the 1970s it was realised that pastoral theology was to be exercised within a pluralistic and secular society (Graham 1996:80). Changing social and cultural trends that gradually emerged since 1945 challenged predominant models *"of the pastoral agent as ordained and male, and of pastoral care as necessarily and exclusively affected within a church-related context"* (Graham 1996:76). During this time the Second Wave was accompanied by a rise of popularity in the field of social sciences. The definition of pastoral theology as the theory of individual care, current for much of the 20th century in North America and Europe, was criticised as being too narrow, given the collective life and practices of the faith-community. A group-centred approach developed from the social sciences at the end of the 1960s and the beginning of the 1970s. On the basis of systems theory, the so-called *small group* is used within a church context to fulfil the psychosocial needs of church members. However, systems theory was also used in pastoral practice in terms of psychotherapeutic groups (De Klerk 1978:47). In line with first-order cybernetics, attention was given to the individual within the context of the group, group forces directing mutual relationships within the group, and the structure of effective groups (De Klerk 1978:47-50). From De Klerk (1978:53-54) it becomes clear that the utility of systems theory also brought about a struggle among theologians about the employment of psychotherapeutic techniques in pastoral practice.

Another change within social sciences

I have made reference to the changing social and cultural trends of the pluralistic and secular society that gradually emerged after 1945. The tendency to highlight the contributions of the social sciences changed in the early 1980s. According to Anderson & Goolishian (1988:373), from 1980 increasing dissatisfaction with Family Therapy arose, due to its basis on social science. Therapists started to believe that social science theories were ideologies invented at a moment in time for practical reasons, and involved a *pre-interpreted* world of meaning. Social theories stressed the categories used by people in the practical organisation of social life, although these are constantly changing as the language describing one's social interaction and conduct changes throughout time. This makes it difficult and virtually impossible to predict human behaviour, leading to the conclusion that many of the promises of Family

Therapy could not be realised. Although there are positive aspects deriving from both waves, O'Hanlon (1994:23) clearly shows how both are incomplete: the First Wave's preoccupation with history acknowledged the reality of peoples' victimisation, but these people seemed obsessed and defeated by it. The Second Wave's minimal focus on practical actions helped people cope with day-to-day issues, but this did not lead to an acknowledgement of the depth of their pain and the richness of their lives. Freedman & Combs (1996:8) also admit that Family Therapy started to experience a *"philosophic midlife crisis"* when new ideas came forth from physics, neurobiology, social constructionism, literary deconstruction, hermeneutics, feminism and trans-cultural studies. Thus, the predominant and taken-for-granted knowledge of the social sciences was challenged in the light of changing realities. This change is described by Freedman & Combs (1996:14) as a movement towards a postmodern worldview. Within a pastoral theological framework, Graham (1996:96) discusses the changes within social sciences in the light of the *"dawn of the modern era"*. Simultaneously she highlights the challenges of the postmodern era for pastoral theology; challenges that cannot be ignored in the new context of contemporary theology. Thus, the inescapable context of postmodernity in which we live and interpret, urges us, ac-cording to Brueggemann (1993:ix), to learn to *hop* differently. Our contemporary context necessarily influences the 'pastoral therapeutic dance' of this 'dance' of study.

2.5 Postmodern influence on the 'dance'

From the 1980s the story of the 'pastoral therapeutic dance' set foot on an exciting 'dance floor', namely postmodernism. I admit Du Toit's (2000:50) hesitation to use the term *postmodernism*. He sees the break between the modern- and postmodern time as not as clear-cut and drastic as the break between the premodern- and modern time. Thus, he questions whether we can really talk about the transition from modern (scientific) to the postmodern (post-scientific) time as a paradigm shift in its true sense. We cannot understand the postmodern time without modernism, since the scientific background of modernism still serves the postmodern context. Nevertheless, we cannot deny the changes, influences and challenges that accompany postmodern thinking. I agree with Brueggemann (1993:2) and Middleton & Walsh (1995:12) that it is not primarily a matter of approaching postmodernity as something to welcome, but as a matter of accepting a new practice of knowledge and

power. The scientific outlook has changed since postmodernity, and we all have to take these changes into consideration in our studies and scientific research. I can neither shut my eyes to this influence, nor can I continue to conduct pastoral therapy from a purely modernist point of view. Postmodern influence became the 'rosin' to free 'sticky feet' from the 'floor' in cases where it is extremely difficult to move on after traumatic child death. However, postmodern thinking has drawn pastoral work with it; the story of the 'pastoral therapeutic dance' has remained in step with postmodernism. The challenge is to have *"enough nerve and freedom"* (Brueggemann 1993:25) to be drawn along towards newer, higher and more open-ended possibilities. This is possible without denying pastoral therapy's basic nature and commitment to God, the Bible and God's love.

The postmodern mindframe did not begin as drastically as that of modernism. We cannot refer to a series of successive scientific discoveries or insights that led to a new paradigm. Du Toit (2000:51) refers to a complex, gradual and evolutionary development. The devastating consequences of World War I and II were probably one of the most important causes of postmodern thought. Postmodernism has been accompanied by disillusionment in man's ability to create a better world. Man's optimism with regard to his own intellectual and technological abilities since the beginning of modernism, was destroyed (Middleton & Walsh 1995:20-26). The psychological consequences of World War II did not correspond with the objectivism, pure knowledge, logic, experiments and cold figures of modern man. This led to a re-evaluation of the scientific era. Modern man was confronted with realism in the fields of social, sociological, psychological, philosophical and theological science. The status of taken-for-granted truth claims of scientific findings (epistemology) was questioned by the philosophy of science. Thus, scientific knowledge was no longer regarded as *the truth*. Since subjective experience has come to play a role in the interpretation of data, no one can speak in terms of objectivity or absolute truths (Middleton & Walsh 1995:29-33; Du Toit 2000:52). No final conclusions are possible and there is no place for authoritative thoughts. Openness has developed to alternatives (Du Toit 2000:55) and this has been accompanied by a holistic approach towards man and the world. Man is a spiritual being whose actions are determined, not only by logic and rationality, but also by his spirituality and unity as body and spirit (Du Toit 2000:56). Although postmodernity has brought the risk of relativism, this has changed our society and our life and worldview in the 21st century (Middleton & Walsh 1995:36-45).

Modern man himself is responsible for the emergence of postmodernity, but luckily, postmodernism also offers new and exciting challenges that were not possible during the modernist era (Du Toit 2000:59).

Freedman & Combs (1996:14) conclude that the development towards postmodern thought has drew therapists along to a postmodern therapy as a discontinuous paradigm with a different language. It seems as if *postmodernism* is the most commonly used label for the worldview that underlies and supports taking a different look at therapy. O'Hanlon (1994) refers to this new direction in Family Therapy as the beginning of the Third Wave.

The Third Wave

According to O'Hanlon (1994:23), some therapists in the early 1980s started to adopt comprehensive-based therapies. The basic idea is that therapists no longer saw themselves as the source of the solution, but that the solutions rested in people and their social networks. The focus of the Second Wave on pathology and problems often obscured the resources and solutions residing within clients. Thus, the focus shifted to solution-oriented therapy which involved the growth of the life-enhancing part of people's lives, and the amazing changes resulting from this. Therapists often *colonise* their clients by devaluing their own language, expertise and knowledge in favour of the therapist's view of things. However, Third Wave approaches take Martin Heidegger's concept of *throwness* seriously:

> **"Like clay thrown on a potters wheel, we are shaped from the moment of our birth, not only by our family legacy, but by the culture that creates the way we see and talk about ourselves and the world. Third Wave therapists are interesting in bringing to light this taken-for-granted *throwness* that is the foundation of people's sense of their unworthiness"**
>
> **(O'Hanlon 1994:23-24).**

These thoughts bring about a whole new understanding of the metaphor of systems. Attention is drawn to *"the daunting cultural sea we swim in"* (O'Hanlon 1994:23). According to this new direction in Family Therapy, human systems can be described as existing only in language and communicative action. Thus, organisation and structure are the evolving results of communicative exchange, and, therefore, are locally determined as a result of a continuing

struggle towards understanding that occurs between interacting and communicating persons (Anderson & Goolishian 1988:375). These thoughts bring therapists to see the world from a social constructionist view, which results in new life-giving approaches in therapy.

A social constructionist view means that meaning and understanding are intersubjectively, that is to say, socially constructed. Thus, we do not arrive at meaning or understanding until we take communicative action within a system. This communicative action is an engagement in meaning-generating dialogue through the medium of words and other communicative action (Anderson & Goolishian 1988:372). Generated meaning is always contextually relevant since meaning is always generated in a particular context. Through communicative interactions, family members, for instance, become participants engaged in meaning making when they live with each other, think with each other, work with each other, and love with each other within their particular context. Their generated meaning becomes their dominant story and the basis for their understanding of the world and each other. However, the meaning that circulates in society also constitutes our lives. The interactions of the members of a culture from generation to generation and day to day, make up our social realities. These thoughts link with what O'Hanlon says about the cultural system in which we live. These realities provide the beliefs, practices, experiences and words with which we constitute ourselves. The implication is that an evolving set of meanings emerges unendingly from our interactions with others; leading to unlimited alternative views of reality. The degree to which social communication changes, is the degree to which the social system changes. These changes happen constantly (Anderson & Goolishian 1988:377). Obviously, this is the basis of postmodern thinking that challenges the modernist concept of an objective reality. Freedman & Combs (1996:16) argue against a taken-for-granted reality: *"The realities that each of us takes for granted are the realities that our societies surrounded us with since birth"*.

Towards Narrative Therapy

The language systems concept led to the rise of Narrative Therapy. As many therapists started to adopt a postmodern worldview, postmodern influence infiltrated the therapeutic world. White & Epston (1990) in particularly applied Anderson & Goolishian's (1988) linguistic systems approach to Narrative Therapy. The connection point between the linguistic systems approach and Narrative Therapy is that *"the realities we inhabit (which) are brought forth in*

the languages we use, are… kept alive and passed along in the stories that we live and tell" (Freedman & Combs 1996:29). Thus, narratives play a central role in organising, maintaining and circulating knowledge of ourselves and the world we live in. We live with each other in a world of conversational narrative, and we understand each other and ourselves through changing stories and self-descriptions (Anderson & Goolishian 1988:381). People do not only organise their experiences in the form of narratives, but they also live their lives according to those stories, and take part in creating ever-new and more complex stories about stories (Freedman & Combs 1996:30). The challenge for narrative therapists is to see their therapeutic conversations as narratives that deal with human predicaments, troubles, and resolutions. The plot of this narrative has to build up towards a liberating conversation in which clients can free themselves from dominant, destructive and undermining beliefs and messages deriving from the environment (O'Hanlon 1994:24). According to O'Hanlon (1994:22), therapists have become intrigued by the narrative approach because of the hopeful possibilities it brings.

Thus, it can be expected that postmodern influence will also leave footprints on the 'pastoral therapeutic dance' of this 'dance' of study. I agree with Anderson & Goolishian (1988:380) who say, *"Traditional theory and practice constrain our creative abilities to think and work effectively"*. Graham's (1996:110) warning that pastoral practices may become the bearer *"of implicit values and norms within which certain configurations of privilege and subordination are enshrined"*, is justified. Thus, pastoral practices should always be careful not to embody the construction and maintenance of particular configurations of gender, culture, dominance, and power. I want to enjoy the open-endedness of postmodern thought that have inspired me to 'dance' the 'pastoral therapeutic dance'. Although I am integrating modernist elements, I reject the grand narrative of modernity. Nevertheless, the process of the 'pastoral therapeutic dance' is based on Narrative Therapy that makes it possible for persons to refuse the grand narratives and taken-for-granted truths that absorb their selves.

2.6 The 'pastoral therapeutic dance' in this 'dance' of study

The appeal of Narrative Therapy involves much more than a new set of techniques (O'Hanlon 1994:22). Anderson (1993:304-305) agrees that Narrative Therapy is not about techniques, but involves being engaged in a client relationship that characterises reflecting processes

where therapist and client talk and work together as two equally important partners. Freedman & Combs (1996:1) add that Narrative Therapy leads the therapist to *"think about people's lives as stories and to work with them to experience their life stories in ways that are meaningful and fulfilling"*. The heart of Narrative Therapy is the belief in people's possibilities for change and the profound effects of conversation, language and stories on both therapist and client (O'Hanlon 1994:28). It is particularly the possibilities for change and the way people are treated that attract me to Narrative Therapy. It is a privilege to be engaged in a kind of therapy that enables the therapist to experience first hand the co-creation of a new future for married couples who have come to a dead end after the sudden death of their child. The highlights of the narrative therapeutic process can now be described.

2.6.1 A hermeneutical conversation

In the previous chapter (1.5) I discussed my choice of the hermeneutical approach of the theory of communicative acts (Pieterse 1991) in the service of the Gospel. It is said that the pastoral situation has to be described in terms of interrelational communicative acts, which include both actions and reactions in word and deed, between the therapist, the client[93] and God. By means of communicative acts or language, a system is intersubjectively constructed on the basis of shared meaning (De Jongh van Arkel 1991). Anderson (1993a:324) refers to this system as the therapeutic system. According to Anderson & Goolishian (1988:372, 378), therapy is a linguistic event that takes place by means of a therapeutic conversation as a mutual search and exploration through dialogue. The conversation is part of the hermeneutic struggle to reach understanding with the client. The understanding depends on what the client is saying in terms of his descriptions and explanations of *the problem* within his particular context. However, understanding is always a process underway, and which is never fully achieved (Anderson & Goolishian 1988:372, 378).

The therapeutic conversation is based on a two-way exchange of ideas in which the therapist is interested in *what* the client's definition of *the problem* is, and *how* he arrives at that definition (Anderson T 1993:306). Seikkula (2002:283) warns against monologues in therapy.

[93] It has to be noted that the singular *client* or *person* in the following sections should also be understood in terms of more than one person. Especially in this 'dance' of study I am working with couples, thus with (at least) two persons at a time. Since two persons are involved, the challenge is much greater in working cooperatively towards mutually accepted problem definitions and resolution.

He considers monologues as the core nature of crisis itself, since clients in crisis get stuck in monologues about themselves, when giving answers to their suffering or trying to ease the crisis. However, new meaning will not be created unless the focus shifts towards dialogue, which includes listening attentively in order to hear what a client is saying. The aim of the therapeutic conversation is ultimately to bring about a personal reflection process in the client, in order to reach a new understanding or redefinition of *the problem* until it disappears. The therapist's task is to keep the dialogue flowing towards the development of new narratives that permit new meaning, and thus change (Anderson & Goolishian 1988:373, 383). In this way the therapist has to become the agent in the new story of the client's suffering (Seikkula 2002:283).

To achieve this aim, the therapist, according to Anderson & Goolishian (1988:372), has to be a *"master conversational artist"* – an architect of dialogue – whose expertise is found in the creation and facilitating of a space for conversation. He has to be the participant-observer and the participant-manager of the therapeutic conversation. This means that the therapist has to become a member of the problem system, and works within the client's meaning system, in order to facilitate the dialogue in the direction of new alternatives. Parry (1991:51) believes that the therapist speaks or listens in a story-telling universe where all told stories are valid though, not necessarily true. In therapy the therapist listens to a person's story and then collaborates with the person to invent new stories or meanings for the stories that are told (Hoffman 1990:11).

According to Parry (1991:51), the hermeneutic stance of the therapist is taken within an attitude of validating the person's point of view. Thus, as *"interpreter of experience"* (Dueck & Parsons 2002:241), the therapist is not the Master Interpreter (Hoffman 1990:9) who is in charge of the therapeutic conversation. The therapist is also not the one to analyse or diagnose in terms of his own assumptions on the basis of what is and what is not. He is also not the expert with an objective understanding, and the one who directs the conversation towards a particular outcome (Hoffman 1990:10). However, *the client is the expert* to whom a voice is given to describe his own experiences and descriptions without constrictions. The therapist is always informed by the client's story in order to comprehend the client's understanding (Anderson & Goolishian 1992:32). Thus, the client's perspective or taken-for-granted beliefs

about himself will guide him to select events for inclusion in his own story. Hermeneutics is the realisation that there is no single truth, only different perspectives, angles or lenses; each one a *true* or valid perception of the world from that vantage point (Parry 1991:42). The therapist has to avoid listening to his own inner dialogue about what he believes the client means. The client needs to tell his story without being interrupted or guided by what the therapist wants to know. A client's story draws the therapist into his world and persuades him of the reality of the story. When a client is able to tell his story, he can be helped to take charge of his own life story once again (Parry 1991:42).

The process of therapy is driven by questions. Conversational questions asked from a position of *not knowing*, are the therapist's primary tool. By questioning, the therapist confirms his understanding of the client's problem. Questions develop the narrative process, since every subsequent question is created by the client's answer. This involves responsive or active listening (Anderson H 1993:330).Questions challenge the unacknowledged assumptions and beliefs of a client held in the grip of life's problems (Perry 1991:51). The client is stuck in one way of constructing his world within his horison of meaning. At the end, questions lead to the fusion of alternative horisons (Dueck & Parsons 2002:241). The dialogue created by the questions may become a powerful intervention in itself (Seikkula 2002:284). When a person comes to believe he is one of life's winners, he is likely to have selected a new sequence of events and it becomes possible to rewrite the story of his past. Changing beliefs is central to the therapeutic endeavour. The therapist has the opportunity to help clients shake off constraining beliefs so that they can live their future stories as they choose and that they are no longer restricted by their stories (Parry 1991:42-43).

2.6.2 *The problem* is the problem

The hallmark of Narrative Therapy, according to O'Hanlon (1994:24), is that *"the person is never the problem; the problem is the problem"*. Morgan (2000:18) agrees that narrative therapists always speak of problems as separate from people. According to Morgan (2000:24), the person's relationship with *the problem* becomes the problem. Narrative therapists imagine *the problem* as being a *thing*. Thus, the therapist encourages a person to objectify and personify *the problems* that he experiences as oppressive. *The problem* becomes a separate entity and thus is external to the person or relationship ascribed as *the problem* (White &

Epston 1990:38). This process helps the therapist to separate, in his own mind, the person from *the problem*. Anderson & Goolishian (1988:386-387) warn therapists against diagnosing people's problems by arriving at own descriptions and explanations of *the problem* and at what action has to be taken to cure *the problem*. Although the reality of *the problem* cannot be ignored, a person's problem is always related to the meanings that his observations and experiences have for him. Through conversation and communicative agreement, both the therapist and the client jointly participate in the creation of the diagnosis or what they prefer to call the problem definition.

When a person seeks therapy, he has become hooked by a problem (O'Hanlon 1994:24). This means, according to Morgan (2000:18), that he has located *the problem* inside himself by means of internalised conversations. Thus, he lives with a thin description of *the problem*, which means that he has drawn thin conclusions from his problem-saturated dominant story. The dominant plot of the problem-saturated story is determined by selected events in the past and present, to fit the meaning that is socially constructed around the life of *the problem* within the person's cultural context. There is no such thing as a problem, since *the problem* only exists in communicative action. Thus, a person explains in his story the meanings he has given to the events that are part of *the problem*. However, *the problem* has as many descriptions and explanations as there are members in the problem system. The therapeutic system that is socially organised around *the problem* by means of communication is distinguished by *the problem* as a problem-organising system. By talking curiously about *the problem*, what it is that the person is concerned about and who is concerned, thus, about the something or somebody that someone is worried about and wants to change, the therapist and client find themselves in a process of co-creating the problem definition (Anderson & Goolishian 1988:388-389; Anderson H 1993:324).

Problems have negative results. People speak about *the problem* in ways that assume that *the problem* is part of them. They come to thin conclusions that are expressed as a truth about the person who is struggling with *the problem*. The person with the problem takes the ongoing existence of *the problem* and their failed attempts to solve it as a reflection of themselves, each other, and/or their relationships (White & Epston 1990:38). A process of labeling occurs in which a person makes static generalisations about the seriousness of his problem, which

undermines his belief in the possibility of change. Labeling also brings about that other people view the person with the problem as bad, hopeless, or a troublemaker. Others often create thin descriptions of people's actions or identities with the power of definition in a particular context. This disempowers the client as a person with weaknesses, disabilities, dysfunctions, or inadequacies. These thin conclusions hide the tactics of power and control to which a person is subjected and also the acts of resistance at times he has escaped the effects of *the problem* (Morgan 2000:13). The thin descriptions allow little space for people to articulate their own particular meanings of their actions. They obscure other possible meanings and this brings isolation and disconnection with others (Morgan 2000:12).

As the problem-saturated story gets bigger, it becomes more powerful and will affect future events, the person's skills, abilities, knowledges and competencies. All of this is hidden by the problem-saturated dominant story (Morgan 2000:14). However, by being engaged in evolving language and meaning specific to *the problem*'s organisation, this may lead to *the problem*'s dissolution. Thus, the therapeutic system is also a problem-dissolving system (Anderson & Goolishian 1988:372). New alternative meanings, realities and stories can be co-developed, where the client may experience a new sense of agency, freedom and self-capability. An altered understanding of *the problem* can evolve which means that *the problem* is no longer viewed or experienced as a problem, and may actually be dissolved through actions. Change may now follow as the consequence of the conversation (Anderson H 1993:325).

2.6.3 Externalisation and deconstruction

Externalisation means *the problem* is located outside the identity of the person. Thus, the person thinks of *the problem* as an independent entity, neither the person nor the relationship between persons is the problem (White & Epston 1990:40). Morgan (2000:18) admits that all problems can be externalised. The therapist's language makes the difference in externalising conversations. Thus, the therapist's choice of words and the way in which he phrases sentences and questions[94] can lead to externalization; to situate *the problem* outside of the person and his identity. Externalising enables a person to separate himself from the problem-

[94] The type of questions referred to in this and the following section are not described in detail here. However, I will describe them in greater detail in chapters seven and eight, where I integrate theory and *praxis* concerning the traumatic death of a child.

saturated dominant stories that have constituted of his life and relationships (White & Epston 1990:41). Thus, *the problem* no longer speaks to a person of his identity or the truth about who he is. It opens up space for a person to begin to take action against *the problem* and to work co-operatively to revise his relationship with *the problem*. Problems appear less fixed and restrictive, and the person's skills, abilities, interests, competencies and commitments become more visible. It reduces guilt and blame and leaves room for responsibility. New possibilities emerge to see oneself from a non-problem-saturated position. A new alternative dominant story can develop. The process of externalisation disempowers the effects of labeling, pathologising and diagnosing (Morgan 2000:18; Freedman & Combs 1996:47-50).

According to Morgan (2000:24), the therapist has to create a context in which the person experiences himself as separate from *the problem*. Externalisation starts, as described by O'Hanlon (1994:24), when the therapist collaborates with the person to come up with a mutually acceptable name for *the problem*. By severing the person linguistically from the problem label, the client will begin to take on the externalised view of *the problem*. Thus, the therapist has to translate *the problem* into a noun selected by the client. The name has to be one that appeals to the client (Morgan 2000:20). After personifying *the problem*, it is possible to attribute all oppressive intentions and tactics to it (Morgan 2000:21). The therapist may start to talk to the person as if *the problem* is another person with an identity, will, tactics, techniques of power[95], and intentions that are designed to oppress or dominate the person. White & Epston (1990:63) believe that *the problem* is always dependent upon its effects for its survival. Thus, the influence of *the problem* should now be traced in detail.

According to Morgan (2000:33), to trace the influence of *the problem* in a person's life means to explore, in detail, the effects or impact of *the problem* in a person's life over a long period of time. Thus, exploring the influence of *the problem* on the person's thoughts, relationships, feelings, actions, physical health, work, and thus all aspects of the person's life. A thorough and detailed investigation into the life of *the problem* is needed in terms of how *the problem*

[95] *Techniques of power* refers to, according to White & Epston (1990:29-30), those taken-for-granted truths and practices that *incite* persons to constitute their lives and relationships according to these truths. Persons then become subjugated to dominant unitary knowledges and beliefs about themselves, others, and their relationships, according to certain specifications, expectations and norms that have to be met in order to keep *the problem* continually alive. Persons may simultaneously undergo the effects of power and exercising power over others so that they are not able to see the effects of their own practices.

has been disrupting, dominating or discouraging the person; what are *the problem*'s tricks, tactics, methods of operating, ways of speaking, and ways of invitation or convincing; what are *the problem*'s, plans, intentions, techniques, and motives to recruit the person; and who/what supports *the problem*. O'Hanlon (1994:24) adds that the therapist also has to find out how the person has felt, or feels about being dominated or forced by *the problem* to do or experience things he did not like. This acknowledges the person's suffering and the extent to which his life and relationships have been limited by *the problem*. This is an attempt to describe the nature of the relationship between the person and *the problem* (Morgan 2000:25). When there is more than one externalised problem at a time, the client has to prioritise them. However, the therapist can never presume that he knows how *the problem* or *problems* works; thus, he has to make room for the client's descriptions of the influence of *the problem*.

Externalising can be done by the therapist by using *relative influencing*-questions in order to evaluate the size of *the problem*, metaphors or images that help to bring the process to life for him and the client, or by family of origin work – the genogram – to map the story line and history of *the problem* (Morgan 2000:36). The therapist can also ask questions to determine what type of relationship with *the problem* would better suit the person so that he can state his own opinions and ideas. It might be that a person wishes to end his relationship with *the problem*. Moments of greater and lesser influence can also be identified. Morgan (2000:40) believes that this will help the person to evaluate the effects of *the problem* and give a justification of the evaluation. This may already be the first trace which frees the person from identifying with *the problem* that may lead to unique outcomes, motivation to change and the re-authoring of lives. O'Hanlon (1994:24) says that externalised language about *the problem* creates the view of the person as accountable for the choices he makes in relationship with *the problem*. Thus, the person is not yielded to determinism. If the person is not *the problem*, but has a certain relationship to *the problem*, then the relationship can change. If *the problem* invites rather than forces, one can turn down the invitation. One can refuse to join if *the problem* is trying to recruit him. This gives a common goal to both therapist and client of overthrowing the dominance of *the problem*. The person is challenged to note the times he has stood against and challenged *the problem*, and, thus, that parts of him are uncontaminated by *the problem*. When a person brings forth stories that do not support or sustain *problems*, new

and alternative stories develop in which a person can live out a new self-image, possibilities for relationships and a new future (Freedman & Combs 1996:16)

The problem should now be situated in the social context in which it occurs by means of deconstruction (Morgan 2000:22). *Problems* only survive and thrive when they are supported and backed up by particular ideas, truths, beliefs and principles from the broader social cultural context. There is an interaction between the stories by which people live and broader cultural stories. People's actions influence the stories that circulate in society, and, in turn, dominant cultural stories influence the way in which people interpret their daily experiences in terms of the taken-for-granted truths about the world and their selves. Deconstruction is the discovery, acknowledgement and taking apart of beliefs, ideas, practices and taken-for-granted truths of the broader social culture in which a person lives that serve to assist sustaining the life of *the problem* and problem story. These beliefs, ideas, practices and taken-for-granted truths may be directly related to gender, race, class or sexuality, and have to be explored and defined. Furthermore, their history has to be traced in terms of preferred ideas, thoughts and ways of living (Morgan 2000:45-46). Deconstruction leads to the challenging of these taken-for-granted ideas or beliefs, and open alternative stories that assist a person to challenge and break from *the problem*'s view.

Deconstruction is done through questions and conversations, which help a person to examine taken-for-granted truths, ideas and practices, define them, pull them apart and trace their history (Morgan 2000:45). On the grounds of the social constructionist view, the therapist has to interact with a client in a way that invites him to relate to his life story not as passively received facts, but as actively constructed stories (Freedman & Combs 1996:46). Thus, by means of deconstruction a person is helped to view his problem-saturated dominant story from a different perspective. He is challenged to note the times he has stood against and challenged the taken-for-granted truths. Freedman & Combs (1996:56-57) note that a therapist has to focus on gaps in a person's understanding, and on ambiguities in generally accepted meanings, which imply that the person's meaning is but one of a great number of possible meanings. It now becomes possible to be separated from the problem-saturated dominant ideas, and to feel more free from the influence of the ideas supporting *the problem*.

This process may alter a person's relationship to *the problem* and a process of de-labeling can take place (Morgan 2000:49).

Externalisation and deconstruction are not intended to solve problems. If externalisation and deconstruction are approached purely as a technique or linguistic trick, this will not produce any profound effects. Freedman & Combs (1996:47) are convinced that this will then *"come off as shallow, forced, and not especially helpful"*. To be effective, it has to be an attitude that is part of an integrated narrative approach to people. O'Hanlon (1994:28) writes: *"If you don't believe, to the bottom of your soul, that people are not their problems, and that their difficulties are social and personal constructions, then you won't see these transformations"*.

2.6.4 Unique outcomes

According to White & Epston (1990:15), unique outcomes are those aspects of lived experience that fall outside the problem-saturated dominant story and which provide a rich and fertile source for the generation, and regeneration, of alternative dominant stories. These aspects are, according to Morgan (2000:51), those that seem to contradict or stand against the influence of the problem-saturated dominant story. Thus, they do not fit the problem-saturated dominant story and stand out like sparkling events that shine in contrast to the problem-saturated dominant story. Unique outcomes are always present despite the problem-saturated dominant story of a person's life, and may include events, feelings, intentions, plans, desires, qualities, statements, dreams, abilities, commitments, thoughts, or actions that have a historical, present, or future location. The process of externalisation of the problem-saturated dominant story facilitates the identification of unique outcomes. As a person becomes separated from his problem-saturated dominated story, he is able to experience a sense of personal agency, which makes it possible to intervene in his own life and relationships. A discovery of unique outcomes encourages a person to map his influence and the influence of his relationships with others in the life of *the problem*. When a person is helped to ascribe meaning to the identified unique outcomes, it is most likely to result in a rich description of an alternative dominant story (White & Epston 1990:16; Morgan 2000:52).

While the therapist traces the history and effects of *the problem*, he has to listen curiously for any exceptions to the problem-saturated dominated story, thus, times for when *the problem*

has less, little, or no influence over the person. The therapist can also ask direct questions that highlight moments when *the problem* was successfully overcome (O'Hanlon 1994:28; Morgan 2000:56). Unique outcomes may be discovered during the therapeutic conversation, as well as during the times between, before, and after the sessions. However, therapists always have to leave the evaluation of the significance of certain events as unique outcomes up to the clients, unless it leads the therapist into a position of *"pointing out positives"* (Morgan 2000:56). Thus, the therapist has to test a person on whether the unique outcome open up a direction he prefers over the direction of the problem-saturated dominant story. It is particularly important to be curious about what makes the unique outcome possible and how the person evaluates and appreciates its significance. The history and particularities of the unique outcome can be explored by means of *landscape of action*–questions, while *landscape of consciousness*-questions invite persons to reflect on that which leads to and flows from the actions outlined. The meaning of the unique outcome can then be explored by means of *landscape of identity*-questions. After the discovery, identification and evaluation of unique outcomes, the therapist has to use them to open up a new and different conversation (Freedman & Combs 1996:98-99; Morgan 2000:59-63).

Gradually, a new story is co-created and a new reality begins to emerge. Here the client must know that change is possible although the change may be extremely difficult. Wylie (1994:46) writes:

> **"Old stories sometimes die hard – people have been imprisoned in them too long. Coming into the light of a new story can be blinding at first. It is not likely that people will always be able to leap immediately to a new possibility, to instantly invest old, half-forgotten, devaluated experiences with new meanings. People sometimes need to be nudged out of their immobility".**

As the alternative plot gets rooted in a person's imagination, the new story takes over and has no end. As co-creator of the new story, the therapist has to nurture the person's feeling of personal agency and individual identity. White & Epston (1990: 61, 65) say that imagination and responsibility play a significant part in the identification of unique outcomes and the attribution of meaning to them. Imagination enables the therapist and the client to *see* the

direction in which a unique outcome leads them. This new direction depends on the client who assumes responsibility for *the problem*, for new choices in his life and to pursue new possibilities. In this process the therapist should never become blinded by his own criteria of what signifies new developments in the client's life and relationships. The client has to write his own new story.

2.6.5 Finally free: the emergence of a new story!

The way is now open for the therapist and client to co-construct a new story through which the client can live in preferred ways. It is important to develop the new counter story as rich, detailed, and as meaningful as possible (Freedman & Combs 1996:94). Morgan (2000) refers to the thickening of the alternative dominant story. O'Hanlon (1994:28) understands the process as bolstering a new view of *the person* as competent enough to have stood up to, defeated or escaped the dominance or oppression of *the problem* on the basis of unique outcomes. Here, the person's identity and life story begin to get rewritten. The previous endeavour is used to prepare the ground to plant seeds for rewriting a person's *sense of self*. O'Hanlon (1994:28) writes:

> **"Evidence of discovered competence is used as a gateway to a parallel universe, one in which the person has a different life story; one in which he/she is competent and heroic. It is not merely a glib reframing of the person's life. But the therapist asks for stories and evidence from the past to show that the person was actually competent, strong, spirited, but did not always realise it or place much emphasis on that aspect of him- or herself".**

Thus, the therapist has to help a person to root his new *sense of self* in a past and a bright and promising future. The re-authoring of a new alternative dominant story starts with naming this story (Morgan 2000:69). The person has to be challenged with regards to what kind of future he expects for the strong and competent person that has thus far emerged from the interview. According to O'Hanlon (1994:28) and Morgan (2000:72), advantages of naming the new story are:

- That it assists a person to further separate himself from the effects of the problem-saturated dominant story;

- That it allows space for the person's own ideas and commitments and to move actively in the direction of personal preferences and choices; and
- That it permits the person to have constant points of reference about whether an action or event fits more with the problem-saturated dominant story or the alternative dominant story.

After naming the new story, the person may now be helped to explore the effects of the alternative dominant story in terms of thoughts, feelings and actions, in order to evaluate these effects and to justify this evaluation. Freedman & Combs (1996:97) say that the act of re-authoring demonstrates personal agency, and, therefore, requires a focusing on *how* the new story will take shape. This opens up possibilities to thicken the alternative story by linking it to the *landscape of identity* of the person's values, personal skills, commitments, beliefs, desires, intentions and strengths (Morgan 2000:70-71). This will simultaneously place the problem-saturated dominant story in the background.

According to Morgan (2000:74), the therapist should look for ways to assist the person to stay connected to the new and preferred story, and to thicken this story into the new alternative dominant story. Firstly, the person's values, commitments, beliefs, desires, intentions and strengths are valuable resources for assisting the person to stay connected to his alternative dominant story in order to shape and constitute his future life. These valuable resources will further enrich the descriptions of the alternative dominant story if questions are asked *"through the eyes of another person"*, since a rich description of an alternative dominant story should also include other characters in the process of re-authoring (Morgan 2000:69). Secondly, White & Epston (1990:18) are in favour of finding or creating an audience for perceiving the new identity and new story. This audience has to be involved in the act of witnessing the performance of a new story, contributing to the writing of the new story, and encouraging revisions and extensions of the new story (White & Epston 1990:17). O'Hanlon (1994:28) adds that an audience forms a social context that gives social validation and support to the new story or identity. The audience can in some way link their lives to the new story of the person, which may add significant richness to the new story. Morgan (2000:74-75) notes some other ways in which other persons can be engaged with the alternative story. These may include:

- Remembering conversations of significant people;
- Rituals or celebrations;
- Outsider-witness groups or reflecting teams; and
- Therapeutic documentation, including: declarations, certificates, letters, videotapes, symbols, pictures or lists.

Freedman & Combs (1996:101) believe that a client has to be helped to envision, expect and plan towards his less problematic future. He has to be helped to imagine the future without *the problem*. A new view of the person and his life can only further crystallise by focusing on what future changes and developments will result if the person keeps resisting the problem. The emerged sparkling moments should be kept alive and storied. Freedman & Combs (1990: 100-101) believe that the therapist has to devote much time and energy to reviewing, re-experiencing, and linking the antecedents of present unique outcomes. Thus, it is not enough to identify resources as states of consciousness from past experiences. In order to persist through time, resources should, according to White & Epston (1990:18), be connected to a person's life story.

According to O'Hanlon (1994:28), the therapist has to sustain this process until it is clear that it has *taken in* the person's life, until the person reports that things are changing for the better out in the world (in relation to *the problem*), and until the person starts to see himself in the new, more competent, choice-saturated view, even when removed from the therapist's direct influence. This may happen within a few sessions, but both therapist and client must be willing to continue with therapy as long as they feel it is necessary.

It may be concluded that Narrative Therapy, in the words of Amundson *et al.* (1993:118), guards against power and certainty as a source of inspiration for the therapist to change a situation. Over and against power and certainty, stand curiosity and empowerment. The narrative therapist invites the person in therapy to join with him in co-creating change. He believes that persons *"are most skilled at writing their own story and the therapeutic encounter simply seeks to place the pen in their hand"* (Amundson *et al.* 1993:120). When using modernist elements, as discussed in the next section, the narrative therapist should not

fall prey to the temptation of exerting control on the basis of certainty (Amundson *et al.* 1993:120).

2.7 Modernist elements

In chapter one I argued in favour of integrative discourse, which means that both the modern and postmodern discourses should be taken into consideration. A postmodern point of view makes it possible to integrate modernist elements within a postmodern epistemology. The openness and freedom of postmodern thought makes space for the voice of modernity. When we become conscious of the limitations or weaknesses of the modernist paradigm, we should recognise the strengths of the postmodern paradigm, and *vice versa*. The modernist paradigm is especially valuable when it comes to understanding the complexities of human rationality and behaviour (Dueck & Parsons 2004). In my 'dance' of study I utilise modernist elements (not only modernist therapeutic models, but also scientific results of modernist research and modernist insights) within Narrative Therapy.

The value of the modernist therapeutic models discussed in the following paragraphs, i.e. Family Therapy, Rational Emotive Behaviour Therapy and Person-Centred Therapy, is that they work with the here and the now of *the problem*. By focusing on the here and now, the fact that the client has to take responsibility for his own thoughts and actions is emphasised. This is supportive to Narrative Therapy, which aims to lead persons to change in their present relationships and lives. Besides three modernist therapeutic models, other modernist insights will also be explored along the way throughout the 'dance' of study.

Family Therapy

Goldenberg & Goldenberg (2000:376) argue that in Family Therapy, the focus is not on the individual, but rather on the family as a whole. However, Family Therapy stresses the balance between being an independent self and relating to others in the family. The family is seen as a system made up of interconnected and interdependent individuals continuously in interaction with each other, thus, affecting each other. The family is organised around these relationships. The emphasis in Family Therapy is on *what* is happening between family members in terms of patterns of interaction, rather than *why* it is happening. It is believed that any problem or difficulty can be remedied by changing the relationships between the members of the family

system since *the problem* is situated within the repetitive interaction between members, thus, implying circular causality, as opposed to linear causality. Family Therapy also focuses on interlocking triangles within the family as an emotional network. When the emotional balance between two people becomes too intense or too distant, a third person or thing can be introduced to restore equilibrium to the system and introduce stability. When a crisis or any other disruption occurs, family members will try to maintain or regain a stable environment or equilibrium by activating learned mechanisms to decrease the stress and restore internal balance. It can furthermore be said that the family system adjusts itself by means of feedback. Families rely on the exchange of information in terms of words, a look, a gesture or a glance to signal the level of equilibrium. Negative feedback is the process through which the deviation in a system is corrected and the previous equilibrium is restored. Positive feedback destroys a system by forcing it towards further chaos and change, not permitting it to return to its former state (Goldenberg & Goldenberg 2000:377).

Furthermore, the view is held that a person is the net result of the family of origin. Thus, the psychological development, the health or sickness, the personality and the way a person looks, thinks, feels, and acts are all influenced by the family into which he is born. The family is the social unit where individuals' needs are satisfied in terms of intimacy, self-expression and meaning. In functional families the needs of the various family members are met, while in a dysfunctional family, needs are unmet, resulting in dissatisfaction or problematic behaviour. Marriage is the most satisfactory way of fulfilling persons' emotional needs. The husband and wife need be to unite in a functional system. They are the beginning of the family system. Their oneness and intimacy are dependent on each partner's ability to separate from his or her own family of origin. The next step is opening up the system to allow others, especially children, to enter. The presence of a child forces parents to assume new roles, rules and to reconstruct the system. However, children-orientated marriages are doomed, since good marriages are characterised by placing the spouse first and all others second. When spouses are united in a coalition, this will prevent the child from forming a permanent alliance with one of the parents. Each sub-system, the marital and the sibling sub-systems, like each person, should have appropriate boundaries for protecting the system's integrity. Rigid boundaries characterise disengaged families in which members feel isolated from one another, while diffuse boundaries identify enmeshed families in which members are intertwined in one

another's lives. The way in which the sub-systems interact has an influence on the family's homeostasis (Goldenberg & Goldenberg 2000:378, 393).

The goal of Family Therapy is to assess and analyse the family system in order to understand *the problem* and then to change the system by creating homeostasis through new ways of relating. The therapist has to work through the resistance to create new ways of interacting since the family may fight to hold on to its old way of relating. Thus, conflict is inevitable if the therapy is to be effective. The ability to move the family from its former point of view to the new one is dependent on the view of the therapist, his skills and the success of the therapeutic process. The therapeutic process is based upon understanding the family structure, diagnosis, on teaching family members new ways of interacting and successful techniques for solving problems. Two of the techniques that are used are *circular*-questioning used to help members to examine their belief systems, and the genogram, used to map the family history, relationships and emotional connections. The value of the genogram lies in the emphasis that is placed on the importance of the past, and on that what perpetuates *the problem* within the current interaction of the family system (Goldenberg & Goldenberg 2000:384, 390, 393).

Thus, it is clear that the Family Therapy described by Goldenberg & Goldenberg (2000) came from the Second Wave's first-order cybernetics. The emphasis on behaviour modification is the basis of the therapist's diagnosis, hypothesis, views, suggestions and intervention. Although Freedman & Combs (1996:25) say that systems theory can be used, as long as we think in terms of a social constructionist view, they warn against reification. When we reify homeostasis as a process that controls the interactions of families, or the genogram, or boundaries, or even narration, this limits our perceptions and becomes an impediment to progress. Freedman & Combs (1996:25) write: *"Each helps us refer efficiently to a certain aspect of experience but can become problematic when we forget that it is a useful social construction and begin to treat it as part of some external, pre-existent reality"*. Anderson & Goolishian (1988:327) also warn that when using systems and structures as a guiding metaphor, families can be thought of as rigid. Although systems thinking has led to the development of useful ideas such as triangulation and boundaries, and also to the rearranging and strengthening of structures, it may divert the attention from the ever-shifting and ever-

changing aspects of family relationships. Systems thinking can freeze our perceptions in time, oversimplify complex interactions, and lead us to treat people as objects.

Although I agree with Freedman & Combs (1996:2) that systems theory can limit the narrative therapist's ability to think in terms of the larger culture, some of the useful ideas (such as patterns of interaction, interlocking triangles, emotional balance, equilibrium, family of origin, genogram, *circular*-questioning, coalition, boundaries, roles, satisfaction, fulfilment of needs, relating) deriving from systems theory can be used within a narrative approach. These ideas contribute to the meaning that is socially constructed within the family or marriage. We have indeed moved away from both the systems and eco-systemic approaches, where the therapist tries to understand and influence the system, to cultural thinking, where therapists work with peoples' dominant stories within the cultural context in which they live (Freedman & Combs 199618). Goldenberg & Goldenberg (2000:385) also admit that Family Therapy has moved in the direction of the co-examination of family members' constructed meanings and the co-creation of new meanings and alternative stories. My preferred paradigm remains that of the therapist helping persons to notice the influence of restricted cultural stories in their lives and to expand and enrich their own narratives by means of the co-construction of new realities. This view introduces greater gender sensitivity and cultural specificity.

Rational Emotive Behavior Therapy (REBT)

It is believed that people are born with the potential to be rational as well as irrational. Rational thinking involves critical and creative thinking, to learn by mistakes, and to actualise their potential for life and growth. Irrational thinking involves self-damaging habituations, intolerance, repeating the same mistakes, and avoiding to think things through and to actualise potentials for growth (Ellis 2000:169). Ellis (2000:171) adds that people rarely act without perceiving, thinking, and emoting, because these processes provide them with reasons for acting. When an emotional consequence (C) follows a significant activating event (A), A may seem to, but actually does not, cause C. Instead, B, the individual's belief system, largely creates emotional consequences. This understanding makes it possible to trace a person's emotional reactions to his current irrational beliefs. On the basis of irrational thinking, a person may defeat himself through his inborn and acquired self-sabotaging beliefs, such as: *"I*

can't stand this problem, I am a worthless person". These beliefs are based upon a person's demand that his wishes have to be satisfied, that he has to succeed and gain the approval of others, and is also based on the insistence that others should treat him fairly. Finally, they are also based upon the assumption that life should be pleasant. When these beliefs are rationally and behaviourally challenged, the reactions become minimal and cease to recur (Ellis 2000:170).

Ellis (2000:169, 180) makes it clear that rational emotive behaviour therapists do not believe in having a warm relationship with clients. Instead, a warm relationship is not a necessary condition for effective personality change. Their main emphasis is on the individual and his current cognitive patterns. Therapists, therefore, focus primarily on self-discipline, cognitive change or restructuring, and examining and changing those most basic beliefs that cause emotional disturbances. Thus, rational emotive behaviour therapists teach persons how to dispute irrational ideas and inappropriate behaviours, and to internalise rules of logic, since emotional problems stem directly from disturbance-creating ideas. Due to their irrational thinking, peoples' emotional problems may be divided into under-reaction or over-reaction. People in therapy have to be assisted to see that their emotional problems have cognitive antecedents:

- Insight one is to see these antecedents in terms of their own beliefs and not in terms of past or present activating events;
- Insight two is to understand that they are now upset because they keep indoctrinating themselves with the same kinds of beliefs, which means that these beliefs are not automatic; and
- Insight three involves taking responsibility for their own thinking by correcting their self-sabotaging beliefs through hard work and practice.

The therapeutic process focuses on actively helping persons to separate rational and irrational beliefs by teaching them to think about their thinking. The therapist may employ role-playing to reveal false ideas to clients. He may also give them assignments on risk taking, imagining themselves in failing situations, to take on hard tasks or doing something pleasant in order to change their thoughts. Persons are taught to dispute their irrational beliefs on the basis that they are humans, and if they resist, it is said that they are looking for easy solutions rather than working at changing themselves. They may use a Rational Emotive Behaviour Therapy

(REBT) Self-Help Form (*Appendix* B) designed to enable people to observe, understand, and persistently attack their irrational, perfectionistic *shoulds*, *oughts*, and *musts*. Not much time is spent on the client's history, sympathetic listening and reflecting feelings. (Ellis 2000:182, 194-195, 197). There is not much to do by concentrating on activating events or emotional consequences. However, activating events usually belong to the past. The more a person concentrates on present feelings, the worse they are likely to become. The only way to interrupt a problem is to focus on the person's belief system (Ellis 2000:181).

Working with a person's thoughts is not unfamiliar to Narrative Therapy. White & Epston (1990:81) refer to Narrative Therapy as *"the narrative mode of thought"*. Peoples' selective ordering of their life experiences into a coherent narrative, according to the meaning they ascribe to it through language, is a cognitive process. Likewise are the cognitive processes of externalisation and deconstruction. Mapping the influence of *the problem*, the person's influence in the life of *the problem*, the identification of unique outcomes, and the generation of alternative stories are all cognitive-behavioural processes. So are dominant knowledges and taken-for-granted truths (White & Epston 1990:18-27). Narrative Therapy makes, what Foucault (1980) says possible, namely:

> **"To discover *how* it is that subjects are gradually, progressively, really and materially constituted through a multiplicity of organisms, forces, energies, materials, desires, thoughts, etc. We should try to grasp subjection in its material instance as a constitution of subjects"**
>
> **(White & Epston 1990:23).**

However, the narrative therapist should be careful not to adopt cognitive restructuring as his preferred paradigm, since problem resolution is often more complex than just cognitive restructuring. Therapy that denies the importance of a relationship, emotional reflection and the past- and present context, cannot claim to be complete. REBT is especially useful when it comes to the exploration of thoughts, feelings and action in relation to the influence of *the problem*, the person's influence in the life of *the problem*, and the outlining of new goals and action plans for a new alternative story. Other valuable aspects of REBT are concepts such as: self-damaging habituations, self-sabotaging beliefs, cognitive change, and change to the most basic beliefs and assignments.

Person-Centred Therapy

Person-Centred Therapy is an approach to helping individuals and groups in conflict. The basic concept in Person-Centred Therapy, as developed by Rogers, is that personal growth flourishes within a particular kind of relationship characterised by genuineness, non-judgmental caring, and empathy (Raskin & Rogers 2000:133). Genuineness means congruence between the thoughts and behaviour of the therapist, and avoiding the temptation to hide behind a mask of professionalism. Thus, the therapist has to be willing to express and to be open about his own feelings. Non-judgmental caring means unconditional positive regard through warmth, acceptance and prizing. Empathy means to get under the skin of the client, thus, an attitude of profound interest in the client's world of meanings and feelings as the client is willing to share this world. Empathy also conveys appreciation and understanding with the effect of encouraging the client to go further and deeper. Thus, an interaction occurs in which the therapist is a warm, sensitive, respectful companion in the difficult exploration of the client's emotional world (Raskin & Rogers 2000:147-148). The therapist-client relationship can be described as two persons participating in a process, which may be compared to that of a dancing couple, the client leading, and the therapist following: *"The smooth, spontaneous back-and-forth flow of energy in the interaction has its own aesthetic rhythm"* (Raskin & Rogers 2000:135). This kind of relationship builds trust, which leads towards the realisation of an individual's full potential. Clients gain a positive self-regard, their locus of evaluation shifts from other people to themselves, thus, they become more self-expressive and self-directed, and their experience of the self and the world shift to an attitude of openness and flexibility.

Furthermore, clients are trusted to select their own therapists, the frequency and length of their therapy, to talk or to be silent, to decide what needs to be explored, to achieve their own insights, and to be the architects of their own lives. Groups are believed to be capable of developing the processes that are right for them, and of resolving conflicts within the group. The therapist continuously appreciates the client's perceptions, meanings and feelings (Raskin & Rogers 2000:134). The therapeutic process immediately starts with the therapist trying to understand and trust the client to share whatever is comfortable for him. There is a willingness to stay with the client in moments of confusion and despair. No easy answers are given that might show a lack of respect for the client. Thus, the first session is not used to take

a history or to arrive at a diagnosis. In the end, therapeutic change involves both cognitive and affective elements that occur in the relationship between the therapist and the client. By grasping the client's perceptions, the client discovers a part of himself or a perception that he formerly denied and which he now may prize and love (Raskin & Rogers 2000:149, 154-155).

Rogers' person-centred approach is particularly valuable because of his emphasis on a therapeutic relationship based on genuineness, unconditional positive regard and empathetic understanding, his trust in clients to be the architects of their own lives, and the therapist becoming a companion to the client in his journey towards growth. Although not unaware of differences, Anderson (2001) highlights the similarities between the social constructionist approach and the approach of Rogers. According to Anderson (2001:348-354), the former also emphasises the importance of the therapeutic relationship based on co-exploring the client's story from his perspective, and on co-developing or co-constructing a new story. Within a two-way conversation, the therapist joins the client on his journey towards change in terms of a *not-knowing* and uncertain position in which the client's expertise is invited, respected, and acknowledged. He has the right to select his own life goals. The attitude of the narrative therapist is also a way of being with the client in which power is not misused in terms of a hierarchical (power) relationship, but is person-centred by nature. In this 'dance' of study I relate with Rogers' positive regard and empathetic stance when walking alongside a person in love. I agree with Anderson (2001:353) that my expertise as therapist is found in creating a space for and facilitating a process towards the transformation of a person through conversation. However, Anderson prefers the use of *transformation* rather than *change*, since the therapist is not an agent of change. He does not change the client, but they are both shaped and reshaped by means of a continuous and mutual growth process.

Other modernist insights

Throughout my 'dance' of study interplay will be observed between the modern and the postmodern mindframes. I believe that it is not possible to enter the field of trauma without using modernist insights. Within the trauma field I use methods such as assessment, focusing on a person's here-and-now needs, validation and reassurance, practical support, creating a safe environment, and normalising reactions. I refer to the various reactions, experiences and needs that are possible after experiencing a traumatic event, which include the reactions,

experiences and needs of parents after traumatic child death. My understanding of marriage and marriage counseling is also bound up by modernistic elements in terms of the nature of the emotional attachment between partners. I work with concepts such as equilibrium, skills, balance, interaction, genogram, emotional and communication differences between men and women, gender differences and the like. I also integrate Emotionally Focused Therapy (EFT)[96]. When it comes to traumatic grief after the sudden death of a child, I make use of Worden's (1982) insights about the so-called tasks of mourning[97]. Because I work from a pastoral point of view, I make use of a diagnostic tool in the assessment of spiritual health (Brakeman 1995). Thereby, throughout my 'dance' of study, I intertwine scientific results of modernist research.

The modernist insights listed here should not be considered as complete since more of then are found throughout my 'dance' of study. All are used in terms of a social constructionist view, which means that they form part of the meaning people ascribe to their life experiences. The benefits of the narrative approach are incomparable to those of modernist approaches. The narrative approach is based on liberating conversations in which clients are seen as active resisters, not passive victims. While the tremendous power of their past history and present culture are acknowledged, clients can finally be helped to separate their *sense of self* from their history. They receive a powerful and optimistic vision of their capacity to free themselves from uncounsciously absorbed beliefs and constricted stories. However, this does not mean a return to the modernist idea of the rationalising, self-confidant and autonomous man capable of independent self-actualisation (Middleton & Walsh 1995:21). Instead, within a postmodern world it became possible for man to discover and indwell the stories of God and his power, leading to victory. However, the stories of God form the theological basis of my 'dance' of study.

2.8 It remains a 'dance' on behalf of God

I have argued that I see myself as an instrument of what God wants to do in love. I have to be the carrier of God's merciful and compassionate love by being an extension of the work of

[96] Emotionally Focused Therapy (EFT) consists of two basic tasks and nine steps that will be explained in chapters seven and eight.
[97] Worden's (1982) insights about the so-called tasks of mourning will be outlined in chapter eight.

Christ and his disciples. I have also stated that I see my task as identifying with the needs of people and doing something about it in terms of my all-inclusive love approach to pastoral work. How can my task be theologically understood? I refer to Gerkin (1986), who sees the pastoral therapist as the interpretive facilitator and mediator in relation to both the Christian faith tradition and the human situation. He is the instrument by whom persons are enabled to see their present situation through new lenses. Switzer (1986:20-21) agrees that the pastoral therapist, with the emphasis on *pastoral*, is especially prepared to assist others to understand themselves, to make decisions, and to act in their particular situations from a theological perspective. It is now appropriate to examine this theological basis.

Louw (1998:65) believes that within the fallen world, people experience an existential struggle through suffering. This struggle and suffering also include all forms of problems and crises, which are part of a destruction process that deprives people of a meaningful life. Louw (1998:88) understands that suffering people live within a bipolar tension between what God has already done through Christ, and what God has not done yet with respect to his future deeds of recreation. What God has already done is available in the Bible in the form of the many promises there. What God still has to do in future is based on the work of the Holy Spirit in the lives of people. Thus, Louw (1998:80) positions pastoral work within an eschatological perspective.

On the basis of an eschatological perspective, pastoral work has to be directed towards changing the present. Louw (1998:87) believes that the pastoral therapist has to make faith and hope visible by means of his loving involvement in the lives of those in crisis. The person in crisis has to experience the work of the Holy Spirit within his existential struggle in life in order to persist with faith and hope. His faith and hope have to guide him in terms of what God can do in future on the basis of what He has already done through Christ in history. Thus, when the pastoral therapist enters the here-and-now of a person's life in its concrete suffering, that person should be reconnected to the victory of Christ and the Holy Spirit as the *Parakléte*[98] in order to bring a new perspective within the suffering (Louw 1982:12-13). This

[98] According to Guthrie (1981:530-531), *Parakléte* conveys some aspect the Holy Spirit's character as the *"one called alongside"*. Although it is difficult to translate the term into English, it is variously rendered as Comforter, Advocate, Counsellor, or simply Helper. The *Parakléte* is seen to be both one with God and *"at one"* with man. He has a personal character as Jesus himself by means of his indwelling presence in believers. He makes Jesus and all that He stands for present in believers. Louw (1982:32) is convinced that the Holy

perspective involves a redirection towards Christ's victory over all destructive forces and a new freedom from despair (Louw 1982:14). The consequence is faith and hope that is based on God's promises in his Word. According to Müller (1981:16), the Word of God should be focused through the pastoral situation in order to unlock it within a person's life, relationships and needs. By means of this unlocking, the faith of the person in crisis is strengthened so that his faith can become his means with which to cope with his crisis. Louw (1982:13) refers to pastoral therapists who have the responsibility to mediate Jesus Christ's victory and power. According to Louw (1998:91-92), the person in crisis will then, amongst others, see and experience:

- God's presence and loving-kindness;
- Christ's comfort, care, recovery, support and healing;
- New alternatives, possibilities and future functioning; and
- Freedom from a tunnel vision in order to live positively through God's grace.

The person in crisis will, although he is suffering, not be overwhelmed and conquered by his struggle, because God strengthens him. This enables the person in crisis to cope and to take up responsibility for becoming a change agent in his own life[99]. Thus, the key that unlocks true comfort and perspective lies in the victory of Jesus Christ, which can be experienced through the Holy Spirit!

The responsibility of the pastoral therapist is to unlock God Himself within a person's existential needs by means of the therapeutic endeavour. Heitink (1979:293-299) refers to pastoral work as the existential participation in one's life struggle to co-search for an escape in the light of one's faith and in the light of the Gospel. In this way the pastoral therapist becomes the mediator between God and the person in crisis and an instrument of the Holy Spirit through the communication that takes place in the therapeutic process. He has the responsibility, as Veldkamp (1988:104) argues, to let the essence of God's Kingdom break through within the here-and-now of one's life. Likewise, in the parables of the Bible, the person in crisis has to be confronted with his own story and with the consequences of his

Spirit enables the sufferer to resist the destructive forces that undermine him. He works power, endurance and resignation inside the sufferer so that he is able to persevere with the suffering untill the end. This thought links with Ladd's (1974:293-294) idea that the *Paraklête* is primarily a teacher to instruct and lead the disciples to be strong or fortified in order to continue with Jesus' ministry.

[99] Thus, the sufferer can take life up again, make new decisions, and reach for new alternatives with the power of Christ's victory made available through the Holy Spirit.

closed view on reality and the taken-for-granted issues of his story. He has to be invited to force his situation open and to redefine it in the light of God's Kingdom. Thus, he has to understand his own story in the light of God's story in order to connect the two stories. Through this connection he will be able to rewrite his own story by creating a new story with new meaning. When the stories of God, the client, and the therapist fuse, God's story can change any story. Thus, the person in crisis should not see his own story, his role in his story and his perspectives as being too fixed, because, at the end, the story of God makes it possible to alter and select his role, and to become the subject of his own story (Veldkamp 1988:186-196).

It can be concluded that the 'dance' of pastoral therapy remains a 'dance' on behalf of God. It is possible to open up the story of God within one's present situation. The 'dance' is the vehicle through which God enables the person in crisis to continue with faith and hope, despite his pain and suffering. Grieving parents face severe suffering as an existential crisis (Louw 1982:2). However, it is the living God that enables suffering parents, through the Holy Spirit, to live as victors in the midst of death and frailty (Louw 1982:6). Louw (1982:26-27) makes a valuable statement when he says that counselors have to help suffering persons to integrate their faith into their suffering[100] in order to experience the suffering in connection with Christ[101]. A new future may be built on Christ's resurrection hope, and can be realised by the power of imagination towards the better future promised by God. This makes the present suffering more tolerable. Ultimately, the suffering may bring joy as it becomes an opportunity for growth. Suffering has the ability to enrich and deepen a person's life and ultimately bring new life (Louw 1982:39).

[100] An integration of faith means that the sufferer is able to experience God's presence in the midst of even the most extreme suffering. He can hold onto Him in faith on the basis of his promises, which will realise in the future, although the present situation has no glimpse of any better circumstances (Louw 1982:28-29).

[101] The suffering Christian should know that he is suffering in relation with Christ, and that this suffering is absorbed in the suffering of Christ. This also means that Christ takes part in our suffering in that our suffering touches Him as He made our suffering hís suffering. All our *"why's"* find meaning in his forsakenness which can be seen as the *therefore*-answer to our sufferings (Louw 1982:26). Louw (1982:20-23) shows how God is involved in his children's suffering throughout the entire Old- and New Testaments. He never forsakes his children.

CHAPTER 3: THE 'DANCE' OF CULTURE

3.1 Introduction

Dance and culture are inseparable! There are many attempts to integrate dance and cultural theory. An attempt to embed dance within culture, represents a tendency to connect dance to elements of social meaning. Thus, dance does not suggest meaning through its performance, but the meaning of dance is attached to a net of social relations (Morris 1996a:5). Dance is manifested in different styles, techniques, has different meanings in different cultures, and thus may be interpreted differently in various cultures. An effort to understand the dance of another culture will always be bound to one's own cultural context (Thomas 1996:65). Thomas (1996:63-64) also notes the new trend to explicate the relation between dance and culture, and to analyse dance as a mode of cultural representation:

> **"The individual is situated in and articulated through a complex web of social relations, discourses, and practices. There is a constant interchange between the writing self and other discourses. We are all enmeshed in a range of discourses and practices to the engagement with other discourses".**

Thus, dance scholarship began to shift its ground according to the changing discourses of the sociology of culture. Cultural issues have been pushed to the centre of sociological discourse. This led to a rewriting and repositioning of dance scholars in relation to this shift. Both Morris (1996a:3, 11) and Thomas (1996:66) are convinced that this shift gained impetus through the discourse of postmodernism. In the previous chapter I made the remark that postmodernism represents a cultural shift in sensibilities, practices, and discourses that has taken place in Western culture since the end of World War II. With postmodernism came a collapse of the boundaries between high art and popular culture, between art and life, and a celebration of eclecticism through a mixing and matching of styles and genres (Thomas 1996:67). Postmodernism rejects traditional grand narratives as authoritarian because they offer single unitary views of the world. However, dance scholarship is flourishing in the postmodern era, and it is unlikely that it will settle into comfortable modernist formulas with

their fixed boundaries and pure forms. A new wave of dance scholars has emerged; bringing with it a move away from dance modernism (Thomas 1996:69).

When repositioning oneself in relation to the shift of culture, one starts to move in an inter-disciplinary direction (Morris 1996a:3). At once it becomes possible to address a number of issues that, in a more formalistic era, would be of little interest in dancing. Among these are questions of gender, race, class, and the body (Morris 1996a:9; Thomas 1996:66). Within this context, Morris (1996b) refers to a number of dances created by Mark Morris which focused on issues of gender. He opposed dominant power structures by attempting to enlarge Judith Butler's gender theory through dancing. Although Butler does not think in terms of dance, Morris's (1996b) study about dance shows that it offers wide-ranging possibilities for attacking rigid gender categories. He deconstructs male and female gender categories by leading his audience to question the performative aspects of gender[102]. Morris (1996b:151) demonstrates through dance that there is little coherence between sex, gender, and desire, and he also shows these elements as shifting and unstable within a single individual.

Thus, the inseparability of dance and culture involves the dancer with gender issues. The shift to a postmodern era challenges the dancer to reposition himself within the prevailing dominant discourses and practices of society. The question involves to what extent the dancer allows the dominant discourses and practices of society to prescribe his own gender story in terms of performative gender categories? The opening up of possibilities through postmodern thought not only allows the dancer to rewrite his gender story in terms of attacking rigid gender categories, but also the 'dancers' involved in the 'pastoral therapeutic dance'. The change in culture has to be welcomed! Inglehart & Norris (2003:154) write that greater equality between women and men can only be accomplished by a broader cultural change. Cultural norms, values, and beliefs shape the transition to gender equality and a change in sex roles. Although pressures and counter pressures are inherent to any major social trend such as religious beliefs, historical traditions, institutional structures, social movements, intellectual

[102] 19th century dance was a system signifying the codes of the dominant society. The man lifted and supported the woman. However, in Morris's dances men cross-dress and perform a dance that is associated with women in classical. With this, identity confusion is created. Both men and women are employed in the dance to disrupt concepts of gender categories so that the spectator is no longer able to make gender attributions. He also shows that men and woman are both equally capable of love, and that love is not exclusively associated with women (Morris 1996b:154).

developments, the mass media, leaders and globalisation, postmodernism allows for an enlarged attitude towards gender equality (Inglehart & Norris 2003:150, 160).

Since World War II the world has experienced a growing development of gender equality and sex roles (Inglehart & Norris 2003:159). Much troubled water has flowed under the bridge concerning the physical, emotional and spiritual harm due by gender inequality since pre-Biblical times. Patriarchy and male dominance still exercise their influence on many marriages and relationships. This becomes quite pertinent during the pastoral therapeutic process when working with traumatised parents after sudden child death. Besides, in order to be gender sensitive in the process of 'pastoral therapeutic dance', the pastoral therapist is challenged to be actively involved in the rewriting process of rigid gender categories within the context of dominant societal gender discourses. When it comes to the discovery of new gender role possibilities within postmodernism, language plays a huge role, since gender is constructed in and through language (Alsop, Fitzsimons & Lennon 2002:65). It is now possible to do justice to the Biblical language on gender since the gender voices of the Bible were often stilled, disrupted or interrupted by other dominant voices in history. It is important to understand gender within social, historical, Biblical and marital contexts in order to uncover the harm and pain that lies in its use from a patriarchal point of view.

3.2 A few thoughts on gender

"In modern Western societies, gender divides into two" (Beasley 2005:11). With this statement Beasley indicates that the term *gender* usually refers, in the modern West, to the binary division of society into two distinct and separate categories of human beings, namely, men and women. This division also includes a division of social practices into two fields, namely, the strong association between men and public life, and between women and domestic life. The implication of this segregation is the dividing of people and social practices along the line of sexed identities. The gendering process frequently involves the creation of hierarchies between the division of men and women. Thus, the two categories are placed in opposition to each other, where one is seen as positive and the other as negative. The binary nature of gender in Western society also means that the features of one category exist in relation to its supposed opposite: *"To be a man is to be not-woman and vice versa"* (Beasley 2005:12). However, the usual contemporary meanings of gender have been altered over time

and continue to be the subject of debate. Alsop *et al.* (2002:2) are correct in saying that *"we cannot simply take for granted what it is to be a man or a women, or that the world is simply found with these divisions in it"*.

According to Beasley (2005:12), the term *gender* is no longer restricted any more (compared to before the 1960s) to masculine or feminine, or to the social identities of men or women. Alsop *et al.* (2002:2) argue that thoughts on gender have shifted in meaning from being male or female, and to the processes by which people become gendered selves. This means that thoughts on gender have to be distinguished from those who take the division of people into male and female categories for granted by focusing on the unequal social interrelations between these categories. Alsop *et al.* (2002:2) continue by warning against a focus on the differences between men and women, as is the case with feminist movements[103]. Although feminists are not a homogeneous group[104], in that they reflect a multitude of different perspectives, their movements all share some common ground in that they tend to assume that humans are divided into the categories *man* and *woman*. From this basis they then try to make sense of what difference gender will make in terms of structure and behavioural norms. Thus, they all prioritise women, and believe that, ultimately, social change should occur in order to equalise the differences between men and women. Against this, the categories of difference and inequality should rather be seen as mutually constitutive in relation to other social divisions such as race and class. Gender and the constructions of femininity and masculinity always stand in relation to these other social divisions (Alsop *et al.* 2002:3). Thus, the question: *"How do we become gendered human beings, bearing the categorisation of 'man' or 'woman'?*, should be answered within the scope of a much wider context. Alsop *et al.* (2002:2) refer to the words of Scott (1988) who says:

> **"*Man* and *woman* are at once empty and overflowing categories. Empty because they have no ultimate, transcendent meaning. Overflowing because,**

[103] Since masculinity studies more strongly uses the term *gender* in relation to its focus on men, masculinity, sex and power, I will not focus primarily on the insights of masculinity studies on gender as such. On the contrary, feminist studies primarily employ the term *gender* to decentre the usual assumption of male centrality in favour of the notion of women centrality. Feminism specifically represents a critical position in relation to social arrangement in which MAN is universalised, and a challenge of the normative hierarchy between the sexes (Beasley 2005:16-17). Thus, it is important to hear the voice of feminism in relation to gender.

> **even when they appear to be fixed, they still contain within them alternative, denied, or suppressed meaning".**

Thus, to be a man or a woman consists of more than merely independent categories. Before I proceed, I have to outline the meaning of manhood and womanhood. Alsop *et al.* (2002:6) have mapped out the different ways in which gender has been theorised. The three main approaches are the naturalistic, psychoanalytic and social constructionist approaches. Although there are irresolvable tensions between these approaches, it is not advisable to place the different approaches in opposition with one another. Ultimately, it will become clear that it is more useful to interweave the different strands in order to come to an understanding of gender (Alsop *et al.* 2002:11).

Naturalistic approach

According to this approach, sex differences are natural on the basis of a division of bodies into male and female. Since everything in the world is classified into natural categories, men and women are also categorised according to the order of things. This means that gender is thought of as a *givenness* that nobody can modify. It is part of a person's structure in the world and is independent of his interactions with it (Alsop *et al.* 2002:15). Lindsey (1997:20) refers to the trump card that is played by advocates of this approach as the statement: *"You can't deny biology; its only natural that women and men have different roles"*. *Natural* in this sense dictates that the sexes, which extend to the genders, are destined to inequality by virtue of biological differences that mandate different gender roles.

The idea of natural, biological differences[105] between the sexes suggests that it generates distinct psychological and behavioural divisions between men and women. Thus, it has to be accepted that persons' lives are conditioned by sex category. The natural categories *man* and *women* are accompanied by sets of characteristics which are essential to men and which

[104] Rider (2000:11), who discusses the history of the womens' movement from its earliest form till today, emphasises the different perspectives of the different feminist movements, for example, the liberal, the radical, and the cultural feminists.

[105] In his fourth chapter, Rider (2000) outlines researchers' attempts to explain the biological differences between men and women in terms of variables like chromosomes, internal reproductive systems, hormones, appearance of external genitals and the structuring of the brain. However, it was found that it is insufficient to consider biological factors exclusively. Biological factors should be considered in conjunction with social experiences such as how one is labelled and raised, and one's self-perception of gender identity (see next paragraph).

explain their ways of interacting in the world, and *vice versa*[106]. This means that bodily differences, as reliable markers of maleness and femaleness, are a manifestation of inner characteristics that serve as male or female. In this sense bodily distinctions are associated with either masculine or feminine psychology and behaviour[107] (Alsop *et al.* 2002:18). Knudson-Martin (1997:425) refers to the naturalistic approach as the *"cultural differences perspective"* since men and women come to see the world through different lenses and develop different styles of relating because of different processes for male and female identity development. In this sense, women are more empathetic, caring and interdependent, while men are more independent, individuated and less influenced by others. These qualities are seen as typical and are entrenched as stereotypes. Communication differences and conflicts are seen as pre-determined and inevitable because of men and womens' different worldviews. Thus, men and women all carry labels according to the essential properties that govern their interactions with the world. Their bodies can provide an explanation for their gendered behaviours in terms of the meaning and significance they attach to them.

However, Alsop *et al.* (2002:26-27) show that a distinction was later (in the 1970s) made between sex and gender. Researchers found it more and more difficult to ground the differences between men and women, as many of these differences were not differences at all. This led to a distinction between sex and gender, where sex differences are understood as biological in nature and gender differences as the behavioural and psychological traits associated with masculinity and femininity. Thus, researchers discovered the very different ways in which people with male or female bodies display masculinity or femininity. It was also found that gender roles vary across and within societies and are also not necessarily tied to biologically male of female bodies. This led to the conclusion that gender is constructed by

[106] Although the content of being male or female has been subjected to shifts and changes throughout history, certain common themes, according to Alsop *et al.* (2002:17), have emerged. One common theme is what Lindsey (1997:51) refers to as: *"The differences between the sexes (genders), both perceived and real, have been used to subordinate women"*. The popular press has biologically reinforced different gender stereotypes, for example. People believe that men have *math genes* and women have *caring genes* that predestines them to perform certain roles. Alsop *et al.* (2002:17) take it further by saying that being male is defined as being rational and capable of universally valid thought and in terms of an aspirational ideal of what men should be, namely a rational and autonomous agent. Being female is treated much more in biological terms: closely connected to the physical part of her existence, namely her productive role. This restricts a woman's nature in the sense that she cannot develop or exercise rationality.

[107] Rider (2000:12-19) has outlined the content of feminist or womens' psychology that has developed over the past 25 years in a separate area of scholarship. This psychology does not only highlight the prevailing

a social process and not by a natural one. Thus, gender categories are not given by nature, but are socially created by early relations within the family and the social context, and as such, are susceptible to modification and change[108].

In her evaluation of the naturalistic approach, Rider (2000:82) concludes that it does not adequately describe gender formation. Although biological insights are valuable concerning gender-typed behaviour, many questions relating to inequalities within society cannot be answered in terms of biology. Alsop *et al.* (2002:30) also warn against cultural assumptions about gender differences that lead to traditional classifications or categorisations of bodies. If behavioural traits associated with masculinity and femininity are a consequence of biological differences between male and female, then this explains many of the inequalities within society and restricts all possibilities of social change. Thus, the naturalistic approach may reinforce the dichotomies around sex differences (Alsop *et al.* 2002:34). Most feminists therefore oppose naturalising explanations of gender differences. However, there are also other aspects of behaviour which depend on a person's understanding and conceptualisations of the situations in which he is placed. Without denying the role biological bodies play in gender formation, there are, thus, also non-naturalistic aspects that may play a role (Alsop *et al.* 2002:35-36).

Psychoanalytic approach

According to this approach, men and womens' gender formation consists of a precarious unconscious dimension. Thus, besides a person's consciousness, his identity also has

stereotypes gender, but also looks at gender differences and similarities between men and women which have resulted from biology and the social construction of gender.

[108] Both Lindsey (1997) and Rider (2000) outline the development of gender roles as grounded in the socialisation influences that act upon a person from birth onward. They refer to theories such as the social-learning theory, the cognitive theories (including the cognitive-developmental theory and the gender scheme theory), and finally also the social-role theory. All these theories are based on the lifelong process through which individuals learn their culture, and also in the process, are shaped in their personalities, beliefs and behaviours about male and female, masculinity and femininity. Persons are socialised into culture and gender roles through informal and formal social institutions such as the family, peers and preferences, television, and school. These institutions are comprised of mechanisms of social control to ensure that society's members act in normative and approved ways. This generally leads to stereotyped portrayals of the genders. A stereotype *"is a category which assumes that certain characteristics can be attributed to individuals simply on the basis of their group membership. Although they are general, exaggerated, often inaccurate, and usually unfavourable, stereotypes are extremely difficult to dislodge"* (Lindsey 1997:54). Thus, a stereotype makes it impossible to enter a situation with new perspectives since all members of a group share the same mental images, regardless of individual differences. However, stereotypical thinking can be so powerful that it may lead to automatic and uncritical gender role behaviours that could be damaging to others. Only the prescribed, dominant cultural norms have to be obeyed.

unconscious aspects that influence his actions throughout his life without his conscious awareness. This makes a person's gendered identity liable to disruption, as aspects of the self are repressed within the unconsciousness. According to Alsop *et al.* (2002:39), this suggests that psychoanalytic insights learn that unconscious as well as conscious aspects play a role in people's gendered existence. Freud invented the theory of psychoanalysis. According to Freud, nobody will ever be in a position to know the whole truth of the self or the cultural world because of the existence of an unknowable unconscious dimension. This dimension creates the split between the rational conscious part and the unconscious part of a person's identity. Freud believed that a person's gendered identity is unconsciously constructed. It is determined by what a person unconsciously make of his bodily sensations as a consequence of his familial interactions and identifications within the family in early childhood (Alsop *et al.* 2002:41). These interactions influence the way in which the person creates and lives out his gendered identity as masculine and feminine; man and woman in culture. Thus, elements of both biological and social explanations are present in Freud's theory.

Rider (2000:58-59) describes this gendered process in further detail. Infants are born with the desire to seek gratification and fulfil sexual instincts (*Oedipus complex* in boys and *Electra complex* in girls). They first seek satisfaction through activities such as the sucking of objects, later on through defecation, and much later also through the realisation of their anatomical differences. A child's reaction to this discovery leads to the direction of sexual energy towards the opposite sex parent. Out of fear that the father or mother will discover his feelings for the opposite-sex parent, the child represses the desire for the opposite-sex parent and begins to identify with the same-sex parent. Thus, children become gender typed by identifying with their same-sex parent and acquiring this parent's behaviours, attitudes, values and beliefs out of fear. According to this, Freud believed that developments in a child's early stages concerning anatomical differences set the stage for gender typing to take place. Freud used the statement *"anatomy is destiny"* which means that anatomy, especially the genitalia, in large part determines adult gender. Alsop *et al.* (2002:43) add that Freud's theory suggests that, although a person's unconscious fantasies and earliest emotional experiences are unavailable to consciousness, they still powerfully inform his actions.

Since most children identify with both parents, pure categories of gender rarely exist. Alsop *et al.* (2002:47) write: *"What culture calls masculinity or femininity emerge as forms of identity which refuse to be confined inside the boundaries of male and female bodies leaving men and women as inherently bisexual mixtures of gender"*. Thus, each person is a product of a range of desires and identifications that make persons different individuals in terms of masculinity and femininity. Men and women correspond with children's earliest unconscious fantasies in relation to their parents and their emotionally driven hierarchical perception of sexual difference. This leads to traditional gender categories in culture that are often allied with superiority and inferiority and which have the capacity to lead people to believe these are the natural and given properties of men and women.

Freud's work, according to feminists, is biologically determined and overly patriarchal, which leads to unequal power relations between men and women (Alsop *et al.* 2002:50). Freud emphasises the role of the father while he excludes the importance of the mother's role. Thus, Freud's construction of gender and the inherent inequality within his categories of masculine and feminine make too much of the father. Feminists argue that womens' sub-ordination and powerlessness in relation to men is the result of the social construction of femininity rather than unconscious fantasies centring on the differences between male and female anatomy (Alsop *et al.* 2002:50-51). Rider (2000:60-61) also mentions Freud's anti-woman perspective. Assumptions about the inherent inferiority of women are embedded in the core of psychoanalysis. His theory is said to be untestable. Contrary to Freud's predictions, research suggests that young children are not very knowledgeable of anatomical differences between males and females. They are more likely to distinguish between males and females on the basis of hairstyles and clothing than on genital details. There is also no evidence that young children feel desire for their opposite-sex parent. It has to be kept in mind that Freud developed his theory in the social context of the Victorian era in which women were regarded as dependent, passive, and inferior to men (Rider 2000:63).

Social constructionist approach

The social constructionist approach turns our attention to the influence of the social context in the process of gender formation. This approach can be divided into those who prioritise material relations and those who place priority on language, discourse and cultural meanings

(Alsop *et al.* 2002:6). The social constructionist approach represents the latest feminist perspectives.

Material feminists look at structural and material features and patterns of the social world to understand what it is to be gendered (Alsop *et al.* 2002:65). Structures, like systems of power and control, give rise to sets of social relations that shape gender. Meaning is given in social relations in which women are treated as inferior and subordinate to men. This leads to gender divisions that are exploitive and oppressive (Alsop *et al.* 2002:67). Knudson-Martin (1997:427) adds that the unequal power between men and women, which is seen as the true difference between them, leads to the perspective that women hold lower status within society, that they must function in a male-defined world and that their experiences are not real or wrong. They have to subordinate themselves to men who define what is real and what is true. As a result the concept of patriarchy has dominated much of feminist theory and practice during the 1970's and 1980's. The concept of patriarchy denotes the hierarchical relations between the sexes that are socially constructed. The underlying understanding of patriarchy is that women as a group are subordinated in relation to men as a group. The different categories *man* and *woman* then become universalised categories in society (Alsop *et al.* 2002:73-74). According to Knudson-Martin (1997:427) men and women are both socialised in ways that maintain the *status quo*, for example, women seek to maintain relationships at the expense of their own autonomy, while men learn that power or control over women is central to the definition of masculinity. It can be expected that the differences in power between men and women are central to expectations and behaviour within relationships. Femininity is linked with powerlessness and the belief that women are completed by men and have to attend to them. However, as researchers have gradually become more aware of overlapping similarities between men and women (Alsop *et al.* 2002:78), a *"shift from things to words"* (Barrett 1992 in Alsop *et al.* 2002:65) has been ushered in.

The shift to words places emphasis on the meanings that are attached to being male or female within society by means of language and culture[109]. Thus, attention began to shift to an

[109] When referring to language within the social constructionist approach, it should not be understood in terms of the social role theory. Although social role theory is an early form of social constructionism, language plays a different role in social constructionism (Alsop *et al.* 2002:66). According to social role theory, men and women become masculine and feminine through social conditioning. Thus, people learn gender roles that relate to their biological sex through their interaction with social structures, such as the family or the school. Lindsey (1997:

evaluation of the meaning of gender for individuals. According to Alsop *et al.* (2002:79), one of the main reasons for this shift was a recognition that the materialist views of gender construction had failed to accommodate gender as an aspect of subjectivity. Thus, gender is not a stable or fixed category framed by the specific historical context, but it can vary greatly in different social contexts according to self-understanding. In this sense gender can be seen as a process rather than as a role. It is a process of how meaning is constantly reproduced and negotiated towards unexpected and contradictory effects. This process reflects many complexities and contradictions within individuals as multiple strands interweave to make up individuals. Through the process of negotiating meaning, individuals constitute their world. Thus, men and women are not just labels for categories already ordered independently of them. What counts as a man or a woman will depend on the meanings persons give to these terms, and these meanings are never fixed; they are open to debate. They can vary according to the context and over time, and even in one individual. Thus, a variety of masculinities and femininities can be found within a single culture (Hart 1996:46).

The social constructionist approach forms part of postmodernist forms of theorising about gender that reject notions of a coherent unified self, capable of rational reflection and agency. Postmodern theorising of gender emphasises the process whereby subjects become gendered in relation to the meanings that people have available to them (Alsop *et al.* 2002:81). In this sense gender is produced by a person's subjection to the dominant discourses[110] that order reality in society. The concept *dominant discourses* in this context is acquired from Foucault. Although there are a number of feminists that expressed reservations about Foucault's insights concerning the social construction of the self, most feminists adopted much of his mind frame. Foucault's insights have widely been welcomed as a shift from biological and psychological determinisms and universalisms towards the possibility of understanding gender outside the traditional patriarchal structures (Alsop *et al.* 2002:87).

74-91) has outlined how powerful language is in determining gender roles within a particular culture. Since genders exhibit distinct language patterns, men and women communicate on the basis of language that is differentiated according to their gender. However, when it comes to social constructionism, gender and sex are socially mediated through language and negotiation within a social context. As said, the focus is on the meaning of gender for an individual as it is constantly being negotiated through language.

Towards a closer understanding of gender

It is now clear that there are different views on gender formation as well as many unresolved tensions. However, when defining gender, it is important to move away from the naturalistic distinction between sex and gender. This distinction holds that sex can be related to a biological division between men and women, while gender refers to the social constructions masculine and feminine. In this sense gender is regarded as that which society makes out of biological sex difference. Lindsey (1997:3) is an exponent of such a division. She views sex as an ascribed status on the basis of biological aspects, and gender as an achieved status on the basis of social, cultural and psychological aspects. According to her, gender shapes a person's life, perspectives, and behaviour (Lindsey 1997:1). In this sense all social relations are *gendered* which means that a person's behaviour is shaped by group life. Every society lays down rights and responsibilities that are normative for the sexes in that society. Thus, there are expected attitudes, behaviours and prescribed methods of acting and associating with others that a society associates with each sex. This expected behaviour associated with any given status is referred to as a gender role (Lindsey 1997:2). Alsop *et al.* (2002:4) warn in this context against the leveling of sexual difference with identity. This would mean that the sexual differences between the sexes are fundamental, that gender and sex are given by nature and biology, and that the relationship between gender and sex is one of symmetry.

The interdependence between gender and sex is also found in the psychoanalytic approach. When looking at the psychoanalytic approach, a concept such as the unconscious seems indispensable in providing a theory of gendered identity (Alsop *et al.* 2002:239). Again, a foundational role is placed on gender identity that leads to universalism, sexual differences between the sexes and a destabilisation in the gender binaries by means of the repression of aspects of the self in the unconscious. Thus, gender can also not be defined on the basis of the psychoanalytic approach which is still a biologically based approach. Another example of defining gender is in accordance with materialistic feminism that represents a shift from biologically based views on the relationship between sex and gender, to a socially constructed view.

[110] In the next section I will return to the topic of society's dominant discourses.

Jackson & Scott (2002) outlined the history of the term *gender*. They clearly show how the understanding of gender shifted from a natural to a social product. In this shift, gender was often based upon sex differences. Hence, most feminists continue to assume a basic, natural sex distinction underlying gender. However, Jackson & Scott (2002:20) argue in favor of a clear-cut break between anatomic sex and gender (under the influence of Butler – see next paragraphs). Although they attempt to disengage the two concepts analytically, they admit that gender and sexuality are empirically interrelated, since sexuality is gendered by sustained gender divisions. Nevertheless, it remains important for Jackson & Scott (2002) to draw a distinction between gender and sexuality. They understand gender from a feminist sociological perspective as:

> **"A hierarchical division between women and men embedded in both social institutions and social practices. Gender is thus a social structural phenomenon but is also produced, negotiated and sustained at the level of everyday interaction. The world we inhabit is always already ordered by gender, yet gender is also embodied and lived by men and women, in local, specific, biographical contexts and is experienced as central to individual identities"**
>
> **(Jackson & Scott 2002:1-2).**

Thus, gender not only encompasses the social division and cultural distinctions between men and women, but also the characteristics associated with masculinity and femininity. In this sense, gender is completely sociological in nature. The hierarchical division between the sexes should be understood not in terms of differences between them, but as a product of social arrangements (Jackson & Scott 2002:10). Alsop *et al.* (2002:238-239) criticise a material view of gender because it again leads to a categorisation of men and women. It is also not always possible to take structural action to avoid causal effects because the world simply does not work according to the logic of meaning. There is necessarily a component of meaning to be taken into account in the transformation of social practices. Although traces of social constructionism are recognisable in their approach, the discourse of sexuality is still too closely bound to social structures (Alsop *et al.* 2002:116-117). Thus, when defining gender, a materialistic view in which gendered positions are placed in relation to structural features and patterns is insufficient.

To adequately define gender within a postmodern world in a more equitable and less oppressive way, the notion of meaning should be employed. As already stated, postmodern theorising of gender emphasises the process whereby subjects become gendered in relation to the meanings they arrive at within their social context (Alsop *et al.* 2002:81). Hart (1996:44-46) agrees that gender is a social construction that is created and maintained between men and women and is not a fixed quality that one is born with (according to the modernist idea of subjectivity). The self is always a product of human exchanges, being created in relation to the other[111] (according to the postmodern idea of intersubjectivity). This is a way to escape the *sexual difference*-framework in which sexual difference is seen as foundational to identity. Thus, it is made possible to escape the notion that men and women are structured in a way that tends to subordinate and devalue women. Alsop *et al.* (2002:4) argue that the term *gender* mainly refers to *"the production of male and female selves"*. According to them, gender is made up of several interconnected aspects. It is firstly a feature of subjectivity, which means that every individual identifies and makes sense of the self in terms of man or woman. The way in which a person makes sense of the self as a man or a woman, depends, secondly, on the way in which cultural understandings and representations are gendered in terms of what it is to be a man or a woman. And thirdly, gender operates as a social variable that structures men and women in society (Alsop *et al.* 2002:3). By this it is said that gender is not a stable or fixed category framed by the specific historical context, but it involves a process that may vary in different social contexts according to self-understanding since meaning is constantly being negotiated. As previously said, gender is not about labels for categories, but the different meanings persons give to maleness and femaleness.

Alsop *et al.* (2002) are greatly influenced by the theory of Judith Butler. According to them, Butler represents the most sophisticated development of the social constructionist approach.

[111] Hart (1996:45) believes that a gender self-concept is constructed within individuals in their formative years, from the influence of the early bonds (even before the infant knows any language), which is a different process for males and females. Thus, what it means to be male or female is internalised into *"internal working models"* of self and other during the early relationships in life or the socialisation process. A person's self-concept becomes an *"internal working model"* when it is internalised as a mental construction by means of a person's relations to and exchanges with significant others. This dominant perspective continues to be modified and reinforced in the patterns of later relationships within the family and the wider social context and environment in which a person develops in the years that follow. Men develop their core identity primarily around the principles of instrumentality, achievement, separateness and autonomy, while women develop through expressiveness, attachment and relatedness. The dominant gender self-concept functions to interpret, guide, regulate behaviour and affect in oneself and in relation to others (Hart 1996:47-49).

They consider her approach as productive (Alsop *et al.* 2002:7). Although her approach leads to an acknowledgement that gender conveys a false symmetry between men and women, and also releases us from the idea that asymmetry between the sexes is unavoidable, her approach has its limitations. She believes that there is no gender that is dictated by biological sex. Gender is only a performative practice, which means that there is no necessary link between masculinity and femininity, and male and female bodies. Persons' anatomical differences are mediated through their cultural frame of meaning so that it appears as something natural. This means that gender norms decide the biological subject, not the other way round, and gender maintains that sex exists in time. Thus, gender is an entirely constructed phenomenon[112]. It is that part of culture where male and female sexual categories are created. It is a *becoming* or an activity of endless repetition or imitation of cultural norms. In this sense, gender is shaped by discourse[113]; its contours are created and maintained by the political forces of social regulation and control (Alsop *et al.* 2002:96-100). Butler's approach is valuable in so far as it concerns the social construction of gender, but it has limitations in terms of the place of the body and the types of political action to which theory gives rise.

Alsop *et al.* (2002:181) argue that it is not possible to ignore *"the corporeality of our gendered identities"*. Masculinity and femininity have to be seen as ways of living differently shaped bodies. After a thorough survey, Alsop *et al.* (2002:181) conclude:

> **"Our identities are formed as ways of giving significance to particular bodily forms. Gender is biology-as-lived. In this way such accounts are attempting to respect the materiality of our bodies and their central role in our sense of selves without reverting to a crude biologism".**

This conclusion undermines an opposition between the material and cultural approaches. It maintains embodied subjectivity without viewing the body as either a biological given or

[112] Butler's idea that gender is constructed rather than natural goes back at least as far as Simone de Beauvoir's famous statement, *"One is not born a woman, but rather becomes one"*. With this, gender is, for De Beauvoir, culturally inscribed on a sexed body (Alsop *et al.* 2002:96).

[113] As mentioned previously, I will return to the notion of discourse. Butler makes use of Foucault's notion of discourse. According to her, gendered performances are tied up with relations of power. The power relations embody norms of behaviour that are productive of the identities of subjects. Gender is now performed according to the dominant ideals that reinforce the power of certain groups in people's everyday interactions and institutional context (Alsop *et al.* 2002:98-99). In the next section I will outline the concept of discourse in more detail in connection with social constructionism.

simply a social construction. We have to give stand to our biological bodies. We have to take bodily experiences like menstruation, childbirth, and ejaculation seriously as constitutive aspects in the formation of gendered persons. Alsop *et al.* (2002:169-170) use disability studies to prove that bodily condition plays a role in a person's conceptualisation of gender. They also refer to the notion of *"bodily images as modes of experiencing our actual concrete body"* (Alsop *et al.* 2002:173). With this is meant that embodiment is our way of being in the world. A person acts intentionally with his body, experiences emotion, and lives out sexual differences. According to this, gender identities of male or female are modes of experiencing a body as a reflection of both personal history and of culturally shared meaning or social construction (Alsop *et al.* 2002:176). Gender and sexuality are interwoven amongst many social constructionist feminists. Beasley (2005:12) admits that gender is now *"commonly linked to social interpretation of reproductive biological distinctions"*. Although these insights are based on psychoanalytical theory, the psychoanalytic ideas of unconsciousness and universalism have not been accepted in the integration of the two approaches.

There is also another argument which states that a dualism between the materialistic and meaning making approaches does not exist. However, they are interdependent from one another. Alsop *et al.* (2002:238) highlight that the material or structural approach is, despite its materiality, still based on practices of social categorisation because people are always engaged in social acts. Thus, since all actions are mediated through meaning, the categories *man* and *woman* in which people are placed, are based on the meanings attached to such categories. Even the effects of material practices are mediated through meaning. Transformation of such meanings comes not only from social changes, but also from material changes. Thus, the construction of gender takes place as a complex negotiation of public meanings, derived both from social interaction and material practices.

Beasley (2005:12) is correct in saying that the shift in the understanding of gender is in the direction of intersubjectivity through social interactions, practices, institutions, and constructions. It will eventually become clear how this shift is made from a modernist view to a postmodernist view. In a while I will outline Beasley's (2005) belief that the relationship between sex and gender can clearly be mapped on a modernist-postmodernist continuum. An acknowledgement of this shift enables us to discern different understandings of gender. It is

possible, for example, to see that Inglehart & Norris's (2003) understanding of gender is based on both the materialistic and naturalistic approaches. They believe that gender refers to the socially constructed roles and learned behaviour of women and men associated with the biological characteristics of females and males (Inglehart & Norris 2003:8). Although the interdependence between gender and sex is observable in their understanding of gender, their view is situated within the context of structural change in society as a prerogative for gender change (see section 3.3). In the same way Lindsey's (1997) naturalistic approach may be evaluated. It is an attenuation to see gender as an achieved status on the basis of the biological aspects of a person (Lindsey 1997:3). It is part of a modernist view to place a person in a sex category by the application of socially agreed upon biological criteria for classifying persons as females or males (Beasley 2005:18-19). This categorisation is then sustained by what is socially required to identify a person as belonged to a category. In terms of this modernist view, categorisation becomes a taken-for-granted process, based on a cultural perspective on the properties of persons. In this sense one's sex category will presume one's sex, and will be valid in all situations.

To conclude this section, modernist taken-for-granted sex categories cannot escape relations of inequality, hierarchy and oppression between the sexes. A modernist view of gender gets stuck in a *difference*-mind frame in which all effort is placed to *"make womens' lives like mens"* or *"bringing womens' lives into line with those of men"* (Alsop *et al.* 2002:183). Thus, men are always taken as the norm, and to reach equality, women must strive to become like men. An approach is needed which goes beyond a sexual difference approach that considers male and female differences as unavoidable, or a gender difference approach that sees the solution of male and female differences in the changing of socialisation processes. Alsop *et al.* (2002:14, 184) see the solution in embracing a social constructionist view that pays attention to the issue of subjectivity (and even intersubjectivity). The way a person experiences and understands himself as a man or a woman, thus his sense of identity, forms the basis of the categorisation process. Subjectivity, as I have noted previously, is constituted by persons' modes of experiencing their bodies, thus, by their bodily image. In this sense sexual difference is central to a person's mode of experiencing his body. However, the categorisation of bodies always carries with it associated expectations or patterns of behaviour

of masculinity and femininity that are mediated culturally (Alsop *et al.* 2002:198). This view of gender is postmodern in nature (Beasley 2005:24-25).

Like Mark Morris, the challenge is to create a 'dance' that offers wide-ranging possibilities for attacking rigid gender categories (Morris 1996b). To take part in the shift towards a postmodern 'dance', the 'dancer' has to reposition himself within the prevailing dominant discourses and practices of society. Again the question: To what extent does the 'dancer' allow the dominant discourses and practices of society to powerfully write his own gender story in terms of performative gender categories? This question does not only involve me as the 'dancer' of the 'study dance', or of the 'pastoral therapeutic dance', but also involves parents in mourning after the sudden death of their child. However, male and female gender categories within a specific culture can be deconstructed.

3.3 Culture, gender and power

When it comes to gender, culture matters! According to the social constructionist view, it is believed that an individual is subjected to a masculine or a feminine identity through a social interactional process. It has been argued that an individual shapes himself by disciplining his body and behaviour in accordance with the norms or laws of truth implicit in the dominant cultural discourses (Foucault in Alsop *et al.* 2002:79). Thus, gender is an aspect of subjective self-understanding and a social variable according to different cultural meanings. In this process, power is a determinating factor, as will be shown in a while, since culture, gender and power are interrelated. According to Whitehead (2002:38), male dominance and female sub-ordinance are both the results of those dominant discourses that serve to reify men as masculine beings in their relationship to women. This paragraph aims to get an understanding of the power of masculinity within the relationship between men and women.

Masculinity represents a male ideal that is based on male predominance. Generally, the man’s role is viewed as outweighing the woman’s role. Since men are culturally regarded as the superior gender with power and privilege, both men and women perceive the male role as desired (Lindsey 1997:221). The basic features of a male ideal persist on the basis of the stubborn rigidity of a definition of masculinity. According to Lindsey (1997:225-228), the cultural markers of masculinity can be outlined as follows:

- Males reject any behaviour that has feminine qualities, such as vulnerability, self-disclosure, intimacy, interpersonal skill, or dependence.
- Men are driven to succeed at all costs. Their manliness is tied to career success and the ability to provide for their families in the breadwinner role. Mens' self-esteem is built on their competency and dominance of women on the basis of intellectual superiority. Status and the need to be looked up to are always important for men.
- Masculinity also tells men to be tough and independent. Men have to express confidence, self-reliance and be in control of any situation.
- Manliness is also connected to aggression, violence and daring. Boys have to learn that turning the other cheek is less respected than fighting one's way out a difficult situation. Those who come out on top are admired as heroes. Toughness, repression of empathy, and less concern for moral issues are considered as essential.
- Finally, men also have a *macho man*-image that emphasises their sexual ability and conquests. Sexual performance is used to confirm a man's masculinity. Success in sex means success in life. Sex is an achievement endeavour in which men want to take charge and women have to be the receivers.

Lindsey (1997:228) considers all these as representative of a cultural construction of masculinity that has negative consequences for both men and women. However, both genders adhere to these quite rigid cultural views of masculinity. Inglehart & Norris (2003:27) believe that one of the most intractable problems of gender equality concerns the continuing male predominance. It is clear that the contemporary concept of masculinity that most men strive to meet continues to be based on ancient beliefs. Older labels of masculinity have not declined even if it seems that sensitivity and openness have been added to the traditional male role.

Lindsey (1997:222) outlines Doyle's (1995) categorisation of the male role in terms of five historical periods. Male predominance has been active since the Graeco-Roman era. It was first referred to as patriarchy, which means *"the rule of the father"*, that is to say the rule of men over women. According to Alsop *et al.* (2002:69, 74), the concept patriarchy became the view of especially materialistic feminism and also dominated much of feminist theory and practice during the 1970s and 1980s. Within feminist thought there were different conceptions of patriarchy. Basically, patriarchy emphasises that women, as a group, are sub-ordinated and oppressed by men. Lindsey (1997:2) says that patriarchy is associated with male-dominated

structures and social arrangements in which males play a centred role. The oldest social institution, the family is seen as the place where patriarchy originates and eventually spreads throughout society. Male norms operate throughout all social institutions and become the standard to which all persons adhere. Rakoczy (2004:30) says that mens' superiority and womens' inferiority is experienced as normal, *"the way life is"*, in every way. This led to, as Alsop *et al.* (2002:70) have indicated, a fundamental polarisation between men and women because of mens' control and power over womens' bodies or reproductive and productive[114] capacity.

Thus feminists, as argued in the previous section, came to the belief that gender differences are stable and fixed categories framed by a specific historical context. Thus, they are universal and determined for social structures. It can be said that Freud already laid the foundation of universalism as a consequence of what a person unconsciously makes with the emotional factors deriving from his history of intimate and familial relationships (Alsop *et al.* 2002:62). Lindsey (1997:2) refers to *"stereotyped behaviour"* that explains these fixed universal categories. When expected gender role behaviour becomes rigidly defined, a certain category is labelled according to certain trends. It is now expected that all males, or all females, will operate in terms of these universal trends[115]. In this sense, patriarchy has become an ideology[116] and a psychological structure that determine womens' position in society.

[114] The division between men and women should not only be understood in terms of womens' reproductive capacity. Womens' subordinate position should also be understood, according to Delphy (1977) (as cited by Alsop *et al.* 2002:71-72), in terms of their productive mode. Within the family, especially in marriage, men and women are socially constructed in terms of patriarchy. This leads to the establishing of opposing classes between men and women. In this mode women become submissive to an ideology that reinforces and perpetuates gender inequality. The result is an exploitation of womens' domestic mode of production in the family where they provide domestic services and where childbearing occurs.

[115] In this context, Rider (2000:162) argues that society assigns stereotypical roles to men and women as gender and culture interact with one another. The social context, consisting of the family, school, television, books, magazines and sports, is instrumental in people's socialisation as men or women. Stereotypical roles, identities and behaviour are then established, according to which women are seen as less visible, less powerful, and less interesting than men. Inglehart & Norris (2003:8) also believe that cultural traditions and conditions play a remarkable role in shaping men and womens' worldviews. This brings along that men and women will adopt the dominant attitudes, values, and beliefs about the appropriate division of sex roles of a particular society. Thus, the dominant culture determines men and womens' perceptions of the appropriate sex roles in the home, family and workplace.

[116] The use of the word ideology originated within Marxism. Ideologies can be viewed as distortions imposed on a society by dominant groups who exercise control by means of those ideologies. These ideologies are the consequences of a social structure based on, for example, capitalism or patriarchy. Through the process of control, the ideologies become internalised by the oppressed groups. It is now the task of revolutionary movements to reveal these distortions and produce a better, truer, picture of the social order. They are responsible for the dismantling of the structures that are established by the ideologies. It is especially

Patriarchy as an ideology is fundamentally concerned with power structures that are exercised in terms of hierarchical relations between the sexes (Whitehead 2002:84). Whitehead (2002:86) proceeds by saying that within these relations male oppression is exercised, and women are conditioned to accept their own oppression and inequality with men through the power of sex role stereotyping. Rakoczy (2004:30) has shown how women have been shaped so as to internalise the idea of their own inferiority. They have been pressured to participate in their own subordination by means of the emphasis placed on their responsibilities for reproduction and production. In the process patriarchy easily leads to violence in social structures.

> **"In the family, patriarchy exerts its violent power (whether or not it results in actual physical violence) through social control of the women… and the restriction of opportunities for education and creativity, economic control, shaming and blaming"**
>
> **(Rakoczy 2004:31).**

Tragically, patriarchal structures of oppression, which are inherently violent, have often been justified in terms of religious language (Rakoczy 2004:31); thus, it is referred to as *"God's will"* with the result that women accept passively and obediently what they are told. In this way violence establishes a sense of inferiority and dominance through power. In the words of Lindsey (1997:2), taken-for-granted behaviour is most often considered in a negative sense since a person's freedom of action is severely compromised in terms of the stereotypes.

Feminism has helped to raise the consciousness of men concerning definitions of masculinity (Lindsey 1997:224). According to Whitehead (2002:83), feminism views male power as probably the greatest cause of violence and oppressive behaviour within male-female relationships. Feminists desire to see transformation in the relations of power between the categories of men and women, but, more importantly, between individual men and women. They believe that men whose behaviours are violent and oppressive should bring about this

materialist feminists who use the concept of ideologies to explain the process by which subordinate groups, like women, internalise certain current truths and ideas about themselves in relation to men. In this sense, the concept ideology explains the hierarchical gender relations in accordance with the capitalist mode of production. Many scholars see interconnectedness between patriarchy and capitalism's mode of production. This mode of production led to hierarchical relations between the sexes in which women became oppressed and exploited as those exclusively responsible for production and reproduction (Alsop *et al.* 2002:84).

transformation towards gender equality. The sustaining of mens' power is frequently explained as *natural* masculine behaviour, which means that it is fixed and is an inevitable aspect of social reality (Whitehead 2002:8). Whitehead (2002:6) states the problem as follows:

> **"Men were too engrossed in performing the masculine discourses handed down to them by their fathers and others. They were too focused on making their mark… too seduced by the media-inspired imagery of men and masculinity… too busy building their particular empires, concurring and controlling others… Yet it is depressing that male violence, mens' desire for control of self and others, remains a deep signifier of masculinity for many males".**

While many men say that they wish for equal relationships with women, far fewer are willing to experience the actual consequences of this on a day-to-day basis. It requires them to let women exercise power and assertion, while they have to give it up (Whitehead 2002:84). The goal of feminist movements in this regard has been to change womens' understanding of their bodies, to celebrate womens' differences, to liberate women from patriarchal understandings of womanhood by giving a positive meaning to their bodies, by challenging male-dominated knowledge and practices, and by removing women from controlling men (Alsop *et al.* 2002:73-74).

However, from the late 1980s the concept of patriarchy has been changed. In the late 1980s patriarchy was criticised from various sides with the result that it has been divorced from its reference to female oppression (Alsop *et al.* 2002:73-74). The focus has been shifted to the hierarchical relations between the categories of men and women as they are socially constructed. Thus, the shift has been towards the differences between the sexes. As groups, men and women are in distinct categories, and women as a group are subordinated in relation to men as a group. This undermined patriarchy as an explanatory concept, although the term is still widely in use in relation to hierarchical relationships between the sexes.

Against the ideological concept of the cultural construction of masculinity and femininity, both Alsop *et al.* (2002:74) and Whitehead (2002:98) prefer to think about universalism from

another angle. They say that universalism instead emphasises grand narratives or truths regarding the differences between the sexes. They refer to Foucault who explains the process of internalisation of womens' inferiority and mens' superiority in terms of dominant discourses[117]. Although there are, according to Alsop *et al.* (2002:87) and Whitehead (2002:100), feminists that express reservations about Foucault's insights, most feminists have adopted much of his mind frame. Foucault's insights have widely been welcomed as a shift from biological and psychological determinisms and universalisms, towards the possibility of understanding gender outside patriarchal structures. In terms of Foucault's explanation, and as adopted by the social constructionist view, gender is produced by intersubjectivity, which means that persons subject themselves to the norms or laws of truth that are implicit in the dominant discourses of society by means of their self-understandings: *"We mould our bodies and bend our behaviour in accordance with 'men', 'women'…people we take ourselves to be – but are, in fact, turning ourselves into"* (Alsop *et al.* 2002:82). This leads to the division of persons into categories that lay down standards of what counts as normal, appropriate sexual behaviour for men and women.

Where individuals are involved in discourses, a power is at work that serves to reinforce or undermine relations between people (Alsop *et al.* 2002:81-84). This kind of power operates through all relations in society. It is manifested in our everyday interactions and practices. Whitehead (2002:101) refers to Foucault's understanding of a symbiotic relationship between power and the subject involved. This relationship is revealed both in the individual's subjection to those norms or laws of truth that constitute dominant discourses, and in the

[117] Discourses are referred to in chapter one. However, it is important here to link discourses with Foucault's ideas, since he is the founder of the theory. Foucault describes a discourse as anything that carries meaning, such as language, stories, scientific narratives, cultural products and social practices. Thus, discourses are not only words, but also concrete practices in certain historical circumstances. Discourses are knowledges of the way that people view reality. They are not reflections of an already ordered reality, but are that with which reality becomes ordered. Thus, discourses are not imposed from existing external subjects and then internalised. Discourses become normative as they carry with them norms of behaviour, standards of what is desirable and undesirable, proper or improper. Present discourses in society have effects on how people act, what kinds of behaviours and social structures are produced as a product of particular economic and political conditions. Discourses determine the social arrangements by means of which people produce themselves and their bodies. In this sense, discourses have the power to become dominant by shaping an individual and his reality according to the dominant knowledges. How people conceptualise reality has an effect on social structures, and the shape of social structures has an effect on how people conceptualise reality. In this way discourses are the means by which differences between people are established. There is a multiplicity of discourses and openness in the process of subject formation that makes the outcomes unpredictable in many ways. Thus, discourses are not determined, and the process is not a voluntary one in which people are formed

simultaneous identifying of the subject as an individual in the process of self-understanding. Thus, everyday women are participating in discourses in which men are constructed as more technical and powerful than women. Women are subordinated by means of male power and dominance over women that lead to the subordination of women to men. Women internalise a male image of their sexuality as their identity as women. The male perspective on sexuality is the dominant one and female sexuality is constructed in relation to male sexuality and this relationship is founded on the gender hierarchy in which men are dominant and women are subordinate (Alsop *et al.* 2002:120-121). In terms of the ideology-approach, womens' self-identity and subjectivity are denied and made invisible by the power of categories and structures. They are regarded as victims who are caught in a set of power relations that attest to a larger will or determination to oppress or dominate. This leaves the oppressed individual powerless in the face of ideological forces of dominant forms of masculinity that are maintained through dominant forms of organisational culture. Powerful men now act according to pre-existent truths situated in structures while thinking they are excluded from the forces they deploy (Whitehead 2002:98, 102).

What should then happen to resolve the unequal power relations between men and women? From the previous discussion it clearly seems that a resolution in changed structures is not enough, as suggested by material feminists on the basis of ideology. Mayson (2004:54) also emphasises the importance of structures in the sense of womens' inclusion and participation in political and institutional structures. Womens' new positions and influence will bring about transformation and a change in oppressive situations. Inglehart & Norris (2003:9-10) balance the notions of cultural and structural changes in terms of an interactive process. They believe that cultural changes in a person are a condition for the changing of underlying attitudes and values in society. According to them, societal modernisation in terms of human development[118] from pre-industrial societies towards post-industrial societies, has led to greater gender equality (see next section). This movement brought about a shift from traditionally divided sex roles towards a greater support for gender equality. However, cultural changes are not sufficient in themselves. It is also important to change traditional

by making choices of what to be (as is described in more detail by Alsop *et al.* 2002:81-88 and Whitehead 2002:102-110).

patriarchal norms and structures by means of an internal transformation of the relationships between the sexes.

Internal transformation is all about new attitudes of transformed hearts. Rakoczy (2004:34) sees hope for the future in the treating of each human person, male and female, in terms of equality and dignity on the basis of the example of Jesus Christ in the Gospels. He treated all people, men and women, with love and compassion. His community of disciples was persons equal in dignity. This has to bring a radical change in the attitudes of men towards women. Ndlazi (2004:63-64) refers especially to an internal transformation that should take place in men. With this she means that the Christian man should be brought to confession and repentance so that a new heart can exist and a change of mind and attitude can start to manifest itself. There is a need to redefine what it means to be a man on the basis of reinterpretation of Biblical scriptures in relation to gender. Since men struggle with their identities and with the meaning of masculinity, a collective resocialisation of men and their new role should take place. And since masculinity is not inherited but a product of social formation, a society of gender-sensitive men should be developed by means of gender awareness education. Thus, the load is strongly placed on men to play a positive role in the gender and transformation discourse.

Whitehead (2002:217-220) admits that it is possible to some extent that men can be engaged in alternative practices of self that might be considered less problematic for women, for society as a whole, and for themselves. It has to be kept in mind that the political category of man (and woman) will never disappear, although the ideal representations of which it is configure are under constant movement and renegotiation across countless cultural settings. It is much more complicated to be a man in postmodern times because there appear to be more ways to be a man. Changes in mens' subjectivities and practices are loaded with uncertainty and unpredictability. However, possibilities for positive change are apparent on the basis of gender discourses under constant revision. Whitehead (2002:220) states:

> **"Emergent discourses of gender increasingly pressure the masculine subject to negotiate, reflect and consider his position as a man, and to be more**

[118] Inglehart & Norris's (2003) idea of human development links with the idea of internal transformation in the next paragraph, although they understand it much more in terms of a secularisation process accompanied with a gradual weakening of religious values, and liberalisation of moral values including sexuality.

> **aware of how one's masculinity practices and assumptions may impact on others and the self".**

Thus, the good news is that dominant discourses can be opposed. There is room for change, resistance and transformation. Individual subjects need not be the victims of oppressive behaviour in terms of subjection to laws of truth that constitute dominant discourses. When referring to Foucault, Whitehead (2002:104) remarks:

> **"But always there are counter-discourses at large. Consequently, though both dominant and subordinated discourses exist, the sheer multiplicity and dynamism of discourses precludes the possibility of a final, totalising, all-oppressive, social order".**

Alsop *et al.* (2002:83), also referring to Foucault, admit that a dominant discourse can only be opposed with another discourse that is linked to power in a different way. There are always many contradicting discourses about different subject matters. Alongside discourses of women as passive, there are also discourses or images of women as assertive, competent and in control of technology. Wherever power is exercised, a resistant discourse can emerge which is empowering for different groups of people. According to Whitehead (2002:103), Foucault is saying that the validity of knowledges and truths can be denied, resistance can be exercised by the "*inner drive*" or desire of a subject to be an individual by means of reflection and negotiation. Thus, no individual is bound by structure, but is able to exercise total free will. Alternative discourses of femininity and masculinity can be constructed on the basis of new images of the self (Whitehead 2002:106). Whitehead (2002:3) is also convinced that society should not be bound to core truths about men as if they are a predictable group needing to control women and others in order to be masculine. There are multiple ways of being a man and there are multiple masculinities available to men in the postmodern age. However, there may be some dominant notions of masculinity or manliness that will persist, but it cannot be predicted which practices, assumptions or understandings will remain part of the dominant discourses of masculinity (Whitehead 2002:109).

This means that each man has the responsibility to question, reform and interrogate dominant gendered meanings and associations in order to disrupt that which is largely performed by

individuals, and understood by society, as natural, absolute and true. According to this view, the Biblical picture of the Christian man (and woman) can be newly discovered, and masculinity can be newly defined, as Lindsey (1997:228) remarks, in terms of relating and cooperating with women. She also admits that societies around the world are moving in the direction of a gender partnership that predated patriarchy (Lindsey 1997:3). However, the story of gender leads us from male dominance and patriarchy towards the greater emphasis on partnership between the sexes.

3.4 The initial story of gender

Gender has a story. The story is as old as mankind itself. According to Inglehart & Norris (2003) it is possible to identify three main cultural periods in history that represent three different societal shifts. The first two periods, the pre-industrial and industrial societies, were already identified in the early sixties by Inglehart himself, amongst others. During the early 1970's Daniel Bell distinguished a further distinct stage of development, namely a non-linear post-industrial stage. When viewing these periods within the broader cultural paradigm shifts according to Du Toit's (2000) explanation, they roughly correlates with the premodern, the modern and postmodern eras (see previous chapter). It is especially Beasley (2005:15-16) that refers to the modernist-postmodernist continuum when he discusses the story of gender. He does not mention the premodern era because he looks at gender in terms of the development of feminism, that was first initiated in the late 18th and 19th centuries, during the flourishing of modernism. Nevertheless, I will map the story of gender on a premodernist-modernist-postmodernist continuum when referring to the three main cultural periods mentioned above.

When Inglehart & Norris (2003) discuss the three main cultural periods and the development of gender, their viewpoint should be kept in mind. They believe that the rising tide of support for gender equality in societies all over the world, as emphasised by feminism, is due to modernisation. Societal modernisation should be linked with generational replacement and religious traditions that together determine the social norms, beliefs, and values existing in any society. Human development brings changed cultural attitudes towards gender equality in any society that experiences the various forms of modernisation linked with economic development (Inglehart & Norris 2003:10). Thus, modernisation predicts changes in gender roles. In the following paragraphs it will be shown how gender equality first occurred in post-

industrial societies after World War II, when there was a systematic movement away from traditional values towards more egalitarian sex roles. When Beasley (2005) looks at the story of gender, he is concerned with how power is constituted and perpetuated in the formation of gender differences (Beasley 2005:3); thus, how gender is associated with social dominance and subordination, as well as with capabilities of change during modernist and postmodern eras. However, the initial story of gender already started in traditional or pre-industrial society that can roughly be identified with Du Toit's (2000) premodern period. Although very traditional, the roots of patriarchy were already established during this era, and would eventually develop into dominant gender discourses during modernist times.

Traditional or pre-industrial society[119]

The period before the middle of the 18th century can be considered as a traditional or pre-industrial society. Society was then based on agricultural activities such as farming, fishing, and extraction. The emphasis was on survival and traditional values. Low levels of literacy and education characterised the peasants. This resulted in unskilled work, minimum standards of living and restricted social and geographic mobility. Ties of blood and belonging, including kinship, family, ethnicity, cultural bonds and religion, connected the people.

The traditional values within society emphasised authority and strong leadership that inherited social status, communal ties and obligations, backed up by social sanctions and norms derived from their religious authorities. These social norms influenced family values. There was, for example, a strong discouraging attitude towards divorce, abortion and other ethical issues. Furthermore, society was organised according to a traditional two-parent family. This family was based on its division of sex roles between the male breadwinner and the female caregiver for purposes of the survival of the children and therefore of society. Strong patriarchal norms of male dominance were applied with a negative attitude towards an independent economic role for woman outside the household. Women had to work within the home, primarily in the production and preparation of food and in childcare. Child bearing and child rearing were seen as the central goal of any woman, her most important function in life, and her greatest source of satisfaction and status.

[119] In this section I discuss the three cultural periods outlined by Inglehart & Norris (2003:11-18). I add various other insights from different scholars to enrich the former and to broaden the view on each stage in the light of the previous two paragraphs. I only use references where I do not make use of Inglehart & Norris's insights, or as otherwise indicated.

The traditional or pre-industrial society can be clearly observed in the Biblical times. During the time of the Old Testament wives had to call their husband *master* or *lord* just as a slave addressed his master (De Vaux 1986:39-40). All her life she remained a minor. The wife could not inherit from her husband. Her husband could repudiate her, but she could not claim a divorce. However, a man could divorce his wife. Although the wife of an Israelite was included among his slaves and possessions, she was by no means on the level of a slave. It is clearly reflected that God created woman as a helpmate for men, to whom he was to cling. An Israelite wife was loved and listened to by her husband, and treated by him as an equal. Especially when the wife gave birth to a boy, her husband's respect for her increased. The law always protected her. All the hard work at home fell to her without lowering her status. Sometimes a woman could take part in public affairs (Judges 4-5).

During the time of the New Testament, we have to consider the position of a woman in the broader classical societies of the Greeks and Romans. According to Lindsey (1997:59) women had a mainly subordinate position throughout the Greek culture. Although gender stratification was unknown in the ancient Greek mythology, patriarchy eventually prevailed in later times. The early matriarchal society with evidence of matrilineal inheritance made way for the inferiority of women in political, social and legal realms. Plato believed that women were weaker than men. Aristotle, however, stated that a husband should rule over his wife as *"womens' souls were impotent and in need of supervision"* (Lindsey 1997:96). Thus, women were classified as minors with no property rights. Athenian society did not tolerate women in public places except at funerals and female festivals. For most of the time women were badly suppressed. Women were expected to bear male children who would become warriors, and also to manage the household and all the associated properties. However, with the initiation of the Hellenistic era by Alexander the Great (323 BC), men and women were equalised both legally and socially (Duvenage 1981:15). The superior position of men in relation to women completely disappeared. This emancipation of women was set forth by the Roman Empire. Roman women achieved an astonishing amount of freedom, although they remained subservient to men. The role of child bearer and mother were primary, but the Romans also recognised a wider role for women in the religious and economic life of the society. Although most women remained illiterate, many gained opportunities for learning. This made women

more visible but they were not autonomous. The society was still regulated by a dominator model of male control over women. Even the most assertive, independent, and visible women were still in bondage to men (Lindsey 1997:99).

It has to be noted that the early church represented an extended belief of the Jewish tradition concerning women. They continued to believe in the spiritual equality of both genders (Lindsey 1997:99). The ministry of Jesus included women in significant roles, thus demonstrating that spiritual equality could be a reality even in the steadfastly patriarchal Roman society of the time. Duvenage (1981:16) stated that the Apostles, like Peter and Paul, often uttered admonitions concerning the inferior position of women in the Greek-Roman world (see 1 Peter 3:1-7; Romans 1:24-27; 1 Corinthians 6:12-20; 1 Thessalonins 4:2-5). Thus, the content of both the Old- and New Testaments, which includes the teachings of Jesus and the messages of the Apostles, functioned during its particular periods as a clear prerogative against the dominant discourses concerning women. Christians should still orientate their beliefs concerning the equality of the genders according to the same Bible and its content in the present-day. Heyns (1982:22,203; 1986:148-151) emphasises the Biblical message of the equality of men and women that stays valid as a norm for all times. There is neither any talk of the inferiority of women nor of the superiority of men in the Bible (see section 3.6 for more detail). Its is only when the dominant discourse of the Bible is exchanged for culture's dominant discourses, that the inequality of the genders arise.

During the Middle Ages the characteristics of the traditional or pre-industrial society are also evident. Constantine (306 – 337 AD) was instrumental in allowing Christianity to gain a firm grip on Europe that lasted throughout the Middle Ages. Christianity of the Middle Ages profoundly influenced the role of women. The deteriorated status of women already existant in the classical era worsened considerably when Christianity dominated in Europe during the Middle Ages (Lindsey 1997:99). Greek and Roman knowledge and literacy landed in the hands of the church with the result that the church, became the unreproachable source of knowledge and interpretation in all realms. Initially certain elements of the early church had persisted by opening different opportunities, teaching services and leadership positions for women. But eventually a traditional view of women had been adopted that stripped nuns of their autonomy. The Old Testament's restrictions on women and the cultural belief of the

inferiority of women became the norm. Marriage became inviolable in the eyes of the church, however undesirable the marriage. The late Middle Ages was one of the most brutal periods in history concerning women. Women were hunted as witches as they were considered as being deviant from the norm, especially regarding gender roles. They symbolised evil and the wrath of God. It was reinforced by Christian theology that *"sexual passion in women is irrational and potentially chaotic"* (Lindsey 1997:100). Women were accused of sexual impurity, and in order to escape God's anger, they were burned as witches in the name of doing God's will.

Against all reasonable expectations, the Reformation, which constituted the last 300 years of the Middle Ages, delivered no dramatic changes in the Christian image of women. Although there was a much more positive view of women because of their maternal role, they were still regarded as inferior. Lindsey (1997:102) quotes Carmody (1989) in this context, who wrote:

> **"Woman is subordinate to man because she bears greater responsibility for the curse that came with original sin; women are to provide men both procreation and companionship; the natural order assigns women only those functions that correspond to her sexual and procreative organs; adulterous women should be stoned to death but not unfaithful husbands".**

The Reformer, Martin Luther, for instance, recognised women as creatures of God, but he still believed women to be inferior to men. However, during the Renaissance, more women became literate, which opened up an intellectual life previously closed to most. Many women started to work in shops or produced items in the home for sale. A new class of women emerged who were not dependent on agriculture or men. Thus, the Renaissance brought about a diversification in the roles of women. Even lower-class women migrated to the cities to be employed as servants, barmaids or textile workers, to name a few. This prepared the way for the role of women in the industrial era.

Before moving on to the industrial era, two influential periods during the 17th and 18th centuries should be mentioned. The first is the Colonial era and the second the Victorian era. During the Colonial era, the Puritans of England and the Old World carried male superiority into the New World where they settled. They built their beliefs on the civil and moral law of

the Old Testament which saw females in a subordinate position to males, just as males were subordinate to God (Lindsey 1997:105). Thus, the ideal family was patriarchal, and marriage, although based on love, had to fit into a power structure that required a wife's obedience to her husband. It was a revolutionary idea to connect love and marriage, since marriage was seen up until this stage as a mainly economic necessity. Thus, love, as a basis for marriage was rare. Women were denied public expression, and also could not vote or own property. Their most important role was their economic productivity within the family. However, survival was nearly impossible through a strict adherence to traditional gender roles, with the result that female roles were expanded outside the home as traders, merchants or craft workers. This also prepared women for their new role in the industrial era.

Lindsey (1997:108) refers to the Victorian era as the time when womens' productive roles lessened in favour of solely domestic tasks, such as housekeeping and child rearing. Thus, by the 19th century the world of the women changed considerably. Although more and more women became literate, many women were tied to their family by the ideology of *"domestic femininity"* which meant that a woman was sexually, socially and politically repressed. Women were told that happiness and power could only be found in their own homes. While men fulfilled their dreams of action and achievement, many women experienced loneliness and isolation. Different gender roles developed as the activities of men and women were divided into separate spheres on gender boundaries. This does not mean that all women were primarily passive. Many, however, exhibited a spirit of non-conformity, adventure, and adaptation that led to new roles and the establishment of womens' labor outside the home (Lindsey 1997:110).

Industrial society

The industrial society started with the beginning of the Industrial Revolution in Great Britain during the second half of the 18th century. It was only a matter of time for this revolution to spread through the Western world during the 19th and early 20th centuries. The emphasis shifted to industrial production, manufacture, factories and the rising of a working class. The purpose of this was growth in the prosperity of the people. It was accompanied by urbanisation, higher levels of education and rising living standards. As there was greater democratic participation in the political system, a separation of church and state took place.

The social trends in society were now based on achieved rather than ascribed status. A shift took place from community to individualism, from continuity of tradition to innovation, from religious social beliefs to secular values. Persons' lives became less vulnerable to sudden disasters because of savings- and insurance schemes that were developed to ameliorate the effects of sickness, ill health and unemployment.

The social trends that accompanied the process brought about changes in traditional sex roles, the family and marriage. Birth rates dropped and the size of the average family shrunk, which reflects the availability of contraception and the improvements in health care, reducing risks of infant mortality. Women still cared for children, but more and more entered the paid labour force in factories. They attained greater legal rights to own property, to decide about divorce and to vote.

Lindsey (1997:111) also refers to the mass movement of women into industrial employment. It has already been outlined that women did not stick to their domestic roles as many participated in the world of paid labour as teachers, shopkeepers, traders or mill workers; gradually they moved into new roles. The shift from an agricultural to an urban industrialised economy led to new definitions of work that recognised the family was no longer the only unit of production, but that work outside the home and farm had to be performed to keep the family from poverty. While middle-class women were still expected to devote their time and talents to the emotional wellbeing of the family, the working-class women had to work in the factories, mines and mills, which segregated them from the wider society. In the workplace women were confronted with unsafe, unsanitary and scandalous working conditions. The genders were still segregated by activity type, which led to a stratification system that justified lower wages paid to women. This resulted in various union movements in the early 20th century as a means to fight for equal pay, for equal work under better conditions, and for equality with men. However, many women who worked outside the home were caught in conflicting roles. While older attitudes about womens' roles in the house continued to compete with the needs of the expanding economy, the opportunity for women working outside the home gained strength and was *"nurtured by gradual public acceptance of newer roles"* (Lindsey 1997:114).

It can be concluded that powerful historical forces have created gendered attitudes throughout history. The time passed from the societies of classical antiquity till the industrial era, has generated centuries of discourse on the status of women in relation to men. A whole range of taken-for-granted assumptions about women has been established throughout history and stereotyped portrayals of men and women prevail. The entire human experience has been dominated by the political and economic exploits of an elite and usually powerful group of men (Lindsey 1997:92). Females became peripheral in the male world; they were hated, subjected and oppressed by the power of patriarchy. Some of the beliefs about women and men were reinforced in the name of Christianity. These beliefs became the dominant gender discourses of Europe and were spread all over the world. It can be said that patriarchy had its roots in the traditional or pre-industrial society of premodern man. However, patriarchy found its momentum in the industrial societies of the modern world. According to Beasley (2005:18) the first wave of Feminism emerged in this modernist era during the late 18th and 19th centuries.

First wave feminism was marked by its critique of dominant Western thinking of the time concerning the importance and freedom of the individual (Beasley 2005:18). The emphasis fell on human ability to reason and on freedom to make one's own way and generate one's own wealth. It is believed that reasoning, which was indeed confined to men, liberated human beings from assistance of any kind. Women were regarded as irrational creatures that were not permitted to vote, to own property once married, or to have much legal control over their children or their bodies. A universal standard of social and political rights and selfhood was developed along male lines, to the exclusion of women. First wave feminists advocated the extension of this standard to include women in the universal conception of humanness. From the 1960s and 1970s second wave feminism more strongly criticised this universal standard (Beasley 2005:19). These feminists focused on the emancipation of women from their past neglect and marginalisation, and on the assimilation of women into society. Second wave feminism may be linked to a modernist frame of reference because:

- It is believed that society is built on universal truths that give the power to oppress women and other subordinate groups. Feminists see their goal as throw over these structures of power by freeing society of power relations.

- It is believed that men have the power to suppress and dominate women negatively to constrict or restrict them. Feminists developed the term *patriarchy* to indicate the negative quality of the power that is owned by men as the dominant group.
- It is believed that male authority and power should be overthrown on the basis of an alternative, less individualistic, less mind-orientated, more universal human nature that enables women to free themselves along a single path to social change.

Thus, second wave feminism builds on modernist explanations and prescriptions that became another dominant discourse. They brought the awareness of differences between men and women to a climax without enabling women to enter, participate and be assimilated into a male-domonated world (Beasley 2005:20). However, the concern with notions of difference led, over time, to a rethinking of modernist general paradigms. Eventually, the rising of the postmodern era with its post-industrial societies after World War II has challenged traditional thinking on gender roles. Therefore postmodernity caused an interruption in the status of women in the upcoming new context.

3.5 Postmodern interruption of culture's dominant discourses

With the emergence of the postmodern era after World War II, feminist scholarship challenged gender dichotomies between men and women. Gradually an alternative account emerged that has made the world aware of culturally determined prejudices and stereotypes (Lindsey 1997:94). Beasley (2005:21) states that the universal presumptions derived from men and which led to the marginalisation of women were revised. Gender differences have gradually been positively acknowledged. Culture's grand narratives concerning women and men have been rewritten according to the broad consensus that women and men experience the world around them in qualitatively different ways. The new challenge is to honour women and mens' particular experiences, to re-examine gendered social relations, to reconstruct historical generalisations, and to reconfigure the historical narrative towards a paradigm shift in history concerning the status of women in relation to men (Lindsey 1997:103). The universal norm associated with masculinity, and that gave way to an understanding of hierarchy as intrinsically part of human beings, has been altered. Differences between men and women are no longer understood in terms of diversity, but as a normal plurality in society. On the basis of social constructionism, the generalised assumption of women as a

unified group has been deconstructed in favour of specific identities according to specific contexts (Beasley 2005:22-23). World War II brought about a new era concerning womanhood in post-industrial societies.

Post-industrial society

After World War II there was a movement from manufacturing to the service sector. During this time lawyers, bankers, financial analysts, technologists, scientists and professionals in the knowledge industries came to the fore. Thus, a highly educated, skilled and specialised work force developed. Rapid scientific and technological innovation took place with the emphasis on unpredictable levels of prosperity and economic security. Rising standards of living were fuelled by economic growth. Greater geographic mobility and immigration across national borders occured as the power shifted from the nation-state to global and local levels. The development of mass media played a huge role in the shift to this global orientation. It is understandable that a growing need for leisure time developed for the fast moving, highly sophisticated and fragmented people of the post-industrial era. The movement from urban to sub-urban neighbourhoods brought about a focus on quality of life rather than material concerns. Individual autonomy, self-expression, a need for environmental protection and direct participation in political decision-making became a means to achieve the desired quality of life.

The cultural shift to a post-industrial society led, not only to the erosion of the traditional two-parent family, but also to the growing equality of sex roles within the home, family, workforce and public sphere. A wider acceptance arose amongst both women and men of greater gender equality. Women became less restricted to attaining status and fulfilment through the traditional route of family, marriage and children. Alternative opportunities for financial autonomy and self-expression became available. These changing norms gave rise to political demands, feminist movements and legal reforms associated with securing equal opportunities and womens' rights. The whole process was accompanied by liberalising patterns of thought concerning sexual behaviour, marriage and divorce.

War is always an impetus for positive social change that otherwise might not have occurred or would have occurred at a much slower pace. Lindsey (1997:115) writes:

> **"War suspends notions of what is considered typical or conventional and throws people into novel situations which, in turn, sensitises them to an awareness of potential never dreamed possible. This happens on and off the actual battlefield".**

During World War II women consistently took on expanded roles in military service, by choice as well as by necessity. While women were mainly socialised into values related to domesticity and the management of a farm or business, they had to be mobilised for the filling of new roles in war. Through these new roles the gender barrier was eroded. Although the home and family remained integral to womens' aspirations, the doctrine of the spheres that had effectively separated women from any other outside existence was doomed after the war (Lindsey 1997:118). The belief that a mother's place was at home with her children was finally challenged. The new status of women after the war fueled the feminist movement that had been emerging since 1830. Women were encouraged to strengthen their minds, to become independent from men, and to voice their unhappiness.

According to Beasley (2005:23) the new status of women after the war was accompanied by the gradual rising of postmodernism. Postmodern approaches, as argued, reject the modernist view of a pre-existing inner core of the self. On the basis of social constructionism identities are differently formed by means of power relations in different social contexts. In terms of gender, women are not marginalised because they are different, but they are made different through marginalisation. Postmodern feminism of the 1990s and 2000s has led the notion of difference towards a plurality of differences resistant to any set of identities (Beasley 2005:24). Emphasis is placed on the notion of binary identities that are possible between and within every person. The aim of postmodern feminism is not to include women in the male world, or to broaden the male world to include women, or to reverse the traditional hierarchy. Rather, the aim is to destabilise the conception of identity as a dominant discourse, and to enable a movement beyond multiple categories. Power is always able to create multiple, local and fragmented selves by means of a multi-dimensional process.

Finally, it may be concluded that the changing values with respect to gender equality suggest that the changes in men and womens' lives in the home, the workplace, and the public sphere first occurred in post-industrial societies. According to Inglehart & Norris (2003:18) the

process was mainly driven and accelerated by the structural shifts in the workplace, educational opportunities and globalisation. They are convinced that support for gender equality is part of a broad and coherent cultural shift towards post-industrial societies. Modernisation has indeed played an important role in the movement towards more egalitarian sex roles, but the role of postmodernism within this process should not be overlooked. The process of globalisation in itself is postmodern in its very nature (see footnote 4). It has been argued that the movement towards gender equality within the broad cultural shift is due to power relations, although it cannot be taken for granted that this movement will be the same in every society. Inglehart & Norris (2003:20) emphasise that every society responds to the described developments in different ways. Traditional cultural heritages strongly shape contemporary social change. A society's values and religious beliefs, its institutions and leaders, and the structure of state, all help to shape this process in ways that differ from one society to another. In the long term, laggard societies will gradually catch up as the cultural shift moves around the world. Against this background it can also not be taken for granted that all individuals and all married couples will experience gender in exactly the same way. There is a definite influence of culture's dominant discourses on 'dancing partners' in marriage.

3.6 The influence of culture's dominant discourses on 'dancing' partners

Since modernity, patriarchy has become the dominant story in which many people live. Many couples become characters in and victims of this dominant story. It seems as if traditional marriages based on patriarchy triumph. When Lindsey (1997:173) explains the idea of the traditional marriage, she refers to the traditional nuclear family which has been idealised as the norm after the Industrial Revolution. The traditional nuclear family consists of the wife, the husband and their dependent children who live together in their own residence. As I have said in section 3.5, in the traditional nuclear family the husband is the sole breadwinner and decision-maker with the wife maintaining the responsibility for domestic tasks, including childcare. Women were made to believe that they are housewives by nature in order to care for the family; this is their role and identity (Lindsey 1997:175). In this sense, as confirmed by statistics, the traditional marriage became the preferred lifestyle for many men (Lindsey 1997:177). I have outlined that the traditional family is mainly based on male domination and

control; thus, husband and wife are individuals who possess differing amounts of resources and power. This makes the wife a lifelong dependent of her husband (Lindsey 1997:172) and implies that when marital conflict occurs, the wife should always give in to her husband. Wives have to respect their husbands' authority on the basis of traditional gender roles that maintain separate spheres for wives and husbands. Lindsey (1997:174) remarks that in the traditional family, where patriarchy is taken for granted, the "*wife should be under her own husband's leadership"*, which has implications for their marital relationship as 'dancing partners'.

Tragically, women were made to believe, according to Lindsey (1997:174), that the traditional marriage remains the most wonderful institution, that there is no other relationship which can give a women as much happiness, pleasure, fulfilment, or purpose; they are given everything they could possibly want, although they are controlled. Thus, marriages based on the ideology of patriarchy may seem to include affectively close family relationships. A vast majority of men and women indeed seek marriage on the basis of this perception. However, the key factor for satisfaction is the extent to which wife and husband can share expectations regarding traditional gender roles (Lindsey 1997:177). In the 1980s it was found that low marital satisfaction was due to a combination of a traditional husband and a *modern* wife. When a *modern* wife questions her husband's authority as the sole provider, their marital quality decreases; or when she adopts less traditional gender role attitudes, their marital quality is also negatively affected. However, when the husband adopts less traditional gender role attitudes, marital quality increases. Thus, marital quality decreases for both sexes where they hold divergent views. Where males are more likely to be satisfied with traditional gender role attitudes, women prefer less traditional gender role attitudes (Lindsey 1997:178). It can be concluded that the dominant discourses are so strong, that men and women are drawn into marital roles and expectations that are difficult to discard. This causes women to make more marital adjustments than men in order to accommodate their husbands who want to maintain traditional gender role attitudes.

It has to be kept in mind that the satisfaction scale of traditional marriages is accompanied by a specific view of love. Lindsey (1997:160) writes:

> **"We are so accustomed to the notion that love and marriage are inseparable and that romantic love is the primary determinant for marriage… but until recently in Western history, love was not seen as a basis, especially not *the* basis, for marriage".**

The concepts of love and marriage have been paired only since the 19th century. Thus, intimacy and love between spouses is only a recent phenomenon. The previous section outlines that, for a long time marriage was merely an obligation. Lindsey (1997:161) adds that marriage was seen as a practical and economical arrangement that influenced kinship ties, lineage, and inheritance. Although the aristocracy glorified the romantic ideals of courtly love, the rigid stratification system could be threatened if passionate love was permitted as a means for choosing a partner. Issues such as personal fulfilment and incompatibility were irrelevant. Thus, the decision to marry was a rational rather than a romantic one. It was only during the Puritan era that the idea emerged that love and marriage should be tied. It can be understood that this was a radical departure from early church teachings that warned men that looking on another woman with lust made them adulterers. Nevertheless, Puritan influence led to the admonishment of husbands and wives loving one another. Where love was not the reason for marriage, it was expected to flourish with time. The egalitarian attitudes that emerged from the Industrial Revolution mandated gender equality. By the 1890s, Lindsey (1997:161) argues, couples began to be influenced by the idea that marriages could be companionate, and that responsibilities could be shared by both partners. However, by the beginning of the 20th century, romantic love could truly blossom when the youth were afforded more opportunities to freely interact in privacy and had sufficient leisure time. In this young people also had more freedom in selecting a marriage partner. This brought about a new challenge, namely, to differentiate the spouse-lover from the best-close friend, particularly in terms of passion. Thus, the content of love had to be discovered. Lindsey (1997:163) quotes Sternberg's (1988) differentiation between close friendship and romantic love as understood in the 20th century:

> **"Love is a triangle formed by three interlocking elements: intimacy, passion, and commitment. Through open communication, intimacy brings with it emotional warmth and bonding. Physiological arousal and sexual desire are part of the passion component, where feelings of romance take precedence.**

> **Commitment involves the choice to continue and maintain the love relationship. All relationships undergo change and transformations, so each vertex of the triangle will not be equal, but if there is too much mismatch among the components, the theory would predict the relationship to fail".**

I will take up the concepts of intimacy, passion and commitment in the following chapter, but it is remarkable to note the influence of culture's dominant discourses on 'dancing partners' in marriage throughout the ages. The picture of gender roles dominated the developments in the understanding of love during the same time. However, this development was mainly accompanied by the shift from a traditional to a modern marriage[120].

Much opposition arose against traditional marriage because of the inequality of wives and husbands and the consequences this held for both the family as a whole and the individuals within it. Lindsey (1997:176) shows that, from as early as 1910, patriarchal marriages were criticised as a failure in which there is no hope for women because of their lifelong dependency and loss of their privacy, self-respect, and identity. In the early 1970s marriage was considered as an impossible union where indignation, individuality, egoism, and pride must be compromised. It was seen that the expectations in marriage led to an end to self-development and an unnatural death of the spirit, and that married women were always on the losing end. However, the idealised model was attacked by feminist approaches that called for structural changes in the world of paid labour and marital roles. This resulted in gradual changes in gender roles. Women were made to believe that they cannot successfully split themselves between work and home, as this makes them incomplete (Lindsey 1997:174). Thus, the shift in gender roles has gradually altered people's view of marriage and family. With this shift, a variety of lifestyles emerged that serve as viable options for those seeking alternatives to what they define as traditional marriage.

Although a shift has come in people's view of marriage, intimate partner abuse remained a part of many marriages. Hamel (2005) is convinced that mens' dominance is the ultimate

[120] When referring to modern marriage, it should not be confused with modernism as such. It was outlined in the previous chapter that the traditional marriage already carried with it the assumptions of modernism. Modern marriage here refers to the shift towards equality and companionship in marriage that is not only the essence of the Biblical marriage, but forms part of the shift towards the postmodern and post-industrial era. Postmodernism opened up alternatives and a variety of lifestyles concerning marriages.

cause of partner abuse, and a direct cause of a patriarchal structure in which women are oppressed. Within the patriarchal structure neither female-initiated aggression nor mutually-perpetrated aggression is permissible. Notwithstanding, recent research has shown that men and women physically and emotionally abuse each other at equal rates despite the gender equality that has developed. Partners are *intimate terrorists* in that they intimidate each other into submission with the threat of violence (Hamel 2005:xiv). Why? It is believed that men enjoy greater control because of their dominant position of power in the household. Mens' power may lead to high levels of controlling behaviours that may ultimately result in emotional and physical abuse. In the process women are physically impacted to a much greater extent than men. Women are less able to intimidate their partners physically because of their submissive role (Hamel 2005:xv). However, they are very capable of exercising control through emotional intimidation and forms of manipulation, with ultimately less damage to men (Hamel 2005:xiv). Women are more likely to engage in verbal abuse, whereas men more often use physical threats and intimidation (Hamel 2005:7). Thus, gender differences persist in many respects on the basis of the dominant discourses concerning men and womens' different positions in a typically patriarchal marriage.

It is clear that, when referring to abuse, Hamel (2005:5) not only thinks in terms of physical battering, but also in terms of verbal and symbolic aggression. Partner abuse always involves two individuals that are in conflict with each other either by means of emotional battering without any physical injury, or by means of physical battering with visible injury, or through both. Thus, abuse may also be non-verbal. When verbal, the abuse may be perpetrated through dirty fighting tactics such as mind-reading or cross-complaining, which reflect poor communication skills and a desire to win arguments (Hamel 2005:xv). Verbal and emotional abuse is usually accompanied by control tactics, isolation and the diminishing of the other's self-esteem in order to get through to the partner, or to inflict retribution. Hamel (2005:6) also adds that abuse occurs especially during extreme periods of stress, such as separation and divorce. The result of the escalated conflict leads, most of the time, firstly to verbal and emotional abuse, which might then be followed by some form of violence.

Hamel (2005:xv) admits that volatile families may give the impression that violence is an acceptable way to resolve problems and that love and abuse go hand in hand. On the contrary,

love and abuse are irresolvable, and violence can never be a successful way to resolve problems. Most of the time partners' eyes are shut to the influence of the broader social system in terms of the development of taken-for-granted beliefs. The dominant discourses of society infiltrate individual marriages with the result that the power of gender role differentiation seduces husband and wife into conflicting roles (Lindsey 1997:178). However, the traditional patriarchal marriage is a far cry from the norms of today, since *"the family of sole breadwinning husband, bread baking wife, and their at-home children under the age of 18, is decreasing"* (Lindsey 1997:173). I have showed that the traditional arrangements of the nuclear family have been seriously questioned. Many do not want to see the advantages of this change and defend the old ways, even attacking the feminist movements and seeing these as the perpetrators of change. Nevertheless, marriages are undergoing transition towards more companionate models based on depth in the relationship, participation, as well as individual autonomy. Spouses are viewed as co-leaders or partners, where neither has clear domination over the other. Thus, although the nuclear family is still functional, the internal nature of the relations has changed (Lindsey 1997:175-176). There are new possibilities for husbands and wives' emotional attachment in their marriage, and their styles of conflict management can be changed.

3.7 Towards a new emotional attachment for 'dancing partners'

Despite the transition towards more companionate marriages, gender may still (and indeed does) play a role in the emotional attachment of 'dancing partners'. Zammuner (2000:66) has shown that men and women are both influenced by lay theories[121] concerning knowledge of emotion[122]. These lay theories are based on gendered beliefs that are often congruent with culturally-based gender-norms about the meaning, adequacy and legitimacy of emotions. As argued above, culturally-based gender-norms are generally descriptive and prescriptive of nearly every aspect of a person's life (Zammuner 2000:49). Thus, it can also be expected that

[121] According to Zammuner (2000:48,66), lay theories of emotion can be understood as coherent, rich, and structured sets of belief in relation to our emotional experiences within a specific culture. Lay theories of emotion include beliefs that specify the nature, variations, duration, intensity and regulation of emotional experiences.

[122] Knowledge of emotion is learned from own experiences, from others' reaction to them, from observing others' emotional experience, or from emotional stories as told in novels or movies (Zammuner 2000:48). Brody's (2000:24) insights may be added here, namely, that socialisation of the two sexes plays a huge role in

gender roles and identities within a given culture may determine, to a great extent a person's beliefs about emotion[123]. Brody (2000:24) also argues that, although she acknowledges the role of biological differences in shaping men and womens' emotional development, the emergence of gender differences in emotional expressiveness "*is heavily influenced by cultural values and attitudes concerning gender roles"*. Brody (2000:24) continues:

> **"Cultural values influence caretakers to respond to biological gender differences in particular ways…my argument is that socialising the two sexes to express different emotions serves to maintain a division of gender roles, and to maintain the power and status differences between women and men".**

Shields (2000:3-4) also admits that there is, according to popular Western conception of emotion, an intimate connection between gender and emotion. Thus, gender differences also mean differences between women and mens' emotional lives. This notion is built on culturally-based generalisations about the emotions of men and women. What is more typical, natural, or appropriate for one sex than for the other? The maintenance of these beliefs is built on structures of power. Since power plays a role, one has to ask: How do beliefs about emotion that are often congruent with culturally-based gender-norms determine the emotional attachment between 'dancing partners' in marriage? This question has to be viewed against the background of an emotional socialisation process[124] that leads to culturally-based emotional differences between men and women.

learning specific display rules concerning emotional expression. This process is maintained by the varying degrees of power imbalances between the two sexes that I will address soon.

[123] Zammuner (2000:48) has identified different beliefs about emotion that may be aspecific (conditions that trigger an emotion in general or what it means to feel it), specific (what kind of experience is part of a specific emotion), context-free (general descriptions of a specific emotion transaction independently of a specific context), and context-bound (specific descriptions of a specific emotion transaction within a specific context).

[124] The concept *emotional socialisation process* is mainly employed by Brody (2000) to explain the acquisition of gender-stereotypic emotional behaviour and attitudes. In this context she focuses on the role played by cultural display and imitation as seen in peers and parents, temperament and language development, and the processes of differentiation between mothers' and childrens' emotional expressiveness. Although Brody is working in the direction of viewing emotion as a stable and fixed learned component of identity, she highlights valuable insights concerning the role of power differences between the sexes in the socialisation process. Thus, Brody's model helps to understand the stereotypic processes in the gaining of emotion knowledge that form part of the patriarchal system. Against this, I am, by following Shields (2000:7), using the concept *emotional socialisation process* to describe how values and language about emotion are central to the concepts of femininity and masculinity and to the acquisition and practice of gender-coded behaviour.

Emotional attachment of partners and beliefs about emotion

According to Shields (2000:4), the Western conception of emotion as internal to a person, whether through *"having emotion"* as a felt experience or *"being emotional"* as a disposition to feel, has been seriously challenged. Thus, the notion that emotion can be equalised with feeling is questioned. If this is true, it raises a set of presuppositions about the controllability, rationality, and expression of feelings. However, there has been the same development in the study of emotion as in the case of gender. I have outlined above that the view of gender has shifted from a stable and fixed component of identity, to gender as an ongoing enactment and part of a social process according to the social constructionist view. Shields (2000:6) argues that emotion has also come to be viewed as fundamentally a social process that means a renewed focus on the contexts within which emotion occurs. Thus, from a social constructionist view, emotion is a feature of relationships; there is a close interrelation between emotion and emotional expressions, and social processes. In this sense, emotion can regulate social processes, or also be regulated by social processes; it is far from involving only the internal milieu or homeostasis. It is clear that Shields (2000:4) focuses on the psychology of emotion within contemporary post-industrial society. Where much of the study on emotion was done on the basis of conventional or traditional framework in terms of the differences between the sexes, studies over the past decade dramatically increased and developed in the direction of the link between gender and emotion. Studies have moved from gender differences to an *individual differences*-approach with the emphasis on gender effects in emotional expressiveness, physiological response, and emotional conceptualisation. Thus, the focus is on how self-presentation and self-verification account for gender effects in self-reports of emotion (Shields 2000:6). The study of stereotypes breaks with the conventional or traditional framework and opens up an advancing theory of gender and emotion. Secondly, the question now to be asked concerns the relation between beliefs and emotion, especially gender stereotypes and emotion in human life.

Relation between beliefs and emotion

Which emotional behaviours or experiences are believed to be more typical, natural, or appropriate for one sex than the other? Note that the question is not *"Which sex is more emotional?"*; a question which is based on the conventional or traditional sex difference framework. One must rather search for the conditions under which stereotypes are operative

in the acquisition and practice of emotion. Thus, we have to search for the lay theories of knowledge about emotion that are based on gendered beliefs that are often congruent with culturally-based gender-norms about the meaning, adequacy and legitimacy of emotions. Zammuner (2000:61-62) has found that men and women hold similar beliefs about typical emotional reactions. She defines the core of gendered beliefs by the control-non-control, or rationality-emotionality dichotomy. According to this dichotomy most typical of males is the wish or attempt to control emotional experiences and their expression by means of rationalising; and most typical of females is their feeling of difficulty in rationally coping with an event, thus an irrational emotionality. Zammuner (2000:49) writes:

> **"According to gender norms, women are expected to be nurturant, caring for others, interested in interpersonal relationships, in other words, to fulfil social roles that require a communal, expressive, and somewhat passive orientation. This orientation to a great extent presupposes emotionality. Men instead are expected to be active agents who give priority to impersonal goals and are capable of mastering their world, that is, to fulfil instrumental, agentic roles that require rationality".**

With this Zammuner is saying that gender prescriptions in beliefs about emotion are always related to the *rationality norm* in Western culture, originally formed by Greek philosophers. The *rationality norm* is based on an opposition between reason (mind) and emotion (heart) with the presupposition that emotions are bad, irrational forces intrinsic to human nature that pollute people's appraisals, choices and behaviours. Thus, in line with the *rationality norm*, an adequate way of reacting to an emotional event is to be less emotional and more rational and controlled. It is suggested that both men and women should regulate their emotions and act in the world according to their reason rather than their emotions. This means that women should be more thoughtful about how they react to events emotionally. Thus, the typical attribution of emotionality to women is set in conflict with the *rationality norm* that often colours gendered beliefs concerning emotion in particular contexts (Zammuner 2000:50, 63). Shields (2000:55) is convinced that men and women are likely to maintain their stereotypic beliefs when it comes to emotional responses; they keep their responses consistent with gender expectations. Lay theories of emotion that can be expected to play a prominent role in

both men and womens' lives in terms of stereotypes or generalisations can be described, according to Zammuner (2000:55-58), as follows:

> **Men rationalise events, reflect on it, and control the behavioural expression of emotions more often than women. Men think that cognitively controlling oneself, rationalising the event, and reflecting on it is more adequate. They may show their emotions or talk about it only where powerlessness is legitimate for both sexes. Men have to intervene in the situation. Women, on the other hand, more frequently than men, have difficulty in controlling their reactions to the event. This suggests difficulties in mastering one's own emotions. Although women think that expressing their emotions by talking about them and showing them is an adequate reaction for women, it means a showing of insecurity and difficulty in facing the event. This is often accompanied by leaving the situation feeling confused, sad, disappointed, bewildered, and unable to keep calm. However, it is inadequate to show negative emotions such as anger, disappointment, jealousy, and helpless behaviours like isolating oneself and leaving the situation. While women have to make more cognitive attempts at emotional control than men, it is appropriate for men to consider anger, disappointment, surprise, minimising the event's seriousness, and leaving the situation.**

According to Shields (2000:9) people usually use gender stereotypes about emotion to make judgments about the emotions of themselves and others, or to interpret and understand their own or others' emotions. However, it has been found that people who rate others emotionally are more likely to use gender stereotypes of emotion than those who rate themselves. Especially when people lack concrete information about emotional experience and behaviour, they rely on stereotypes to make inferences about what has happen; they then easily compare themselves to a gendered emotional standard to explain or label their responses. Emotional experiences and perceptions are likely to be based on stereotypes the more distant one is from the event. Emotion is a contextual phenomenon that is based on a historical, cultural and linguistic setting. The presence of a particular context determines the likelihood that people will describe themselves or behave in accordance with gender stereotypes, thus, filling in the

gaps in terms of stereotypes (Shields 2000:10). From this, Shields (2000:11) concludes that gendered beliefs are often implicated in the assumptions of the individual's emotional life.

Emotional standards or stereotypes define the core of *masculine* and *feminine* as described above. Shields (2000:9) writes in this context:

> **"In their role of defining cultural representations of masculinity/femininity, gendered emotion standards mediate the individual's acquisition and maintenance of a gendered identity via the practice of gender-coded emotional values and behaviour".**

Shields suggests here that gendered beliefs about emotion can actually shape individuals' interpretations of emotional experience within a certain context. She argues that men and women may know the same things about emotion, thus, they may have the same knowledge about the conditions for experiencing and expressing emotion, although they will not reflect similarity in the application of that knowledge in an actual situation. Thus, the experiencing and expressing of emotion may differ for individuals in accordance to their different self-construals of the implications of emotion for social interactions (Shields 2000:12). Shields (2000:13) continues by saying that people have different expectancies[125] about the consequences of experiencing or expressing emotion (or not) in particular ways at particular times. Women, for example, require of themselves the belief that they have to express positive emotion towards others or can expect negative social response if they do not. Men, however, expect no negative consequences for failure to express positive emotion. When expressing a specific emotion, an expressor's likability is rated by an observer according to the effects of the emotion. It is found that the sex of the expressor and of the observer plays a role in this rating process. Thus, there is evidence for the *genderedness* of emotional interaction.

[125] Shields (2000:13) refers in this context to *"outcome expectancies"*. She argues that outcome expectancies shape the individual's approach to emotion and focus his views of what is possible as well as of what is desirable. An individual has interactional goals or strategic aims to accomplish in the course of emotional relationships with others. Thus, there are consequences to emotional exchange. Awareness that there are consequences, even if they are not explicitly known, influences the direction and outcome of the exchange. Shields (2000:13) writes: *"Both sexes are very knowledgeable about the social consequences, or lack thereof,*

The operation of *genderedness* in outcome expectancies is clearly observed in marital interaction. Shields (2000:11) believes that emotion always forms part of a relationship because of the link between beliefs about emotion and the practice of being a social person. Emotion-related talk often involves resolving conflict. Marital relationships have a particular gendered pattern to conflict management. Wives are more likely to seek engagement, while husbands withdraw emotionally. Shields (2000:14) refers to Christensen & Heavey (1990) who have shown that a spouse's tactic of using withdrawal or demand when it comes to resolving conflict, depends on the outcome he or she desires. It is suggested that this pattern should be understood in terms of the desire to maintain or change the *status quo*. Shields (2000:14) has found:

> **"Wife demand/husband withdrawal occurred most often when the wife wanted to change the husband; when the husband wanted to change the wife, the demand/withdrawal pattern was reversed".**

Shields (2000:14) refers to this pattern as a gender-related difference in strategy that is determined by the one who is in a position to desire change. When a woman, by example, demands for an altered situation through an assertive stance[126], she uses anger as a tool to bring about change. Now the man may withdraw emotionally as a strategy for maintaining the *status quo* that advantages himself at the expense of his spouse. The *position to desire change* may easily fall victim to the powerful-powerless axis of men and womens' understanding of specific emotion labels. Since emotions that are stereotypically attributed to womens' expressiveness, such as sadness, anxiety, and fear, are regarded as powerless in relation to change, she uses masculine emotions such as anger, pride, and contempt that reflect an attempt to gain control over the situation (Shields 2000:15). This pattern becomes

for how they respond emotionally to others, and awareness of emotion's impact on the give-and-take of relationships is as evident in children as in adults".

[126] Knudson-Martin (1997:423) notes that, as a result of the socialisation process of men and women, women tend to enter relationships more orientated towards maintaining the relationship. They are more likely to make accommodations and to attend to their partners' needs. Men are more likely to have less need for the relationship, which gives them greater power to define the relationship in a way that serves their needs. Stabb, Cox & Harber (1997:335) add that women have come to believe that when their partners experience discomfort or anger, they have caused it or should alleviate the offending stimulus. They warn therapists against the stereotypical gender-related belief that women assume responsibility for situations in which negative feelings may be aroused in their partners. In their survey, Stabb *et al.* (1997:342) found that therapists often see women as contributing to negative relationship outcomes more than men, and men contributing to positive relationship outcomes more than women. According to Stabb *et al.* (1997:343) the cause for good and

exaggerated as conflict escalates. It has connections with Zammuner's (2000:59) *cross over*-theory. When someone dies, for example, sadness[127] or numbness is normal, and it is appropriate to show them. However, where women express beliefs congruent to their own gender profile, men tend to express a female-congruent emotion profile. Thus, when feelings are involved, women tend to gender-congruent reaction profiles, and *cross over* to mens' reaction profiles when cognitions and behaviours are involved. In contrast, men are much more likely to *cross over* when feelings, rather than cognitions and behaviours are involved.

Labels about emotion

Rider (2000:177), who examined gender differences and stereotypes in the characteristics of men and womens' language exchanges, asks the question: *"Do women and men really speak different languages?"*. It has been suggested by various scholars that men and women grow up in different worlds and develop different styles of communication. Rider (2000:177) refers to Tannen (1990) who says: *"Women speak and hear a language of connection and intimacy, while men speak and hear a language of status and independence"*. Why is that? Rider (2000:177) argues that it is not so much due to gender differences, as it is due to the power differences between men and women: *"Women may use language differently than men, but it is due to womens' subordinate position in society, and not to the fact that they are female"*. It is found that displays of dominance in conversations are not associated with a person's gender, but they are associated social roles. Both men and women must not contribute to a polarisation of the sexes by exaggerating differences and ignoring similarities between the sexes (Rider 2000:179). This view is in line with Brody's view on gender differences in emotional expression. It may be said, in the words of Brody (2000:43), that language exchanges, like emotional expression, are shaped by cultural values concerning gender roles.

bad events or experiences in a relationship has to be attributed to the couple as a unit.

[127] It is interesting to note Fivush & Buckner's (2000:249-250) observation that sadness (and indeed the experience and expression of all emotions) is part of being male or female. To be sad is part of life. Sadness involves loss; for males sadness is a loss of self-in-control, and for females a loss of self-in-relation. Males and females discuss sadness with others in different ways, and through these gender-differentiated discourses, males and females construct different understandings of sadness. For females sadness is an acceptable and important form of social interaction, and through talk about sadness, sadness becomes a positive aspect of female identity as sadness creates interpersonal bonds. However, when taken to an extreme, talking about sadness and too heavily focusing on sad events may lead to depressive outcomes. Males learn that sadness is not an appropriate topic of conversation. Conversations about sadness are short and the emotion of sadness is rarely mentioned explicitly. Males are more likely to focus on themes of autonomy, which may buffer them against depressive experiences. However, this can make them more vulnerable to externalising disorders such as isolation, and aggressive reactions, such as addictive and violent behaviour.

They always take place within a cultural context in which women have less power and status relative to men. Power and status imbalances lead to a social constructionist process in post-industrial Western societies. Alexander & Wood (2000:204) refer in this context to the basic organising principle of our society:

> **"That is, sex differences in social behaviour emerge from the differing social roles held by men and women. Womens' roles more than mens' are likely to involve care taking and nurturing activities and to be relatively low in social status and power".**

According to this statement the differing responses of men and women are not a matter of differences between two creatures from different worlds as indicated by Gray (1992) in his book, *Men are from Mars, women are from Venus*. It is a stereotypic popular notion that leads us to compare women with men to finally conclude that women are more emotional, less aggressive, suffer more fear of failure, cannot withstand stress, and are oriented towards love, communication, beauty and relationships (Alexander & Wood 2000:204; Shields 2000:4). It is also the stereotypic popular notion of the inexpressive male that leads us to believe that men suffer a deficit in being unable to verbalise their feelings. In the preschool years, males are already told to be strong, to hold back tears, to be tough in silence. Role models for the growing boy are often macho types such as athletes and television action heroes (De Frain *et al.* 1982:23). Jansz (2000:181) is convinced that the attribution of restrictive emotionality and expression to men is due to the construction of masculine identity within the context of social interaction within a particular cultural conception of masculinity. It is not a biological given, but rather a lack of practicing sensibility instead of toughness[128]. However, women, according to Zammuner's (2000:55) research, appear to have richer knowledge about emotion than men which means that they have greater emotional expertise, possibly because they learn to be more sensitive towards their own and others' emotions. The question remains: What will enable 'dancing' marriage partners to move towards a new emotional attachment within the world of stereotypic differences?

[128] The dominant set of characteristics attributed to contemporary men, is, according to Jansz (2000:168), autonomy (a man stands alone when facing the tribulations of life and must not be dependent on others), achievement (a man has to achieve in word and play to be able to provide bread for his family), aggression (a man should be tough and act aggressively when it is necessary) and stoicism (a man does not share his pain or grief openly but has to avoid dependent and warm feelings), as was discussed in section 3.3.

Living according to the standards of traditional masculinity and femininity implies remaining to live under the power structures of patriarchy. Lindsey (1997:238) reminds us that we exist in a culture that still condones relationships between men and women that are aggressive-passive and dominant-submissive. She puts it this way: *"Men quietly adhere to images and roles which society tells them are proper but which may be disabling in their effects"* (Lindsey 1997:245). She also refers to men that are caught in a *"toxic masculinity"* which insists them to be *"autonomous, efficient, power-orientated, competitive, disconnected, and uncaring from community, earth, and each other"* (Lindsey 1997:234). O'Hanlon (1994:23-24) warns against this extremely disempowering process of cultural identity shaping:

> **"Larger systems, such as the daunting cultural sea we swim in – the messages from television advertisements, schools, grandmothers and friends, newspapers, 'experts', bosses – tell us how to think and who to be. We are not sure where many of these messages come from – we go around thinking of them as 'ourselves', and many of them are profoundly destructive and undermining".**

I have outlined how partners' eyes are shut to the influences of the broader social system in terms of taken-for-granted beliefs. It is clear how dominant discourses infiltrate marriages with the result that power differences seduce both husband and wife into controlling roles. This is manifested especially in their emotional attachment forged through language exchange and emotional expression and responses. Their emotional attachment is influenced by culturally-based gender beliefs, norms and generalisations about the emotions of men and women. I have shown how men and women are likely to keep their judgments, interpretations and understanding of emotion consistent with their stereotypic beliefs and gender expectations. The challenge for both husband and wife will be to reposition themselves within the dominant discourses and practices of society in order to rewrite their gender story towards greater gender equality. Each of them has the responsibility to face the physical, emotional and spiritual harm of gender inequality, to question and reform dominant gendered meanings, and to work in opposition to dominant power structures by attacking rigid gender categories. A greater gender awareness and sensitivity is needed to make both husband and wife part of a gender transformation discourse. Neither one needs remain a victim of oppressive behaviour

according to dominant discourses. Contradictory discourses can emerge by means of reflection and negotiation. I have argued in favour of a free image of the self that is not bound to core truths about men and women.

Redefining what it means to be a man or a woman

The free image of the self will finally flourish when it is aligned with the Biblical language on gender. The gender voices of the Bible have too often been stilled, disrupted and interrupted by the dominant voices of culture. I am convinced that there is a need to redefine what it means to be a man or a woman on the basis of Biblical texts in relation to gender. The Biblical pictures of man and woman should be newly discovered in terms of relating and co-operating with each other. Alternative definitions of masculinity and femininity are needed in relation to the development of a deeper awareness of the mutuality of the two genders. Gender identity should be transformed in such a way that the diversity of masculinities and femininities are acknowledged and respected. According to the social constructionist view, a new socialisation process for men should emerge which emphasises nurturance, nonviolent means of resolving conflict, and an acceptance of attitudes that have been traditionally labeled as feminine. I have already referred to the internal transformation that should take place, especially in men. According to Lindsey (1997:243-245), men should free themselves from restrictive male stereotypes. Men must first focus their attention on the dysfunctional aspects of the male role, and secondly, rediscover a more positive masculinity that was lost when the Industrial Revolution created a divide[129] between the worlds of work and family. After all, there are various ways in which to be a man or a woman; it all depends on a change in mind, attitude and behaviour.

The emergence of alternative discourses directly involves the emotional attachment between partners. Since emotion is to be viewed as a social process and a feature of relationships, an *individual differences*-approach has been suggested which emphasises the challenge for men and women to discover their own emotional voices and to make room for each other's emotional voices. Rider (2000:194) refers in this context to *"gender-inclusive language"* which is language that includes women as well as men rather than excluding either one. This

[129] Lindsey (1997:243-244) argues that the separation between the worlds of work and family is what has led to the growing absence of fathers. The implication is that young boys turn to women to meet their emotional needs. Thus, it should be sought to minimise womens' dominance in the home.

will change the internal nature of the relationship as partners move towards co-leadership and co-partnership, where neither one has domination over the other. I have referred to the transition of marriages towards more companionate models based on depth in the relationship, participation, as well as individual autonomy. Love, personal fulfilment, emotional intimacy, warmth and commitment can only flourish within a relationship of companionship and equality in which both partners may share responsibilities. Thus, although the nuclear family will always stays the same, the internal nature of the relations can be changed. Alternative partnership discourses for 'dancing' men and women as portrayed in Biblical texts should emerge.

3.7.1 'Dancing' according to Biblical partnership

"The Bible expresses the basic attitudes of the patriarchal culture in which it was written" (Lindsey 1997:299). This statement suggests that the Bible divinely sanctions and reinforces patriarchy. Since the Bible is the basis of Christians' beliefs and laws, religious socialisation that proceeds from the Bible stories also nurtures and strengthens Christians' interpretations according to gender role stereotypes. Lindsey (1997:299-301) argues that this is the prevailing sentiment held about the Bible. It is said that the roots of Christianity are found in the heritage of Old Testament Judaism and reveals the oppression of women. The implication is that the Bible's most popular texts express and represent the basic attitudes of a patriarchal culture. Tragically, as Lindsey (1997:299-301) has stated, texts that point to the subordination of women, are often more favoured because they are more known. Texts and stories that are often used to sanctify and reinforce patriarchy are for example:

- The creation story that emphasises the fact that woman is made from man and reflects a woman's status as subservient to man.
- Paul's contradictory beliefs about women that give way to an association of Paul with a *Christianity of female subordination,* which is stated in a text such as 1 Corinthians 11:3, where he emphasises that every man is the head of every woman.
- The Ten Commandments (Exodus 20:17), where women are viewed in terms of their status as the possessions of men.
- Narratives of women that are in line with womens' traditional or acceptable roles. For example, it being Eve's fault that paradise is lost and people are forever cursed with

original sin, implying her lack of assertiveness and incapability to assume leadership roles. Mary, the mother of Christ, is furthermore portrayed as humble and submissive. Thus, the overall picture is that women should be admired for their unselfish, nurturing roles as wives and mothers and scorned or dismissed as insignificant. According to Lindsey (1997: 301) it is also believed that the perception of male domination in the Bible is further reinforced by the use of male language and imagery when referring to God and the spiritual nature of human beings.

However, this is not the only picture to be found in the Bible! Alternative images do exist, but are overlooked and overridden by those texts that are favoured for justifying the prevailing sentiment (Lindsey 1997:299). There is a lack of awareness concerning alternative beliefs about women and men. These alternative beliefs remain hidden or have purposely been ignored by the male leadership and writers following the Biblical tradition. Thus, the Bible is not devoid of other more positive views of women and the relationships between men and women. Especially these views should be used to alter the existing patriarchal power structures. The same Paul presents a forceful alternative with the statement in Galatians 3:28 that reads: *"There is neither Jew nor Greek, there is neither slave nor free, there is neither male nor female, for you are all one in Jesus Christ"*. Thus, Paul refers directly to the equality of the genders under God. There are also many examples of women who were independent actors in a nontraditional way, such as Mary Magdalene, Deborah and Pharaoh's daughter who disobeyed him. Jesus' own attitude towards women in die Gospels speaks of acceptance, the granting of options for women and the enabling of relationships between men and women in ways radically different than the patriarchy of the times (Lindsey 1997:302-303).

From a dogmatic-ethical point of view, Heyns (1982:22), in the first instance, puts the blame for patriarchy on sin that came into the world and worked through to all relationships. The consequences of sin, according to the Bible, led to a relationship of dominance between men and women in which mutual servitude became nearly impossible. However, God intended to create a partnership between men and women with the potential to lead to a unique attachment based on mutual dependence upon each other. In marriage they have to live, work, play, struggle and enjoy together as equal and similar partners, despite their differences. They have to serve each other without any notion of superiority or inferiority from either side. Their

attachment should also be more than mere physical or sexual attraction and they should experience their mutual love on a spiritual and emotional level where they give themselves to each other. Christ liberated both men and women from domination and dependency in order to make His original intention for them possible. Men have been liberated from their tyrannical abuse of power, and women have been liberated from their position of humiliation. Christ has placed them beside one another in order to complement each other. Although the man should be the head, it is not intended for him to rule. Rather, he should lead by example; he has to be the foregoer; he has to take the initiative in all matters whatsoever. The example of his attitude and behaviour should determine the quality of life for his wife as his follower. Every man should be similar to Christ in his relationship with his wife. When a wife is called to submission and obedience to her husband in 1 Peter 3:1-2, Peter does not plead for the maintenance of patriarchy. Instead, Peter's call is against a revolutionary emancipation of women within the context of the Christian congregation, where men and women were considered as equal through Christ. God never intended patriarchy (Genesis 2:18). Thus, married men and women should be equal partners in love. Both of them should be involved in a reciprocal contribution of love according to their own uniqueness. To conclude: a wife is neither more, nor less than her husband. However, she is different to a man, and therefore has to be treated as a woman (Heyns 1986:146-152).

It is now clear that alternative partnership discourses for 'dancing' men and women do exist. These alternative discourses are clearly portrayed by Biblical texts. The challenge for both men and women in marriage is to be actively involved in the reflection on and negotiation of contradictory and resistant discourses in line with the Biblical account. Jesus' own attitude towards both men and women should be married partners' guideline for companionate partnership in a post-industrial society. It is both the responsibility of men and women to reform dominant gendered meanings in order to arrive at a new emotional attachment based on a more coherent and balanced 'marriage dance'. Since gender differences have implications for how both parents experience loss after traumatic child death, it is the narrative pastoral therapist's task to guide couples towards a more coherent and balanced 'marriage dance' after traumatic child death.

3.8 Therapeutic balancing of gender differences in marriage

It has been outlined that various stereotypical norms are predominant in Western culture that prescribes different roles to men and women and reinforces inequality between them. Both men and women have perceptions of themselves and each other as man or woman. These perceptions include various attitudes, and characteristics relating to how men and women should behave. I have chosen to understand gender roles in terms of a social constructionist perspective. According to this perspective, there is no real *masculinity* or *femininity* but rather multiple versions of the gendered self that exist within the social and interpersonal context. Thus, gender is a social construction that is continually being created and maintained between men and women. It is not a fixed and given quality that one is born with. In this sense gender becomes *"an interpretive guide to one's own beliefs, behaviour, relationships and expression of affect"* (Hart 1996:46). According to this view, maleness and femaleness are modes of experiencing a body on the basis of the meanings attached to it and in this way rid us of power imbalance.

It has further been argued that individuals are subjected to masculinity and femininity through a process of social interaction according to the norms implicit in the dominant cultural discourses. Male dominance and female sub-ordinance are both the results of those dominant discourses that serve to reify men as *masculine beings* in their relationship to women. Subjects become formed out of these discourses into their own self-understanding. The laws of truth, that constitute dominant discourses lead to self-creation or *"self-concepts that are constructed as 'internal working models' that guide and regulate behaviour"* (Hart 1996:44). Power structures are involved through interactions that are exercised in terms of hierarchical relations. This leads to stereotyped behaviour of fixed universal categories in which mens' superiority and womens' inferiority are seen as the normal standard. Many couples become both characters and victims of the dominant story of patriarchy according to traditional gender roles of domination and dependence. It has been outlined that patriarchy does not bring about affect, satisfaction and happiness in relationships. Experiencing control tactics through emotional intimidation, manipulation, emotional battering, verbal and non-verbal abuse, poor communication skills, and diminishment of the other's self-esteem makes relationships almost unbearable.

However, it has also been outlined that the validity of dominant knowledges and truths should

and can be denied. Traditional, authoritarian grand narratives can be rejected as single unitary views of the world based on fixed formulas and boundaries of modernity. Marriage partners should be helped to de-construct dominant power structures in order to attack rigid gender categories in which men are seen as the norm. They are also able to reconstruct new gendered meanings and images of the self. Although gender differences between men and women are unavoidable, couples should face the need for changed socialisation processes between them. Since traditional gender norms may determine the emotional attachment between them as 'dancing partners', patriarchic norms and structures should be changed in order to transform the relationship between them. However, it should be noted how gender plays a role when working with couples experiencing trauma and loss.

Vance *et al.* (2002:368) have shown that gender differences have implications for how parents experience their loss within the context of their relationship and for the relationship itself. Purves & Erwin (2004) have examined the role of gender difference in the levels of emotional self-disclosure after a traumatic event. It is generally stated that self-disclosure is an important component in the processing of a traumatic event, and that this processing determines the severity and longevity of traumatic reactions. Emotional sharing after a traumatic event is a natural way for people to understand their own experiences in terms of the creation of a more coherent narrative of events. While disclosure leads to better health outcomes, a failure or inhibition of disclosure depletes a person of valuable resources and leads to greater health problems (Purves & Erwin 2004:24).

Purves & Erwin (2004:29) have found that men and women differ in their willingness to disclose emotional information. Men are perceived as, and perceive themselves to be, less emotionally disclosing. They appear to be less willing to disclose emotions of fear, anxiety, and depression than women. The greater their frustration and distress, the less they disclose. They use the male strategy of internalising emotions when under pressure and becoming strong and silent. They also provide less opportunity to talk through problems and gain support for the processing of trauma. In contrast, women occupy a social role in which a certain amount of disclosure is expected and allowed. Purves & Erwin's (2004:30-31) research shows that women with trauma reactions easily seek social and emotional support through the self-disclosure of their anxieties. This may lead to the processing of a traumatic

experience, although it is not necessarily so[130]. However, individual differences and variations in the nature of trauma experiences in both men and women should always be taken into consideration. It depends on the role the pastoral therapist is playing in the processing of a traumatic experience that will balance the gender differences that lead to varying levels of self-disclosure of grieving parents.

Although there is an increasing tendency towards gender equality, traditional gender rules continue to be a strong force in the construction of relationships. Knudson-Martin (1997:423) argues that most couples in therapy are unaware[131] of the ways in which their responses to each other, their images of appropriate behaviour for men and women, and the patterns of their lives are influenced by traditional gender and power differences. They experience themselves and their partners as making their own unique and personal decisions and creating their own successes and failures, joys and disappointments. They make decisions about the day-to-day aspects of their lives with little awareness of how their decisions regarding who does what and how they relate to each other are influenced by social structures, traditions, and economic forces, or how these decisions may favour the well-being of one gender more than another over the long term, or limit the intimacy and equality they seek (Knudson-Martin 1997:433). Men and women do not really know how to resolve hidden gender dilemmas concerning equality. This leads to tensions that are expressed in other ways such as fatigue, stress, relationship conflict, depression, or low self-esteem. This also makes the achievement of their marriage goals difficult. It is found that most couples avoid dealing directly with gender and power issues (Knudson-Martin 1997:424).

[130] In order to be effective, Purves & Erwin (2004:31) argue that self-disclosure needs to access the core assumptions individuals have about themselves and the world and how these have been affected by the trauma.

[131] Knudson-Martin (1997) believes that individuals absorb a set of expectations early in life, which structures their social experiences according to gender, and which men and women bring into their day-to-day interactions without being fully aware that they are doing so: *"Because we are all socialised to some extent within a male-dominant social context in which women hold lower status, the assumptions underlying and maintaining gender inequalities often feel natural and are difficult to see"* (Knudson-Martin 1997:423). Unawareness of the internal and relational conflicts because of contradictory social forces lead them to respond to stresses in their lives in ways that maintain the *status quo* in terms of inequalities. They tend to give each other mixed messages that are in conflict with equality, partnership and intimacy when it comes to beliefs and decisions. They may hold themselves and each other to both the traditional and new standards, falling short of each. Women need their experiences valued, judged and understood and also need to gain power. Men also need their experiences understood within their own framework and may also examine ways in which independence and control can be harmful to relationships. Thus, they seem to relate in accordance to equality, while experiencing the tensions and disappointments of gender inequality. Gendered ways of perceiving and responding tend to limit their ability to achieve the egalitarian and intimate relationship they seek (Knudson-Martin 1997:424).

According to Knudson-Martin (1997:424) therapists should decide on how to approach gender issues and how to respond to the hidden gender implication of a case. An awareness of the centrality of gender issues to family processes has been increasingly recognised since 1988. Knudson-Martin (1997:428) argues in favour of a *process*-view of gender, which is in line with the social constructionist framework. A *process*-view of gender lends itself well to work within a family systems framework. It is based on the assumption that gender is created in the day-to-day social relations between men and women, thus, within the interpersonal processes of the family. This view focuses on the interactional context in which people experience being male or female, and on how existing, ongoing relationship patterns construct and maintain gender. Knudson-Martin (1997:429) believes that problems should always be placed, not only within their relational context, but also within their gender context: *"The meaning of the client's behaviour and experience does not make sense unless understood within its gender framework"*. Snyder, Velasquez, Clark & Means-Christensen (1997:199) agree that therapists should remain sensitive to broader systemic gender-role issues within the extended family as well as the broader dominant culture(s) of the couple. They have found that both men and womens' gender role attitudes are influenced by behaviours and expectations within their respective families of origin.

Thus, the gender issue cannot be ignored in therapy. The challenge for therapists is to make therapy more gender-appropriate by validating and understanding the unique experiences of both genders. Both have to recognise and understand developmental differences between males and females, thus, how individual traits and identities are created and maintained within ongoing, day-to-day relationship patterns, and also must acknowledge the social context in which these differences occur, thus, how they are created and maintained by existing gender patterns (Knudson-Martin 1997:428). Since gender is experienced within the relationship, the way individuals experience themselves as men or women may change. The therapist has to make men and womens' experiences and responses to each other visible and must help them to re-examine their role attitudes in the light of the potentially conflicting models to which each partner was exposed in their family of origin. Partners have to understand each other not only within their gender context, but also as part of larger social patterns. This renders the construction of new gender patterns and new ways of relating more possible. When partners are lead to consciously negotiate their relationship patterns, it is possible for them to make

more conscious decisions regarding their relational manner according to traditional gender patterns, and to make their established gender patterns more flexible and open to change (Knudson-Martin 1997:429; Snyder *et al.* 1997:193, 199).

Hart (1996), who also works from a social constructionist view, offers illuminating and complementary thoughts to those of Knudson-Martin (1997). He is convinced that both men and womens' internal working models and gendered self-concepts should be changed by types of events that create a discontinuity of the gendered self (Hart 1996:51). The types of events that create such discontinuities become a turning point in individuals' lives and serve as a corrective that leads to an alteration of the internal working model or gendered self-concept. Hart (1996:46) believes that people's experience of themselves as men or women is broader than the stereotyped social definitions of masculinity and femininity created in Western society. The narratives people internalise serve to sift out the parts of their experience that fit within the socially dominant working models they have developed of men and women. Thus, therapists should focus on exceptions to the rule or discontinuities by working with the tensions and incongruities between lifestyle and beliefs, and between lived experience and idealised images within the recursiveness of the relationship between men and women. Gender roles of men and women often exist recursively, defining within the relationship who performs what role or maintains certain personality characteristics or traits[132]. The crucial aspects for the maintenance of the gendered self that are contained within a relationship make it difficult to change gender roles. Since gender is a relational quality that is created and maintained between persons, change in one person threatens the other's gendered sense of identity and cohesion. Change in oneself may mean losing aspects of self that are held in the other. Thus, change implies multiple changes in the individual as well as in the significant other (Hart 1996:52). Thus, in order to create change in the light of the nature of such change, change cannot be approached simplistically. Alternative gendered

[132] According to Hart (1996:48-49), this tendency can be seen especially in marriage. A man's need for emotional connection or dependency is maintained by his wife leaving him free to be more autonomous and independent. At the expense of her dependency, she creates his autonomy and independence by managing the domestic and nurturing spheres of his life. Thus, it appears if the one partner voluntarily takes on a specific gendered characteristic for the other. There may also be a negative process through which the man projects his unwanted feelings of dependency and vulnerability onto his wife by seeming very strong, while the wife may project her uncertain feelings about autonomy and strength onto him. The more one contains a certain quality or characteristic the less the other needs to develop it, or acknowledge the possibility that it already may exist within one's own repertoire of behaviours and capabilities. Through this dynamic process power relations between men and women are reinforced internally, within the individual and in the relationship.

constructions are only possible when they are based on the exceptions to the rule.

Various crises, transitions and events in a person's life expose potential for creating a discontinuity of the gendered self. According to Hart (1996:53), the crisis that brings a couple to therapy may already be considered as a possible discontinuity or contradiction between a person's experience and his own internal working model of self and other. The crisis may create a turning point in which the couple is more open to explore their own gender biases. Likewise, transitions and changes within the marriage structure may bring to the surface tensions in roles and relationships that have to be renegotiated. The patterns of gender relations can also be explored in the family of origin, which may highlight unspoken gender issues. Other qualities assigned to male and female roles within the marriage and ways of expressing affect may also be turning points for change, such as fears of vulnerability, issues of intimacy, and open expression of feelings. The identification of the polarised way in which these qualities have been created and held in the other enables their recursive nature to be tracked in the couple's dialogue about their difficulties. However, room should be created for each partner to consider gender qualities by valuing the importance of each quality in each person and to side-step disputes over who is right or wrong. The goal should be to create flexibility in gendered roles within the marriage, which will give partners greater scope to resolve their difficulties (Hart 1996:53-54).

Therapeutic encounters that serve both genders equally

The story of marriage partners that is enacted before the therapist contains the assumptions that each partner holds about gender relationships and the way the gendered self is created in a recursive way between them. In order to create change, the therapeutic encounter has to be focused on making invisible assumptions and processes visible so that men and women can make more conscious decisions regarding their patterned ways of relating. A therapeutic encounter that equally serves both genders will be sensitive to the following:

- By being aware of his own hidden cultural voices, the therapist has to be a curious observer about what is happening within the relationship, how partners' behaviour is connected to each other and to the larger social context, and how the patterns are working for the couple, rather than an expert interpreter in a position to label the problem. The therapist has to be collaboratively involved in and part of the gender construction process (Knudson-Martin 1997:431).

- Ask *gender-centric*-questions, which form part of *circular*-questioning to place gender in the centre of relationship processes. According to Knudson-Martin (1997:434), it includes questions, such as who is attentive to whom, how the relationship encourages one partner to be more stressed than another, who benefits through particular relationship patterns, how decisions are made, how experiences differ when viewed through the other gender's eyes, or how a particular response is related to being male or female.
- Since a client's particular meanings are influenced by the social context within which he is situated, the therapist has to give the client the freedom to give voice to his own gender truth or truths (Knudson-Martin 1997:430).
- The therapist has to help identify and put into words the gender construction issues at hand; issues that usually go unnoticed and unaddressed. These may include power struggles between partners, difficulty in understanding each other's gendered experiences, language and behaviour, and a struggle to fulfil both new and old constructions of gender (Knudson-Martin 1997:434).
- Externalising the gender issues can be linked to the larger culture or social context, which makes change more possible. This may help clients to see their problems as more than their own personal struggle (Knudson-Martin 1997:434).
- Since a neutral and objective position is impossible, the therapist has to bring his own person into the therapy room: share his thoughts, images, ideas, and responses about gender and power. These may bring new, previously invisible, or subliminal issues about gender into the therapy process for clients to decide on. Clients may see how their relationship struggles are influenced and reinforced by, and contribute to, individual identity constructions and social power differences between men and women. They can be helped to identify injustices and inequalities within their relationship, and to examine them in relation to questions of right and wrong, without the therapist telling them how men and women should behave or act. Traditional gender constructions may now be challenged (Knudson-Martin 1997:432-433).

However, Knudson-Martin (1997:421-422) has shown that different expectations, behaviours, and roles for men and women are not only beneath the surface of clients' lives, but also in the lives of many therapists. How a therapist responds will result in a relationship structure that

either reinforces previous gender differences and inequalities, or move towards more equality and a shift in what it means to be male or female in relation to each other (Knudson-Martin 1997:429; Snyder *et al.* 1997:193, 199). Therapists often reflect assumptions, beliefs, and values concerning gender that support traditional social structures. Therapists should, while being aware that their knowledge about gender and power may shape their questions from an expert position, avoid reinforcing existing gender differences (Knudson-Martin 1997:432, 433). Thus, they should not focus on the dynamics of a couple while ignoring the social context in which the relationship occurs and the ongoing interaction patterns that may either reinforce or change existing gender patterns within the relationship. It is not enough to see the differences between men and women as natural and that clients should only be encouraged to respect and understand each other's differences. For example, it is not sufficient to only help couples to understand their communicative differences and conflicts and to communicate more effectively. A couple may perhaps develop better ways to deal with their relationship, but the basic relationship structure is not yet challenged. It is also not enough to help clients to see inequalities and power differences and to take action against patterns that disrupt the stability of their relationship and that serve the well-being of one partner at the expense of the other. Thus, a change-orientated approach is needed. What should happen is a questioning of gendered behaviour, which leads to thinking and behaving in less typical ways (Knudson-Martin 1997:431).

Zimmerman *et al.* (2001:56) quote Gottman & Silver (1999), whose research has revealed that sharing power is one of seven essential principles for a happy marriage. They also refer to Steil (1997) who reports that husbands and wives who maintain an equal balance of power give and receive higher levels of communal nurturance, positive regard, affirmation, and empathy to one another – all aspects of a healthy relationship. Therefore, the pastoral therapist working with couples after traumatic child death has the responsibility to move in the direction of the therapeutic balancing of gender differences in marriage. This balancing should be based upon an emotional attachment which is forged in accordance with Biblical partnership. 'Dancing partners' will not only be helped towards finding a new track after experiencing traumatic child death, but they, personally, and in their relationship, will benefit from being involved in a deeper level of negotiating their emotional attachment. The next chapter will shed more light on the emotional attachment of 'dancing partners' within the context of the 'dance' of marriage.

CHAPTER 4: THE 'DANCE' OF MARRIAGE

4.1 Introduction

The most beautiful moments in dancing occur when a man and a woman are dancing in sensitive partnership. Laws (1984:95) writes:

> **"A soloist depends only on individual self-controlled body movement. But a partnership involves the extra dimension of communication with another person. A very different form of concentration is necessary in creating that communication effectively. The dancer must not only be sensitive to his or her own timing, balance, strength, body shape, and individual quirks of technique, but must also sense and adjust to those characteristics of the**

> **partner. When a partnership develops a mutual trust, sensitivity, and cooperation, the results can be breathtakingly beautiful".**

The cooperation between dancing partners is indeed remarkable and this is no different in the 'dance' of marriage. The same concentration required in adjusting to the partner, and the same sensitive communication are involved in the 'dance' of marriage. In this chapter I am examining marriage partnership in terms of the emotional attachment between man and woman. According to Johnson (2003:366) research has confirmed a new worldwide interest in maintaining long-term partnerships or close marital relationships: *"Also in the academic world, adult love and bonding, which was virtually ignored until very recently, is now a topic of serious study"*. The new interest in close relationships also involves the connection between distress, which may not necessarily end in formal divorce, and close relationships. Relationship distress has been specifically linked, in some cases, to depression and traumatic experiences. Johnson (2003:365) also notes the interesting intention of the U.S. government to actively promote stronger and more stable adult relationships. Thus, it is important to focus attention on the special bonding between man and woman that is called marriage.

Balance in dancing

Any partnership asks for the maintaining of balance. The question is: How do partners cooperate in maintaining balance? This question is especially applicable to dancers:

> **"Balance is important for movement in all styles of dance. Some of the more breathtaking moments in dance occur when a dancer enters a pose and holds the position while balanced for several heart-stopping seconds"**
>
> **(Laws 1984:11).**

A condition of balance exists if the dancer remains motionless above a small area of support on the floor without falling. If there is no contact with a partner or other object, then the floor and gravity are the only forces acting on the dancer's body. With only the floor for support, the state of balance will be achieved only if the downward vertical force of gravity is in balance with the upward force from the floor to the feet along the same vertical line: *"If the body's centre of gravity lies on a vertical line above the area of support, and there are no horisontal forces acting on the body, it will be in equilibrium and will remain at rest"* (Laws 1984:13). Clearly, substantial skill is necessary for this kind of difficult balance. It is even

more difficult to reach and maintain balance when two dancers have to find the centre of gravity together. Now each of the partners has the responsibility to accomplish the balance. They have to develop the coordination that will allow both of them to use their strengths most smoothly and effectively.

The skills used for balance can be applied to an infinite variety of dancing positions such as turning or accomplishing multiple turns. Turning, especially multiple turns, is one of the most important forms of movement in dance (Laws 1984:19). To accomplish this without falling:

> **"The dancer has to be close enough to balance that at least the few turns can be accomplished with no adjustment. There has to be a stabilising effect from the start. Certain people who are 'natural' turners have, or can feel and develop, the proper instincts, and other must depend on initially accurate balance in order to accomplish the more usual two- or three-turn"**
>
> **(Laws 1984:21).**

If a dancer now wants to proceed with a next movement that involves horisontal acceleration, he has to drop out of balance in order to start moving to the next step. In order not to get stuck in balance, the required action is to move the body in such a way as to exert a force on the floor in a direction opposite to the direction of motion so that the floor can provide the necessary accelerating force (Laws 1984:17). The same is applicable when a dancer begins a movement from rest that involves a quick acceleration away from a standing position. A force has to be exerted by himself in order to accelerate. The floor is the only force accessible to the dancer; he must push against the floor in order to accelerate. The dancer has to lean forward so that the weight is placed on the balls of his feet, shifting the centre of force towards the front. The centre of gravity is then in front of the support, and a fall to the front begins. The back foot can then exert a backwards push against the floor resulting in forward acceleration. This will allow for fast acceleration from his initial position (Laws 1984:26-27).

Thus, to initiate and to proceed dancing after an achievement of balance requires a certain responsibility from dancers. Even the achievement of balance requires substantial skill. In dancing together, dancing partners have to use their strengths in coordination with each other. It is remarkable that the stabilising effect of initial balance is very important for subsequent

steps. Laws (1984:13) says: *"The closer a dancer is to a perfect balance, the slower will be the fall away from balance"*. This is also true for partners in the 'dance' of marriage. To take responsibility for one's marriage is much easier within a balanced and stabilised context. In this chapter I will illustrate how important balance is in the emotional attachment between marriage partners. And although balance is important, it is also necessary to 'drop out of balance in order to start moving to the next step'. 'To get stuck in balance' may bring a satisfaction that is taken for granted. Sometimes new inputs are necessary to achieve balance on high levels of functioning.

'Dancing movements' in marriage

When thinking about marriages, it has to be acknowledged that all marriages are not and will never be the same! All marital partners are not the same. There are, as Laws (1984:21) has suggested with regard to dancing, the so-called *"naturals"* who can feel and develop *"the proper instincts"*, but there are also those who have to depend on what they learn along the way. Not all partners have the same emotional literacy, and not all marriages provide the same balanced context that promotes the taking up of responsibilities. Sometimes the taking up of responsibilities will in particular lead to more balance. I see it as my task in this chapter to illustrate, on the one hand, the relation between marital satisfaction and both partners' emotional deposit into the 'dance' of marriage, and, on the other hand, how both partners can develop their emotional awareness of one another. The ideal is that emotional deposits become automatic. Laws (1984:23) says that the sequence of dancing movements improves as soon as these movements are analysed, understood and applied. The point will then be reached where these movements become automatic. Thus, in this chapter I am focusing on the 'dancing movements' in which men and women become involved when 'dancing' together in marriage.

My main focus will be on the 'forces' 'dancing' couples have to create in order to 'accelerate across' the 'dance floor', especially those after sudden child loss. These forces are the most important building blocks for a strong emotional attachment. How does a dancer keep himself traveling in a curved path around the stage without colliding with his partner? Collisions do occur! Circumstances beyond the control of the partners may lead a married couple to conflict and grief. But there are always ways to regain balance. Laws (1984:22) writes:

> **"When the condition of balance is not quite met, the body can carry out adjusting motions so as to regain balance. These adjustments require either a shift in the centre of supporting force at the floor by a supporting ankle or foot, or a push horisontally against the floor in such a direction as to cause the body to return to the balanced condition by shifting the upper body towards the direction of fall".**

The possibility for rebalancing asks the question: How is it possible to accomplish a landing that is gentle enough to avoid injury, and will not result in slipping and falling? Dancers want to maintain balance under all circumstances. It is my privilege to guide 'marital dancers' towards a longing for rebalancing after the devastating consequences of traumatic child death. The secret lies in maintaining contact with the 'dance floor'. Laws (1984:31) writes:

> **"No change in speed or direction is possible during the flight phase of a traveling jump, when there is no contact with the floor. Changing in speed or direction is only possible during brief moments of contact with the floor. To stop motion, the dancer has to depend on the floor for decelerating force, by leaning back so that his centre of gravity is to the rear of the support, allowing the floor to exert a retarding force to slow the forward motion".**

I have observed, and this is outlined in chapter six, that traumatic child death is able to put a 'dancing' couple into the 'flight phase of a traveling jump', where it is difficult to make contact with the floor. Here I am referring to those moments in marriage where parents feel themselves to be out of control because of their grief. The pain and grief may deprive them of a 'change in speed or direction'. The story of a grieving couple's 'dance' of marriage may be overtaken by trauma. In this chapter I will illustrate how a strong emotional attachment makes it possible to keep on 'dancing', to 'change the speed', and to 'bring about new direction'. I have to help them to 'make contact with the floor' and to come to terms with their trauma in order to set their 'dance' of marriage forth in terms of a new story. Although some marriages 'stop all motion', at least for some time, after traumatic child death, partners can start 'dancing' afresh on the grounds of their emotional attachment. However, their emotional attachment is closely bound to the story of the 'dance' of marriage.

4.2 Where did the 'dance' of marriage start?

Marriage is undoubtedly important to all cultures. Storkey (1996:2) says: *"Whatever the place, whatever the area, marriage is crucial to the agenda of every culture"*. Storkey (1996) also adds that various cultures have various patterns of marriage. Bardis (1988:3) agrees with Storkey (1996) when he states: *"Every culture has developed customs and legal codes that designate the ways in which marital relationships are created, conducted, and terminated"*. Thus, marriages are culturally defined. This is the institutional component of marriage that is based on the formal laws and religious doctrines and rituals that determine it. Besides this, we may also view marriage in terms of the relationship between two people: *"Marriage is a social, psychological, and physical commitment between at least one man and at least one woman, and is based on rights as well as obligations"* (Bardis 1988:3). The two components of marriage can never be separated from each other. Benokraitis (1996:2) succeeds in combining the two components of marriage when he considers marriage as *"a socially approved mating relationship"*. In Western countries married couples are expected to share economic responsibilities, to engage in sexual activity only with their spouses, and to bear and raise children (Benokraitis 1996:3). However, Mansfield (1993:42) warns against a prescriptive definition of an ideal marriage. Such definitions can easily be built on the nature of other people's marriages. In this case, public perceptions of marriage, based on observations and comments on private experiences, may be used to formulate expectations of marital closeness[133]. In describing the story of the 'dance' of marriage, I wish to take both components of marriage into consideration.

People today still highly value the institution of marriage. The question always remains: What is the marriage institution for? Clulow (1993:14) remarks: *"First of all it is for mutual comfort, help and fidelity"*. The values of marriage are also emphasised by Benokraitis (1996). According to Benokraitis (1996:253) 36% of people get married because they are *in love*. Although having children or becoming pregnant also play a huge role in the choice to marry, the need for companionship and intimacy, or to avoid being alone are even greater. Many people marry to satisfy emotional needs because they are missing something in their lives. They then expect marriage and children to fill the gap. For men, women may be

[133] Benokraitis (1996:253) believes that some people become disillusioned with the idea of marriage because of the many misconceptions and unrealistic expectations that are deeply ingrained in culture. Thus, throughout this chapter I want to be aware of the role that cultural expectations can play.

important soundboards, and women are looking for someone to talk to[134]. These remarks constitute the relationship component of marriage.

Marriage in ancient times

It is now interesting to note that in ancient times marriage by capture was rather common (Clulow 1993:67). This means that the fact of marriage (as a legal bonding) was more important than its content (an emotional bonding).

Egypt

One of the most ancient settings of marriage is found in Egypt. The institution of marriage was introduced into Egypt at about 3000 BC. Early Egyptian marriages (before 304 BC) included no religious ceremony. A marriage was only built on a legal contract that protected the rights and interests of the partners (Bardis 1988:39).

Hebrews

Many of the features of the Egyptian marriage were adopted by the Hebrews since the time that Moses (1250 BC) was born in Egypt and served there as statesman and legislator (Bardis 1988:53). Marriages among the Hebrews were commonly arranged by parents (for example Abraham's suggestion to his servant in Genesis 28). The control by parents was a private matter not based on any legal regulations. Marriages also did not require any religious or state sanctions since they were viewed as civil contracts (De Vaux 1986:33). This does not mean that religion and the state considered marriages to be of secondary importance. On the contrary, the recognition of marriage by the Ten Commandments offered marriage the support of religion (Bardis 1988:55). Monogamy was the norm among the Hebrews (Genesis 2:24) and was considered to be the will of God (De Vaux 1986:24). Polygamy was rare and considered expensive (1 Samuel 1:2) and resulting in marital conflict (Genesis 30:1-13). Although love was seen to play a secondary role in mate selection, there was often sufficient tenderness between the sexes in order for relationships to result. De Vaux (1986:30) writes: *"Young people had ample opportunity for falling in love, and for expressing their feelings, for they were very free"*. The story of marriage amongst Hebrews may be outlined as follows:

[134] Many more reasons are named by Benokraitis (1996:255) – to escape from a bad situation, social pressure, physical attractiveness – but these fall outside the scope of this study.

- The oldest type of Hebrew marriage (before Saul 1020 BC) was based on the husband that left his parents and became part of the bride's tribe (Judges 16). This involved the groom's complete incorporation into the bride's group.
- After this, the husband became the wife's owner or master and she was incorporated into the husband's tribe (Hosea 2:16).
- Later on a contract between the spouses and the families became more common. The most common way was marriage by purchase (Boaz and Ruth).

The wedding excluded a religious element; there was only a betrothal ritual (Genesis 24:67). In later times a more formal wedding ceremony was adopted (Psalms 45:13-15). The marriage ceremony was a joyous occasion (De Vaux 1986:33).

Ancient Greek

In Ancient Greek marriages were initially also based on capture. Before 800 BC a preliminary meeting usually occurred between the bride's and the groom's representatives, who discussed the gifts (cattle or groom's services). Thus, the families who were involved usually arranged marriages. It sometimes happened that the groom was selected through a contest. Later on complex legal systems were developed. Marriage even became compulsory. Wedding ceremonies usually took place in the temple and were quite spectacular with their sacrifices to a divinity, festal clothes, colourful decorations, processions, the wedding feast, wedding dances and songs. The groom then took control of the bride and witnesses served as proof of the validity of the marriage (Bardis 1988:68-70). However, in Hellenist times wives were made legally and socially equal with men. Wives were free to pursue any career and thus were no longer controlled by men (Duvenhage 1981:15).

Romans

Marriages amongst the Romans were dominated by political deals and financial arrangements. One of the main goals of marriage was procreation. Marriage was a patriotic and religious duty and facilitated the continuity of a family's religious traditions. Men that remained single were even heavily taxed by the state (Bardis 1988:87). With marriage, the wife and her possessions were placed under the authority of the man. However, in the time of the Roman Caesars wives were also seen as being of equal standing as men, as per Hellenist influence

(Duvenhage 1981:15). The wedding ceremony consisted of a contract, a procession and a feast.

Christianity

Despite various attacks on marriage, Christianity defined marriage as an important institution. Many Christian leaders criticised marriage. St Augustine regarded reproduction as the only goal of marriage. Second marriages and also mixed marriages were taboo. Paul, for instance, speaks violently about marriage. However, he also emphasises the mutual love and loyalty between partners on the grounds of Mark 10:7-8, which has its roots in the Old Testament. Bardis (1988:105) believes that Hebrews and Romans influenced the Christian marriage in that it was also a private matter. When commitment implied by marriage was accepted, the families concerned did not arrange the union, but couples were free to make the relationship possible themselves. Wives were also free to pursue their own careers on the basis of an equal relationship between men and women. According to Bardis (1988:102-103) an aspect that has been debated for many centuries is centred around the actual beginning of a marriage. Theologians throughout the ages have disagreed about this. Some believed that marriage was initiated at the time of betrothal; others believed that it occurred when marriage itself was established, and others believed that it occurred when sex took place. Nevertheless, Christian leaders often arranged marriages. The church attempted to control marriages in terms of the wedding ceremony, regulations about the wedding night and a mass for the bride. After the 10^{th} century, marriages usually took place in church under the direction of the clergy.

From the outline of the story so far of the 'dance' of marriage, it can be concluded that a change took place in terms of a transition from institution to relationship or companionship. This movement is educated in the Old- and the New Testament's emphasis of not only the institution component of marriage, but also the relationship component. The Biblical picture of marriage is, thus, not only a legal bonding founded on social and economic considerations, but also an emotional bonding founded exclusively on God's establishment of marriage. Mansfield (1993:45-48) has shown that if the marriage institution is rejected in favour of the relationship, then cohabitation dominates. If the structural aspects of marriage are over-emphasised, then the emotional bonding becomes neglected. It has to be emphasised that marriage is not only a social and economic unit, but an intimate relationship as well.

Transitions in marriage

However, Mansfield (1993:50) has also highlighted, since the end of modernity, we have faced another change in marriage:

> **"Marriage in present times is undergoing a transition. There is a move away from marriage in the sense of kinship and obligation, to another form of close relationship, which is socially recognised and fortified".**

Mansfield (1993:50) is referring here to the movement towards a *"public affirmation of the couple's identity"* as a couple. Thus, the existence of marriages is publically pushed aside! The focus has shifted from marital problems to marriages considered as problems. The implication of this is that *"spouses are constantly seeking clues about marriage and about other people's marriages because they want to make sense of their own"* (Mansfield 1993:50). People in a postmodern era do not really know what a marriage is, how a marriage ought to be, how they have to act or to be in a marriage. Storkey (1996:ix) highlights the crisis of modern marriage from a different angle when he says: *"Understand that there is a substantial crisis occurring in intimate relationships in the West"*. He sees the crisis as the *"glorification of man and woman"* (Storkey 1996:11). Storkey explains this by referring to both men and womens' focus on romantic love (*Eros*-love) since the end of the 18th century with the Romantic Movement. Romantic love became the social force of culture:

> **"Here love was an all-consuming relationship which expressed the meaning of life. These changes were massive. Persons made marriage. The human, male and female, was the ultimate reality and love basically sexual passion"**
>
> **(Storkey 1996:11).**

Thus, the ability of men and women to create their own relationship has constituted the central meaning of love. Within this human-orientated approach, men have been considered as *"complete"*, those who *"can do all things"* and who are *"the measure of all things"*, while women have inspired and become idealised to men through their beauty and sexual attraction (Storkey 1996:12). This became the foundation of men and womens' self-comprehension. They also came to see each other as mere objects of love. But love on the grounds of passion is not comfortable within the marriage institution (Storkey 1996:13). This kind of love

decorates itself with selfishness, independence and individuality, and a focus on self-interest for the short-term (Schumm 2003:216; Clinton 2003:180). Only a few traces of mutuality and companionship can remain: *"A self-focused life impacts all sorts of attachment troubles and relationship problems"* (Clinton 2003:180). Clinton (2003:180) also mentions the partner of the *"idolatry of selfishism"*, namely materialism, *"the cult of the next new thing"*. What a crisis for marriage!

But that is not all! Storkey (1996:8) has also considered *"a dark immoral stain"* that runs throughout the story of the 'dance' of marriage: male domination. This has already been considered in the previous chapter. Men gain power over others and this is built into the culture of marriage. This has led to the physical and emotional domination of women by men. Storkey (1996:10) says: *"Women have assumed it as normal"*. This is also deadly for companionship in marriage. The story of marriage cannot end in such negative tone! If there is no hope, there will be no marriage for the future. The key is in the hands of each married partner. Schumm (2003:213) writes:

> **"There are a number of dangers to Christian marriage. In contrast to many others, my chief worry is not about the effects of 'outsiders' on Christian marriage; I am worried most about the effect of 'ourselves'. Healthy organisms usually resist disease but unhealthy ones often succumb".**

Both Storkey (1996:10) and Schumm (2003:220-222) plead for a rediscovery of the Biblical view of marriage. Postmodern people have the opportunity to discover or rediscover a companionship and an emotional attachment that will free them of all questions, stains, glorifications and negative experiences regarding marriage. Marriage can become a stronghold for times of happiness and for times of distress. No one has to allow the story of his 'dance' of marriage to be written by culture. What then is the Bible's view of marriage?

4.3 A Biblical view of the 'dance' of marriage

The Biblical view of marriage gives theological meaning to marriage. Sadgrove (1993:51) emphasises the importance of the theological question: *"If marriages are to work, it is important to ask why marriage exists, what it is for"*. It is worthy to note that many couples

still want to place their marriages in the religious sphere of a church setting, although they themselves are not necessarily active churchgoers. Sadgrove's (1993:61) opinion is that custom certainly plays a role, but that the church setting, the structure of the rite, and the words of the liturgy contribute largely to the sense of the occasion. Couples want to hear how *"language about God is used to give meaning to marriage in general"* (Sadgrove 1993:52). The general tendency is that people seek religious connection at the major times of passage, of which marriage is one (Sadgrove 1993:61). When I am seeking the theological meaning of the 'dance' of marriage, my motivation is not the sense of the occasion, or only to hear God-language, or for the sake of stability during a time of passage. Clinton (2003:181) writes:

> **"We are called to an honest self-evaluation of ourselves in partnership, to humility and repentance, and to a Spirit-led revival of marital love which points us ultimately to our constant need to know God more fully and intimately… Marriage should lead to transformed living, for in it we should also taste what it means to be in relationship with God".**

Thus, marriage partners have to integrate their faith into their marital relationship. This will lead to the flourishing of emotional attachment in marriage (Clinton 2003:179).

We are standing in the Judaeo-Christian tradition when it comes to marriage. The Western understanding of marriage has been powerfully and entirely shaped by Christian theology about marriage as represented in the Old- and New Testament (Sadgrove 1993:52; Storkey 1996:3)[135]. The Judaeo-Christian marriage not only determines the structure of marriage, but also the norms on how marriage ought to be. We identify constructive and deconstructive patterns of marriage in relation to the Judaeo-Christian marriage. This type of marriage has also been used as reference point when it comes to the restoration of marriage. Although the Judaeo-Christian marriage has become the universal understanding of marriage, it does not serve as an ideal, but as an institution within which couples are called to live (Storkey 1996:2-5). Thus, if married couples want to learn the 'dance', they have to start with the Biblical view of the 'dance' of marriage. Sadgrove (1993:52) warns us that it may be possible that our own thinking about marriage in contemporary age may easily become the *"absolute monopoly of*

[135] Storkey (1996:2) believes that the Judaeo-Christian marriage spread from the Jews in Diaspora and the Christian missionaries to many cultures across the world, especially after the Reformation. This influenced the Western understanding of marriage.

rightness". This means that it is possible to assume that one understands marriage as right without seeing alternatives. However, the Biblical view of marriage serves as a measuring instrument for couples' marital thinking.

What does the Judaeo-Christian tradition say about marriage?

Sadgrove (1993:53) recommends an *"engagement in conversation with the texts"*. These texts are the familiar stories and metaphors in both the Old- and New Testament that have to be explored in order to discover the nature of marriage in the West. Sadgrove's conversation with the texts yields the following perspectives (Sadgrove 1993:54-68):

Marriage is an image of God

The foundation of the Judeao-Christian marriage lies in the two narratives of creation in Genesis (which differ from each other with respect to date, background and content), where an account of marriage is given. Genesis 1:27 communicates the message that all human beings are created in the image of God, and that the differentiation between male and female is directly related to this. This feature distinguishes us from the rest of creation and enables us to enter into relationships, to love consciously, and to be loved. To be in the divine image also means to take responsibility *"in the light of our capacity to make choices, to respect the claims of others, and of the environment in which we are placed"* (Sadgrove 1993:54). As humans created in the image of God, we are called to behave creatively and not destructively.

The rest of the Bible supplements this picture that human beings are able to create and sustain relationships in a similar way to God. God is love and His love is experienced in Jesus Christ. *Agape*-love reflects the richness of God's love, as committed, self-giving, and endless. The same Greek term is used for the marital relationship. Thus, an image of God has to be seen in marriage. The destination of this love is not only childbearing, but also to *"allow space for others"* as God did for human beings (Sadgrove 1993:55). Marital love has to consist of the same fruitfulness that lies in the quality of the relationship, and in the fulfilment of a God-given potential. Sadgrove (1993:56) says: *"A good marriage is 'person making'. Love seeks to transcends itself, find new ways of giving, create space for others"*. Heyns (1986:139) remarks in this context that the destination of marriage is not only reproduction, but also the enrichment, deepening, finishing and perfection of each other's total human being. This can only be fulfilled when both marital partners see their marriage as a comprehensive life-sharing

unity between two matching and complementary spiritually mature persons (Heyns 1986:138). Louw (1993:22-23) refers to the *we*- or *team*-approach in marriage in which marital partners are focused on the supplementation of each other. The opposite, namely to be closed in upon oneself, absorbed with oneself to the exclusion of other lives, is a destructive state of being (Sadgrove 1993:56). Within this close love relationship sex plays an important role as a reflection of a committed relationship between a man and a woman. Storkey (1996:3) sees the Judeao-Christian marriage as *"a voluntary union between a man and a woman involving companionship, sexual intimacy, and love"*.

Marriage is a paradise

The second narrative in Genesis tells the story of the institution of marriage, although marriage is not mentioned here. Adam faces his solitariness, and then recognises that there is what he has been longing for; a woman. Then we read: *"Therefore a man will leave his father and mother and be united to his wife, and they will become one flesh"* (Genesis 2:23-25). Thus, from the beginning this was the will of God for humanity. Marriage is grounded in the created order itself. Heyns (1986:133-134) also emphasises that marriage is an establishment of God. God gave the marriage structure as a space in which one man and one woman can accept their calling from God. Although it is based on the choice of two persons, God created them for each other and led them to each other. Marriage as an institution enables a man and a woman to separate from their parents to be alone in the world with each other to turn to (Sadgrove 1993:60).

What is a couple's calling? Adam and Eve's marriage presents marriage as a return to Eden. Through marriage they experienced paradise. Sadgrove (1993:63) remarks: *"A couple's joy in each other, and its healing, redemptive qualities, makes for paradise restored"*. Whether a couple sees their marriage in religious terms or not, what matters is that marriage for all human beings is a call to participate in the healing and redemptive life-giving love of God. Partners are called, in every moment of life they face, to react and respond to the presence of Christ in each other. A man and a woman are disabled, incomplete if there is not another person to respond to. Thus, Adam and Eve's loneliness took on a new dimension: their relationship made whole and healed. It enabled them to further become the man or woman they had the potential to become. The redemptive quality of love is something mutual. Heyns (1986:136) remarks that quality love asks for mutual service, mutual acknowledgement,

mutual communication, mutual replying and responding, and mutual give-and-take towards each other. This love walks the road with another person despite the demands and circumstances of life. The basis of love-till-the-end is, what Storkey (1996:3) describes as marriage involving *"norms of living like faithfulness and sexual exclusivity… also respect, gentleness and care, which is especially important for intimacy in marriage"*. The implication is that two married partners say: *"Precisely that person is the one with whom I will grow and achieve individuation"*.

Marriage reflects the kingdom of God

The story of Genesis 3 reflects the influence of the fall on marriage. Sadgrove (1993:64) remarks: *"It is that marriage has become a hierarchy in which the husband 'owns' his wife as his property"* [136]. I have already referred to this in the previous section as the dark immoral stain that runs throughout the story of the 'dance' of marriage. Against this, Jesus, in the New Testament, emphasises the equality of man and woman as partners in the marital relationship (Mark 10:1-12). Also in the rest of the New Testament, hierarchy between men and women, especially within marriage, is abolished (Galatians 3:28). The New Testament treats woman as persons with status and nobility. There is no more gender, or other distinctions between human beings. There are no gender-stereotyped roles as I have indicated in the previous chapter. Men and women belong to each other in marriage. Mutual loyalty and commitment is the implication of *"one flesh"* in Genesis 2:24. Heyns (1986:147) adds marriage partners' mutual dependence: both man and woman have something that the other does not have, but that is simultaneously needed by the other. With this, Heyns stresses not only the physiological and psychological differences between partners, but also their uniqueness, their equality and their need for each other. This forms the basis of the view that marriage is a lifelong union that only the death of one of the partners can end. However, the effects of sin are strong enough to disrupt this union so that marriage may end in divorce.

Despite the reality of sin, Jesus has always advocated the union of a man and a woman in marriage in terms of lifelong loyalty and love (Sadgrove 1993:68). Nevertheless, He has made provision for divorce. He was always filled with compassion for those who had failed or

[136] It was previously mentioned that wives in the ancient world of the Old Testament were handled as if they were the mens' property. Marriage was understood as a contract that upheld a husband's position in society

fallen short in some way (John 8:2-11). However, He has also always given a mandate for us to live more responsibly as sexual beings, and to be mindful of the consequences for others and self. This is urgent in the light of the coming of the kingdom. To be prepared for what is at hand, people have to reorientate their lives accordingly. With the end of history in mind, all that matters should be the kingdom. The time is coming when marital status will count for nothing, but meanwhile marriage is subject to the higher values and concerns of the kingdom in order to be a reflection of God's kingdom.

The adoption of a Biblical view of marriage in one's own marriage requires a redirection of partners towards the King of the kingdom. He has already made it possible to achieve God's initial purposes with marriage. He is able to change mutual manipulation between partners as a result of the fall, into a relationship of mutual service and supplementation. Therefore, it is possible for the man and wife in Christ to live in harmony with each other, to make space for each other within a dynamic intimate emotional attachment (Heyns 1986:149). Schumm (2003:222) sees it this way: couples should *"allow the Holy Spirit to direct their moment by moment thoughts and responses during romantic, ordinary, and conflictual moments in their marriage"*. Thus, a total dependency on God Himself is needed to build a quality emotional attachment in marriage.

The next section is vital for an understanding of the emotional attachment of 'dancing partners' in marriage. The better the understanding, the better marriage partners can take up their responsibly to fulfil God's purposes for marriage. As I have said, I am joining marriage couples in their learning process, however, I am learning with them, as to what keeps marriage partners together. This does not contradict what I have said about the part God has to play in marriage. On the contrary, couples have to co-operate with God towards a dynamic intimate emotional attachment. Throughout the years Clinton (2003:179) has discovered that *"living a good marriage is one tough assignment, especially when there are so many tears at love and commitment"*. In focusing on the comprehension of emotional attachment, I am not pretending to be an expert, but rather see myself as a discoverer of a nugget of gold that will make the difference between rich and poor. It will become clear in the following chapters that

and that enabled him to have offspring. Thus, after marriage, the wife was no longer her own. She could in only a limited sense regard herself as an autonomous, self-determined individual (Sadgrove 1993:64).

the quality of partners' emotional attachment is crucial after traumatic child death. This is the only adhesive that keeps them together throughout their distress.

4.4 The emotional attachment of 'dancing partners' in marriage

According to Mansfield (1993:44) the common view of marriage is that of a relationship that is founded on emotional satisfaction. It is inconceivable to think of a relationship with emotional depth and continuity but no commitment[137] (Swensen & Trahaug 1985:939). The nature of the commitment affects the kind of relationship couples have. When the permanence of a relationship is sought, then the bond between husband and wife will be a *person*-bond. With this Swensen & Trahaug (1985:939) mean that the bond with the other person is irreplaceable, as opposed to a bond based on the functions of the other person. It also means that the relationship itself is not replaceable with a relationship with any other person:

> **"This kind of relationship makes it possible to drop pretenses and to be open in the expression of thoughts and feelings. This kind of relationship makes it possible for a couple to develop greater intimacy than would otherwise be possible, because it is not necessary to erect defenses against the possibility of being hurt by the other person. This greater intimacy makes it possible for the husband and wife to become aware of the unsatisfactory aspects of their relationship and to change them"**
>
> **(Swensen & Trahaug 1985:940).**

Thus, married couples with a relationship based on mutual commitment to each other as persons, will have more relationship satisfaction in terms of intimacy and expression of emotion, and may also experience significantly fewer marriage problems. Commitment makes a difference in the quality of the relationship. Committed partners care for their relationship. Edwards (2003b:189) writes:

> **"Commitment is the essential element that underlies each partner's motivation to invest in the marital relationship, willingness to give the**

[137] When Swensen & Trahaug (1985:939) refer to commitment, it is not in the first place a commitment to the institution of marriage, but a commitment of one person to the other as a unique person within the marital relationship.

> **relationship a central priority in one's life, and persistence in working out problems that inevitably arise in intimate relationships. The erosion of commitment of either partner negatively affects both partners… undermines one's persistence and willingness to… whatever it takes to resolve problems and protect the relationship".**

A strong commitment motivates and enables a couple to fight for their marriage so that they may not be overwhelmed by *"powerful emotional currents of relationship conflict and the cultural pull to give up on the marriage"* (Edwards 2003b:189).

What constitutes a *good* marriage?

Clulow (1993a:15) asks: What constitutes a *good* marriage? He then argues in favour of companionate values. He refers to an attitude survey that found that quality marital relationships consist of a high level of emotional support, companionship, and conversation. These values are even more important than shared social background or agreement on politics and religion[138]. Fundamental to any close emotional relationship is the challenge of *"me being with you without losing my 'me-ness', or you your 'you-ness', and the challenge of creating a 'we-ness' that constricts neither of us but transcends what we have to offer as individuals"* (Clulow 1993a:18). A marriage has to bring husband and wife's inner worlds into conjunction with each other[139]. Although there is always pressure on companionate marriages to manage the tension between loneliness and togetherness, the possibility is there for companionate partners to achieve personal fulfilment and development in both spiritual and psychological terms (Clulow 1993a:19).

The importance of emotion in therapy has received increasingly recognition since the 1980's. Scholars experienced a focus on behaviour and cognition as incomplete. Johnson & Greenberg (1994:5) showed that emotionality has been discharged, avoided or controlled for a long time. Negative emotion was viewed as dangerous, destructive and distancing and the

[138] Two other less important values are added here by Clulow (1993a:22, 23), namely, the expectation of good sex – sex that is more than the *"exchange of bodily fluids"*, but with a relational basis, and procreation, which means parenthood within the realm of the marriage where both parents take responsibility for their child.

[139] Benokraitis (1996:113) reminds of the attachment theory that states that our primary motivation in life is to be connected with other people. Maintaining closeness is a survival need, and this is the only security we have. A realisable goal in marriage, according to Clulow (1993a:19), should be to operate in partnership by creating

expression of feelings was to be avoided at all costs. All processes of change in therapy were due to rational processes. Since more emphasis was placed on the emotional connection between partners, emotionally-focused interventions were included as powerful agents of change in both cognitive-behavioural and systemic approaches to marital therapy (Johnson & Greenberg 1994:6). Emotions have now been seen as central in understanding of both interaction and cognition. According to Johnson & Greenberg (1994:7), emotion asks for a person's attention, it influences the salience of information, it motivates by influencing goal setting, and it plays a communicational role in regulating interaction with others.

It has to be stated that the conjunction of two people's inner worlds with each other will always test their different realities against each other (Johnson & Greenberg 1994:6). This means that it will necessarily result in conflict. What distinguishes a marriage that works from one that does not work is not conflict itself, but how conflict is managed. The tension between a personal desire and social constrain can only be achieved by hard work and the taking up of responsibility for the relationship. This hard work involves, what Clulow (1993a:20) names, renunciation, sacrifice and tolerance of disillusion. Benokraitis (1996:121) says that good relationships are the result of conscious effort and work. The interaction between a person's identity as an individual and the social environment makes this hard work a necessity. Hard work is also urged by the different emotional experiences of men and women. Women are, for instance, three times as likely as men to say they received too little emotional support (Clulow 1993a:15). This makes the sacrifice of both men and women so much greater.

The sections that follow are an attempt to understand the emotional attachment of the 'dancing partners' in marriage. The understanding is much more focused on the dynamic process of companionate partnership than on objective knowledge about couple interaction. I have selected the content in accordance with what I consider to be most important for the 'dance' of marriage in this 'dance' of study. Since emotion has become increasingly important within a postmodern world, emotion must have preference in our co-drifting with married couples. Benokraitis (1996:264-266) reminds us, in his identification of five types of marriages across the life cycle, that marriages change as partners grow older. Thus, one can expect that the

space in togetherness, regulating distance, while compelling by a drive for intimacy, and fueled by personal need and public endorsement. A return will be made to the issue of individuality and togetherness in 4.4.3.

companionate partnership and the experience of emotion in marriage will also be different for individual couples and for individual partners.

4.4.1 'Dancing' satisfaction

What is a *good enough* relationship? Marriage as a personal institution-cum-relationship between men and women is regulated by worlds of personal and social meaning (Clulow 1993b:124). Thus, both partners, according to their mutual expectations and for the relationship, will define satisfaction differently. Benokraitis (1996:268) has stated that there is no generally agreed upon definition of the success or happiness of a marriage. At the end it can only be based on partners' own evaluation. However, there are factors that may have an effect on the quality of a relationship that will strengthen mutuality, emotional support and growth in personal identity (Clulow 1993b:124). The strengthening of these qualities may result in greater marital satisfaction or a *good enough* marriage. Satisfaction is regarded as an important factor in the success of a marriage, and expectations of marital satisfaction have not changed much over the years (Benokraitis 1996:268). The question remains: What is marital satisfaction, and what are the factors that contribute to marital satisfaction?

The preoccupation with marital quality is well-founded, because, over the course of decades, research has indicated that individual well-being is strongly related to being married (Fowers 2001:327). Studies have found that among the married, marital satisfaction is much more important to personal well-being than other factors such as occupational success, religion, housing, and finances combined. It appears that having a quality marriage is virtually essential to being personally happy. Men and women long for a *good enough* relationship.

According to Clulow (1993:125) a *good enough* relationship can be described as a healthy relationship. With *healthy* he means a relationship in which partners can provide each other with support, companionship, stimulation, and challenge (Clulow 1993:131). This is more than happiness. Clulow (1993:133-134) says:

> **"The measure of a 'good enough' marriage is not necessarily the way partners treat each other, but the capacity of the relationship to contain the**

different and complex layers of communication and interaction that take place between them".

Thus, marriage has to provide an environment in which the social and emotional development of individuals takes place, and it has to supplement the resources of partners and free them to live fully. In a healthy relationship each person has to feel that he can live whilst taking responsibility for action and interaction. This is of course dependent on the context in which partners live, and on the relationship each partner has with him- or herself.

Clulow (1993:128-129) is convinced that a healthy marriage always encourages the process of individualisation. The implication is that a healthy marriage never leaves room for patterns of dominance or submission. Each partner, as a valuable separate individual, should have the ability for self-expression in terms of feeling and acting. The relationship should enable each partner to hear and to respond freely as well as to speak and assert, on the basis of mutual respect for each other's unique experiences. Besides this, a healthy relationship has the capacity to deal with separation and loss. There is flexibility in the system that makes it possible to adapt to the different needs of members, and to cope with the demands and challenges of the world outside. In healthy relationships the partners also experience degrees of congruent perceptions of reality, although they may not share the same stories. Finally, healthy relationships create an emotional atmosphere of warmth, mutual concern and empathy that allow both partners to express and handle their feelings. This results in the reduction of the intensity of conflict. Thus, the success of partnership depends on how facilitative the environment is for marriage partners to operate in a *good enough* way.

Emotions are important to marital satisfaction. Croyle & Waltz (2002) conducted a study about emotional awareness and the levels of relationship satisfaction between couples. They have shown that there is an association between the experiencing and expression of emotions and relationship satisfaction (Croyle & Waltz 2002:436). Emotional awareness can be directly related to the quality of verbal and non-verbal communication in a relationship. Benokraitis (1996:268) has also emphasised partners' ability to talk about their feelings with each other in order to secure satisfaction in their marital relationship. The importance of exercising good communication in order to improve marital satisfaction is stressed by Fowers (2001:327). I will discuss communication and emotions in marital relationships in more detail in the

following sections. At this time it is only important to stress the relation between marital satisfaction and the handling of emotions and communication by both partners.

To experience satisfaction in marriage, each partner should see the marriage as a long-term commitment (Benokraitis 1996:268). I have already emphasised the importance of a commitment. The commitment should serve as the basis for marital satisfaction and intimacy. It is only on the basis of a commitment that partners can provide emotional support to each other with a positive attitude towards the other and in mutual friendship.

4.4.2 Intimacy between 'dancing partners'

What is intimacy?

According to Mackey & O'Brien (1996:75), scholars agree about the importance of intimacy in marital relationships, although there is no general agreement about its understanding. Benokraitis (1996:115) confirms the thoughts of the previous section when he says that intimacy in relationships is built on a secure attachment in which both commitment and the feeling of being emotionally bound to each other are important. Heller & Wood (1998:273) refer to the value of intimacy as it *"solidifies a couple's commitment to sustaining the relationship"*. Intimacy can be understood as a dynamic process in which partners try to become close and explore their similarities and differences in feelings, thoughts, and behaviours (Heller & Wood 1998:274). Therefore, the disclosure of intimate topics and the sharing of intimate experiences over time within a committed relationship leads to intimacy. Thus, intimacy involves the feelings in a relationship that promote connectedness and closeness. Waring's (1988) thoughts on intimacy are outlined by Heller & Wood (1998:273), namely that intimacy occurs when people share meaning or co-create meaning and then co-ordinate their actions to reflect their mutual meaning-making. In this sense, intimacy is a validation and reaffirmation of a joint construct of reality. It can also be said that the degree of intimacy is dependent on the degree to which partners share perceptions about themselves and the process of their relationship (Heller & Wood 1998:275).

People who are *in love* stress the importance of intimacy, disclosure and commitment (Benokraitis 1996:112). Intimacy as *"a major bonding force"* in marriage (Heller & Wood 1998:273) is at the core of loving relationships. Thus, the expression of love in terms of both

feeling and behaviour plays an important role in intimacy. In referring to the love between men and women as a basis for intimacy, the words of Proverbs 30:18-19 are remarkable:

> **"There are three things that are too amazing for me, four that I do not understand: the way of an eagle in the sky, the way of a snake on a rock, the way of a ship on the high seas, and the way of a man with a maiden".**

It also does not come as a surprise that the Apostle Paul refers to the love between a man and a woman in Ephesians 5:32 as a mystery! Why? Roberts (1990:167) explains that the fact of marriage, the fact that two different people of different sex are able to leave their parents to form an intimate unity, is indeed amazing! Thus, intimacy is directly related to gender differences between men and women. Mackey & O'Brien (1995:81) have found that there are significant differences between men and women in how they value, perceive and experience intimacy. Zimmerman, Haddock & McGeorge (2001) criticise Gray (1992), the author of *Men are from Mars, Women are from Venus*, for his excessive emphasis on the instinctive and natural differences between men and women[140]. However, the basic differences between men and women cannot be denied as argued in the previous chapter. Men and women prefer different styles of love, they seek and experience love differently, and they also differ in their expression and experience of intimacy (Heller & Wood 1998:276-277). The gender differences between men and women ask for a love-connection that has to be established through intimacy. Thus, the mystery of marital love should be unravelled in terms of an understanding of the process of intimacy.

Intimacy involves interaction

[140] Zimmerman *et al.* (2001:56) are guided by a feminist theoretical framework. They argue against Gray's (1992) findings in his popular book *Men are from Mars, Woman are from Venus* that there are many physical differences between men and women. They believe that Gray's findings stand in direct contrast to marriage and family research, and are consistent with the gender-based stereotypes portrayed in popular press materials such as that of Peace & Peace (2001). According to them, Gray's findings lead to the encouragement of power differentials between men and women that erode sustained intimacy in relationships. Gray normalises couples' conflicts and suggests that they accept things as they are (Zimmerman *et al.* 2001:63, 66). I agree with Zimmerman *et al.* (2001:55) that gender differences cannot be taken for granted as truths on which the maintaining of a successful relationship can be built. Power differences may indeed be established through a view like that of Gray (1992). Differences between men and women are much more complex. These differences cannot be attributed to physical and psychological differences, but are part of the process of social interaction and construction (see previous chapter).

To create an intimate long-term loving environment, both lovers have to be committed to a willingness to please and accommodate one another, even if this involves compromise and sacrifice, to accept the other person's faults and shortcomings, and to be concerned about the loved one's welfare as much as for one's own (Benokraitis 1996:121). The caring of one partner for the other will then result in an empathetic response from the other:

> **"The experience and expression of powerful emotions that arise when interacting with one's spouse tend to evoke empathy and a sense of connection in the partner and to facilitate sensitive responsiveness. The responses that partners desire from each other, such as love, compassion, or reassurance, cannot be negotiated or rationally decided upon, but can only be evoked by the other's emotional expression"**
>
> **(Dandeneau & Johnson 1994:29).**

Thus, according to Heller & Wood (1998:275), intimacy involves an interaction or reciprocity between partners in terms of their ability to be emotionally, cognitively, and physically self-disclosing on the basis of mutual understanding and empathy. This will lead to a similarity in feelings of intimacy or a shared perception of intimacy. Intimacy does not depend on one partner's experience. The level of intimacy in a relationship is determined by the accuracy of prediction of one's spouse's feelings of intimacy, and the spouse's similarity of report of intimacy (Heller & Wood 1998:282). Thus, intimacy is mutual: a mutual reinforcement of a shared and co-created reality.

Understanding is required

Heller & Wood (1998:283) believe that knowing one's partner is the first essential step in the process of intimacy. This knowing is more than a mere mutual understanding of each other. The interactive process of intimacy suggests that both understanding and feeling understood are important to feel intimate. Feeling intimate will facilitate more self-disclosure which then will lead to greater understanding of each other, and, thus, to a greater experience of predictability (Heller & Wood 1998:282). I believe that intimacy involves even more than a reciprocal action between self-disclosure and understanding. Louw (1993:92-93) developed the acronym **BRAVO!** to describe the process of intimate love in marriage:

- **B**eliefs;

- **R**espect;
- **A**cceptance;
- **V**eracity; and
- **O**penness.

These five aspects of love may be seen in terms of an iceberg divided into five levels. The first and bottom level, the foundation of intimate love, is the understanding of a partner's **beliefs**. This is in line with what Heller & Wood (1998) have suggested. Partners have to understand each other's thoughts (beliefs), feelings and actions within the context in which each of them has lived and from which they came. A thorough understanding of each other will result in mutual **respect**, the second level, for each other's qualities, differences, perspectives, body, beliefs and personality. When there is mutual respect, there will be, as a third level, mutual **acceptance** of each other despite of weaknesses or deficits. An unconditional acceptance will result in a fourth level, **veracity**, trust or confidence in each other. This means that partners remain loyal, honest and trustworthy towards each other. This will lead to the uppermost level, **openness** in terms of communication, self-disclosure and the sharing of thoughts and feelings. This is also in line with what Heller & Wood (1998) have suggested as a basis for intimacy. This fifth level is often the top of the iceberg, the only level that is visible to the outside world. Thus, the degree of intimacy in marriage is often visible in partners' openness towards each other.

Love makes or breaks intimacy

Intimacy in relationships, in terms of the **BRAVO!** acronym, can only be possible on the basis of love. Hendrick (2004), a researcher of close love relationships, has focused attention on the multi-dimensionality of love in relationships. He uses the insights of Lee (1973) to identify six different love styles to be seen in equal standing to each other. There are no rights or wrongs between them, they are only preferred or not. According to Hendrick (2004:16-17) the different love styles are as follows:

- The *Eros*-lover: characterised by passion;
- The *Ludus*-lover: experiences love as a game;
- The *Storge*-lover: builds love on friendship;
- The *Pragma*-lover: seeks certain qualities in the partner;
- The *Mania*-lover: experiences emotional highs and lows; and
- The *Agape*-lover: the partner's welfare is more important than one's own.

The *Agape*-lover is seen as the rarest type of lover. Hendrick (2004:17) writes: *"Although pure Agape is unlikely to exist on the physical plane of this world, agapic qualities are extremely important as relationships encounter in-evitable ups and downs"*. Thus, it is nearly impossible to do *Agape*-love as its compassionate nature is more focused on what one can give in a relationship than what one can get. However, Louw (1993:38) ironically founds the success of the marital relationship on the nature of *Agape*-love! *Agape*-love is Biblical love!

Agape-love can exist on the physical plane of this world. It may be admitted that *Agape*-love is rare in marriages, and tragically also in Christian marriages. Nevertheless, *Agape*-love is able to bring about true intimacy. When the Apostle Paul encourages Christian men and women in Ephesians 5:22-33 to love their partners, he uses the term *agape*. When he warns the Philippians in Philippians 2:2-4 against the consequences of selfish ambitions, he also uses the term *agape*. In each case he connects *agape* to the example of Christ. Christ's willingness to offer Himself in humble service because of his *Agape*-love has to become the attitude of Christian partners towards each other. Edwards (2003b:194) highlights how the *Agape*-love of Christians has to be carried into their marriages:

> **"The essential ethical core of the Christian faith is that we are to love one another with a sacrificial, *agape*, love. Our faith in Christ and our Christian commitment should clearly make a difference in how we live our lives as husbands and wives, in comparison to our secular counterparts".**

Thus, *Agape*-love enables partners to live in unity with each other as *"one flesh"* (Ephesians 5:31), *"like minded, having the same love, being one in spirit and purpose"* (Philippians 2:2). Because of partners' selfishness, Christ sent us his Holy Spirit to fill us with *Agape*-love (Romans 5:5) so that it is possible to *"consider others better than yourselves… (to) look not only to your own interests, but also to the interests of others"* (Philippians 2:3-4). In the first instance Christ looked unconditionally to the interests of sinners. Through his example, partners have to become servants to each other. According to John 13:14-16, Jesus wants all his disciples to be servants or washers of each others' feet. True servanthood is more focused on giving than on taking, more on a partner's welfare than on one's own, and is a direct outcome of *Agape*-love. Thus, *Agape*-love leads directly to intimate **BRAVO!**- relationships.

How is it possible to embrace *Agape*-love?

On the physical plane of this world, Christ has to be at the centre of partners' lives and marriages (Louw 1993:131). Louw distinguishes between a *pyramid*- and a *circle*-approach in this context. The *circle*-approach has preference over the *pyramid*-approach: in the former approach Christ is given the opportunity to be involved in all areas of one's life. He can rule with his love from the centre of one's life and relationship, and from there He can determine both the purpose and style of one's life in relationship with a partner. In the latter, however, He stands atop the pyramid, which may sound appealing, but the implication is that He does not necessarily share in all aspects of one's life and relationship. Louw's *circle*-approach may be extended through the thoughts of Butler & Harper (1994:279)[141], who argue in favour of God as a *"crucial marital member"*. Within the Christian marriage it means that Christ can become a member of the marital triangle. Thus, within the systemic relationship, Christ becomes *"an operant Being whose purposes are intimately connected to the marriage and who is intimately involved in the course of marital history"* (Butler & Harper 1994:278). In this sense, God, as Holy Trinity, may be depicted as being united with the marriage in a divine triangle. The Holy Trinity will then be the couple's mutual experience, their shared language, their shared narrative, and their shared belief system. He will then be the One who stabilises and influences their interactions, who guides and safeguards them, who operates within each partner and within the boundaries of the marriage. He will then also make *Agape*-love a realisation.

Do married couples only need *Agape*-love?

According to Hendrick (2004:16), all the love styles play a role in the experience of marital intimacy. People have characteristics of more than one love style. The love styles are a multi-dimensional representation of what intimate love can be (Hendrick 2004:17). However, without *Agape*-love all the other styles of love will lose their inherent quality. Heyns (1982:240) has clearly shown in his *Theological Ethics* how *Agape*-love should be allowed to conquer *Eros*-love, passion for the sake of the self, so that *Agape*-love has the power in one's life. All the other styles of love should also be conquered to stand in the service of *Agape*-

[141] Butler & Harper's (1994) point of view is influenced by Anderson & Goolishian's (1988) language systems approach. They consider shared belief systems as interpretive sets rather than portrayals of objective reality. Thus, language is the central mechanism for the creation of a shared belief system. Religious couples often perceive belief systems as objective (Butler & Harper 1994:278-279). Compare 1.5 where I argue in favour of a postmodern approach to the Bible and the Christian faith.

love. All the love styles have a place in the Christian marriage partner's life. *Eros*-love is needed to experience sexual intimacy as the most intense togetherness a couple can experience. Louw (1993:134) sees sexual intercourse as the seismograph of marital intimacy, which means that sex is the reflection of a couple's emotional attachment, just as a seismograph reflects the intensity of an earthquake. In the same way partners need *Ludus*-love to play with each other, *Storge*-love to experience true friendship, *Pragma*-love to enjoy each other's qualities, and *Mania*-love to experience emotional ups and downs. In an intimate emotional attachment both partners experience some basic needs that have to be addressed reciprocally (Heller & Wood 1998:275). To experience satisfaction there has to be balance in the 'dance' of marriage.

4.4.3 Balance in the 'dancing' motion

To dance with suppleness, dancing partners have to balance their contributions to the dance[142]. Both have to be in rhythm with each other. They can at least expect co-operation from each other. Intimacy in the companionate 'dance' of marriage depends largely on balanced motion. Larson, Hammond & Harper (1998:489) have shown that equity or fairness plays a key role in marital intimacy, satisfaction and commitment. Equity refers to partners' perception of balance of benefits and contributions that determine an equitable relationship (Larson *et al.* 1998:488). Thus, the relative gains (benefits) received from the relationship have to be perceived as being in balance with the relative inputs (contributions) made to the relationship. This has to be equal for the self and for the partner:

> **"First, each partner calculates his of her perceived deserved relationship outcomes. Second, the deserved outcomes are subtracted from the received outcomes and this balance is considered in the context of the individual's inputs made to the relationship. If this balance equals zero, the relationship is termed equitable"**
>
> **(Larson *et al.* 1998:488).**

[142] In this paragraph I am reflecting on the reciprocity between marriage partners. However, it should not lead us *"to believe that each member can have an equal effect on the pattern. Given gender constructions and issues of power, we believe that men often end up with greater influence on the pattern"* (Zimmerman & Dickerson 1993:404). This view has to be kept in mind throughout this paragraph. I will address the issue of gender and power in section 4.4.6.

In their study, Larson *et al.* (1998:489) examine the relationship between equity and intimacy. They have found that intimacy will not develop in a marriage without equity and fairness (Larson *et al.* 1998:499). Van Heusden & Van den Eerenbeemt (1987) have made a huge contribution to the understanding of the dynamic connections between people, both as individuals and in the family context. They have studied fairness in relationships in terms of relational equilibrium, the balance between earned merit and obligations. According to them, a relationship is fair if there is a fair balance in the giving and receiving of rights and obligations. They describe the process of receiving through giving within a systems perspective, in which the individual also represents a systemic existential unit of his own.

Van Heusden & Van den Eerenbeemt (1987) consider relationships as being dependent on the fairness of the distribution of merits, benefits and burdens. Van Heusden & Van den Eerenbeemt (1987:43vv) outline the process of fairness in relationships as follows: one makes a conscious choice in favour of a certain relationship to be loyal. Loyalty in this sense is much more than an attachment. It is a choice to be loyal to somebody and not to someone else. Every new relationship has expectations and obligations. Each person in the relationship has conditions for establishing and maintaining his own rights and interests. The quality of a relationship depends on the interaction which takes place on the basis of each other's interests[143]. When two persons take each other's interests into account, equilibrium of mutual interests is established. This happens when one person starts giving according to the other's interests within the opportunities the relationship provides. Receiving through giving now becomes a motivational force as earning of entitlement takes place via giving. The giver is entitled to the acknowledgement of the other. At the same time merits are earned by which one becomes entitled. A self-reinforcing motivation for giving is now initiated by the other person. He in return deserves loyalty or some extra credit, extended beyond the moment-by-moment give and take. This mutual give-and-take according to the rights and obligations of a relationship forms the building blocks of loyalty. Balance will be the result of fairness[144] if

[143] Van Heusden & Van den Eerenbeemt (1987:19) have shown that there are always tensions between the interests of the parties involved in relationships. Two people will never have a total confluence of interests. The closer the relationship, the more conflicting interests will be revealed in terms of conflict.

[144] Fairness is not meant to be absolutely equal in terms of mutual expectations, but is a dynamic balance between the amount of give-and-take and each person's capacity for returning what was received (Van Heusden & Van den Eerenbeemt 1987:9).

there is equity in the investments of both parties. On the long-term, fairness will constitute and determine the trustworthiness of the relationship and, therefore, the long-term viability of the relationship. Trustworthiness is mutually defined and maintained in the interaction only if the relationship is trustworthy for a prolonged duration of time. What ultimately holds a relationship together when it comes to the point of despair, is the justice of give-and-take that is the source of trustworthiness. At the end, the well-being of each person in the relationship is constituted as both gain personal liberation through the relationship.

Van Heusden & Van den Eerenbeemt (1987:19) believe that a relationship is always unilaterally exploitative, if one takes but does not give over a long period of time. Then the relationship becomes unfair, untrustworthy and non-viable. When losing earned merits as the scales of giving and receiving become too unbalanced, one partner's inner freedom to enjoy life is damaged, and may then decide to leave the relationship by deserting the other, or develop signs of strain (Van Heusden & Van den Eerenbeemt 1987:49-50).

What is required in one's relationship is a periodic monitoring of the degree of fairness or unfairness. Each partner has to take the responsibility of reviewing developing unfairness of the relationship. As long as partners care for and correct injustices that occur, they will satisfy the trustworthiness of the relationship. Thus, the search for equilibrium remains a vital task in the ever changing course of a long-term relationship in order to maintain balance in motion (Van Heusden & Van den Eerenbeemt 1987:45). The basic principle of equity within intimate relationships is, according to Larson *et al.* (1998:488), that partners act to maximise their rewards and minimise their costs. A periodic monitoring is necessary in the light of society's emphasis on competition and assertiveness. This leads to partners seeking greater profit for themselves. At the end partners deprive each other by not attaching sufficient value to each other's interests (Van Heusden & Van den Eerenbeemt 1987:43).

It is important for Christian marriage partners to approach their give-and-take in the light of *Agape*-love and within the context of the divine triangle as I have discussed in the previous section. *Agape*-love in terms of Christ's example of unconditional service will save each partner from a selfish seeking of own profit and interests. The Old Testament's term *hesed* adds to these insights. I have already shown how *hesed* denotes compassionate love. What is interesting about *hesed* within the context of human relationships is that it suggests mutuality

within its original *Sitz im Leben*, the family or clan (Theological Dictionary of the Old Testament 1986:47). The Israelites used the term *hesed* for the mutual kindness between close friends. Thus, *hesed* supposes a close, enduring and intimate relationship on the basis of kindness. *Hesed* knits relationships together. An important observation about *hesed* is its mutual exchange as an important rule of life. The one who receives an act of *hesed* responds with a similar act of *hesed*, or at least, the one who demonstrates *hesed* is justified in expecting an equivalent act in return (Joshua 2:12-14). In the light of this it can be said that give-and-take within a close and intimate relationship has to become a mutual act of exchanged love and kindness between partners on an equal standing.

What may be given in a close and intimate relationship?

It is said that giving takes place according to the interests of both partners within the opportunities the relationship provides. According to Larson *et al.* (1998:488) the inputs and outputs between intimate marital partners involve the exchange of such things as love, sex, service, money, time, and status. The giving of communication as a means of love (Hendrick 2004:16) and the giving of a constructive attitude by means of emotional expression (Van Heusden & Van den Eerenbeemt 1987:52) are equally important. Give-and-take is largely founded on partners' expectations of one another and of their marriage. Mackey & O'Brien (1995:22-23) have said that partners' expectations are influenced by the roles they see for themselves and their spouses in the relationship. Partners' expectations determine their expressive-, task-oriented- and also their relationship behaviours. These expectations are often shaped by cultural mores about appropriate behaviours for men and women, and also by experiences in the family of origin[145]. At the end their give-and-take will determine how they fit in a complementary relationship where they experience intimacy and marital satisfaction.

The balance between giving and receiving is also closely related to the interplay of individuality and togetherness[146]. Kerr & Bowen (1988:65) says: "*Relationships are in*

[145] We all experience the heritage of the benefits and burdens of our past. The burdens accumulated through our heritage can weigh upon us through the course of many generations. "*Our roots contain certain facts passed on through the generations"* (Van Heusden & Van den Eerenbeemt 1987:38). Some of these facts are fixed, and others we cannot choose. All of these leave imprints on our lives. We are also left with the influence from our mother's side and the influence from our father's side. We cannot deny the influence of this on our expectations within the exchange process of give-and-take.

[146] With individuality is meant that a person is able to function as a separate person, thus, as an independent and distinct entity, which can feel, think and act for himself. With togetherness is meant that a person which is

balance because each person invests an equal amount of 'life energy' in the relationship and each retains an equal amount of energy to direct his life separate from the relationship". The relationship will develop as long as both partners are willing to make the same investment of life energy that is reflected in the amount of thinking, feelings, fantasies, verbalisations, dreams, and actions directed to one another, and at the same time in their responsiveness to having directed that energy to themselves. Thus, both partners have to feel free to enjoy life within the interplay of individuality and togetherness. When a balanced relationship tends to become unbalanced, partners will experience an intense pressure for adjustment. Each partner carefully monitors the other for signs of *too little* and *too much* involvement according to auditory and visual indicators that include body postures, tone of voice, facial expressions and word content. Signals of *too little* involvement automatically trigger actions to restore adequate attachment, while signals of *too much* involvement trigger actions to restore adequate separation. In this sense each person's signals and actions are made in response to the other person's signals and actions (Kerr & Bowen 1988:66).

According to Kerr & Bowen (1988:64) the interplay of individuality and togetherness is part of every relationship in which people have emotional significance for one another, that is to say in which one person is affected by what the other person thinks, feels, says and does. Within such relationships the emotional process between those involved governs the relations[147]. The emotional functioning of partners generates an emotional atmosphere that, in turn, influences the emotional functioning of each partner. Their functioning may vary between over-functioning (responsible role) and under-functioning (dependent role). The reciprocal functioning between partners has a significant influence on each other's beliefs, values, attitudes, feelings, and behaviours (Kerr & Bowen 1988:55). In the same way that the emotional process may vary from couple to couple, and within the same couple over time, the characteristics of balance are not the same in every relationship (Kerr & Bowen 1988:55, 67).

4.4.4 The experience and expression of emotion

connected to other persons will act, feel and think like others, thus, as a dependent and indistinct entity. The person will also strive to have others act, feel and think like himself. The level of stability, cohesiveness and cooperation within a group is affected by the interplay between individuality and togetherness. The capacity of two people to be closely and cooperatively involved is not only influenced by each person's capacity to follow his own directives, but also by the degree to which each of them is orientated by the directives of the other and the relationship. Thus, they are participating in both processes simultaneously (Kerr & Bowen 1988:64-65).

[147] Kerr & Bowen (1988) understand the emotional process in terms of their systems approach (see 4.5).

All people have a capability and capacity for and need to be attached with someone else. In the West this attachment is institutionalised in marriage. In the previous section we saw that marriage involves giving and receiving of love. Love, an essential part of the attachment, is, according to Johnson & Greenberg (1994:10), organised by emotional responses. Attachment is always associated with emotional responses. However, emotional experience and expression[148] can be considered as the primary constituents of the success and failure of attachment in intimate relationships. According to Johnson & Greenberg (1994:4) an emotional bond is created where emotional experience and expression organise attachment behaviours, and where these regulate closeness and distance. The emotional accessibility and responsibility of partners form the basis of their bonding, and also facilitate their emotional engagement and contact. Croyle & Waltz (2002:443) have found that the emotional awareness of partners may be directly associated with their relationship satisfaction and intimacy.

Johnson & Greenberg (1994), in their examination of intimate relationships from the perspective of Emotionally Focused Therapy (EFT), have found that emotion usually guides action. Emotions operate merely automatically:

> **"Human perceptual systems can automatically register information, but signal to consciousness only an emotion towards the object resulting in a person feeling something towards a person/situation without knowing the reason. It is able to control action with rapid and often effective results. Thus, emotions are tied to information processing in ways that help persons adapt and survive, enabling them to respond quickly to information"**
>
> **(Johnson & Greenberg 1994:8).**

Emotional experience is made up of many components. Besides the experience of sensory and psychological changes and action tendencies, meaning also makes up our emotional experience, since emotions are also socially constructed, and constituted by language

[148] According to Croyle & Waltz (2002:436) there is a difference between emotional experience and emotional expression. The former can be described as a conscious act of allowing feeling or an emotion. Emotional expression involves the spontaneous external display of the experienced emotion in terms of verbal and non-verbal communication.

(Johnson & Greenberg 1994:8). This provides us with an information-processing emotion system that acts as a rich source for our feedback in our reactions to situations in the form of feelings.

Our emotions are particularly involved with our interactions. Johnson & Greenberg (1994:11) have shown that a partner's empathetic attunement to the emotions of the other, or his willingness to engage emotionally with the other, and his responsiveness to the other's emotional needs, form the basis of a secure bonding between them. Emotion motivates people towards action and interpersonal responses. Emotion may be viewed as a rapid response that orientates a person to the features of the outside world as they relate to the person's safety and well-being. In this sense, emotion will prime and motivate individual responses and when expressed, will organise social interaction by evoking or constraining the response of the other. What follows is an example of how emotion is able to prime approach and avoidance, or attack and flight: A partner's tears and expression of vulnerability may evoke compassion and a desire to comfort. Emotions of fear and joy amplify one's motivation to escape or approach. A feeling of love amplifies a desire to approach and take care of, and anger leads to distance or aggressive protection of the self (Johnson & Greenberg 1994:10-19). Thus, emotional expression has the ability to change the emotional experience and the behaviour of the other, and also has the potential to change a person's experience and behaviour as a result of the other's response. I conclude with Johnson & Greenberg (1994:18), that emotional expression organises the interpersonal reflex of the other in terms of closeness-distance interaction as well as dominance-submission.

Emotional expression is fundamentally communicative in nature and serves to regulate social interaction (Johnson & Greenberg 1994:9). Emotional communication, especially non-verbal communication, plays an important role in organising social interaction. Emotion serves a communicative function of our needs. The experience of emotion connects individuals to their needs. An awareness of emotions in an intimate relationship serves as a source of information and motivation that is necessary for a satisfying bond. Understanding, caring for, and validating someone's needs, characterises emotional intimacy. Awareness of the emotional messages a partner sends, and their potential impact on the other is essential if partners want to construct a reliable positive relationship, or if they want to control negative reactions such

as pursue/withdraw, demand/distance. Croyle & Waltz (2002:435) describe emotional awareness as *"the ability to recognise emotions in oneself and in others"*. Thus, it is the ability to describe how one is feeling, and to identify emotions in the other. One has a higher level of emotional awareness if he is able to identify differentiated emotions (such as guilt/ disappointment), and even higher if he is able to identify more than one emotion present at a given time. Orbach (1993:117) is convinced that men and women have to be involved in a developmental emotional literacy in their relationships. Croyle & Waltz (2002:436) believe that partners in marriage should be helped to enrich their emotional awareness by identifying their unexpressed and underlying emotions in order to redefine it in their interactions.

Since emotion is no longer seen as disruptive and disorganising, but as a part of information processing that orientates us in the world, and as something that provides us with feedback in our interactions with other (Johnson & Greenberg 1994:10) partners in a marital relationship, it cannot be neglected. If the emotional experience and expression between partners is clear, a congruent and open atmosphere is created that encourages affective attunement, emotional engagement, accessibility, and responsiveness. This will bring about a secure bond between partners that enables them to adapt to their changing demands and needs. Croyle & Waltz (2002:436) make us aware that partners may have similar or highly discrepant levels of emotional awareness that may eventually influence their relationship: *"If partners are discrepant in their levels of awareness, their attempts at communicating their feelings to each other may not be understood by the other partner, contributing to dissatisfaction"*. Croyle & Waltz (2002:441-442) have also found that partners have to take gender differences with respect to emotional awareness into account; a matter that will be addressed shortly.

It can be concluded that marital partners should take responsibility for their emotions. Storkey (1996:153) says: *"Our emotional life is complex, varied and quite often unstable"*. Sometimes we try to control our emotions by means of suppression, and sometimes we surrender to our emotions with disastrous consequences (Storkey 1996:155-156). Sometimes we hide our emotions by means of distancing ourselves or by establishing our boundaries. Most of the time our emotions are selfish without empathy. We may transfer our emotions inappropriately to others such as partners (Storkey 1996:157, 159). We also suffer with the interpretation of emotion. Since our emotions are personal and reflective of one's life (and

history), of one's development throughout life, and of one's responses to God, partners are called to develop emotionally. At the one hand, they have to be aware of a communicative style that calls for negative responses, and on the other hand, they have to strengthen their emotional bond by reorganising their interactions on the basis of love. Storkey (1996:154) has shown how one's emotions are bound to one's thoughts. The implication of this is that the Christian marriage partner can control his emotions through his thoughts by letting God rule. The more marital partners become emotionally attuned to each other, the more they will move towards closeness and security. The secret of a renewal of attachment lies in communication: the sharing of emotional vulnerability will finally lead to sensitive responses.

4.4.5 Communication

The importance of communication in marital interaction has already been stated in the previous section. Fowers (2001:328) has indicated that there are empirical grounds for believing in the correlation between good communication and marital satisfaction or dissatisfaction. The findings of Gordon, Baucom, Epstein, Burnett & Rankin (1999:212) confirm this when they say that a couple's desire for closeness leads to effective communication and *vice versa*:

> **"It seems likely that standards involving a great deal of sharing between partners and a high level of investment in the marriage would help to create an atmosphere that leads to more communication. Certain relationship standards might shape the form of communication that couples demonstrate"**
>
> **(Gordon *et al.* 1999:220).**

However, Gordon *et al.* (1999:213, 220) warn that communication may have different implications for different types of couples. Different partners and different couples may also have different preferences in terms of closeness, which does not necessarily mean they have unhappy marriages. These differences may be attributed to couples' different abilities and gender differences. Nevertheless, there is a surprising degree of agreement among professionals, the public, and the popular press that good marital relationships are

characterised by self-expression, mutual understanding, nurturance, and emotional closeness (Fowers 2001:328).

What is good and effective communication?

When Fowers (2001:329) explores the content of good communication in the development and maintenance of a good marriage, he argues in favour of a set of virtues. He uses Aristotle's concept of virtues as the foundation of his theory. Aristotle defined virtues as the personal qualities or strengths of character that make it possible for persons to live a good or worthwhile life, thus, to flourish as human beings. These virtues are part of everyday living, and married couples should cultivate and exercise these virtues for the sake of a rich and vibrant marriage. Exercising self-restraint by choosing a tactful way of expressing one's anger towards one's spouse can, for example greatly contribute to a good marriage. Thus, Fowers (2001) explores the moral or ethical dimension of marital relationships. The following are virtues that have to be learned for marriage couples to exercise within a particular set of circumstances (Fowers 2001:329-332):

- Non-defensive listening and self-restraint;
- Active listening and generosity;
- Self-disclosure, honesty, courage and fidelity; and
- Editing, self-restraint and judgment.

Teaching these skills appears to help couples to maintain or even improve the satisfaction and stability of their relationships (Fowers 2001:328). Fowers is aware of marital researchers who believe in the training and improving of communication and conflict resolution skills as the best hope for, and maintenance of marriages. However, he warns against those programmes that are too technically in nature. He criticises the modern West where technical solutions are sought for almost any human problems. To be overly preoccupied with technique or skill may result in losing sight of other essential and rich aspects that make marriages good. Fowers' idea about the essential and rich aspects of marriage should perhaps be sought in the communication of love.

It has already been implied that intimate relationships are based on communication. Hendrick (2004:16) makes mention of Marston, Hecht & Roberts (1987) who noted "*communication is the fundamental action which both expresses and determines the subjective experience of*

romantic love". The latter analysed partners' most frequent communicative strategies of love. Love can be communicated from one partner to the other in terms of:

- Words;
- Actions;
- Support and understanding;
- Touching; and
- Spending time together.

Although not exactly the same distinctions, Chapman (1992) refers to strategies like these as the *Five Love Languages*. He says that partners should frequently fill each other's *"emotional love tanks"* (Chapman 1992:23) by means of depositing love through encouraging words, quality time, presents, service and touching. All of these are powerful ways of communicating love towards each other. The communication of these forms of love can, as I have argued, only make sense within a reciprocal relationship where give-and-take and the exchange of emotions are important for both partners in order to experience marital satisfaction and intimacy.

Benokraitis (1996:277) reminds us that communication in general can either be constructive or deconstructive. Constructive communication involves an honest self-disclosure of one's thoughts and feelings. In this context, reciprocity is important to eliminate guesswork in communication, and to provide a balance of costs and benefits. An effective communication approach is:

> **"Ask for information, get inside the other person's world, create a caring communion, do not criticise, evaluate or act superior, maintain a balance of honesty and kindness, be specific, attack the problem rather than the person, express appreciation, share your hopes, use non-verbal communication to express your feelings"**
>
> **(Benokraitis 1996:280).**

A harmful approach will be negative feedback that *"shoots the person down"* (Benokraitis 1996:277). Partners often communicate in ways that do not result in meaningful interaction through not listening (ignoring the other person in favour of one's own ideas and complaints),

by not responding to the issue at hand, by blaming, criticising, nagging and arguing (instead of being understood, partners feel neglected or unappreciated), by magnifying the other's faults, by accusing each other unjustly, by making each other feel worthless and stupid, by scapegoating the other, by being coerced (force acceptance of one's point of view), or by contempt (negative body language). To *"get inside the other person's world"* and to *"create a caring communion"* will always stay the secret of constructive communication (Benokraitis 1996:279). This is empathy, the true nature of *Agape*-love. Heyns (1982:239-244) gives a remarkable description of what it means to become involved with someone else by means of *Agape*-love. *Agape*-love not only takes possession of one's heart, will, intellect, eyes, hands and feet, but also of one's ears and mouth. Thus, *Agape*-love also flows through one's language and listening when communicating with one's partner. This means that partners are willing to listen to each other, to seek one another's benefit and to reflect the attitude of Jesus Himself, speaking of sensitivity. Without assuming that everything has been said about communication, emotions, balanced interaction, and marital intimacy and satisfaction, I can now draw some conclusions that serve the purpose of this 'dance' of study.

4.4.6 Conclusion

From the preceding sections it is clear that marriage may be considered as an emotional attachment between two equal partners. These partners are 'dancing' in rhythm with each other. Their 'dancing' is based on love. They are *in love* because of their commitment to each other. Their love constitutes a relationship between them built on companionship. The quality of satisfaction of their relationship depends on their intimacy. Intimacy says something about the partners' closeness and connection. The more they share mutual meaning that they have co-created, the more they experience intimacy. The mutual love between them is not passive, but active. Their mutual love is expressed in terms of their interaction. Marital interaction involves a balance in give-and-take, thus, a reciprocity and exchange of love. There are different forms of love to exchange between each other. Communication has to be seen as widely as possible, although it also, primarily, includes their verbal and non-verbal interaction with each other. To make their interaction worthwhile, is has to be built on the experience and expression of emotion. Without an emotional foundation, one cannot refer to an emotional attachment between them.

Partners in marriage want to feel they can live freely and fully; they want to experience marriage satisfaction. To achieve this, both partners have to take up responsibility for themselves as well as for their relationship. Both have to be willing to make sacrifices, to work hard, to care for the quality of their interactions, and to continually monitor their equality in terms of give-and-take. Larson *et al.* (1998:489) say that inequitable marriages involve a lack of intimacy and cause a drop in relationship satisfaction, more depression, an increased likelihood of extramarital affairs, and lower levels of commitment. It has also been said that the differences between men and women play a huge role in the experience of marital satisfaction and intimacy. These differences should not be understood in terms of the traditional power imbalance that disfavours women on the grounds of gender differences and gender-stereotyped roles as in some unequal marriages (Larson *et al.* 1998:491). Zimmerman *et al.* (2001:56) have found that perceived gender differences are generally a reflection of socialisation and culturally-based power differentials rather than instinctual ones[149] (see previous chapter). Examples of the discrepancies between men and women are outlined in the following paragraph.

First, men and women differ in their expression and experience of intimacy (Heller & Wood 1998:277). It has been found that female partners tend to be more concerned with the quality of a relationship and more desirous of companionship and intimacy. They are more sensitive and responsive to what is going on in their marriage than their male counterparts. Their experience of marital intimacy is also more affected by inequity than mens'. Male partners are less able to take their partner's perspective into consideration than women are (Larson *et al.* 1998:491-492). Heller & Wood (1998:285) quote Tannen (1990) who said "*women speak and hear the language of connection and intimacy, while men speak and hear the language of status and independency*". Men and womens' different experiences of intimacy relates to their different ways of seeking and experiencing love. They prefer different styles of love:

[149] Heller & Wood (1998:276) discuss the development of men and women. Men, who have functioned mainly in the work sphere, experience restricted personal relationships. This has led to increased selfishness and heightened distrust of others. Power and separation secure men in an identity that leaves them distant form others. Women, who have functioned within the home, are sustained by the intimacy and emotional support of close relationships. Women have their identity through relationships of intimacy and care. Men experience intimacy as a transformation, thus, intimacy is hard work: the self has to be connected with the other and the perspectives of the other have to be understood. These entrenched roles have influenced, for example, gender differences in defining and experiencing intimacy.

> **"Women tend to prefer emotional closeness and verbal expression; they desire the emotional interdependence fostered by self-disclosure. Men tend to prefer giving instrumental help, doing activities together, and sex; they seek forms of love that permit them to deny their dependency on women"**
>
> **(Heller & Wood 1998:277).**

Thus, men are often considered incapable of intimacy, while women are viewed to be more skilled at love and more desirous of it. Secondly, Croyle & Waltz (2002:441-442) have found that emotional awareness is different in men and women. Women appear to be more emotionally aware, they experience more emotions and also elaborate more emotional responses in difficult couple situations than men. Women also demonstrate more differentiated and complex emotion language than men. Men experience a lower level of relationship satisfaction if there is a discrepancy between their own and their partners' emotional awareness. There may be other differences as well. The postmodern perspective that gender is a social construction has led to the mode of thinking that men and women develop and live in two separate cultures:

> **"Because of the gender messages they receive throughout a lifetime. Gender messages reinforce and reward different value systems, different personality characteristics, different communication styles, different problem-solving techniques, and different perspectives on sexuality and assign different roles and hold different expectations for relationships"**
>
> **(Heller & Wood 1998:276).**

With respect to communication differences, O'Donohue & Crouch (1996:97) alert us to the stereotypic expectations regarding gender differences in communication behaviour. These may affect speakers' expectations of their own behaviour as well as listeners' evaluation of the messages perceived. According to them marriage partners should learn to be more gender sensitive and to achieve balance in gender roles and in gender-based communication by developing gender empathy towards each other (O'Donohue & Crouch 1996:98).

The term *empathy* has surfaced again! Empathy is connected to *Agape*-love, *Agape*-love is connected to Jesus Christ, and Jesus Christ is connected to the Bible. Without Him, marriage partners are unable to achieve satisfaction and intimacy! As said, He is the adhesive that makes unity, companionship and closeness possible. He makes the 'dance' possible. He helps 'dancing partners' into emotional 'rhythm'. He is the only anchor when dealing with marital distress.

4.5 When 'dancing partners' lose their balance

I have indicated that balance is built on the equal positions of partners. 'Dancing partners' in marriage, thus, are 'dancing' in balance when their intimate relationship is characterised by the principle of equity. Equity implies balance in give-and-take, there is balance in the mutual rights and obligations, thus, both partner's perceptions of gains in the relationship are equal (Heusden & Van den Eerenbeemt 1987; Larson *et al.* 1998). According to Heusden & Van den Eerenbeemt (1987:22), the real meaning of autonomy and freedom always proceeds from the discovery of equilibrium, or balance in movement, within one's own conditions. However, the exchange of give-and-take is not always perceived as being balanced because of the inequalities that may occur. This may lead to distress (Larson *et al.* 1998:488). The distress resulting from an inequitable relationship, may lead to either an under-benefited partner, or an over-benefited partner. The former believes that he gets far less out of the relationship, thus, his gains or outcomes from the relationship are less than the partner's. This may give way to experiences of hurt, anger, resentment, sadness, frustration, and depression. The latter believes that he gets far more out of the relationship than the partner, thus, his gains are greater. This may lead to experiences of guilt, anger and depression (Larson *et al.* 1998:489).

The balance between partners may also be disturbed by unjust external events that occur, which may also result in distress. This may be especially true of partners in marriage. Clulow (1993:9) writes:

> **"There are times in most marriages when a crisis, and sometimes an absence of crisis, forces the partners into a reappraisal of their relationship. Predictable passages... and unexpected events... can destabilise the balance of married life and demand changes".**

Thus, unjust external events may lead to a destabilisation of the balance of marriage. A marriage may even be threatened by these events. Heusden & Van den Eerenbeemt (1987:50) remark that existential events of injustice lead to a form of *"destructive entitlement"* which becomes the source of unfairness: *"Unfair circumstances in life grant entitlement to the person who has suffered from the injustice without his being obliged to give in return"*. The unfairness leads to a contrast with the usual cause of events in life where entitlement is based on earned merit. The implication of this is that partners in the relationship see no need to give! The expectation of equal returns as a basis for reliable relationships may now to a great extent be governed by the need of being cared for rather than by the equality of returns. Unfairness in the distribution of the merits, benefits and burdens may now occur, which results from the unbalanced power dynamics of the parties involved (Heusden & Van den Eerenbeemt 1987:7). As soon as the relationship becomes untrustworthy because of one partner's *inertia* to give over a long period of time, the other partner may leave the relationship or develop signs of strain or dissatisfaction (Heusden & Van den Eerenbeemt 1987:9-10).

Unfairness and negative emotions

Unfairness in give-and-take, thus, an unbalanced relationship, caused by unjust external events can be directly related to negative emotions. Johnson & Greenberg (1994:12-14) have shown that emotion is always closely tied to the nature of the self in relation to the other, and also to external events. When distressed, the expression of emotions can reorganise a partner's stance towards the other into one that evokes either compassion and closeness, or distance and self-protection. The expression of emotions evokes responses in the other which establishes an interactional system determining both partners' emotional experience. Thus, the couple is responsible for the nature of its own interactional system. The emotions can be so powerful that they actively create and maintain the couple's distress or satisfaction in the intimate relationship. Although they find themselves unable to respond in any other way, distressed marital partners may endanger[150] their own responses

[150] Richards (1993:30) has warned that a companionate marriage in itself is unstable, and it contains the roots of its own destruction. Its apparent safety is an illusion. It can end in divorce if companionate partners do not care about a shared life. Especially when the partners allow conflict to be created between the notion of a shared life and the desire for individual autonomy. I have already referred to the hard work that is required of marital partners. They have to take responsibility for the protection of their relationship, as well as for a balance in the give-and-take between them. They have to be sensitive about their individuality and togetherness.

towards each other. Each one's emotional experience will then tend to act as a filter, colouring the perceptions of the self in relation to the other as a partner. Negative emotional experience and communication can easily override other responses and take over the relationship, making new responses more and more difficult to initiate and maintain. Johnson & Greenberg (1994: 12) write:

> **"In distressed couples, negative strong emotions concerning the spouse tend to become an absorbing state and overriding responses that do not conform to that affective state, leading to each spouse taking rigid interactional positions".**

At the end, marital distress will be the result of powerful negative emotions and automatic negative emotional responses that vary between pursue/withdraw and attack/defend. This will elicit a reciprocal aversiveness or distance from the partner, creating cycles of anger and alienation. These negative emotions and responses involve the quality of the comprehensive communication between partners.

Emotions and communication

I have noted Johnson & Greenberg's (1994:11) idea that emotion in human beings serves a communicative function. Gordon *et al.* (1999:211) have shown that couples who engage in a high frequency of negative communication behaviours and patterns are likely to be maritally distressed. The greater the distress, the greater the negative emotional in- and output. Croyle & Waltz (2002:436) refer to Jacobson & Christensen (1996) who have said that dissatisfied couples tend to express more anger and criticism than satisfied couples, thus, hard emotions that place the self in a stronger, more dominant position against the other. Mitchell (1988) has found that distressed couples often have difficulty communicating feelings, although one partner may be more verbal than the other. When distressed, men have a much more difficult time accurately decoding the messages delivered by their partners (Croyle & Waltz 2002: 437). Thus, when a couple is distressed or dissatisfied, the exchange of negative emotions and responses characterises partners' interactions. A balanced give-and-take on the basis of equality gets pushed aside because of the different perceptions, *inertia* to give, and the negative communication behaviours and patterns. Under-benefited and over-benefited

partners are created in the process, which will lead to unnecessary experiences of hurt, anger, guilt, resentment, sadness, frustration, and depression.

However, the relationship will be saved when, at the point of despair, the justice of give-and-take is restored. When only one partner responds with compassion, a new emotional engagement will occur that modifies partners' perceptions of each other. An interaction of positive response may now begin, which may lead to the restoration of marriage. Where couples become aware of and express soft feelings (hurt, fear, sadness or disappointment) towards one another, they will be able to develop greater empathy and acceptance of each other, communicate more effectively, and express more intimacy (Croyle & Waltz 2002: 436[151]). Croyle & Waltz (2002:436) believe that greater emotional awareness may be helpful for couples by aiding them to communicate feelings. The quality of the emotional attachment will keep partners together despite their distress. Johnson & Greenberg (1994:14) have found that it is not the number of fights, or even the outcome of fights that predicts whether couples stay together, but the quality of the emotional engagement. Couples can even fight, and not resolve issues, and still sustain a satisfying relationship if they remain emotionally attached rather than becoming distant and defensive.

Communication appears to be of importance for marital adjustment because of its relationship to marital distress. I have referred to Gordon *et al.* (1999:219) who found that good communication can be associated with a marital adjustment. They have illustrated that a desire for closeness has an impact on how partners communicate with each other. A failure to communicate and to share is a marital problem that requires attention (Richards 1993:37). Both Fowers (2001:330) and Gordon *et al.* (1999:219) are skeptical about the teaching of communication skills. Fowers (2001:330) believes that some couples may be perfectly capable of demonstrating communication skills, but they cannot use these because they are unable or unwilling to control their emotional responses. He proposes that couples have to learn self-restraint as a virtue (see 4.4.5). Gordon *et al.* (1999:219) are in favour of partners' cognitive restructuring by adjusting their communication abilities to their expectations of closeness. Although both viewpoints have their merits, Johnson & Greenberg's (1994:5) idea

[151] In their study Croyle & Waltz (2002:442) have found the contrary: soft emotions only play a minor role in influencing relationship satisfaction, whereas hard emotions play a greater role. Nevertheless, Jacobson & Christensen's (1996) insights may still be relevant within the likelihood-nature of Croyle & Waltz's argument.

that a couple's emotional responses should be addressed in order to organise their attachment behaviours, makes most sense, since communication and emotion are connected with each other. However, a couple's distress should be utilised, because attachment and the associated emotional responses tend to increase in intensity if the marriage commitment is threatened.

Johnson (2003:367-368) observes the shift in couple therapy from treatment models to the emotionally-focused approach from a constructivist view. This approach is based on an attachment model of intimacy and focuses on the restructuring of emotional responses and interactions to create a more secure bonding between partners. Partners are helped to organise their emotional experience and communication. The proposal of O'Donohue & Crouch (1996) should also be taken into consideration. I have referred to their belief that gender differences in communication behaviour have to be recognised. Clulow (1993:10) also reminds us to take the context in which couples live into consideration. We have to be interested in both the personal worlds of couples and the social structures and cultures within which their lives are played out. However, they must never be defined as victims of environmental factors who cannot stand the impact on their lives. They have to be viewed as persons who are able to take responsibility for their lives to become agents of change.

Communication within systems thinking

The social structures and cultures within which couples live make systems thinking important. According to Freedman & Combs (1996:2), the metaphor of systems has served the field of Family Therapy, which also includes the marital relationship, well: *"It has given us useful ways to talk about the processes by which people connect in patterns that transcend individual bodies"*. However, in chapter two I have described the difference in viewing systems in terms of constructivism, and viewing systems in terms of social constructionism (Freedman & Combs 1996:26). As I have chosen to work from a postmodern narrative approach, I am viewing marital partners in terms of social constructionism. Thus, they are involved in mutual meaning making by means of their interactional relationships within their social and cultural context. Within their interactional relationship their specific emotional attachment is created by means of their comprehensive communication of love. What I have done in this chapter is not to *"give an answer on what is normal in marriage"* (Clulow 1993:17). I aim to follow Clulow who further suggests, *"the only viable reference point is*

personal and particular" which means that every married couple knows the story of their own 'marriage dance' best. They also know best when and how they, as 'dancing partners' in marriage, are losing their balance. This also implies, as Edwards (2003b:193) has suggested, that a couple's understanding of their own interaction, will have much better results than teaching them communication skills or restructuring their interactions as expert. In saying this, I am not throwing the baby out with the bath water, since I wish to remain open to the contributions made by the emotionally-focused approach (see 1.3, 2.7.2 and 7.4).

Marriage deterioration

When marital partners are IN marriage distress, they struggle to see it from OUT-side. Thus, their own understanding is blurred. Although they feel the disturbance of balance, they often still continue with the 'dance'. They are aware that they carry *"a burden of thwarted expectations, which has led intolerable disappointment to replace irretrievable breakdown"* (Clulow 1993:15). When the shift in balance catches them and forces them into custody, they may face what Benokraitis (1996:268) terms *"marital burnout"*. He describes this as *"the gradual deterioration of love, and the ultimate loss of an emotional attachment"* between marital partners. It can develop so slowly and quietly that couples are often not aware of it. This process will end in the death of marital love. The process moves from disillusionment (disappointment), to hurt (partners feeling treated unfairly and abused), to anger (accumulated hostility and bitterness that leads to blaming, distrust and negative thoughts), to ambivalence (alternation between despair and hope), to disaffection (partners feeling alienated and apathetic). Ultimately the costs are higher than the rewards, thus, one or both partner's emotional and social needs are not being met. The next step is separation. The partner who feels that the marital satisfaction has decreased after a gradual emotional alienation, initiates it. The next and final step will be the tragedy and pain of divorce.

Unjust external events certainly play a role in many deteriorations of marriage, but people ultimately divorce due to interpersonal reasons (Benokraitis 1996:451) such as when the quality of the marital relationship is no longer the point of focus or when partners allow circumstances to put their marriage into custody. Clulow (1993:9) illustrates that the outcome of external events depends on the interaction between the events themselves and the inner-world realities of the persons involved. He quotes Powell (1971) who said: *"It is not what*

happens to people that is significant, but what they think happens to them" (Clulow 1993:9). Thus, the outcome of external events may vary in accordance with partners' specific interpretations of external events. Form a narrative point of view this means that the outcome of external events depends on the carrying of hurtful meanings into one's life story within one's social context of living (Freedman & Combs 1996:31). Since people constitute their world and beliefs by means of language (see 2.7.2), language may become, in a certain sense, the scapegoat in marital deteriorations (Freedman & Combs 1996:30). Partners can allow, as Patterson & Kim (1991) have found, that communication, the number one reason for divorce, has become their main threat (Benokraitis 1996:462). Partners' different interpretations of unjust events may then add to the unbalancing of power between them, the neglect of entitlement, and thus, to an unbalanced partnership. The balance of fairness between partners can also be influenced by various conflicts of loyalty[152] that may deepen partners' marital distress:

> **"Marriage has its best chance for mutuality and justice in the balance of give and take when the original loyalty systems of both partners are respected and acknowledged and both spouses are supportive of each other in this matter. Problems of fairness, justice and loyalty can never be solved forever. Each partner will from time to time resort to abandoning or denying the interests of the other. But if the mutual concern for each other's interests in regard to the original loyalties dissipates or if the denial of these interests becomes the only way of dealing with loyalty conflicts, then the marriage is seriously threatened"**
>
> **(Van Heusden & Van den Eerenbeemt 1987:29).**

Loyalty conflicts may be accompanied by triangulation[153]. According to Butler & Harper (1994:280-284), triangulation, because of an undifferentiation of one or more partners, may

[152] Van Heusden & Van den Eerenbeemt (1987:22) see the starting point of loyalty conflict as the emergence of tension between one's vertical loyalty bonds (one's deeply rooted loyalty bonds with one's origins) and one's horisontal loyalty bonds (one's chosen relationships). These tensions become conflicts when a point is reached where they hinder one's capacity to be loyal to vertical relationships: *"If one cannot be openly loyal to one's origins, those bonds will seek less visible routes"*. Cutting off, avoiding, or denying vertical loyalties will then seriously impair horisontal relationships.

[153] Kerr & Bowen (1988:135) believe that triangulation is an emotional process. A triangle is a relational structure that results from a person's emotional reactivity in combination with the tendency to avoid conflict, even at the cost of failing to resolve problems. Triangulation depends on the level of differentiation, thus, the

not only occur with a third person, but also with God. Triangulation may occur in terms of coalitions[154], displacements[155] or substitutive triangles[156]. As long as a couple is involved in any triangle, the partners cannot take custody of their marital distress, and also do not enlist God's help to enhance their own responsibility for the resolution of the problem.

The unjust external events referred to also include traumatic child death. When Benokraitis (1996:443) writes about the marital relationship, he refers to the effects of child death. According to him, Knapp (1987) calls it *"shadow grief"*, a grief that is never totally resolved. It involves, amongst others, depression, ongoing sadness, and anxiety. After a child's death some parents may become much less involved in their jobs and careers, and much more concerned with strengthening stable and higher-quality relationships, while others may end in separation and divorce as they blame themselves or each other or when they cannot find solace through each other. Thus, child death directly involves the relationship between parents, or marital partners. In chapter seven I will show how traumatic child death causes marriage partners to lose their balance as individuals and as a couple. It leads to the same devastating reciprocal patterns described above. Partners are involved in the same co-creation of habits or practices that support their relationship distress. Cultural specifications and dominant gender attitudes form part of this. However, marital partners need not surrender to the forces of restraining reciprocal patterns. Zimmerman & Dickerson (1993:403-404) have shown that it is possible for couples to break with restraining patterns that affect their

degree to which persons can keep emotional and intellectual systems disentangled. The lower the level of differentiation in a couple, the greater the potentiality for triangulation.

[154] A coalition occurs when both partners simultaneously draw a third person, or God, into alliance against the other partner in order to assign blame, guilt and sin by claiming that the person or God is *on my side* (Butler & Harper 1994:282).

[155] Displacement takes place when one or both partners are angry with God, or someone else, for their situation; the partner or partners are likely to feel disillusioned and disaffected with God or the third person involved. This person or God will now become the *enemy* towards whom anxiety or negative energy is focused. Thus, blaming occurs, with hostility and perhaps an emotional cut-off in the relationship. A couple may also draw together in unity through mobilising against the *common enemy*, God, religion, or another person (Butler & Harper 1994:283).

[156] A substitutive triangle occurs when one or both spouses manage their anxiety by distancing from the marital partner and striving for surrogate intimacy with God of another person. This enables the person to endure, although it is not a healthy reliance on God. A healthy reliance on God would have empowered the person to take up responsibility. Sometimes the burden for resolution is shifted to God's power, which means a passive surrendering of responsibility. Usually the *sick* or *needy* triangulated person is labelled as having the problem. This person is also very dependent on the other. It may also happen that each spouse triangulates the same or different persons for support, understanding or intimacy. One partner leaves the other isolated, as the emotional process occurs through the third person. This robs the marriage of investments of love and loyalty (Butler & Harper 1994:283-284).

relationship. It is possible to separate from the influence of a relationship discourse (which includes dominant gender attitudes) which supports the restraining patterns.

Thus, 'marital dancers' can regain their balance again! The narrative approach makes it possible for couples not only to resist the influence of disempowering specifications, and specific habits or practices which support their marital distress, but also to become engaged in a new alternative dominated story. They can begin to write their own specifications to better suit both partners in the relationship (Zimmerman & Dickerson 1993). An alternative discourse for emotional attachment can emerge. With the integration of Emotionally Focused Therapy (EFT), a narrative-friendly approach by Johnson & Greenberg (1988), it is possible to guide marriage partners towards emotional patterns and interactions in which the expression of and responsiveness to emotions are a priority in an intimate relationships (Johnson & Talitman 1997). Before demonstrating the value of the narrative approach in combination with EFT with regard to the traumatic death of a child, I have to introduce you to the 'dances' of three married couples who experienced traumatic child death. Each couple's own 'dance' is narrated, in its own voice and words.

CHAPTER 5: THE 'DANCE' OF PARTNERS BEFORE TRAUMA

5.1 Introduction

From chapter four it became clear that dancing partners have to adjust to each other in order to maintain balance. However, each partner has the responsibility of accomplishing balance. They have to develop a sense of coordination that will allow both of them to use their strengths most smoothly and effectively. We became aware in chapter four that this dancing metaphor helps us to understand the 'dancing movement' in which men and women become involved when 'dancing' together in marriage. Partners in the 'marriage dance' have to take

mutual responsibility for their marriage. Since I understand the bonding between man and woman in terms of a systemic organism, their mutual responsibility is much easier within a balanced and stable context.

However, 'marriage dances' do not occur within balanced and stable contexts. Each partner in marriage, and also each marriage, is set within the cultural and family context in which they reside. Within these contexts, each partner and their marriage are influenced by dominant stories. We saw that the dominant stories within a particular context are based on members' constructed meanings. These meanings are either restricted or liberating on account of the balance or stability in a specific context. Each 'marriage dance' has its own story which has to be explored in comparison to the dominant stories of the context in which it is set. Sadgrove (1993:53) writes:

> **"We have to listen to the stories of men and women, who fall in love, marry, survive marriage, fail to survive it, fall out of love, separate, divorce, and marry again. We need to listen to our own stories and to all human experience…".**

In this chapter we are listening to the stories of three couples' 'marriage dances'[157] within the contexts of their families of origin. Each couple's story is influenced by the dominant stories within each one's family of origin, based on constructed meanings. The stories will be told by means of a genogram.

5.2 Stories of three couples

Family of origin work makes it possible to approach individuals within the context of their family of origin. A family represents a multi-generative system in which relationship patterns and emotional processes are present (Kotzé 1991:644). When problems emerge, the impact is felt within the whole system, and the whole system impacts on the life of *the problem*.

[157] The three couples presented here have granted me permission to have their stories told in this 'dance' of study. However, not only the stories of their 'marriage dances' and the individual stories of the partners of each marriage are told here (chapter five), but also the stories of their trauma at the loss of their child (chapter seven) and their stories subsequent to this event (chapter eight). Their stories are richer in data than is revealed here. I am not able to retell their stories as they would do; and therefore I have limited myself to those which are most relevant for this 'dance' of study.

Likewise, *the problem* makes adaptation necessary which will have an influence on the whole system, and adaptation, in turn, is influenced by the nature of the system (Kotzé 1991:645).

A genogram is a graphic representation of a network of individuals with family relations over a minimum of three generations. By using lines, symbols, and notes, the relationship network of a person can be outlined. While McGoldrick & Gerson (1986) developed symbols and methods with to which compile a family's genogram, Landau-Stanton (1991) developed different colours to differentiate between factual information (black), reactions and problems (red), the nature of relationships (blue), and the presence of transition-conflicts (green) (Kotzé 1991:645). By means of the genogram, specific issues and themes may be identified in the story of a couple's 'marriage dance' which will lead to specific aims and actions in the pastoral therapeutic process (Kotzé 1991:649).

5.2.1 The story of Lance and Annamie

The story of Lance and Annamie started in Kuruman. Lance moved from Cape Town to Kuruman where they met each other as school friends in 1981. On 5 December 1998 they got married. They described their marital relationship as fantastic. There were many highlights. They remained in love because they could talk to each other about nearly everything. Their marriage could be considered as happy. They shared everything and always did everything together. They were emotionally connected and intimate through their ability to communicate and to share both joy and sorrow. Although the communication between them was good, it sometimes led to conflict because both believed themselves to be right. However, the conflict never deprived them from marriage satisfaction. From the beginning of their marriage they aimed to bring each other joy. It was important for both of them to continue working on their relationship. Lance and Annamie knew that they are different people from different backgrounds and contexts. From the genogram the following became clear:

Lance's family of origin

Lance is one of two children, his brother Glen being the eldest. Lance's parents, Edward jr. and Ann, divorced when Lance was only two years old. Lance's mother got married for a second time, to Peter, when Lance was seven years old. At that time Lance's father, Edward jr., was already an alcoholic and a gambling addict. He never married again. Lance's

stepsister, Cornel, was born from his mother's second marriage. After only two years, Ann divorced for the second time. Lance was too small to remember any reason for the divorce. His mother never talked about it and he never asked for a reason.

Edward jr., Lance's father, is the eldest of four children, three brothers and one sister. Although Edward jr.'s father and mother were kind people, alcohol was also an issue. Lance's father, Edward jr., was never emotionally involved with his own father, Edward sr., except when it came to alcohol. Edward jr. was never good enough in the eyes of Edward sr.. Nevertheless, his mother, Mary, always cared for him and had to assume all the responsibility in the house. Lance can remember that his grandparents were also kind to him and that he visited them when they invited him. He also visited his uncles and aunts, sometimes going on holiday with them. Lance's mother, Ann, is also one of four children; herself being the third. She has one elder brother, one elder sister and also a younger brother. Ann also had to take responsibility for the household as well as for her younger brother, Tommy, who drank and gambled with her own husband, Edward jr.. Tommy, who is now 43 years old, is still dependent on his mother, Susan. He lived with his parents until his 40th birthday.

Lance describes his relationship with his mother, Ann, as balanced. Although they sometimes had conflict because of circumstances, he could always talk to her. She gave him love and showed her love for him (and the other children). This gave him a feeling of security. Due to his alcohol problem, Lance's father, Edward jr., was an absent father. He was never available for Lance. Lance cut himself off from his father emotionally. The last time he saw his father, was at the time of his baby daughter, Suané's, first birthday. However, his father was not interested in them at all; therefore, he decided to close the chapter once and for all. This made Lance disappointed and angry at the same time. His grandfather, Clive, fulfilled the father-role in Lance's life from childhood. Lance, his mother and brother lived with Ann's parents, Clive and Susan, for a long time. During this time he developed a special bond with them and he appreciated what they did for him. It was difficult for Lance when his grandfather, Clive, died suddenly from a heart attack. He lost a father and could not adjust to this loss in his life immediately.

Lance has a good relationship with his brother. Since childhood, there was always a healthy sense of competition between them when it came to sport. His brother left home after he

finished school and went to London to find work. He always asked Lance for advice. He is in a happy marriage with Debbie. Lance's relationship with his stepsister, Cornel, is also good, and although they have conflict from time to time he feels responsible for her as his younger sister. Cornel has a son, but she is not happy in her marriage.

When Lance grew up his parents lived from the most basic resources. They were poor and struggling, which meant that Lance learned to work harder and appreciated all they received. Together with his mother, Lance took responsibility in the household as a result of his father's absence. From a young age Lance served as leader of different teams. He was always able to transform negativity into challenges. Lance considers his emotions as strong because of previous sorrows and he is positive in his outlook. It was always important for him to sort problems out and his aim in life is to grant himself and his family the security that he never experienced as child. He becomes rebellious if he does not have control and feels powerless. He wants to be a person with integrity and compassion for others and also wants to spare others any kind of pain or sorrow. Lance is concerned about his name and about what others may think of his behaviour.

Important themes that came to the fore from Lance's genogram, are:

- Lance's responsibility for the household and for taking control of all its needs and problems, and his struggle to prove himself as someone with value as exemplified by his mother.
- The lack of a father's love and support and his reaction to this in terms of an emotional cut off.
- Lance's ability to challenge negativity, to sort things out and to provide for his own family.

Annamie's family of origin

Annamie is one of four children. She is the youngest. Both her parents are still alive. Her father, Solly, is the younger of two children. His parents died about four and six years ago respectively. Annamie's mother, Susan, has an older brother and a younger sister.

Annamie described her father as a difficult person. He cannot show or talk about feelings he is experiencing. Solly is only comfortable when talking about his work or largely trivial

subjects in life. He is unpredictable. It is as if he is wearing a mask. According to Annamie, her father has not yet processed the death of his mother and especially that of his father. Most of the time he is a quiet person who withdraws into his own world. Despite her father's difficulties, Annamie thinks that she has a relatively good relationship with him, due to the fact that she has the courage of her convictions and does not fear him as other people do.

Regarding her mother, Annamie describes their relationship as excellent. Her mother is also her best friend. She is able to discuss nearly anything with her. She is also an easy-going person that is adaptable to all situations. Her mother is more concerned about others' needs than her own. However, Annamie's mother struggles with a low self-esteem. She is not able to maintain a healthy relationship with God. Annamie is especially concerned about her mother's relationship with God.

Annamie's eldest brother, Hannes, is like his father: still, withdrawn, and unable to verbalise or show his feelings. However, he is still a good person. Her brother, Chris, has been an alcoholic for 12 years. She does not have any relationship with him. He is institutilised at the moment. She also has no relationship with her youngest brother, Stokkie. He is an irresponsible person, without any ambition and still dependent on his parents. It is difficult for Annamie to accept her brother's inability to stand on his own feet. Although she feels disappointed in her brothers, she is proud of her own achievements.

From childhood, Annamie was happy in her parents' home. Her parents taught her sound values in life. They were not rich, but had enough. Everyone was always welcome in their home, so friends visited her regularly. On the negative side, there is her lack of self-confidence; Annamie never learned to live with self-confidence. Although she grew up as a happy young girl, she and her family never shared emotional issues. Her parents showed their love by the many things they did for them as children, for example financially, but they did not share their time and attention with their children. Her father in particular was absent. It was only later in her life that she discovered her mother as a special friend.

Important themes that came to the fore from Annamie's genogram, are:

- Annamie has a low self-esteem which leads to thoughts of inferiority.

- She does not share her emotions with her family. She is a private person. Her parents taught her to keep her feelings and thoughts private; thus, she experiences her feelings by herself or avoids them.
- She grew up as a proud person that does not ask for anybody's help or advice; she holds her own opinion even though it might differ from others' opinions.

Conclusion

It can be concluded that both Lance and Annamie have some negative issues in their stories. They have learned to be complementary to each other. Lance's need to be in control and his ability to sort things out, helps Annamie with her low self-esteem. From the beginning of their relationship, they learned to share emotions and to communicate thoughts with each other. Due to the lack of a father-figure in both Lance and Annamie's lives, they found in each other a friend with whom they can openly communicate and on whom they can rely for support. They have learned to enrich each other's lives with compliments. However, they also have moments of conflict, since they both can be headstrong.

5.2.2 The story of Grant and René

Grant and René met each other five years ago through the efforts of René's sister. From the beginning René experienced Grant as caring and sympathetic. Grant reached out to her with interest and became involved in her life. She loved the attention and also a man in her life that was willing to protect her even with his life. It was just the right time: René's mother had died suddenly in a motor vehicle accident only six months before. It is understandable that it was still a difficult time for her. He took the responsibility to look after her and she enjoyed it. The attention gave her security and assurance. Grant came from an English family in which he was expected to do things right and to take responsibility for his actions.

After about two years they got married. René was not only committed to Grant, but she also clung to him as if her life depended on it. This brought conflict into their early relationship since Grant needed more space. Although they sorted out this problem, René became skeptical about moving too close to Grant, and Grant became sensitive to being overwhelmed by René, so he kept some distance between them. It seems that this kind of relationship was never foreseen by either of them. However, they learned to cope with it, although neither was

really satisfied with the relationship. Despite this setback, they enjoyed each other's company. They were still able to communicate with each other about nearly any issue. They loved and understood each other and did things together. After about three years of marriage they decided to have their first child.

Grant's family of origin

Grant has only one brother, Peter, who, at 26 years of age, is two years younger than him. When the genogram was done, both his parents were still alive. His father, John, was 59 years old, and his mother, Liz, 58. Like his father, Grant became a graphic designer, while his mother never needed to work. Peter became a PC technician. There are no grandparents, since all died at a young age while living overseas. At this time Grant did not have any information about uncles, aunts or their children.

The relationship between Grant and both his parents respectively, was balanced. He grew up in an English family in which everything had to be done properly and correctly. His parents respected and brought up both sons in the same way. Although they communicated with each other, they all functioned to a set pattern. A son was not allowed to cry or to share emotions. That was part of a woman's business. When they shared information, it had to be done slowly and accurately while they remained calm and in control. Furthermore, Grant as the eldest son, had to take responsibility for his brother and the household when his parents left home on a journey. His father expected them to obey the rules. Thus, the relationships were cold without showing any love and interest on a personal level.

Important themes that came to the fore from Grant's genogram, are:

- Everything having to be done properly, correctly and accurately.
- Grant's concentration on control and the taking of responsibility.
- The lack of reactions and emotions.
- Obedience to facts and rules.

René's family of origin

René comes from a traditional South African family in which love and support were the corner stones. She is one of six children; René occupies one of the middle positions. Her father, Johan, was 61 years old at the time of the genogram, and her mother had already

passed away six months before Grant and René met. René remembered that her mother, Esti, was one of four children of whom she was the youngest. She also remembered her grandparents, Mossie and Dina. Her grandparents on her father's side had already died when she became aware of the family at a young age. Her mother's brother, Basie, died at the young age of six years after he became ill. At the time of his death, Esti was already three years old.

The relationship between René and her father was emotionally cold. They did not talk much with each other. Most of the time he was occupied with his work and he also withdrew into his own world. Her mother, Esti, experienced the same situation in her relationship with her husband Johan. An outstanding feature of the family relationships was the over-involvement between Esti and her mother, Dina. However, this over-involvement was carried over from Esti to René, and the latter, unconsciously but understandably, also initiated a situation of over-involvement with Caitlin. We tried to understand the over-involvement. After Hendrik was born, his parents, Mossie and Dina, had to wait for five years before Basie was expected. This was a difficult period of trying, praying and hoping for a child. When Basie was finally born, the whole family was full of joy and thanksgiving. Tragically, Basie died when he was only six years old. Mossie and Dina were devastated, although Dina's experience of loss was more evident. After a long and difficult road to healing, Dina became pregnant with Esti three years after Basie had died. Dina became over-involved with Esti as a means to protect her. She cared for her so much and wanted to protect her against any harm, but it led to over-protection. However, it is remarkable, when René was only eight months old, she also became very ill. The doctors thought that she would not make it. Her mother Esti became over-involved in her life after she recovered, in accordance with the example set by her mother, Dina. Dina, Esti and René were driven by fear of something that might happen to the children in their lives. Thus, René came to pursue the same over-involvement with and over-protection of her child, Caitlin. The same was going to happen between René and Dylan. All the other relationships in the family between parents and children varied between healthy and balanced, on the one hand (for example between Dina, Grietha and Hendrik), and emotionally cold on the other hand (for example between Esti and her two daughters Esti and Judith).

The relationships of over-involvement and over-protection also brought about, apart from the fear, a kind of duty: an invisible obligation as to how love and caring should be viewed and understood within the family. As a reaction to this kind of love and caring, loyalty was expected from the one who was over-involved and over-protected. This loyalty viewed obedience or *doing things my way* as the only correct way. The over-involvement with and over-protection of Esti brought much conflict between Mossie and Dina. Likewise, much conflict was brought between Johan and Esti about their over-involvement with and over-protection of René. However, some of the other children, like Janice, enjoyed it because of the security it brought. René could not see any problem with it; for her this was the way it had to be. Even to today, she is proud of and speaks highly of the special relationship between her mother and herself. She can say the same of her relationship with Caitlin and Dylan.

Important themes that came to the fore from René's genogram, are:

- The relationship of over-involvement and over-protection.
- The resulting invisible obligation and expected loyalty.
- The inherent fear that accompanies the over-involvement with and over-protection of a child.

Conclusion

It can be expected that Grant and René's marriage was greatly affected by the relationship patterns in their families of origin. They literality struggled to adapt to each other. Grant's way of doing things properly, correctly and accurately and his way of taking responsibility, clashed with René's obedience to the rules of love and caring in terms of *doing things my way*. Likewise, Grant's inability to share or show emotions, clashed with René's over-involvement and over-protection. Instead of drawing Grant closer to her with love and care, she distanced herself from him. René regularly left Grant alone at home in order to visit her mother and family. He coped with that by playing golf with his friends. She could not survive without phoning her mother and sister, Gretha, twice a day. As it was normal for René to leave Grant at home, it was normal for Grant to play golf with his friends because of his background. However, they found a way to live with this situation.

5.2.3 The story of Henry and Sanet

Henry and Sanet met each other in Kroonstad where she was nursing at the local hospital. In that time, Sanet's younger sister's husband was a colleague of Henry in the police force. He introduced Henry to Sanet. From the outset, Henry felt attracted to Sanet because of the special caring she reflected to him by speaking tenderly to him and by touching his arm. Sanet was interested in Henry because he appreciated and validated her caring. Since their wedding in 2001, Henry and Sanet shared great dreams. These dreams energised them for life and gave them sparkle. They experienced intimacy in their relationship, although this intimacy was somewhat hampered because of the level of their communication. They could communicate with each other on a general and factual level, but Henry could never fully reveal feelings and thoughts. Sanet learned to accept him as he was. Despite their levels of intimacy and communication, each one was everything for the other. Within their context, both Henry and Sanet were satisfied in their marriage. In 2003 Sanet gave birth to their twins. However, it was worth nothing that Sanet, at the time of our sessions, reflected a longing for a deeper level of intimacy and communication.

Henry's family of origin

At the time of the genogram, Henry was 33 years old. His father, Jan, died of a heart attack when Henry was 25 years. His mother, Debbie, is still living in Welkom. Henry has an elder brother, Sarel, and a younger sister, Debora. So, Henry occupies the middle sibling position. His father was the younger of only two children. Father Jan's sister is 10 years older. Henry's mother is one of five children and she occupies the fourth position. Henry cannot remember anything about grandparents, because they died when he was very young. He can only remember that his father grew up as if he were the only child due to the age gap between him and his sister. In the eyes of both parents, father Jan was the blue-eyed boy. In the case of Henry's mother, she was not noticed by her parents. Her elder and younger brothers received all the attention from her parents.

When Henry's father and mother met, Debbie was attracted to Jan because of the attention he gave her. She was the most beautiful woman in his eyes. Although beautiful, she had an apathetic attitude towards life. She felt worthless because of the lack of attention she had experienced in her parents' home. Although Jan gave her attention, his background did not equip him to give emotional support. He was used to receiving anything he liked from his

parents, as youngest child, without working for it. Thus, he could literally do as he wished and follow his own mind. The attention Debbie received from Jan was just enough for her to survive. As time went by, Jan became involved in an affair which occupied his attention. He expected Debbie to be satisfied with less attention, but it brought conflict between them. After about a year, she discovered Jan's affair and this resulted in a change of attitude towards Debbie. He became irritated with her demands and criticised her for just about everything. He also criticised his children for taking their mother's side. Henry (and – his two siblings – the other two children) was involved in conflict with his father nearly everyday. He describes his relationship with his father as poor. All the negative experiences come to his mind when he speaks about this relationship. There were very few positives he could remember. His father was a bully and everyone had to obey him. They communicated only the facts which were important to the situation. When they argued with each other, Henry (and the other two siblings) could expect a punch at any moment. This was the case especially when his father came back drunk after a party with friends. When he died in 1995, Henry was relieved for his mother's sake. He even became angry towards his father for what he had done to them as a family.

Henry's relationship with his mother, Debbie, was fairly good, although without emotional depth. She tried to compensate for their father by reaching out to them on a physical level: she gave them clothes, or took them out. However, she could not make in-depth contact with their feelings and needs. It was quite remarkable that Henry, in one of our sessions, could evaluate his relationship with his mother (and father) at this time of his life: he said that he became aware of his lack of life skills. He attributed it to the kind of interactions they had in home. Henry's relationships with his brother and with his sister were nearly the same: he described them as fairly good, but not excellent. The three of them still have conflict from time tot time. They criticise one another's thoughts and actions. However, this does not matter for Henry, since he experience life as meaningless anyway.

Important themes that came to the fore from Henry's genogram, are:

- As a blue-eyed boy Henry received anything he wanted.
- Conflict and criticism of others.
- Henry's lack of life skills.

- Communication of facts without emotional involvement.
- Henry's experience that life is meaningless.

Sanet's family of origin

Sanet is the third of four children. She has two elder brothers and one younger sister. Her father, Pinoc, is the second child in a family of nine, while her mother, Cobie, is the eldest of four children. Sanet is now 30 years old. She describes herself as very emotional; a child who has expressed her emotions easily since childhood. Sanet experiences herself as a kind of surrogate mother to her two brothers and sister. She always takes care for them and puts their interests and feelings first. They accept and support one another in all things. However, she is the most obese of all of them and this has been an issue in their house since her primary school days. Her mother, also an obese person, has always made an issue of Sanet's and her own obesity. While the mother, Cobie, is more obese than her own siblings, she is also the only one that smokes.

At the moment Sanet is not satisfied with the relationship between her and her parents. On the one hand, they are extremely judgmental towards others; on the other hand, Sanet is not accepted to them because of her obesity. Because of this, Sanet does not feel accepted by people around her. Sanet experiences this as a kind of rejection. However, Sanet came to an important conclusion about her obesity: what bothered her the most since childhood was her father's autocracy. Her grandfather died when her father was 20 years old. As the eldest son, Sanet's father had to take control of the household. He had to become the breadwinner in order to get his brothers and sisters through school. As a result, he became a perfectionist and autocrat who drove Sanet to fear him. In this context, Sanet had to literally deny her own emotions in order to receive her father's approval. For example, she never had the courage to tell her father about the fact that his brother had abused her sexually when she was 10 years old. She came to terms with this on her own in matric. Although the relationship between Sanet and her father was never excellent, her father taught her to be strong; however, she always had to be strong despite the circumstances. In addition, she also had to work hard and never allow her courage to fail her. Thus, Sanet told herself that everything always had to be right. This made her tough enough to sometimes manipulate, even order, people around her to do things her way. Luckily, Sanet's mother, Cobie, balanced her outlook with tenderness.

Cobie, influenced her to be loving and caring towards people, and to be interested in their affairs. While Sanet is thankful for the balancing effect this had in her life, she also feels sad and disgusted about the way her father handled her. Sanet has made the decision that she will never allow these issues to become part of her children's lives.

Important themes that came to the fore from Sanet's genogram, are:

- The issue of Sanet's obesity, the related feelings of rejection and her lack of self-acceptance.
- All the different *had to*'s in her life, accompanied by her stubbornness.
- Sanet's seeking of approval by denying herself her own emotions.

Conclusion

Although Henry and Sanet are both, to an extent, satisfied with their marriage, they are giving the impression that they are held together on the basis of an attraction that has virtually disappeared. They never grew further in their emotional attachment in terms of their intimacy and communication. In fact, they have already been driven apart emotionally, if it is possible to refer to emotionality between them at all. Sanet admits: *"My greatest issue is the way in which my husband is handling me. He has caused me to become emotionally as hard as a stone as a buffer against his verbal criticism"*. He criticises her continually about her obesity and her approaches to life. This criticism exacerbates the actual degradation of her humanness and self-esteem. As a reaction, Sanet confronts Henry with the effects of his criticism in terms of her feelings of rejection and this leads to further conflict. As a result of this verbal war of attrition, they withdraw from each other when reaching a dead-end in their communication: Sanet withdraws because she denies herself her own emotions, and Henry withdraws because he experiences life as meaningless. They are bogged down in their problems and there is no growth.

5.3 Conclusion

From this chapter it became clear that each of the three couples have their own 'marriage dance' for which both partners have to take mutual responsibility. The dominant story of each partner is influenced by his or her constructed meanings that derived from the specific family of origin. Each partner's problem-saturated dominant story has an influence on the story of

two partners' 'marriage dance'. Some partners' 'marriage dance' is balanced and stable, while others' 'marriage dance' is not occurring within a balanced and stable context. It will be interesting to see how traumatic child death will influence these couples' 'marriage dance'. In the next chapter traumatic child death will represent itself as part of the 'dance' of trauma.

CHAPTER 6: THE 'DANCE' OF TRAUMA

6.1 Introduction

A dancer may lose his balance on the dance floor, or stumble over something. This will result in falling down on the floor and cause hurt or injury such as the breaking of a leg or an arm. This is exactly what trauma does to a person 'dancing' the 'dance' of life. We all face potential trauma on a daily basis. This may include the possibility of being attacked, caught up in the middle of an armed robbery and possibly even being wounded. Exposure to traumatic events

such as these may lead to post-traumatic stress and finally also to PTSD[158]. In this chapter I want to explore the 'dance' of trauma and all the stories that form part of this 'dance' which cause serious physiological and psychological hurt and injury to persons during their 'dance' of life[159]. Different models have been postulated for how to cope effectively with the emotional demands of trauma. In my 'dance' of study the purpose is not to focus on these different models but on the narrative approach that I believe possesses the dissolving power that makes it possible to conquer traumatic events. Right at the beginning we have to discover where and when the story of trauma has its beginning. Although trauma may appear new to our age, it actually has a significant story that has to be well understood.

6.2 Where did the story start?

The story of trauma is one of enlightenment and forgetfulness (Spiers & Harrington 2001:213). Sometimes the story is characterised by knowledge gained, and other times by criticism and denial. Trauma studies basically proliferated in times of war, disaster and technological advance, but the knowledge of the impact of trauma was lost especially when the movements supporting investigation collapsed, or when there was a change in political direction (Spiers & Harrington 2001:219). Despite the tremendous progress made in the field of trauma in the latter half of the 20th century, knowledge about trauma again started to move towards a period of disillusionment. Spiers & Harrington (2001:221) ascribe this tendency to a time-spirit in which the breaking of taboos, self-empowerment and truth telling made way for the manifestation of a victim-culture. This new prevailing time-spirit goes hand in hand with the absence of a supportive political environment that caused the previous knowledge

[158] PTSD stands for Post-traumatic Stress Disorder. PTSD is commonly associated with horrific memories of traumatic events that can trigger, long after the event, intense emotions linked to the original traumatic event, causing abnormal behaviour (Fagan & Freme 2004:52). Psychologists distinguish between acute stress reactions that occur immediately after the trauma, and PTSD; a chronic condition. In the DSM-IV one month is usually stated as the acute period, and PTSD is only diagnosed after this time period (Edwards 2003a:2). However, in terms of the narrative approach, I understand PTSD as part of the normal reaction to trauma, although much more intense than acute stress reactions. I am cautious of using a diagnostic model based upon symptomatology and dysfunctional behaviour. Although diagnostic terms are not consistent with the narrative approach, I will make use of them to shed light on the discussions without applying them rigidly.

[159] According to Spiers & Harrington (2001:213), the emergence of PTSD symptoms caused by traumatic events has been delivered to a struggle between physiological and psychological explanations. I include physiological aspects on the basis of Van der Kolk's (Wylie 2004a) somatic framework. He understands trauma in terms of its physiological impact; an understanding which was neglected for a long time. I will discuss his framework shortly.

and understanding of trauma to be lost. Spiers & Harrington (2001:221) refer to Elaine Showalter who said the following in the *Guardian* of Tuesday 23 June 1998:

> **"From the front lines of military conflict and law enforcement to the everyday pressures of work and home, stress became the byword of our time; but now people have had enough of counseling. Instead of trying to fight stress they're learning to love it - and thrive on it…".**

Today people get so used to trauma that they do not want to accept it. This results in obvious attempts to trivialise its effects and question the legitimacy of the victim's traumatic response and experiences. According to Spiers & Harrington (2001:213) people view trauma as a contemporary phenomenon, a product of a victim-culture and weakness of character. Fortunately, new emphasis has been placed on trauma and its effects after the 11th of September 2001 when the World Trade Centre in New York was hit by terrorists (Spiers & Harrington 2001:221). Also in South Africa the focus on trauma has intensified since crime has now become a part of everybody's daily life (Schulz, Van Wyk & Jones 2000:1).

Pre-psychological times

Spiers & Harrington (2001) and Harvey (2002) give a brief description of the history of trauma, which helps with the plotting of the story of trauma. Evidence of the emotional impact of traumatic events has been reported in some form in every century. However, this evidence was already available in pre-psychological history in poetry and narrative accounts of typical post-traumatic reactions[160] (for example Shakespeare's poem of 1594 – Henry IV, Part II –where he poetically describes the so-called symptoms of PTSD). In the aftermath of wars, disasters and awful experiences, some people displayed a number of psychological reactions such as flashbacks, dissociation and startled responses. These reactions have been identified as far back as 850 BC. People viewed these as the works of God, the gods, the devil, or other types of spirits (Harvey 2002:24). Medical and social opinion has taken nearly three millennia to acknowledge the existence of post-traumatic stress in terms of its

[160] As researcher, I prefer to use the concept *post-traumatic reactions* instead of *symptoms* when referring to the impact of trauma on the individual in order to be consistent with my narrative approach. *Symptoms* creates the idea of being *locked up into* an abnormal and disturbed life, while *reactions* creates an *open ending* in terms of normality and the special nature of each person. However, I do sometimes use the term *symptoms* especially where I am referring to the modernist context in which it is used.

psychological origin. In the second half of the 19th century physicians discovered the physical basis of an individual's psychological distress. Health and psychological distress were then understood in terms of bodily function. However, the science of the mind was in its infancy at that time. There was at that time no conceptual framework by which to understand psychological distress (Spiers & Harrington 2001:214). A thorough understanding of trauma has been developed in recent times. The use of trauma as a scientific term finally replaced religious terms depicting reactions to trauma.

From the 19th century towards the 20th

The 19th-century scientific community sought to bring rational understanding to the physical world. The pinnacle of achievement was made in the field of medicine. New conditions and related cures were discovered. This rich tradition of pioneering work was a motivation for great discoveries. But there were also negative consequences. The competitive nature of scientific exploration led to the creation of a considerable number of conditions, all recording the same reactions. However, there was a lack of collaboration. Previous observations were either forgotten or deliberately ignored as physicians desperately attempted to establish a name for themselves. Each investigator who undertook a study related to conditions, started from scratch and worked at the problem as if no one had ever done anything prior to his study. In 1866 a physician, Erichsen, noticed that some individuals displayed certain reactions after having been involved in train accidents, for example fatigue, intestinal distress, irritability and insomnia (Spiers & Harrington 2001:214; Harvey 2002:24). He held that this condition could be attributed to concussion of the spine resulting in a weakening of the nerves, and he named this condition *railway spine*. The psychological aspects of this reaction were considered to be a result of hypochondria. Reactions such as sweating, increased heart rate and headaches were believed to be results of the imagined sufferings of physical illness. Thus, by this time, reactions to trauma were understood as products of physical injury and psychological weakness.

In the 1880s a French neurologist, Charcot, discovered that people who were overwhelmed by awful or unbearable experiences sometimes suffered a strong psychological reaction. He termed this condition *nervous shock.* His aim was to find a reasoned and scientific explanation for the reactions. This was a major step forward in accepting that people's reactions to traumatic events were genuine (Spiers & Harrington 2001:216). Janet, a

psychologist, worked with Charcot, and became the first person that studied and treated traumatic stress. He also was the first psychologist to describe so-called symptoms now considered to represent the diagnostic criteria for PTSD (Harvey 2002:24).

Sigmund Freud and Joseph Breuer took Charcot's work further (1893-1895) and this led to some of the most significant work on the examination of psychological responses to trauma. They suggested that trauma was a precursor to the symptoms of hysteria, including dissociation. Symptoms of hysteria were said to be the result of underlying childhood trauma (Spiers & Harrington 2001:217). They also noticed that by engaging with their patients and by encouraging them to retell their experiences, their symptoms began to disappear. This was a shocking revelation and was not well-received. Because the political and social climate was not conducive to the support of such a claim, Freud had to retract his theory in the face of great opposition. The consequence of Freud's downplaying of the external event resulted for many years in the focus on the weakness of an individual's character. This is still promoted by some schools of thought and has been one of the biggest obstacles in the development of an effective treatment for trauma. Freud returned to the subject of trauma in his work following World War I (1917). He once again denied the existence of an external stressor causing so-called symptoms such as reliving the event, intrusion and arousal. However, during World War I the various and numerous symptoms demonstrated by soldiers, were to prove a physical cause that contradicted the work of Freud and others. In 1919 the term *shell shock* was used to explain soldiers' reactions and was defined as direct damage to the cortex of the brain by carbon monoxide and flying shrapnel. This explanation did not account for those soldiers who developed *shell shock* without experiencing physical trauma. Individual sufferers of trauma were described as moral invalids and were treated through being ignored. Proponents of this approach supported treatment that amounted to no more than the naming and shaming of sufferers (Spiers & Harrington 2001:219).

20th century and beyond

Together with the traditional view, a more progressive approach was simultaneously developing which acknowledged the existence of a psychological explanation by some enlightened psychotherapists. These psychotherapists advocated a treatment of writing and speaking about the experience and much emphasis was laid on the quality of the relationship

that was established between client and therapist as in Freud's initial work. World War II created a resurgence of interest in trauma. Psychiatrists restated the external nature of the trauma which caused soldiers to break down in direct relation to the intensity and duration of their exposure. This approach seemed to be sympathetic, but was a pragmatic result. The motivation was to try to rehabilitate soldiers as quickly as possible so that they could be returned to combat. There was no compassion for them. In contrast to this view, Kardiner was troubled by the severity of soldiers' distress. He developed a successful treatment plan for the psychological responses to a traumatic event (Spiers & Harrington 2001:220). He used hypnosis and drug therapy to induce altered states of consciousness and enable memories to be recovered. He also warned that catharsis alone would not provide sufficient resolution. A cognitive shift was needed which led to a conscious integration of the experience as well as an emotional and physiological discharge.

Further significant study in the field of trauma was conducted during the Vietnam War in the 1970s. Many soldiers experienced distress when exposed to stress and combat. Scholars confirmed the irrefutable link between post-traumatic stress and exposure to combat (Spiers & Harrington 2001:220). The American Administration was forced by protesting war veterans to fund research and this resulted in the inclusion of a diagnosis of post-traumatic stress disorder (PTSD) in the DSM[161] III published in 1980. Vietnam veterans forced trauma to the top of the psychological agenda. For the first time ever, 12 symptoms were detailed as diagnostic criteria and these spanned three categories: re-experiencing, numbing and other miscellaneous symptoms. To fulfil the criteria, an individual had to display four symptoms from across the three categories. Now the importance of a traumatic stressor was acknowledged as a recognisable stressor which evokes significant symptoms of distress in almost everyone, thus delineating traumatic stress from situations which occur in everyday life. The diagnosis was further refined in later editions of the DSM in 1987 and 1994.

During the same period of the Vietnam war, womens' movements and feminist movements placed womens' issues and experiences firmly on the political map. They found that large numbers of women had been victims of sexual and domestic violence and as a result of this, they began to demand a change in traditional perceptions about women. The idea of the

[161] DSM stands for Diagnostic and Statistical Manual of Mental Disorders.

existence of traumatic stressors other than combat began to emerge. Thus, while the focus in the 19th century was primarily on *railway spine*, Charcot and Freud developed increasingly psychologically-focused ideas such as *nervous shock*. In the early 20th century Kardiner's work essentially merged the two explanations when he described traumatic neurosis. Today many scholars recognise both the physical and psychological elements of a traumatised person (Spiers & Harrington 2001:221). Van der Kolk[162], however, exclusively works within a somatic framework for understanding traumatic reactions. He is currently a teacher at Boston University and the director of the Trauma Centre in Boston. Van der Kolk has become increasingly skeptical about the current mainstream psychological framework for trauma, and consequently has introduced his physiological approach to trauma, in which he argues that physical helplessness is at the core of trauma (Wylie 2004:35). He stands in line with the so-called *body therapists* who believe that *"the unfinished defensive actions become blocked (by trauma) as undischarged energy in the nervous system of the body"* (Wylie 2004:40). Van der Kolk has loosed a strong debate with his approach, to which I later will return.

However, Neimeyer (2001:20) refers to the recent shift that came in the modern Western perspectives on trauma and grief at the end of the 20th century. There has been a growing acceptance that psychological life is fundamentally embedded in relationships and interpersonal meaning making. Thus, a shift from individual to social meaning was introduced. This shift represents a movement away from long-held beliefs in standard explanations towards a postmodern understanding of trauma and grief. Despite the significant recent research on the causes and effects of trauma, Spiers & Harrington (2001:219) are convinced that ignorance still prevails with regard to the impact of trauma. On the one hand the prevailing culture that is focused on commercial value, is uncertain about the worth of counseling. On the other hand there are still conflicting beliefs on whether trauma has to be seen as a character weakness or as a natural consequence of being overwhelmed by particular events. I believe that an understanding of trauma in terms of a social construction of meaning makes room for both the physiological and psychological explanations for post-traumatic

[162] Van der Kolk did not formally publish his most recent approach to trauma. However, he was interviewed by Pointon (2004) about how he sees the future development of trauma work. Wylie (2004) also wrote a review about Van der Kolk's trauma work after attending a workshop under his lead. Thus, in this 'dance' of study I am dependent on these secondary sources for a brief description of Van der Kolk's understanding of trauma and traumatic reactions.

reactions. It will be shown in the next section that the meaning a person makes of traumatic events is in relation to both his physiological and psychological reactions.

Although the emphasis is on the social construction of meaning, we have to take individual suffering into account; a factor which has been overlooked in recounting the history of trauma. We cannot also permit the same failure, as in the course of history, to retain knowledge of post-traumatic reactions. We also cannot discard, dismiss or discipline people because of their distress as in the time before World War I. The challenge for trauma counseling today is to recognise people's subjective experiences of trauma: *"We are dared to look, to listen and not be silent in our response to trauma. May I never look the other way, and if I do, may I have the courage to look back"* (Spiers & Harrington 2001:221). Thus, we cannot take the easy way out by neglecting the impact of trauma by merely considering it a part of our victim-orientated society. An approach such as this will cause us to shut our eyes and hearts to the impact of trauma without offering or seeking help. However, this will never happen unless we understand the process of trauma in more detail.

6.3 Trauma, a difficult 'dance'

The first question to be asked is: What is trauma? According to Spiers (2001b:40), it is important to understand what specifically is meant by the term *trauma*, in order to separate its meaning from its general and everyday usage which denotes all the difficult circumstances in which people find themselves. Thus, the usage of the term *trauma* has become fashionable, vague, spacious and blurred. We have to apply the term more carefully and specifically. The *traumaClinic* in Cape Town warns against a usage of the term which is too broad (Advanced Trauma Counseling 2003). The term *trauma* in its medical context is very clear, but it can, psychologically spoken, easily be misused in a context which is too wide. Thus, the usage of the term *trauma* must be clearly demarcated and described.

Trauma derives from the Greek term meaning *"to wound"* or *"to pierce"* (Roman & Le Duc-Barnett 2000:8; Schulz *et al.* 2000:8). Thus, the term refers to a piercing of the skin. Such piercing will cause damage to the tissues and produce wounds. This meaning provides a graphic image of what takes place in human trauma. When a person encounters a traumatic experience, he becomes a wounded individual. Scarring is often the end result. Freud applied

the term metaphorically to emphasise how the mind may also be pierced and wounded by traumatic events. When trauma strikes, it ruptures the person's sense of natural continuity and results in a break in that individual's life story, which then requires treatment[163], which will encourage mending and healing. According to Spiers & Harrington (2001:213), the term was used in reference to soldiers who had suffered wounds or injury resulting from the piercing of armour. The soldier's defenses, designed to protect him from death, had been overpowered. This overwhelming of physical defenses provides a useful parallel for psychological trauma.

One of the older descriptions of trauma is that of Mitchell (1983), the developer of debriefing: A traumatic incident is any situation faced by victims that causes them to experience unusually strong emotional reactions that have the potential to interfere with their ability to function either at the scene or later. This can be any type of unusual experience, which disrupts the victim's normal level of functioning and ability to cope (Schulz *et al.* 2000:134). Roman & Le Duc-Barnett (2000:8) join in on Mitchell's description by stating that trauma begins when a person experiences or even observes a disturbing or traumatic event outside the range of normal human experience; anything from a minor incident to a major disaster.

According to Schulz *et al.* (2000:9), in professional circles, trauma is defined as *"an emotional state of discomfort and stress resulting from memories of an extraordinary, catastrophic experience which shatters one's sense of invulnerability to harm"*. In this sense, psychological trauma is a bodily and/or mental injury by an external agent. The traumatic incident has to be described as *"a sudden unexpected, near to death-like experience"* (Schulz *et al.* 2000:9). It is an unusual extraordinary experience, not because it occurs rarely, but rather because it overwhelms the ordinary human adaptations to life. Traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with death and/or violence. These events confront humans with the extremities of helplessness and terror, and evoke the responses of catastrophe. Common experiences of trauma are feelings of intense fear, helplessness, loss of control and threat of annihilation and a loss of freedom.

Trauma is linked to life threatening events

[163] It is important to note that trauma therapists in general talk of *treatment* when referring to traumatised persons. I prefer to refer to the 'therapeutic dance' in which I, the therapist, accompany the client towards new alternatives and healing. In this process I assume a *not knowing*-position and consider the client as the expert.

The difference between the descriptions of Mitchell and Roman & Le Duc-Barnett on the one hand, and that of Schulz *et al.* on the other, is that the latter clearly links trauma to life threatening events, while the former includes any unusual experience. To get clearance about what trauma is, scholars believe that DSM[164] III and IV have to be taken into consideration where PTSD is included. According to Wylie (2004b:36-37) no official traumatic stress diagnosis existed before 1970. DSM II (1968) was written as if serious trauma had never occurred in the world. It only refers to *"overwhelming environmental stress"* without any details. If a person experiences such stress, it was assumed that, once the stress had been eliminated, recovery would shortly occur without any special help, and if recovery did not happen, the person's inherent psychological weakness was the cause of the failure to heal (Wylie 2004b:38). It was only after 1970 that the reactions of the thousands of war veterans from Vietnam led to the diagnosis of PTSD[165]. PTSD was then for the first time included into DSM III (1980), according to which traumatic events are *"events that have to be outside the range of normal human experience"*, represent a threat to life and limb, and be experienced by the victim with intense feelings of fear, helplessness, and horror. Thus, DSM III distinguished between life's ordinary events that might generate psychological reactions on the one hand, and traumatic events on the other hand that would most likely overwhelm a person, such as natural disasters, rape, bombing, combat and crashes. According to DSM III, psychological reactions are caused not by inner dynamics or neurotic pre-dispositions, but by outer events that happen to a person (Wylie 2004b:38).

After DSM III, DSM IV (2000) also defined traumatic incidents as only those that are life-threatening or those perceived as such, in which the person responds in very specific ways including fear, helplessness or horror, subsequently developing into symptoms of intrusion, arousal, and avoidance (Spiers 2001b:40). The understanding of trauma by the *traumaClinic* in Cape Town is likewise: Trauma is a shocking, unexpected incident that is experienced as

[164] The description of PTSD in DMS III and IV is the only point of reference available for understanding trauma. Harvey (2002:23) argues that people who exhibit post-traumatic stress reactions after loss do not necessarily experience full-blown PTSD, since their reactions do not fully meet the criteria of PTSD. However, the criteria and symptoms of PTSD are used to get a clear understanding of the psychological and physiological reactions to a traumatic incident.

[165] Wylie (2004:37) writes: *"By the early 70s, there were vast, underground rumblings about something going round the country – some strange, debilitating constellations of symptoms that seemed to be affecting tens of thousands of returning Vietnam veterans"*. We have to be aware that this initial negative link between trauma and its symptoms may still lead to a description of trauma in terms of PTSD as abnormal reactions, while the so-called PTSD symptoms are normal reactions to a traumatic event.

intensely threatening and is associated with feelings of horror and/or extreme fear (Van Wyk 2003b:3-4). Van Wyk (2003b:4) uses the words *"critical incident trauma"* to refer to an unusual, sudden, unexpected and shocking event with a beginning and an end, such as armed robbery, hijacking, and accidents. This usage of the term *trauma* is preferred by the *traumaClinic*, and from this view, trauma may be associated with very specific experiences, and also different in kind. To gain a deeper understanding, Van Wyk (2003b:4) distinguishes *critical incident trauma* from *process trauma* which is not a sudden incident, and is not related to an accident-type of trauma, including trauma such as retrenchment, retirement, bereavement, divorce, and midlife crisis. *Process trauma* is a more gradual – in-process kind of experience, without a beginning or an end. Although equally painful and devastating, *process trauma* is associated with its own specific and different experiences[166].

Trauma understood as the social construction of meaning

There is currently a huge debate as to whether or not an incident can be defined as traumatic. According to Spiers (2001b:40) a person's perception whether or not an experience is traumatic, is entirely subjective. What makes an experience traumatic for a particular individual is *"dependent upon a complex interaction between the individual's personality, the traumatic event itself, and the degree of social support available to the person at that time"* (Schulz *et al.* 2000:30). Schulz *et al.* (2000:30) proceed by saying that it is sometimes difficult to evaluate what is traumatic and what is not. What is traumatic for one person may not be traumatic for another. We also find this approach in the video conversation between Baumeister and Silver (Baumeister & Silver 1993). The same event may have different impacts on different persons according to their different interpretations of the event. Harvey (2002:6, 12) admits that the losses that accompany trauma are relative, and that this relativity is built on people's construction of meaning. This view matches with the postmodern paradigm, which sets the context for the narrative approach.

[166] According to Van Wyk (2003b:8), *process trauma* (or a developmental crisis) is different in some respects. *Process trauma* does not usually present as a shock, is usually stretched out over time, and does not represent the same degree of loss of control as a traumatic incident does. However, in other ways it is more difficult to resolve. *Process trauma* tends to break down a person's self-esteem and confidence, and commonly leads to chronic anxiety, depression, substance abuse, social withdrawal, aggression and chronic physical symptoms. Nevertheless, this kind of trauma has its own 'dance steps' leading to happy or sad endings.

Both Harvey (2002) and Müller (2004) understand trauma in terms of people's social construction of meaning. Müller (2004:77) argues in line with Anderson and Goolishian (1991) that people use language to describe and construct their world, and also their unique and painful human experiences. He refers to Fay (2000) who wrote that individuals *"construct a self-story to make sense of all experiences, including those that do not make sense"* (Müller 2004:78). The implication is that language does not merely comprise the compilation of words in terms of their dictionary meanings. Language is used to construct a worldview. Thus, when a person experiences critical events that challenge their understanding of their world and their place in the world, they use language (stories) to describe those experiences (Müller 2004:79). Harvey (2002:4) refers to people as meaning makers and storytellers. Traumatised persons are involved in a process of storying as the act of explaining, describing, and emotionally reacting to the trauma in storylike form. Although this storying often begins in a person's private reflections, the person gets involved in a reciprocal communicative act with close, confident others in which meaning is constructed and exchanged (Harvey 2002:4). Trauma will then, according to Müller (2004:78), be socially constructed as the experience of a person that has difficulty integrating his preferred worldview with the worldview related to the specific traumatic experience. As narrative pastoral therapist, I agree with Müller (2004) and Harvey (2002) who stress that trauma is a socially constructed concept, which may lead to different trauma stories and experiences. Thus, different people create meaning from traumatic events in different ways.

This understanding of trauma renders the familiar and commonly used trauma language suspicious. Müller (2004:78) refers, in this context, to Summerfield (1996), who warns against prevailing discourses on trauma and trauma counseling in terms of a system of "*statements, practices, and institutional structures*". This common wisdom has become entrenched, and the theories about trauma and the intra-psychological effect of a traumatic experience are taken-for-granted and seldom questioned. This means that the common descriptions of trauma, trauma responses and PTSD become discourses that have to be deconstructed. Thus, a discourse about trauma sustains a particular worldview about trauma, and determines a traumatised person's point of view, and how he talks and acts after the trauma. Although I heed the warning against entrenched theories and take accepted descriptions and wisdom of trauma seriously, I am convinced that these may be employed in

order to gain a better understanding of trauma, as long as they are not applied rigidly or in terms of a dominant discourse. The pure bodily reactions to a traumatic event have to be taken seriously. Besides one's self-story about the experience, and one's psychological reaction, one also has to admit the physiological impact of the event. Van der Kolk refers to a physical helplessness and powerlessness after a traumatic experience because *"the executive functions of the brain become impaired"* (Wylie 2004:35,39). We cannot deny the physical impact of a life threatening experience. It is only after the brain has started to process the trauma, after the shock is gone, that a person is more capable of giving account of his own constructed story and experiences that have to be dealt with (Spiers 2001a:6).

What turns an event into trauma?

Without thinking in terms of common systems and discourses, we can learn from Tedeschi & Calhoun (1995:16-19) who determined what turns a particular event into trauma. According to them a person's psychological well-being is threatened when:

- An event occurs suddenly or unexpectedly without any sufficient time to prepare psychologically;
- There is a lack of control over events which causes the feeling of powerlessness to reverse what has happened;
- Events are unusual and too difficult to handle with or without the help of others;
- An event creates long-lasting problems (e.g. death through a motor vehicle accident), thus causing effects that will never completely disappear, and produce a sense of hopelessness;
- Blame causes trauma survivors to ask themselves: *"Did I do something to cause this or was it somebody else's fault?"* – a question that reveals a person's powerlessness and helplessness;
- An event occurs during a particular time in the life cycle that will determine to what extent a traumatic event is likely to be integrated into one's identity.

When working with traumatised persons, these determinants play a huge role in a person's self-story and creation of meaning after a trauma, which have to be taken into consideration. These determinants lead to physiological and psychological reactions that are interpreted by a traumatised person according to the meaning attributed to it.

Post-traumatic stress, ordinary stress and crisis

It is important to understand that there is a difference between post-traumatic stress, ordinary stress and crisis. The differences between these are clearly outlined by Schulz *et al.* (2000:132-135). Where post-traumatic stress is the result of a traumatic event, ordinary stress may be defined as an imbalance between perceived environmental demands on a person and his responses to it. When environmental demands are perceived as beyond one's ability to cope, the person reacts through the manifestation of stress because he cannot deal with it. There is also a difference between post-traumatic stress and a crisis. As in the case of trauma, a crisis is by nature sudden, unexpected and overwhelming, and brings disruption of a stable living condition where normal and new coping mechanisms prove unsuccessful in restoring homeostasis. A crisis is also dependent on an external situation, and the emotional state of a crisis is also characterised by feelings of defeat, confusion, loss of control and unrealistic behaviour. However, the difference between a crisis and a traumatic incident lies in the experience of the event. In the case of a traumatic event a person's defense mechanisms are attacked and broken down from both within and without. Thus, the traumatic event leads to the collapse of an individual's worldview and assumptions about life.

I conclude by saying that the term *trauma* represents a 'difficult dance' that contains a real threat to life, body, and health; it causes discomfort and deprivation, isolation from emotional support, death, injury, loss of identity, disasters and all the like. A traumatic experience indeed leads to the piercing and wounding of an individual. It leaves its scar, ruptures a person's continuity, and results in a break in that person's life story. Besides this kind of traumatisation, Schulz *et al.* (2000:136) also refer to vicarious and secondary traumatisation. While the former involves the witnessing of death or being exposed to death, badly injured and gruesome scenes, the latter refers to a post-traumatic event or process that effectively retraumatises the persons involved. Nevertheless, trauma is trauma, and when trauma hits, the 'dance' starts to become difficult!

6.3.1 The meaning of sudden loss

According to the description of trauma, trauma involves a threat to life, and very often in traumatic situations someone may die. Harvey (2002:23) believes that all traumas always involve major losses, such as the death of a close other, although all losses are not traumas.

However, when a loss is experienced as traumatic, the loss usually involves some type of sudden, violent death (Harvey 2002:2). Thus, most of our losses occur without notice. Spiers (2001a:13) says:

> **"The death of a loved one in traumatic situations can come with such suddenness and ferocity that nothing can mediate the intensity of the loss. There is no preparation for or anticipation of death. It is not just loss of another, which leads to grief after a trauma. Often it is what is felt for the person who has been lost".**

Thus, losses are devastating on grounds of what the person who died stood for, or the value or meaning that person had. Becvar (2001:48) notes in this context: *"In one moment, one is transported from having a perfectly normal and healthy relationship with a person to having no relationship at all"*. In reaction to sudden death, the survivor may experience a lack of closure because there has been no time for farewells (Becvar 2001:11). Sudden loss is also associated with images or feelings of missing the other, of being without something very important, a sense of incompletion, and a feeling of disappointment (Harvey 2002:2,27). This sense of missing is based on a void left by the person who becomes missing. When talking about loss in this 'dance' of study, I am referring to loss that is experienced through death, and particularly the traumatic or sudden death of a child. A major loss is most often experienced through sudden death and is a loss that has an impact in all areas of one's life, extending across time and space (Harvey 2002:3). Becvar (2001:48) writes in connection to sudden death:

> **"Survivors confront the pain of the loss at the same time that they must deal with the shock, disbelief, and extreme disruption which suddenly are manifest in all areas of their lives. It is in such a state that one must make decisions regarding essential issues such as organ donation, funeral preparations, and burial arrangements. In addition, they must contact family and friends, who also are shocked, and are faced with the necessity of recounting the details of what happened over and over. And they must respond to the grief as well as the daily needs of other family members".**

Harvey (2002:32) agrees, and also adds that the circumstances of a death determine the extent and nature of the loss. Some of the most crucial factors influencing the impact of the loss, as well as the ability of the survivors to cope, include, according to Becvar (2001:10):

- The dimension of time;
- The family position and life stages of the people involved;
- The intensity or closeness of relationships; and
- The manner in which both dying and death have occurred.

The cause of death may be particularly difficult to understand and accept. According to Becvar (2001:48), the unique challenge to sudden death is the struggle to make sense of an event that may seem totally meaningless and incomprehensible. Becvar (2001:49) continues by saying that sudden death is often accompanied by a loss of control in the lives of the survivors on the basis of an onslaught to the persons' worldviews or belief systems about life and death. Dissatisfaction about things left unsaid and undone may lead to guilt feelings, whereas wrongful or violent death may be accompanied by anger and frustration at the injustice. Thus, even within one family the experience of death will be unique for each different family member. Those who assist family members must be sensitive to the particular circumstances that characterise the context of each individual's grief experience (Becvar 2001:10-11). The meaning of sudden death as a result of a traumatic event should be explored in order to understand, for example, grieving couples' experiences in the next chapter.

Death cannot be avoided; it will touch all of us, it is part of life itself. As Arnold & Gemma (1994:iv) put it: *"Loss by death is inevitable in the experience of living"*. They refer to Kübler-Ross (1969) who found that death will always be fearful and frightening, and that this fear is universal even if we think we have mastered it on many levels. Arnold & Gemma (1994:5) add that normally we all fear and deny losses. Becvar (2001:7-9) believes in this context that we are all engaged in the creation of personal beliefs about death and dying in terms of a story. This story is influenced by the norms of the society in which we live. Our society leads us to make a stand towards death as something negative that has to be denied, feared and avoided. Thus, we will attempt to push thoughts of death out of our awareness at every opportunity. When we are unsuccessful, we feel frightened and lost. In reaction to death, our life stories are based on sustaining life more in terms of quantity than in terms of

quality. We have to take Arnold & Gemma's (1994:5) thoughts seriously, that the process of life involves both gains and losses. It is easy to look forward to the gains and to delight in the joy of discovering what is new, different, fresh, special and unique to each new experience or change within or about our lives. We prefer change and the process of growing and becoming because these imply development. But we have to admit that losses hurt and are grieved. To deal with feelings of loss, giving up, letting go, detaching, does not come easily. We keep searching and longing for what we have lost. Note the touching words of Arnold & Gemma (1994:5):

> **"It is the hurt in life that we hope to soothe, hope to quiet and cover, hope to repair and recover from as quickly as possible. It is difficult to welcome and accept losses; rather, we prefer to hold on to what we have".**

Thus, the experience of loss is a universal and continuing process, and part of the life process, and we will always fear losses.

According to Arnold & Gemma (1994:5) we have to recognise that life and death are not opposites of one another, or incompatible states of existence, but part of each other. Living and dying, growing and losing are but one process. While we are living, we have to grieve. However, our grief may vary in intensity so that sometimes we are able to cope with it more successfully than at other times. Some losses, especially through trauma, carry with them deep emotional responses. Becvar (2001:48) admits that the grieving process after sudden death may take longer or be more complicated than in other instances of bereavement. However, any loss leaves one feeling empty: *"Some empty spaces can never be filled, and some spaces that are filled still feel empty"* (Arnold & Gemma 1994:3). Loss means being robbed, divested, and denuded. To suffer loss often means to undergo deprivation, to be depleted, separated, wanting and lacking. Loss means to have no longer, to be gone forever (Arnold & Gemma 1994:5). We cannot really achieve a state of resolution because loss through death is permanent and our grief continues. The pain of loss is difficult to deal with, because the lost person will never be recovered: *"There is no way to recapture, to relive. There is no way to grow in relationships once they are lost"* (Arnold & Gemma 1994:7).

Wright (1991) focuses in his book on sudden death. He says that there can be no other life event that has the same impact as sudden death, especially of a loved one. He refers to Holmes & Rahe (1967) that have shown with their *"social readjustment rating scale"* that sudden death of a loved one produces the most difficult life crisis, not only on impact but also in the long run (Wright 1991:11). The impact of a loved one's sudden death spreads to many aspects of people's lives. The loss may even be compounded, and the persons involved may even be more powerfully incapacitated if other crises occur at the same time. We have to be aware of the strength, enormity and complexity of sudden death. The shock and disbelief have a much greater impact than anticipated death and may lead to many emotionally disturbed responses. Wright (1991:14) writes:

> **"Sudden death has the capacity to leave people damaged or to result in a prolonged and painful grieving process. The lack of time or preparation for the death leaves so much unfinished. This in turn leads to a double kind of grief – grief for what is lost and grief for what might have been".**

Thus, the sudden death of a loved one is an event that cannot be equaled in its ability to impose emotional pain and distress on a person. The pain is sharp and devastating (Wright 1991:3).

We all have to acknowledge the thought that a loved one can be taken from us suddenly. While we decide not to avoid facing the sudden death of a loved one, we also have to ask the question why sudden death produces so much difficulty in grieving.

6.4 The story behind the 'dance' of trauma

I have illustrated that the 'dance' of trauma is difficult. Both psychological and physiological dimensions have to be taken into consideration as possible reasons why a traumatic event, and especially sudden death, produces so many difficulties in grieving. It is important to note that the psychological and physiological dimensions referred to here have to be distinguished from the psychological and physiological reactions to a traumatic event in the previous section. The former is more focused on the person prior to the trauma, while the latter is more focused on the person after the trauma. However, the two points of view may overlap during the traumatic event. In this section I am focusing on the person prior to the trauma, which may be

referred to as the story behind the 'dance' of trauma. Without explaining on a typical modernist way in terms of common systems and discourses, I am exploring the psychological and physiological reasons for traumatic experiences, which I believe, cannot be separated from each other, as is the case with the psychological and physiological reactions to trauma. The focus is to understand trauma and traumatic responses in a better way - to understand the 'dance' of trauma itself.

6.4.1 The psychological dimension of trauma

One possible understanding of trauma is the theory of shattered assumptions. The view is held that a traumatic incident essentially destroys the basic assumptions or beliefs that a person had before the incident. According to Schulz *et al.* (2000:10) we all form cognitive frames or pictures about reality, which make out our assumptions on how we think our lives and reality should be. Our assumptions are formed and proved by much of our life experience. Although we rarely talk about these assumptions, our deepest hopes, expectations and dreams are rooted in them, and this makes it possible to see ourselves and live as self-assured persons having wonderful, successful, and beautiful lives. Our assumptions are always, but most of the time unconsciously, there. When trauma hits, our assumptions are suddenly challenged and shattered *"in pieces like a portrait falling off the wall and smashing into thousand pieces on the floor"* (Schulz *et al*. 2000:10). Any traumatic event comes in opposition to our assumptive world, at which point our world no longer makes sense - it suddenly becomes chaotic. Our destroyed assumptions or beliefs make trauma so difficult to process.

This view of Schulz *et al.* (2000) corresponds with that of Baumeister & Silver (1993). The latter ask the question why it is that different people have different experiences after the same traumatic event? Their answer is that a person's previously existing views and beliefs of the world and themselves are violated by the trauma. The impact of trauma does not come from the event itself, but from persons' basic assumptions and beliefs. Spiers (2001a:20) also joins Baumeister & Silver (1993) who said that it is not the events themselves, but what people make of them, that causes disturbance and conflict with their worldview. After trauma there is no equilibrium between a person's beliefs and what happened. Overly high and unrealistic expectations about the world can shatter a person's whole life and meaning, while low

expectations of the world can render the person more skeptical and hesitant. There are also those that experience no disruptions in their worldview whatsoever.

Narrative therapists take the same line of thinking when Müller (2004) makes reference to a person's construction of a self-story or worldview to make sense of all his experiences. A person's experience of his trauma becomes his self-story as he constructs it by means of language. This self-story consists of the meaning or understanding he constructs out of the traumatic event. A person's struggle to process the trauma is all about his difficulty to integrate his preferred worldview with the worldview related to the traumatic event. The following form part of the content of a person's constructed worldview or self-story that may be shattered by trauma. They are formulated as basic assumptions or beliefs from a psychological point of view:

Belief in personal invulnerability

People normally believe that bad things do happen, and usually with other people, not necessarily with themselves, nevertheless, it can never happen to them! When this assumption is violated by trauma, the person no longer looks at the world as a secure place, but sees it as an evil, unsafe environment in which he has to live. The person's invulnerability is changed in an instant by the traumatic event and he then feels the pain of the reality of vulnerability (Schulz *et al.* 2000:11).

Belief in the world as meaningful and comprehensible

Assumption of rationality. People are living with the assumption that the world is meaningful and understanding. People's knowledge about how the world works, and why things happen to them, makes the world manageable or controllable. Thus, the world becomes predictable in accordance with the laws of nature. This leads to the expectation that the world must be ordered according to human rationality. When trauma hits, a person's rationality is attacked and his world is shattered. The world becomes the pieces of a puzzle that do not fit their rationality. They start seeking rationality in the traumatic events that are incomprehensible and senseless to them. When none is found, the meaninglessness of the events intensifies the traumatic experience; their world no longer makes sense, and becomes chaotic without a sense of coherence. This comes as a great shock. Everything that was previously built on

collapsed. Anything may happen to anybody. This may easily lead to fear, a feeling of insecurity and anxiety (Schulz *et al.* 2000:13).

Assumption of morality. Just as people expect their world to be a rational place, they also expect it to be just and fair. People have the basic belief that life will be fair towards them. The world is a good place, and bad things are not likely to happen to them. They will be protected from misfortune because they are good and worthy. They will prevent misfortune by cautious and responsible behaviour. They expect good people to be rewarded and bad people to be punished. Any violence is experienced as unfair and unjust, no matter how unworthy a person may consider himself. When trauma hits, the victim's sense of morality is shattered together with his broken picture of reality. In the face of the irrational and undeserved events, the person raises the same questions of justice in the face of his pain, as Job in the Old Testament. Why me, God? Where is God? What happened to His love? God is blamed for being unable to prevent the trauma or for being completely passive towards the violence. It looks and feels as if God is absent. This happens to people of faith especially. Their entire religious belief system is brought into conflict and produces a crisis of faith and a total re-evaluation of their religious experience. The logical conclusion for some is that God is the source of the injustice when allowing the trauma. This leads to the reaction of cutting off all communication with God. The belief in the absence of God in the trauma, leads to the decision to no longer trust God or any other person (Schulz *et al.* 2000:15).

Belief in self-identity and positive self-perceptions

Self-identity. All people carry a picture of themselves in their minds. Everyone is living in that picture, although the picture may not be as pleasing to one as he would like it to be. People may think that the picture would look better if there were a few changes. Besides the things they do not like about themselves, most people see themselves as capable, responsible and functioning individuals having some worth and merit. When trauma hits, a person's self-identity and self-perception is shattered by activating negative self-images. Then persons see themselves as weak, helpless, inadequate, needy, frightened, and powerless in the face of trauma (Schulz *et al.* 2000:16).

Empowerment and internal locus of control. Most people have an internal locus of control. This makes it possible for them to believe in themselves, in their influence and in their

capability to master life. When trauma hits, a person experiences a loss of control, autonomy, and a sense of mastery. The essence of trauma is powerlessness; the inability to have influence, to be surrendered to circumstances and people, and to feel exposed and diminished. The effect of trauma is dependent on the ability to stay in control. A person with an external locus of control may easily fall into a victim's role. He experiences himself as to be singled out for misfortune in comparison with other people. A negative self-image is reinforced in terms of unworthiness, weakness, self-blame and faultfinding thoughts and actions (Schulz *et al.* 2000:17).

Purposeful living. People live with the assumption that they are good and worthwhile persons with purposeful living. When trauma hits, the entire self-structure collapses because the traumatic experience cannot be integrated into the structure of self and meaning. Trauma causes the sense of personal wholeness as being lost, so that one can no longer see how his life fits into the larger world with any meaning and/or purpose. The traumatised person has lost his bearings, boundaries, and complete sense of value and purposefulness. The person no longer know who he is after life's purpose has fallen apart. This loss of a purpose-driven life leads to questions about survivor guilt (Schulz *et al.* 2000:18-19).

According to Spiers (2001a:17), these assumptions, beliefs, self-stories or worldviews are revealed in terms of automatic thoughts that inform others how a person makes sense of his world. However, as automatic thoughts, they may easily become irrational when a person is blocked in an unhelpful way in the here-and-now by trauma. Thus, a person can become frozen in his thoughts, which will restrict his ability to creatively adjust. Then he loses his vitality in life, becomes negative and gets stuck in the pain of the trauma (Spiers 2001a:15-16). This remark sets the 'stage' for the physiological dimension for trauma.

6.4.2 The physiological dimension of trauma

Van der Kolk is the most recent scholar to present a physiological dimension of trauma. He asks the questions: Why do many traumatised persons seem to be emotionally stuck in their horror by reliving it over and over, by flashbacks and nightmares, by memories? What keeps them circling around their trauma, unable to step off and resume life? Van der Kolk ascribes what he terms the *"obsessive attachment"* (Wylie 2004a:32) of traumatised persons, to the

interaction of body and mind. He introduces neurobiology to the trauma field, his current framework for understanding trauma, which may be referred to as his somatic approach. Van der Kolk believes that the psychological impact of overwhelming experiences cannot be ascribed to intra-psychic factors alone, because that will mean that a failure to *"get over"* a trauma is basically due to personal weakness or an unconscious desire not to recover as it was believed before 1970 (Wylie 2004a:33). While working with traumatised persons, he discovered that standard talk therapy was not really helping people to go on. Their traumatic memories of the past were still usurping the present. He also discovered the ease with which traumatised persons may be worsened with the best-intentioned therapy. They may be retraumatised and emotionally hurled back into their trauma, unable to distinguish between now and then (Wylie 2004a:34). Van der Kolk says that the most damaging aspect of trauma is a sense of physical helplessness and powerlessness from which the traumatised person is unable to escape or have any impact on what is happening. This can only be explained in the light of the functioning of the brain (Wylie 2004a:35).

The functioning of the brain

Van der Kolk teaches that the brain is responsible for a person's actions. People are physically organised to respond to things that happen to them with actions that change the situation. When people are traumatised, they freeze in their disorganised, chaotic physiological systems, unable to re-establish physical efficacy as a biological organism and recreate a sense of safety. Van der Kolk ascribes the reasons why traumatised persons' actions become stuck to the neurobiological underpinnings of traumatic reactions. Trauma disrupts the stress-hormone system, which unable people to process and integrate traumatic memories into conscious mental frameworks. Traumatic memories then remain stuck in the brain's nether regions (amygdala, thalamus, hippocampus, and brain stem) where the non-verbal and non-conscious are situated. Being stuck there, the traumatic memories are not accessible to the frontal parts of the brain where thinking, understanding, and reasoning take place. Van der Kolk scientifically discovered, through neuro-imaging scans, that a person's body, not his mind, controls how he responds to trauma. The frontal lobes of the brain, that is to say the parts that are responsible for the executive functions, become impaired when traumatised persons try to access their trauma. The trauma keeps *sitting* in the deeper regions of the brain so that thinking and cognition are affected, which means that the body's defensive actions become

blocked as undischarged energy in the nervous system. This explains why trauma is *locked* in the body, and why a traumatised person remains physiologically frozen in an *unfinished* state of high biological readiness to react to the traumatic event, even long after the event has passed (Pointon 2004:11-12; Wylie 2004a:35-40). Pointon (2004:11) interprets Van der Kolk's view as follows:

> **"When a person experiences trauma, says Van der Kolk, they become highly aroused and, for a period of time, lose the capacity for self-regulation. However, if they are able to respond to the physical presence of those around them, they will be able to think clearly and are likely to cope relatively well. It is those who cannot do this, who remain in a state of high physiological arousal, unable either to calm themselves or to use their environment to do so, who, he argues, end up 'taking leave of their senses', organising their internal world around the trauma and often develop PTSD".**

Spiers (2001a), Schulz *et al.* (2000) and Roman & Le Duc-Barnett (2000) are aware of this body-centred approach to trauma. When a person is faced with danger, the visual image of the threat is communicated from the retina to the thalamus where it is translated into the language of the brain. Information transmitted to the amygdala then activates the fight or flight response by sending neuro-chemical messages that release hormones from the suprarenal glands or adrenal glands, found on the upper pole of each kidney. Adrenaline is then secreted, which provides a boost of energy in order to activate the large muscles, increase blood flow, and sharpen sensory awareness for responding to the danger (Spiers 2001a:24; Roman & Le Duc-Barnett 2000:13). However, when a traumatic event takes place, a person loses control, which makes the event inescapable. In this case neither the fight (an attempt to deal with the threat aggressively) nor the flight (an attempt to escape the threat) response can be used. A third possible response, freezing (to react with agitated anxiety to the threat), comes into action. Freezing implies that the person is prevented from the expression of energy. This leaves the bodily system highly charged. Reactions such as arousal, hyper-vigilance, irritability, intrusive imagery, are all results of an inability to properly discharge the surplus energy created to escape effectively from the danger. A person's psychological health is greatly dependent on the ability to build and hold charge, and on the capacity to release energy (Spiers 2001a:24).

Imprinting of the traumatic event into the deeper parts of the brain

Another result of frozen moments involves the imprinting of the traumatic event into the deeper parts of the brain. According to Schulz *et al.* (2000:3), a person in the freezing mode alters his manner of storing data. Where data are normally stored in the form of a story, a person now stores data in the form of a *snap shot* such as a photograph. This implies that a near death-like experience forces a person to *take pictures*, in other words, to store more data and more detail. Thus, the traumatic event is imprinted into the deeper parts of the brain. In frozen moments a person is unable to draw on and effectively use information of the here-and-now experience in order to organise his brain in terms of a sense of congruence. This leads to a momentary break in the continuity of the self. With normal defenses not operational, the intensity of what is experienced is diminished. Thus, his emotional acuity and mind capacity are blunted. As a person turns away from the trauma, the experience is left incomprehensible, unfelt (numbness), forgotten, disintegrated, and fragmented (Spiers 2001a:10-11). Denial of the importance or significance of a traumatic event becomes his way to refuse to accept the unwelcome and unpleasant reality. The person may report that he is unaffected or does not feel anything. This may be the person's genuine feeling, but it may also be a self-protective reaction, a conscious suppression or an unconscious repression of responses. Denial prevents the expression of feelings such as sadness, anger, and guilt, and if these feelings are admitted, it creates a conflict in the person's identity. Spiers (2001a:25) understands this process as dissociation which aims to protect a person from detection when in danger. The dissociation allows for a gradual absorption of the overwhelming experience. When the incident is later recalled, elements of the experience will be reconstructed with similar movements, body sensations and emotions. Together with the build-up of energy that cannot be discharged, it is impossible for a person to *get rid* of the trauma easily. The trauma may even be expressed in terms of defense mechanisms such as splitting, projection, fixation and regression.

Within the physiological dimension of trauma, universal traumatic reactions in terms of bodily processes are obvious (Schulz *et al.* 2000:137). However, there is also a psychological explanation for why a traumatic event produces difficulties in grieving. I have already mentioned that I believe it is impossible to separate the two points of view. Schulz *et al.*

(2000:137) say that the result of not being able to remove or escape from trauma is a stress reaction that includes emotional, cognitive, behavioural and physical aspects. Spiers (2001a:16) also chooses for an integrated approach to trauma (which I will discuss later) which includes psychological as well as physiological aspects, in terms of which one can understand traumatic reactions. I also believe that trauma cannot be understood only in terms of its psychological dimension, but an understanding of trauma must take the physiological dimension of trauma into consideration.

6.5 Understanding the 'steps' of the 'dance'

Like any dance, the 'dance' of trauma has its own special steps. A dance usually has a starting point where the first steps take place, but it also has an ending, which is often the climax of the dancing process, and of the story that has been told through the dance. To understand the story, the dance itself has to be understood, and also the steps of the dance. Sometimes the steps are gentle and mild on the dance floor, but at other times the dancer is intensely focused on difficult movements, which requires strength, firmness and balance. By means of the different steps and movements, the story unfolds with its peaks and lows towards a happy or sad ending. The 'steps' of the 'dance' of trauma have the same kind of dynamics. There are not only the gentle and mild 'steps' with little impact, but also the intensified 'steps' that require much strength, firmness and balance of the traumatised person to cope with the trauma.

Traumatisation always starts with a traumatic event as described above in terms of the experiencing or witnessing of a life-threatening event. The traumatic event necessarily leads, to a greater or lesser extent, to post-traumatic stress reactions. According to Dunn (2001:102) it has to be taken into account that all individuals respond differently to different events. Although no two persons are the same, and all their needs are different, it is useful to group post-traumatic stress reactions by type and severity. It is important to note that a small percentage of people involved in traumatic incidents will experience no stress reaction at all. The following post-traumatic stress reactions are possible (Dunn 2001:102-103):

Normal short-term acute stress response

This group includes persons who are shocked and upset by their traumatic experience, but are fundamentally stable. Generally these are persons with good support, good self-esteem, and

with no additional current difficulties in their life. They have furthermore experienced no other previous major trauma that is triggered, and also have no psychiatric history. These persons are generally satisfied with the way they responded during the event, and perhaps the event was experienced as not being too personal.

A strong reaction is evident and may develop into PTSD

This group is clearly very distressed and finds the event hard to bear. They may have trouble functioning on a day-to-day basis, and it may feel that life has been turned upside down by what has happened. Their beliefs about life and their position in the world may be shattered. Previous unresolved traumas may have been triggered, or there may be a history of depression or other mental health problems. These persons are more likely to develop PTSD.

Trauma is not the real issue

This group is small and consists of those who come for counseling after a traumatic event, but the post-traumatic stress is not the real issue. It is often a way of accessing help. Mostly it is an unconscious process where the traumatic event has triggered other issues that are not fundamentally linked to it.

Roman & Le Duc-Barnett (2000:39-40) refer to four levels of traumatic experiences which differ in few respects from Dunn's post-traumatic stress reactions:

Level one trauma: Traumatic reaction

A traumatic reaction is a healthy, positive reaction by a person. It means that the person has healthy coping mechanisms for dealing with traumatic experiences. The person is able to integrate the traumatic experience into his daily living.

Level two trauma: If there is a traumatic stress reaction

This is the immediate reaction by trauma survivors, and may contain delayed stress reactions. Although the survivors continue to work through the experience themselves, they may experience trouble to meaningfully integrate divergent perspectives. If this integration process fails, then an unhealthy, stagnant, confused and inhibited existence emerges.

Level three trauma: Post-traumatic stress reaction

This happens when traumatised persons are unaware of the impact of traumatic events on their current life. They often manifest symptoms as depression, anxiety, substance abuse, guilt, angry outbursts, avoidance of feelings, and sleep disturbances. The person's quality of life diminishes which is observable in problematic relationships. Although the person tries to maintain control of emerging symptoms, his coping mechanisms are less than healthy. When these reactions increase, the delayed PTSD symptoms become more severe.

Level four trauma: Post-traumatic Stress Disorder

The clinical manifestation of delayed reactions to severe acute traumatic shock is now obvious. Severe symptoms emerge and are associated with clinical presentations of PTSD such as flashbacks, emotional numbing, intrusive fixated thoughts, avoidance tactics and other severe reactions, all focused on the traumatic experience.

From this it may be concluded that the 'steps' of the 'dance' of trauma can vary from gentle and mild with little impact on a person, to intensified 'steps' that have a heavy impact on a person. Besides the intensity of the 'steps', we also have to understand the process of a dance. From the very first 'steps', a dance may fluctuate between peaks and lows as the story unfolds towards an ending. Usually, we all hope for a happy ending! It is the same with the 'dance' of trauma. All the onlookers hope that the 'steps' will finally bring the trauma survivor through the ups and downs to a happy ending. Fortunately, a happy ending is possible!

According to Schulz *et al.* (2000:4) the post-traumatic stress response can be divided into three phases, namely, the impact, the recoil and the reorganisation phases. The *traumaClinic* in Cape Town works with the same three phases, but adds a fourth, namely, full recovery (Van Wyk 2003b:7). The different phases represent a story of trauma recovery, although the possibility is mentioned that PTSD may develop as a sad ending to the 'dance' of trauma. According to my postmodern approach, I refer to these different phases as 'dance steps' in order to avoid the prescriptive nature of these phases, thus, after the traumatic event, the 'dance' of trauma proceed according to different 'dance steps':

Impact 'step': Initial shock and numbness

The trauma has a clear impact on the person, and he might respond in different ways, as outlined in the previous remarks about the intensity of the 'dance steps'. Minutes to hours,

sometimes days after the traumatic event, the impact 'step' takes place. The person may experience an emotional numbness, a confused and disorganised feeling. He may also experience a temporary helplessness with a feeling of the unreality of the event (a dream-like experience). The shock is accompanied with denial, withdrawal, and sometimes also hysteria and crying. Normal emotional releases such as anger, depression, sobbing, even praying and or bargaining may follow. The person also freezes into irrationality and may show many defense mechanisms. There is a sense of insecurity. The impact 'step' may develop into normal recovery or PTSD if the trauma is not managed properly (Schulz *et al.* 2000:4; Van Wyk 2003b:7).

Recoil 'step': Emotional releases

This is the 'step' where the person begins to adapt or cope with the reality of what happened. Between one and 14 days after the traumatic event the person may experience an emotional roller coaster of feelings such as fear, anger, sadness, guilt, apathy, extreme nervousness that the incident may recur, and pre-occupation in terms of intrusive thinking and reliving. He may also experience fantasies of revenge. If the trauma is not managed, it may lead to PTSD. PTSD presents itself in the person through avoiding and repressing emotions, fighting own reactions and trying to remain numb. It is possible that the person may experiment with unsatisfactory and painful attempts to cope, for example, to use chemical substances to sleep or calm down, or to go back to work or to throw out the clothes of a lost one. The person's reactions are pathologised or defined as abnormal (Schulz *et al.* 2000:4; Van Wyk 2003b:7).

Reorganisation 'step': Intellectual processes

The person is now nearly back to normal. He is gradually regaining control and resuming daily routines between two to 14 days after the trauma. He starts to think differently about what has happened, which leads to final acceptance, adjustment, and healing. There is no further pressure on the person. After three weeks, there is a gradual relief from reactions, and emotions become manageable. The person now starts to re-establish his former patterns of adaptation to life with relative security. There is a new joy in life, work, relationships, home and marriage. He regains a sense of control, mastery and security. Confidence, trust and optimism are regained. Readapting and rearranging of belief systems take place. This 'step' may take up to three months after the trauma. If the trauma is not managed, it may lead to

PTSD. This means that the person is not able to reorganise because he remains in a victim-mode. Avoidance patterns set in. He feels inadequate because of failure to control emotions and thoughts. Anxiety and depression increase as the person sees himself as damaged, helpless and incapable. Reactions become established or get worse. Avoidance patterns increase and self-esteem deteriorates (Schulz *et al.* 2000:4; Van Wyk 2003b:7).

When the post-traumatic reactions are proceeding gently and mildly, a story with a happy ending emerges! The person is on his way to full recovery. According to Van Wyk (2003b:7), some reactions may remain after three to eight weeks, but do not interfere with daily life. The traumatic experience is integrated as a learning experience. However, if the trauma was not managed properly, PTSD may be experienced as inefficiency, absenteeism, depression, anxiety, withdrawal, or apathy. The traumatic event is seen as negative, damaging, and as a loss. The person may rely on chemical substances for relief. Panic and rage reactions may occur. It may take months to recover, even become chronic.

It has been clearly shown that the 'dance' of trauma is difficult, a 'dance', which includes difficult 'steps'. It can be deducted that post-traumatic reactions invariably affect the whole person, and all areas of human life, the cognitive, emotional, behavioural and physical parts. The tragedy of trauma touches something even deeper, the stirring questions about the meaning, purpose and nature of existence (Spiers 2001a:20). However, the negative impact of a traumatic event may be seen in the lives of individuals as well as in relationships.

6.6 The negative impact of the 'dance' of trauma

Dancing has the ability to draw people along. The dancer has to surrender himself completely to the dance itself in order to generate enough momentum for all the different movements. In a sense the dance absorbs the dancer. However, in the same sense the impact of the 'dance' of trauma absorbs the traumatised person. The impact of a traumatic event has the ability to draw a person along, and this impact is so strong that it can force the traumatised person to surrender to the 'dance', which will mean the final destruction of the traumatised person. Spiers (2001a:34) says that trauma can *"create a fracture in the self and in the defenses"* when a person experiences that frozen moment after trauma. It is like a dancer on the dance

floor that loses his balance at the most critical moment of a turn, and then falls down and discovers some fractures. The impact of trauma cannot be minimised, nor can it be ignored.

What is the impact of trauma? What happens physiologically and psychologically to people experiencing trauma? What wounds result from trauma? These are questions about persons' reactions to a traumatic event. People may have strong emotional and physical reactions to traumatic events which leave them feeling overwhelmed and upset. According to Spiers (2001b:42), traumatic reactions are essentially physiological and in turn create psychological responses. Schulz *et al.* (2000:137) believe that the reactions to trauma are universal. It is very complex in that they affect every part of human existence to a certain degree. When trauma hits, there is pain. However, some people are able to bury their pain.

To come to terms with the pain of a traumatic event, it is important for a pastoral therapist to gain some knowledge into the effects of the 'dance' of trauma. Although these effects are often explained in terms of post-traumatic symptoms according to the exposition of PTSD in DSM-IV (2000), as narrative pastoral therapist I am aware of the negative process of labeling a person according to these symptoms. I will illuminate the issue of symptoms in a while. However, according to DSM-IV (2000), a person who has experienced or witnessed a life-threatening event, will respond with fear, helplessness or horror. There are mainly three basic reactions when experiencing trauma, and particularly PTSD:

- *Persistent re-experiencing of the trauma.* Intrusive recollections or dreams of the traumatic event when reminded or exposed to cues associated with it. These are accompanied by distressing actions or feelings as if the traumatic event is recurring.
- *Persistent avoidance of stimuli associated with the trauma*. Thoughts, feelings, and conversation about the trauma, or activities, places, or people associated with the trauma are avoided. These are accompanied by an inability to recall an important aspect of the trauma.
- *Persistent symptoms of increased arousal.* In the form of irritability or outbursts of anger, difficulty in concentrating, exaggerated startle response, hypervigilance, or a difficulty falling asleep or staying asleep.

Generally, scholars agree that these reactions are normal responses to abnormal traumatic events. Van Wyk (2003b:5) warns against the pathologising of the natural reactions of trauma

victims. With this he means that one should avoid describing a normal reaction to trauma as abnormal and turning it into an illness for which a prescription of psychotropic medication, hospitalisation and sick leave are given. This approach can be detrimental to a healthy recovery. Thus, the DSM-IV (2000) definition should be used to normalise what often appear to be very abnormal reactions and behaviours. Although reactions serve a healthy function, they may become problematic when they are habitual and ongoing responses to new, non-threatening situations (Spiers 2001a:8). Traumatised persons are then usually diagnosed with PTSD[167] after the normal recovery process of four to eight weeks.

Thus, the impact of trauma is intense and the reactions normal. What is the effect of a traumatic experience on individuals? What is the effect of a traumatic experience on relationships? These are two important questions that are addressed in the next two sections, without trying to force every traumatised person into a frame of understanding. On the one hand there are universal reactions, and on the other hand there are sometimes no reactions, and in between we have every individual person's subjectivity.

6.6.1 The effect of trauma on individuals

According to Spiers (2001a:8), post-traumatic reactions are not a result of failure to generate effective psychological coping mechanisms in response to the trauma, but they are part of a process towards health and recovery. Too often normal reactions to trauma are considered as abnormal symptoms that have to be treated before they become worse and evolve into PTSD. What follows is not intended to be placed in a symptomatic context, but to be part of a process for understanding the impact of the 'dance' of trauma on individuals. I have outlined that victims of a traumatic event experience a range of strange and unfamiliar reactions following the trauma. This may lead to panic, to the fear that one is losing one's mind, which can cause major complications during the aftermath of a trauma. An understanding of these reactions in terms of normal and typical reactions to trauma on the basis of DSM-IV (2000) should necessarily follow.

[167] When diagnosing someone with PTSD, one runs the risk of labelling the traumatised person in terms of abnormal behaviour, which implies that the person is disturbed with little or no chance of recovery. Thus, by not diagnosing someone with PTSD the gradual intensifying of the reactions to trauma are not denied, but the possibility to recover from trauma is kept open.

Tedeschi & Calhoun (1995:19-26) investigated the negative impact of traumatic events in two general areas: negative psychological effects and negative physiological effects, which may be experienced as a constellation of effects at one time:

Psychological effects

1. Effects on thoughts
    - *Shock.* Disbelief and numbness immediately after the traumatic event. The person feels nothing and acts automatically and without being able to think.
    - *Intrusions.* Recollections of the event come back unwontedly with the same disturbing regularity, particularly in matters related to the trauma.
    - *Self-esteem decrease.* The person is affected in terms of how he thinks about himself.
    - *A struggle to achieve an understanding.* A traumatised person asks questions about the reason and the manner things happened.

2. Effects on emotions
    - *Guilt.* The person experiences painful remorse about all the actions he might have taken to prevent the traumatic incident, like what was done or what was left undone or unsaid, or what actions would have made the loss more bearable.
    - *Anger and irritability.* Anger is expressed at various targets, and they may feel that they are in a bad mood most of the time, snapping at others and experiencing brief outbursts of anger.
    - *Fear and anxiety.* The person may worry especially when specific locations or conditions remind him of the trauma, or may feel concern for the well-being of other survivors.
    - *Depression.* Depression is likely to occur when the trauma involves significant loss.

3. Effects on behaviour
    - *Reliance on drugs.* The person may use drugs in order to help him to cope with the psychological distress and pain experienced.
    - *Withdrawal from others.* Because of the distress, a traumatised person may believe that others cannot understand or help him in any significant way, which results in withdrawal from others.

- *Sexual difficulties.* The person may not only experience a decreased interest in sex, but also sexual dysfunction.
- *Aggressive behavior.* The person may be aggressive as a reaction to the nature of the particular traumatic event.

Physiological effects

1. *Arousal.* An adrenaline flow prepares the body for fight or flight, which results in an increased heart rate, rapid breathing, muscle tension, dry mouth, elevated blood pressure, and a general readiness to respond. The arousal will not subside, but will often be produced unwontedly by the automatic nervous system when the person is reminded of the trauma.
2. *Fatigue.* Fatigue is accompanied with physical discomforts such as gastrointestinal difficulties, headaches, loss of appetite, difficulty breathing freely, a variety of other pains, and urinary problems.
3. *Physical sickness.* The immune system's functioning is affected by stress which may lead to the development of physical illness dependent on the person's general health before the event, or the quality of the person's stress management practices, or the availability of supportive others.

Schulz *et al.* (2000:138-147) also describe the negative impact of post-traumatic stress reactions in terms of the cognitive, emotional, behavioural and physical aspects, although they include what they term *alternative* and *non-pathological* reactions. They add that **cognitive reactions** may also include disturbed, negative and irrational thinking, poor decision-making and problem solving skills, and poor abstract thinking. The person's level of cognitive functioning may decrease, or even become less effective during or after the traumatic event, because of the intense and overwhelming emotions and a loss of control. Other **emotional reactions** may be inappropriate emotional responses, and denial. The person's **behavior** is characterised by inappropriate reactions, change in speech patterns, being hyper alert to the environment, suspiciousness, and an inability to rest. **Alternative reactions** may include several defenses, and also a destructive lifestyle, which is overwhelmingly negative with a huge amount of cynicism, and a macho attitude. The meaninglessness of the event can drive one into despair, compulsive activities, addictive relationships, all of which are possible *quick fixes* for the pain. **Non-pathological reactions** may include feelings of loss, a sense of

personal vulnerability, an extreme fear of recurrence, a quest for and wrestle to find meaning, shame, sorrow, grief after the loss of a significant other or possessions, de-humanisation, survivor guilt, desire for revenge, coping mechanisms of avoidance or confrontation, apathy, and other self-destructive behaviour.

From these descriptions of the negative impact of traumatic events, it is clear that a traumatised person suffers an extreme blow in life. People's response to trauma can indeed be understood as an overwhelming experience and a crushing of their psychological defenses (Spiers & Harrington 2001:213). According to Schulz *et al.* (2000:137-155), the reactions to a traumatic event may be immediate and incident-specific, but it may also be delayed for a period of time after the incident. Signs of a traumatic stress reaction may last a few days, a few weeks or even a few months. They could last longer, depending upon the severity of the traumatic event. When trauma hits, the particular event may not necessarily be a single, once-off, uncommon event, but perhaps the last of some smaller traumas, which have a cumulative effect over time. The well-known Holmes Stress Scale (1967) operates under the assumption that a collection of stressors over time amounts to a high degree of trauma. Also, repeated traumas of the same sort, although individually not traumatic, with the second or third exposure become high on the stress scale (Schulz *et al.* 2000:29-30). Thus, trauma may be cumulative, building up over a long period of time and can include many incidents.

However, it is important to recognise and respect persons' very different ways of coping. It has to be clear that the different traumatic stress reactions cannot be viewed as *musts* without taking each person's subjectivity into account. According to Berger (2001:205), trauma reactions in a person are not always profound[168]. Some persons recover quickly from very distressing experiences because of individual or contextual reasons. Other persons patch themselves up, surviving through avoidance; some will need to work through the experience and some have little reaction. Many people will patch up, particularly if this matches their

[168] Edwards' (2003a) research also offers insight into individual differences in response to trauma. According to Edwards (2003a:4) there are two different ways in which a traumatic event can be experienced: persons who can keep calm, using conceptual processing, which mean that they can take in the meaning of the event, organise the sequence of events and see it in context. Subsequently they can voluntarily recall the events in chronological order. Then there are those who are overwhelmed: they experience confusion, disability to organise sensory impressions in a meaningful way with the result of having no organised memory. Subsequently, they involuntarily re-experience features of the trauma in a fragmented manner, and they are easily triggered by associative cues.

way of coping. In this case it is often after a subsequent traumatic experience or when something else of a distressing nature occurs that their feelings re-emerge.

Thus, one does not walk away from a traumatic event without experiencing any affect or effect. The pain after trauma is a normal reaction. When we are hurt as a result of painful events, screaming or the need to scream will follow (Schulz *et al.* 2000:5). We are human beings who have feelings and are not robots or computers that cannot feel. If we do not scream in response to the pain we feel, we only delay and often complicate the healing at a later time. Some people stow the pain inside them and deny its existence by minimising the effects and going on with their lives as usual[169]. Outwardly they may appear tough, but inwardly they may never grow beyond the moment of the traumatic event. Burying one's pain is unhealthy and causes long-term problems. They are emotionally trapped in time, waiting for an emotional outburst to reveal how they have been hurt. An emotional outburst is proof of people's failure to process the trauma adequately and effectively by not taking part in a trauma recovering process. Thus, people who have been traumatised should take time to work through the experience (Schulz *et al.* 2000:5).

Thus, we have to take traumatised persons' cognitive, emotional, behavioural and physical reactions into account.. If a traumatised person does not complete the recovery process after six months or more, then the pain begins to emerge in different forms and a person may be unable to move forward. Although the described reactions are helpful in understanding a person undergoing the effects of trauma, it must not be used in a diagnostic sense in terms of labeling someone as sick. These have to remain guidelines for understanding the impact of the 'dance' of trauma in the life of an individual. The impact of trauma in the life of an individual cannot be ignored nor minimised. Indeed, trauma has the ability to draw one along in its 'dance' towards destruction. Trauma can become a person's grand narrative or main discourse when it interrupts a person's identity and his life story. The traces of destruction can clearly be seen in the lives of those who surrender to trauma and allow trauma to determine their lives. What about relationships?

6.6.2 The effect of trauma on relationships

Traumatic events do not only have an impact on individual persons, but also on the relationships they have. The impact of the 'dance' of trauma also affects the relationships in which traumatised persons are involved. The force of a traumatic event is able to draw a relationship between people along towards final destruction. Trauma has the ability to break up relationships and social interactions. Johnson & Williams-Keeler (1998:25) say *"distressed and unstable relationships are a significant part of the aftereffects of trauma and PTSD"*. They continue by saying that trauma victims' marriages are more likely to become distressed and, once distressed, they tend to become stuck in particularly intense self-perpetuating cycles of distance, defense, and distrust. This marital distress tends to evoke, maintain, and exacerbate traumatic reactions, and consequently a vicious cycle is set in motion, which often debilitates the relationship and the partners' ability to cope with the effects of trauma (Johnson & Williams-Keeler 1998:26-27).

Post-traumatic stress not only effects marital relationships, but also relationships with significant others. Schulz *et al.* (2000:147-149) have shown how a traumatic event may affect the relationships in which persons are involved:

- Trauma may change the way people see themselves, their wives, partners or children, with the result that relationships may become strained and difficult with a lack of ability to communicate.
- If a person is suffering from trauma, he may not be able to talk to his partner and may easily retreat behind a wall of silence or suppressed anger.
- After a traumatic event, there may be an inability to stop talking about the event. This may become irritating or boring for others whose response may be to tell the traumatised person to keep quiet and forget about it.
- A constant pre-occupation with the incident by keeping a diary of events may be infuriating to others.
- Avoiding anything that has to do with the incident, and by keeping away from people, including those who are there to help, may distance partners, family or friends.

[169] Edwards (2003a:1) is saying that many people believe that the best way to cope is to put the trauma behind them and this means not only not dwelling on it, but actively putting thoughts and memories out of one's mind.

- When a traumatised person experiences nightmares and dreams, or wakes up in a panic or sweat, and then suddenly jumps out of bed, it may be very disturbing and frightening for partners.
- A person's apathy and feeling that life is a waste of time may make partners become angry with this. The loss of interest in work, home or hobbies by changing jobs or wanting to move home, may cause upheaval in the family.
- Partners may become angry and frustrated with the traumatised person's inability to make simple decisions, or they may become insecure when they have to face the traumatised person's loss of concentration and disinterest in the family, friends, and hobbies.
- A loss of self-esteem, self-value and interest in life's opportunities, lead to questions like: *"Am I useful or useless? Why bother with anything?"*. This can load much stress on the relationship when the partner has to make corrections.
- A traumatised person's feelings of vulnerability, anxiety about the same things happening again, and his confusion and disorientation, can bring much frustration to the partner. The partner may respond by telling the traumatised person to pull himself together.
- Pent-up feelings may result in anger and violence in the relationship, sometimes without any apparent cause. Shouting and demonstrating against anything or nothing.
- When the relationship becomes dissatisfying, or there is dissatisfaction with the present partner or family, persons can start looking for new relationships or partners.
- A lack of understanding on the part of the person experiencing the traumatic incident and on how the effects of the incident and his behaviour influence significant others, may lead to a dangerous blindspot with a negative effect on the relationship.
- Feelings of guilt, shame, and fear about behaviour, especially the lack of ability to cope at the time of the trauma, after the trauma and subsequently, may irritate others.
- A feeling of complete failure by experiencing utter degradation, may build up walls between partners, family and friends.

According to Schulz *et al.* (2000:149), these negative effects of trauma on relationships should make individuals, partners and families aware of the consequences, and should inspire them to maintain healthy relationships after traumatic incidents. Johnson & Williams-Keeler (1998:25) say that trauma may cause connection problems between people, particularly

trauma inflicted by one person on another; it *"constitutes a violation of human connection"*. Thus, traumatic events may bring a relationship into danger because of relationship distress. It destroys trust and security that are the main blocks for healthy attachments.

Referring to marriage partners, Johnson & Williams-Keeler (1998:26-27) have shown that those in distressed relationships, where either one has been traumatised, have the same post-traumatic reactions as individuals. They often struggle with overwhelming negative physiological and psychological affects such as anger, sadness, shame, and fear. They tend to feel hopeless and helpless in their relationship. Each partner's focus is so strongly connected to own personal safety and protection that they cannot connect to each other: *"They become stuck in constricted, self-reinforcing relationship cycles, such as pursue/withdraw and attack/defend, which makes positive emotional engagement almost impossible"* (Johnson & Williams-Keeler 1998:27). The effects of trauma may intensify and exacerbate the marital distress to such an extent, that couples' struggle to cope with the effects of trauma may become so pervasive, that they may engulf and erode even the most positive relationship. Their reactions may add to the intensity of marital conflict and alienation as their interactions are often characterised by extreme reactivity. Activities that have the potential to soothe and calm other distressed couples, such as confiding and lovemaking, can become a source of threat or even of retraumatisation. Partners also tend to avoid all situations where one feels vulnerable. Emotional engagement, which is the prime factor of marital satisfaction and stability, also becomes tentative by either avoiding it completely, or by alienating and isolating from each other because of shame. Withdrawal becomes particularly problematic in traumatised relationships as partners see themselves as unlovable and unworthy of care. Consequently, partners become lonely. Thus, the core issue for partners in adapting to trauma is their ability to regulate the effects of the trauma (Johnson & Williams-Keeler 1998:27).

Thus, trauma has the ability to rewrite a couple's marriage story according to the traces of destruction that are left behind. The negative impact of trauma may easily become the dominant story of a couple according to which they 'dance' their 'dance' of marriage. This traumatised 'dance' of marriage gives witness to an interrupted life story, which was once on a happy track. When trauma gets hold of, and successfully manages to draw the relationship

along such as in a dance, then the relationship may be destroyed. Are all individuals and relationships susceptible to the negative impact of trauma?

6.6.3 Susceptibility to the 'dance' of trauma

Different people experience the impact of traumatic events differently. Thus, the impact of traumatic events on different relationships may also vary. Spiers (2001b:40) refers to vulnerability studies that attempted to identify certain predictors when considering a person's susceptibility to post-traumatic reactions. These studies have shown that males are more likely to experience a traumatic event, while females are more likely to develop post-traumatic reactions. Other factors that may contribute to susceptibility to post-traumatic reactions are introversion, a tendency to withdraw, being sensitive, having an external locus of control, and a history of mental illness. According to Spiers (2001b:41), this list may be extended, and undoubtedly these elements contribute to the development of post-traumatic reactions. However, rigid adherence to a certain personality profile that contributes to post-traumatic reactions is pointless *"because individual personality factors are only part of what contributes to a person experiencing an incident as traumatic"* (Spiers 2001b:41). Thus, to focus exclusively on personality factors, is an incomplete approach.

According to Spiers (2001b:41), an interweaving of many factors may determine a person's post-traumatic reactions such as developmental wounds, relationship issues, unresolved traumas, the degree of arousal, the personal meaning of the experience and the support available to the person at that time. We also have to recognise that people's defenses may be permeable, their emotional recourses may be limited, and their reactions to trauma are instinctual. Anyone, given a particular set of circumstances, may be traumatised. However, everyone is not necessarily affected by trauma. Roman & Le Duc-Barnett (2000:11-15) ask the question: Why are some affected by traumatic experiences and others walk away seemingly unaffected? They have the opinion that the outcome of trauma depends very much on the type of trauma, the person's subjective experience and physical make-up. Schulz *et al.* (2000:137) add that some people suffer more than others after trauma because of their history, emotional make-up, and their way of coping with the trauma. The characteristics of the event as well as the perceptions, affects, culture, and interpretations on the part of the victim must also be taken into consideration.

Spiers (2001b:42-46) quotes Hodgkinson & Steward (1991) who outline three possibilities that may play a role in the development of post-traumatic reactions:

- *The developmental stage.* Every person passes through developmental stages on the way to maturity. During each stage a person learns about the self in relation to the world. Developmental wounds may occur during these stages, which affect his relationships with others and the world. When a person is facing struggle with the environment, his learned coping mechanisms are activated in order to adapt and survive. However, a traumatic experience will lead to post-traumatic reactions when a person experiences that his usual coping mechanisms are overwhelmed.
- *The actual event.* There is a direct correlation between how intense and threatening an event has been, and the likelihood of a person to develop post-traumatic reactions, since the intensity of an event is to some extent a matter of individual subjectivity.
- *The recovery environment.* The features of support can be buffers against the development of post-traumatic reactions. A good support network in which a person feels connected and accepted, no matter how intense his distress, determines the degree of post-traumatic reactions. Disruptions in the support network in terms of changes to the level of support, the termination of a relationship, or changes through grief may in some way lead to the development of post-traumatic reactions.

It has become clear that the 'dance' of trauma can absorb not only a traumatised person, but also relationships. It has the ability to draw a person or relationship along with its impact. The impact of a traumatic event may force a traumatised person or a relationship to surrender to the 'dance', which may lead to the ultimate destruction of the traumatised person. It may also force a relationship into self-destruction.

6.7 'Dancing' with trauma towards destruction

To surrender completely to the 'dance' of trauma will eventually result in destruction! *Destruction* indicates a person's long-term inability to live life in accordance with his own preferred story. Tedeschi & Calhoun (1995:26) refer to *"psychiatric impairment"* as a result of exposure to traumatic events. With this they refer to a psychiatric disorder such as PTSD, which can be understood as the result of the trauma. The general belief amongst scholars is

that reactions that last for more than six months after initial trauma are defined as PTSD. This means that if a traumatised person does not complete the recovery process after at least six months, the psychological pain may then begin to emerge in terms of the symptoms outlined in DSM-IV's (2000) diagnostic criteria. A delayed response to emotional pain is PTSD (Schulz *et al.* 2000:4).

What is PTSD? According to Spiers (2001a:16), PTSD may occur when a person's existing belief system cannot cope with the trauma experience in such a way that integration is prevented or does not occur. Disintegration can be observed when traumatic recollections of an incident are replayed continuously. This means that no cognitive completion occurs and this stimulates arousal. The arousal renders the integration of new information very slow and difficult. When an experience is fully comprehended, a cognitive completion occurs which allows the experience to be assessed, coded and stored along with other information about life. If this does not occur, intrusion and avoidance interact as a kind of filter to regulate the information that has to be processed in order to prevent emotional overload. Spiers (2001b:40) makes the conclusion that this will impair a person's ability to live and work as he usually would. Van Wyk's (2003b:6, 9) view that the expectations[170] of a person are an important determinant of future PTSD, can be added. What the person expects his reactions to the trauma should be, and how he should manage these reactions, plays an important role in whether the reactions will disappear or become ingrained.

Thus, the difference between a post-traumatic reaction and PTSD is that the latter takes the reactions further in time with greater intensity and consequences[171]. Spiers (2001b:40) refers to *"persisted symptoms"* that last longer than one month. He also warns that this is not to say that a traumatised person will always show his distress in this way, or that if he does not, the person is not in fact traumatised. While keeping this in mind, more of the following reactions,

[170] Some persons expect themselves to be unemotional, strong and in control, and when they find they are not, they panic and think they are losing it or losing their minds. Thus, they have to cope with panic about their own reactions as well. Others that expect that they will not be able to cope with the effects of trauma, collapse at the first sign of any unusual reaction in themselves (Van Wyk 2003b:6).

[171] Edwards (2003a:3) refers to the research of Harvey & Bryant (2002) who have looked at the predictive power of a range of reactions in the acute phase. Those associated with the subsequent development of PTSD are referred to have positive predictive power, like emotional numbing, depersonalisation, a reliving of the trauma, restlessness, recurrent images and thoughts, nightmares and avoidance (both behavioural and of related thoughts or discussion). Negative predictive power means that the absence of a reaction in the acute phase

according to DSM-IV (2000) have to be present from one to six months after the traumatic incident:

- Recollections of the trauma during sleep or from intruding thoughts;
- Flashbacks or associations that trigger instant replay and reliving of the trauma;
- Guilt, self-destructive behavior, and startle reactions;
- Numbness to life;
- Things usually enjoyed are no longer as attractive or enjoyable as previously; and
- Avoidance of people.

These are some of the most important reactions that can give a clue towards PTSD. We do not have to be skeptical about the diagnostic criteria of PTSD in DSM-IV (2000). Spiers (2001b:37) has shown that the admission of PTSD to DSM-IV (2000) is a huge achievement in the face of the cruel disregard for human suffering before 1970.

However, we still have to be careful not to use the DSM criteria to label a person. A person can easily be diagnosed as suffering from PTSD as a psychiatric condition which does not only imply that the person is sick or disturbed, but can also lead to pathological thoughts on the part of the traumatised person. The person may then believe that he needs medical treatment because of the abnormality he is suffering (Van Wyk 2003b:5). It is precisely at this point that the traumatic reaction becomes stronger than the person, consequently drawing the person along. It starts to become the main discourse or story of the person that says: *"I am not OK. Something is wrong with me"*. Van Wyk (2003b:4) sums it up by saying that the reactions experienced after a traumatic event:

> **"Are usually quite disturbing and frightening, but they are typical and natural. They are normal responses to abnormal events. If these normal reactions are handled appropriately, they will disappear by themselves. But if not, traumatised persons usually experience longer-term consequences, and these longer-term problems can be devastating, not only for the victims' personally, but also for their… performance".**

predicts the absence of PTSD in future. That means for instance that persons who do not respond to trauma with an intense reaction of horror are unlikely to develop PTSD.

Thus, when something goes wrong with normal post-traumatic reactions, destruction can follow in terms of intensified PTSD criteria that become apparently impossible to handle.

When traumatic reactions become a person's dominant story, his own life story is interrupted. The 'dance' of trauma then leaves traces of destruction in the life and relationships of that person. According to Schulz *et al.* (2000:47), these prolonged traumatic reactions disable the survivor and affect all areas of human life. It starts to become a self-destruction process when the victim of trauma surrenders himself to the negative impact of the 'dance' of trauma. The person embraces trauma and 'dances' with it towards destruction. Spiers says (2001b:35) that *"we can accept that PTSD is a self-supporting response to a traumatic event"*. Trauma can win the battle if one chooses to support it!

Thus, post-traumatic reactions may be converted to PTSD when the pain of the trauma is delayed[172]. People stow the pain inside them and deny its existence by minimising the effects, and going on with their lives as usual. When they do not express the pain, but bury it, they cause long-term problems for themselves, which complicates the healing process. They become emotionally trapped in time, some try unhealthy ways of coping, others try to be tough by not faceing the pain of the trauma. When the pain of traumatic events is locked up and stored in emotional boxes, a failure to process it adequately and effectively occurs. This leads to the above-mentioned consequences, which have the ability to overrule a person and his life story in the long run. But when, as Schulz *et al.* (2000:33-34) indicate, a person begins to feel and share the pain that has been hidden and bottled up; it starts to be released.

I have clearly shown in the 'steps' of the 'dance' of trauma that recovery is possible[173]. A traumatic experience does not necessarily lead to destruction. A person can be assisted to deal with his trauma effectively. No person needs to remain a victim of trauma. The trauma 'dance' may be set on a track that leads a traumatised person to a new, alternative story of victory and

[172] Delayed pain is not necessarily the only reason for PTSD. Other reasons may also be possible. It is not the intention of this 'dance' of study to explore the issue of PTSD in great detail. When I described the 'steps' of the 'dance' it became clear that factors such as unresolved traumas, a history of depression, mental health problems, unhealthy coping mechanisms, an increase of post-traumatic reactions, and poor management of these reactions can all contribute to a person's surrendering to the impact of the 'dance' of trauma.

[173] Van Wyk (2003b:4) says that *"most people recover fully from a trauma within a matter of weeks. However, approximately 25% of traumatised persons will experience longer term consequences"*.

growth. Although the 'dance' of trauma is difficult, the facilitation of the recovery process can get the 'dance' of trauma onto another track.

6.8 Attempts to get the 'dance' of trauma onto another track

"The good news is that trauma can be survived!". When Schulz *et al.* (2000:40) make this important statement, they are convinced that those who have survived a traumatic experience have learned to live with their particular pains and hurts, and have even used these to proceed in the growth and development of their lives. Although tough scars form during the healing process, the scarring itself is evidence of healing. If these remarkable words cannot be uttered, there will be no hope and no chance to get the 'dance' of trauma onto another track. As it is possible to alter dance steps during a dance to get it on track again, it is likewise possible to alter the 'steps' of the 'dance' of trauma towards another track. As it is possible for the 'dance' of trauma to interrupt a person's life story in order to become that person's life story, it is similarly possible for a person to take hold of his own preferred story once again, or perhaps even for the first time. The focus in this section is on how this possibility may become a reality, and on how the pastoral therapist can play a role in its realisation.

According to Dunn (2001:97), trauma is often approached *"as if it were different to other client problems, and requires a specialist approach"*. Can only specialists become trauma therapists? Spiers (2001a:34) is clear about this issue when he says that *"trauma counseling has to be taken out of its specialist position in order to take an ordinary place"*. This does not necessarily mean that trauma counseling is indistinguishable from other interventions, but in order to *"crack open long-held defenses, to raise questions of meaning and existence, and to activate processes of deep grieving, demands more than just a familiarity with these issues"* (Spiers 2001a:34). Despite requiring a certain level of knowledge, trauma counseling:

> **"Still holds a feeling of swimming into the darkness... the counselor must surrender the certainty of his or her theory and launch into the unknown depths of this person if he or she wants to be of help to them".**
>
> **(Spiers 2001a:34).**

Thus, the trauma counselor must have developed good self-support and be well-trained, and he must have the courage and gentleness to deal with trauma. Specific details need to be

understood about traumatic experiences, including the characteristics of the event itself, and the perceptions, affects, culture, and interpretations on the part of the victim. In a certain sense the trauma counselor has to be an expert in the field of trauma in order to let the traumatised person be the expert in his own experiences throughout the counseling process.

As a pastoral trauma therapist, I see myself as a facilitator in a process of opening new meaning, new alternatives, and new stories. O'Hanlon (1994:21) says it brilliantly:

> **"When people find themselves in a corner, the therapist can paint a door on the wall where it is needed, and then, like Bugs Bunny in the cartoons, open it and help them walk through it. The therapist's task is to conjure up doorways to new identities out of nowhere".**

Therefore, a therapist has to develop his specialist knowledge of how to paint those doors. I see this 'dance' of study as a developmental opportunity to learn to paint those doors more effectively in order to be an instrument in the forming hands of the living God. I engaged myself in a life-long learning process about traumatised persons because I have put my heart into helping them.

I am not in a process of learning how to give traumatised persons better treatment from an expert position. In a modernist context the focus is on problem solving by means of giving directive solutions and showing *"roads they had missed"* (O'Hanlon 1994:21) that lead to symptoms and sicknesses. Many trauma therapists may be considered as modernist therapists who work with treatment models, as outlined in this paragraph. According to some of them the pathological reactions of traumatised persons have to be treated with *"hasty prescriptions of psychotropic medication or hospitalisation"* (Van Wyk 2003b:5), while other trauma therapists focus on psychodynamic models that include psychotherapy or directive ways to minimise the identified symptoms. However, I am working towards a postmodern approach in dealing with trauma experiences which I believe enable both the therapist and the traumatised person to come to terms with dominant destructive stories, and alternative liberating stories. Thus, the focus is not on treatment but on co-drifting towards empowerment of the traumatised person. The focus is not on minimising the symptoms, but on mastering the symptoms, and eventually mastering trauma itself. Although Schulz *et al.* (2000:13) work

from a modernist view, I identify with their saying that *"the therapist's task is not to prevent trauma, but rather to enhance or enrich the ability of individuals to deal with trauma events in a positive and constructive manner"*.

In chapter two I concluded that we, in a postmodern world and working with postmodern views, cannot loosen ourselves completely from modernist ways of doing. A postmodern approach makes room for modernist ways of doing, and even deepens the meaning of these methods. Again I will show that I cannot accept a modernist epistemology that only makes use of certain postmodern elements which may limit the possible alternatives opened up by the dynamic and open-ended alternatives of the Bible and the victory of the living Christ. However, within a postmodern view, new meaning may be given to the purpose and content of trauma counseling.

6.8.1 The purpose and content of trauma counseling

I have quoted Berger (2001:205) who says that many traumatised people patch up their traumatic wounds according to their own way of coping. Then it is often after a subsequent traumatic experience or when something else distressing occurs, that their feelings re-emerge and demand some attention. At this point they go for counseling. Except for this possibility mentioned by Berger, it is part of the nature of trauma to demand counseling of traumatised persons directly after the traumatic incident. According to Van Wyk (2003b:5), it is necessary to start with counseling as soon as possible, or even better, immediately after the incident. He says that for some counselors it is not possible to do counseling during the first day or two because of the victim's initial state of numbness. However, early counseling, even if it is to contain the disorganisation and disorientation which victims experience immediately after a traumatic event, diminishes the need for further counseling at a later time. The longer the period between the event and counseling, the greater the chance for dysfunctional ways of thinking to set in. Thus, the sooner after the traumatic event a person receives counseling, the more rapid and effective the recovery. The *traumaClinic* in Cape Town attempts to respond to trauma and initiate counseling within the first few hours after the event.

Return to normal daily routines

Van Wyk (2003b:5) considers the purpose of counseling as a helping response that should promote the return to and resumption of normal daily routines and responsibilities as soon as possible. This purpose includes goals like:

- Reduce the detrimental long-term effects of the trauma;
- Assist traumatised persons to return to a productive lifestyle; and
- Shorten disruption in work and family life.

It is important for Van Wyk (2003b:5) that counseling takes place, if it is at all possible, where the traumatic event took place, particularly when it is at the person's home or workplace. People's tendency to avoid the place where they were traumatised, or anything that could remind them, can be intercepted by counseling. One of the purposes of counseling is to desensitise the person to those reminders and so prevent avoidance patterns being established. The realisation of this can help the person to regain a sense of control at the place where the trauma occurred. This will decrease the possibility of resistance and avoidance that easily tends to increase over time and leads to greater anxiety and avoidance. Thus, the *traumaClinic* in Cape Town prefers, if at all possible, to counsel victims at the scene of the trauma.

Restoring connection with the self and others

Spiers takes a deeper look into the purpose of counseling. In this context he says that the traumatised person has *"no clear way of aligning himself with his experience"* with the result that *"he feels himself to be 'a lost soul'. In ancient times it was believed that when a person is overwhelmed by tragedy, his soul would leave his body. This is our modern understanding of dissociation"* (Spiers 2001a:25). Dissociation can be described as the traumatised person's feeling of disconnection with the things and people he once loved and enjoyed. The purpose of trauma counseling, according to Spiers (2001a:25), is to give the traumatised person the ability to see *"that the soul is gone"*, that is to say the ability to recognise his own reaction to trauma. This allows healing to begin, or *"encourage the bewildered soul back to its rightful home"*. The soul that was driven into flight, now, through counseling, has *"the choice to return"* when the therapist helps the person to *"call the soul"* back, but it is the soul that chooses to return. This remarkable metaphor is further described by Spiers (2001a:16-17) in greater detail as restoring a person's connection to himself by helping him *"to accommodate the experience within a new, wider framework of self-understanding"*. The person has to

change distortions in perception, and rebuild an understanding of the world, the self and others on the basis of previous, more positive and rational views of the self and the world. Spiers (2001a:29) sees the restoration of connection with others and the self as an important element in the process of recovery, and says that the essence of trauma counseling is the *"creating of calmness, safety and care by means of a therapeutic relationship in order to persuade the perplexed person to return to his or her self and loved ones"*. This restoration of connection begins within a trusting counseling relationship which will help the person to *"develop compassion towards himself so that he can form an alliance with himself within which a healthy self-reflection can develop"* (Spiers 2001a:34). Berger (2001:204) believes that the traumatic events can never be separated from a person's experience and, therefore, trauma counseling *"involves being present, listening and noticing, intuiting and sensing and working in the here-and-now with the detail of the client's experiencing"*. When a person is able to identify the trauma as the cause of change, he can now learn new creative adjustments in order to achieve emotional balance again.

Achieving emotional balance

Emotional balance is important. Roberts (2002:14) believes that for the most part, individuals function in a state of emotional balance in their daily lives. Sometimes, intensely stressful life events will stretch a person's sense of well-being and equilibrium. However, stressful events are frequently predictable within a person's ordinary routines, and most of the time the person is able to mobilise effective coping methods to deal with the stress. In sharp contrast, traumatic events lift people out of their usual realm of equilibrium and make it difficult to re-establish a sense of balance or equilibrium. Trauma counseling, then, has the purpose to help a person to re-establish a sense of balance or equilibrium in his life. This balance or equilibrium can be established through trauma counseling when the focus of counseling is to integrate the traumatic wounds successfully, both individually and socially (Berger 2001:212). Within the context of calmness and safety, traumatised persons can come to terms, in the here-and-now, with *"what has happened to them, what they are feeling and to make sense of their part in the whole thing"* (Spiers 2001a:20). This makes it important to provide structures for understanding in the here-and-now *"so that predictability and stability returns to the client's life"* (Spiers 2001a:18).

Finding understanding and meaning

This integration of experience may change the person's whole meaning. We have already taken a closer look at the traumatised person's shattered view of the world and the self. People make sense of their world by regarding what happens to them as controllable. Thus, its essential for traumatised persons to regain some rationality in the irrationality of traumatic events:

> **"Identifying a cause, however rational or irrational, gives people a sense of order and predictability in their lives. People do not want to believe that things happen randomly; they want to believe that they happen because of…"**
>
> **(Schulz *et al.* 2000:12).**

Even an illusion of mental control is often enough for victims to regain some sense of rationality (Schulz *et al.* 2000:13). The more they understand, the more they will experience some control. Schulz *et al.* (2000:13) refer to Victor Frankle writing from his perspective as a Nazi-death-camp survivor: *"In some way, suffering ceases to be suffering at the moment it finds a meaning"*. According to Spiers (2001a:20) trauma counseling makes the difference: *"As the person's perception of events is changed, his or her experience of the event now also changes"*. Through counseling the traumatised person can develop a new identity: *"Helping reconstruct a view of the person's identity in a way that accommodates this new experience therefore in part brings about recovery from trauma"* (Spiers 2001a:18). Van Wyk (2003b:5) also says that *"the meaning people attribute to a traumatic experience is central to their recovery and in trauma counseling this should be one of the points of focus"*. Harvey (2002:12) agrees that people often have difficulty finding hope in their lives because of the meaning they give to devastating losses. When the devastating loss cannot be maintained, people may give up on life. But when people feel that they have an understanding of events, they feel a greater sense of control in dealing with those events: *"Finding meaning is usually instrumental to finding hope and feeling a sense of agency in coping with traumatic loss"* (Harvey 2002:12).

Restoring movement

Spiers (2001a:24) also says that trauma counseling has:

> **"To reinstate and effect completion of self-protective actions that was not properly possible at the time of the traumatic incident by allowing surplus energy to discharge. Where movement has become frozen or stilled, life flow is interrupted, as life is expressed through movement. Restoring movement is the work of counseling".**

He connects to the view of Van der Kolk, which I will discuss in a while. Movement here implies any movement that works against withdrawal, the disruption of a person's *sense of self* as a means of self-protection or buffer against the trauma's intensity. The traumatised person has to be involved in movement towards the recognition of the trauma and its effects, changes in self-beliefs, reaching out towards others, or exposure to the actual event in the here-and-now. Although restoration of movement is important, it is part of the larger picture of trauma counseling which includes a psychological dimension. Thus, the traumatised person will also benefit in terms of psychological growth.

Psychological growth

Tedeschi & Calhoun (1995) give another important perspective. Trauma is not all about the worst of times and about a painful testing of people's ability to cope. The struggle with the trauma can also lead to the best of times by providing people with the opportunity for psychological growth that would not be possible without the challenge of the traumatic event. The very act of struggling with the many negative consequences of traumatic events makes the varied forms of psychological growth possible (Tedeschi & Calhoun 1995:28). One of the purposes of trauma counseling is to facilitate this kind of growth. It has to be taken into account that trauma also has positive effects in terms of developing healthy insights into living through surviving the trauma. Tedeschi & Calhoun (1995:30-41) highlight the benefits of having survived trauma:

- Change in self-perception;
- Change in interpersonal relationships; and
- Change in philosophy of life.

Van Wyk (2003b:9) also adopts the perspective of *"how to turn a bad experience into good"*. He says that fully recovered persons generally look back on the trauma as a valuable,

although painful, experience from which they have gained (Van Wyk 2003b:4). Van Wyk (2003b:3) refers to the words of a trauma victim who said:

> **"Looking back on the experience I can now see that it has in fact enriched my life in that it made me more…. sensitive to what is good and uplifting about the world. The one thing I have learnt is that I can cope better in a crisis than I ever thought I would".**

Van Wyk (2003b:10) attributes this positive outcome to the process of trauma counseling. Spiers' (2001:18) remark can be added here that trauma counseling has to help a person *"to discover that healthy and safe living depends upon a person's ability to move flexible between extremes"*. If a person learns this from trauma, he will be better prepared to deal with the losses of life and with further traumatic incidents. How sad it is that persons *"who struggle to recover, define the traumatic experience as a loss, as damaging, or as representing failure or inadequacy on their part"* (Van Wyk 2003b:4). Besides psychological growth, I can also refer to spiritual growth.

Spiritual growth

Woodcock (2001:165) says that traumatic incidents have the potential to challenge the meaning of life. Survivors are forced to re-evaluate the meaning of life in existential or spiritual terms either during or in the aftermath of the traumatic experience: *"Many record long-term changes in belief with a sense that involves a deeper grasp of the significance of life"* (Woodcock 2001:165). Besides this deeper grasp of the significance of life, there is also a new sense of connection to the transcendent that emerges (Woodcock 2001:164).

Many survivors of traumatic events experience a sense of existential change that can only make sense within a religious or spiritual framework. The most personal existential question that survivors of trauma often ask, is: *"Why me?"*. It is a question of theodicy, a formal way of trying to explain and understand the complex issue of what justice is and why the innocent suffer. It is not easy to answer this kind of question, and most of the time it is only possible to offer some sort of coping mechanism from a Christian religious point of view. What is often observable is that the traumatised person will seek connection between faith as a source of solace, and *"the interior space opened up by trauma"* (Woodcock 2001:172). This interior

opened space can be referred to as trauma's ability to deprive persons from their ability to process what has happened to them cognitively and emotionally. Because of the overwhelming event, they cannot be reflective and, therefore, internalise events in a meaningful way. According to Woodcock (2001:167), what in fact happens is *"that they lose the ability to be meta-cognitive to the extreme events"*. For most trauma survivors, prayer is the way to reopen a meta-cognitive space. Prayer, understood as a reflective personal dialogue between the self and God, enables the believer *"to stand outside the self and by so doing opens up a meta-cognitive space"* (Woodcock 2001:167). Typical themes that run through the traumatised person's prayer life are those of sin, guilt, desire for revenge, and forgiveness (Woodcock 2001:172). Thus, prayer as such, is a powerful instrument that can lead towards meta-cognitive reflection and the meaningful internalisation of traumatic events.

Woodcock (2001:183) believes that traumatic events always represent an opportunity for personal and spiritual transformation. However, this belief never *"seeks to minimise the overwhelming losses or the acute painfulness of people's experiences and the ongoing stress of living with forced change"* (Woodcock 2001:183). It only notes that there is always a dialectical tension between the awfulness of life situations on the one hand and spiritual beliefs on the other hand. By making use of spiritual beliefs and practice in therapy, transformation and healing can occur with greater freedom. Thus, the spiritual resources of a traumatised person should be used in order to reframe. Reframing is to *"connote a negative idea in a positive one in such a way that new light is thrown on a situation and beliefs are changed and even shifted"* (Woodcock 2001:183). Religious beliefs are full of reframes, for example the death of Christ that demonstrates Christ's victory over the power of sin and death as a result of his resurrection. This reframe offers food for thought, which can challenge and extend a traumatised person's personal beliefs. In moments of little hope, a person can be invited to believe that fragments of hope are God's gift that can sustain him which should not be refused. This can amplify the meaningfulness of a person's hope and shapes his ability to cope. It allows him to *"look at the trauma with different eyes or through a different set of spectacles: those of a survivor with some measure of choice over his or her internal world"* (Woodcock 2001:184). One should never underestimate how *"parables and religious stories hinge on a reframe that makes one see the world as if through the eyes of the spiritually enlightened"* (Woodcock 2001:184).

I may conclude with Woodcock (2001:187) that "*religious life opens up an interior dialogue that can, ultimately, result in healing"*. There may also be cases where religious belief can create big difficulties for a person, but most of the time religion can deepen a person's spiritual experience. A trauma sufferer with a sense of existential loneliness, which leads to a withdrawal from the self and other, will benefit from a spiritual withdrawal that will enable him to relate with the self and other. Religious beliefs can add new value to the self and to life, and can also help a person to recover from guilt, shame, anger, to rediscover trusting relationships, and to make a choice to turn towards a life that finds satisfaction in others (Woodcock 2001:181-183).

According to Schulz *et al.* (2000:6) South Africa's medical and psychological researchers have largely avoided study about the impact of religious faith and spiritual well-being on physical health for many years. Today, revolutionary thinking in this area has begun, because doctors have discovered that spiritual life has a proven influence on health and healing. Many recent studies in America have revealed the positive impact of spiritual reality on physical illness. Some of the positive results in these studies can be attributed to the disciplined lifestyles of more spiritually-centred people. The beliefs of such people are the source of their self-discipline and healthy habits. Constructive inner life habits such as forgiveness and generosity are proving to have healthy benefits as well. It is therefore important to accentuate the role of Biblical spirituality as an aid to the coping mechanisms of traumatised persons.

Thus, the purpose and content of trauma counseling has to be both focused, and set into a broad framework that will make a difference in the lives of traumatised persons. Berger (2001:204) warns that trauma counseling should always remain an approach, and should not be adopted as a technique for working with traumatised persons. The focus should continue to fall on the person's experiences; being with the person without trying to fix him, while acknowledging the distress or sadness in oneself as counselor when sitting in silence with the person. Berger (2001:204) writes:

> **"Becoming consumed with what one should do or say can override the meeting…. The counselor may need to remind himself about approaching the work person-to-person and to feel assured or reassured in the importance of being with his client above doing something with his client".**

Spiers (2001:34) also says that the reassociation that has to occur sets many demands that cannot be solved through a single technique or intervention, but through a skillful blend of many interventions. Spiers here refers to his own integrated model in terms of which he focuses on the most important purpose of trauma counseling, i.e. the restoration of connection. Practical skills should also form part of an approach to trauma counseling, according to Roman & Le Duc-Barnett (2000:19). They say that a lack of practical skills such as communication skills and immediate support *"often do more harm than good, and all the goodwill in the world will only cause further problems. Caretakers need to take a practical approach to crisis situations and be prepared to roll up their sleeves and get stuck in"* (Roman & Le Duc-Barnett (2000:19). A trauma counseling approach is based on a particular model, or models, because it has many sides to be taken into consideration.

6.8.2 Different models for trauma counseling

"As with all wounds, there must be a time of healing" (Schulz *et al.* 2000:8). I have referred to the meaning of the term *trauma* as the piercing of the skin. A traumatised person is wounded in that his mind and body are pierced by the traumatic event. Indeed, a time of healing has to be expected by the traumatised person and his significant others. During this time of healing the pastoral trauma therapist can play a huge role in helping the person to come to terms with the impact and effects of the trauma. He has to be a Good Samaritan who is able to help the traumatised person in need instead of just passing by, like the priest and the Levite did in Jesus' parable of the Good Samaritan (Luke 10:25-37). God's challenge to us is to follow Jesus' wise injunction, *"Go and do likewise"* (Luke 10:37), as the guiding principle in treating traumatised persons (Schulz *et al.* 2000:). In my 'dance' of study I have accentuated the role of the pastoral therapist as a living instrument in the hands of the living God. All his acquired abilities, on an intellectual-, spiritual-, physical-, emotional- and being-level, become an instrument for healing with the supporting power of the Holy Spirit. Even the therapist's approach towards trauma counseling can be experienced as an instrument in God's hands.

It should be clear that I have chosen not to work with a treatment model. It will become clear that most of the models have treatment as their basic point of departure. At the end of this section I will discuss these models critically in the light of my own narrative approach to trauma counseling. Working with a narrative approach does not mean that none of the other

trauma counseling models are valuable and usable. The purpose of my critical remarks at the end will point out the valuable and usable aspects of these models, although they are backed by a modernist background. The postmodern point of view makes room for modernist elements to be taken up and to be integrated into the narrative approach. Trauma counseling asks for an open-ended approach in order to deal with all the facets of trauma and the traumatised person. Besides this, the pastoral trauma therapist has to take up the challenge with all his aquired abilities to 'put the dance onto another track'.

MITCHELL'S MODEL OF PSYCHOLOGICAL DEBRIEFING

Psychological debriefing was developed by Mitchell (1983) as one of the very first models to help traumatised persons deal with trauma. According to literature, various researchers found, and still find, Mitchell's model effective in dealing with trauma. Roman & Le Duc-Barnett (2000:24) present an example of those who still believe in the value of Mitchell's debriefing model as a means to relieve the pain and to work towards a positive outcome. They understand psychological debriefing as a way of working to help a group of traumatised persons to see what actually happened in the mind at the impact of the trauma (Roman & Le Duc-Barnett 2000:23). It is a process, which enables the group to see the whole story, and to see the self within this whole. By telling and recalling the incident, debriefing enables a group to make sense of the incident in some way and, for some, to receive catharsis. Roman & Le Duc-Barnett (2000:23) writes:

> **"There is nothing magical or mystical about the process. The process leads from the point of normality - everyday routine - to the point of impact and then the trauma, through the thoughts, emotions and the normality of the experiences of normal bodily coping mechanisms to a conclusion".**

The idea behind debriefing is quite simple. As the brain is shocked by the trauma, it holds on to the painful image by focusing on it, and has difficulty releasing it. The survivor relives the incident over and over in his mind, causing more hurt and pain as images of what has been done, what could have been done, or what has not been done occur. Thoughts begin to race and the survivor becomes overwhelmed by the reaction to the trauma. Time is needed to process it, but usually the brain cannot let the trauma go. Debriefing takes the pieces of information from the forefront of a person's mind and helps the person to process it, to store it

in the base of the brain known as the amygdala (Roman & Le Duc-Barnett 2000:24-25). It is a structured intervention process which goes through various phases or stages to enable the trauma story to unfold. Traumatised persons are led through seven stages to re-relate the incident to their own belief system. Although persons find it painful to relive traumatic experiences, it is found that once persons in the group start to take part, most others will follow. No one is forced through the stages. As the reactions one experiences begin to appear, an expert and qualified therapist is required in order to obtain the right kind of support. According to Roman & Le Duc-Barnett (2000:27), the following stages are part of psychological debriefing:

1. Introduction.
   Explanation of what will happen, and mutual expectations are discussed.
2. The facts.
   The focus is on the details of what happened and where everyone was at the time.
3. Thoughts and cognition.
   Put everything into perspective by discussing the persons' thoughts at the time of the incident, both immediately after and also some time later.
4. Reactions.
   Reliving and re-experiencing the reactions and emotions during and after the event.
5. Symptoms.
   Explore the various symptoms that the traumatised persons may experience.
6. Education.
   Explain the thoughts, reactions, and symptoms and educate the traumatised persons that these are normal reactions to an abnormal situation.
7. Conclusion.
   The survivors are helped to create an action plan and new alternatives for the future. The necessary support and assistance are arranged.

The debriefer has to establish and maintain the structure of the session, and has to see that the stages are all dealt with. Those who are not immediately involved should not be allowed to join the session except by prior agreement with the group. No more then 10 people should be present. The time needed for a debriefing session may be anything from one hour to four hours. Debriefing allows people to hear one another's story, thus binding them together and

gives them a sense of being in it together. It also allows them to feel a sense of vulnerability and empathy with one another. The debriefing process has the ability to transform the persons involved into richer persons with richer perspectives on life, and as persons who take responsibility for their own needs and reactions. Thus, the process makes them stronger and gives an opportunity for growth. The neglect of debriefing can only cause a build-up of stress, which may lie dormant for many years (Roman & Le Duc-Barnett 2000:43-45).

Debriefing was initially developed to focus on groups, although it may also be appropriate for individuals. It is an early intervention process to prevent the individual from slipping into the more serious, debilitating and long-term condition of PTSD. Before psychological debriefing begins, the brain needs to be given a chance to process what has happened. This makes it important that debriefing should not be attempted before 48-72 hours after an incident, sometimes even longer, but not later than 14 weeks after the incident. Any further delay may have adverse effects on those involved in the trauma. During the first few hours after the traumatic event, the focus should be on crisis intervention as a kind of Psychological First Aid, which consists of practical support and personal comfort. After the debriefing session, counseling may follow. However, it is not advisable to start with a counseling process until approximately two to four weeks after the event, since the brain is unable to make sense of the traumatic event (Roman & Le Duc-Barnett 2000:12).

There is controversy about debriefing and counseling. Although Roman & Le Duc-Barnett (2000) took notice of narrative techniques to encourage victims to tell the story of their trauma, they still prefer the psychological debriefing model as a means to help persons rewind their experiences (Roman & Le Duc-Barnett 2000:49). According to Dunn (2001:99), the effectiveness of the seven-stage psychological debriefing model has come under debate. From the beginning it was believed that this model is an effective way to prevent the development of PTSD[174]. In 1997 a more flexible five-stage model was developed, which should only form one part of a wide range of support offered to people after trauma that also includes individual sessions. The steps are (Dunn 2001:100):

1. Introduction: purpose, rules, procedure;
2. Facts: before, during, after;

3. Feelings: sensory impressions, emotional reactions;
4. Future: normalisation, information and support; and
5. Ending: final statements.

Dunn (2001:100) refers to Wesley, Bisson and Rose (1998) who say that very few studies have evaluated the effectiveness of psychological debriefing. Some studies have shown that there is no evidence supporting its effectiveness. The results of some of the studies suggest that debriefing might actually be harmful: *"There seems to be no evidence that debriefing can prevent the development of PTSD"* (Dunn 2001:100). It is also possible that debriefing may be detrimental for some people in a group who may be traumatised in a secondary way by listening to other's accounts. However, some people do actually appreciate and benefit from debriefing.

Dunn (2001:100) does not give up on psychological debriefing, but says that debriefing should always be used voluntarily. Potential participants should first be assessed individually to take their distress and other issues that may be triggered into consideration in order that they do not feel unsafe in the group. Individual support must always be available as an addition or an alternative to the group. It is important to note that the development of PTSD is not something that can be prevented only by the right treatment, as is suggested about psychological debriefing. The very fact that debriefers are advised not to deviate from the debriefing model, may also be criticised because of its rigidity. Dunn accentuates the importance of individual counseling support as a useful means to provide some containment for a traumatised person's distress, and it also helps to build the foundations for future work. Thus, debriefing is useful, but too narrow in terms of possibilities.

TRAUMA DEBRIEFING MODEL OF SCHULZ *ET AL.*

Schulz *et al.* (2000) from *Traumatology Services International* in Johannesburg built their trauma-debriefing model on the model of Mitchell, although they have developed it into their own extended and unique model. Their model contains the following phases and steps (Schulz *et al.* 2000:163vv):

[174] According to Edwards (2003a:1), much of the help that was offered to victims of the September 11 Twin Tower catastrophe involved psychological debriefing.

Stabilisation: Provide a positive and supportive atmosphere

Stabilisation is the most basic phase where initial defusing takes place in an informal way. It has to be done within 12 hours after the traumatic event as a kind of emotional primary care that helps the traumatised person to ventilate his feelings. Sometimes this phase is not necessary when people discuss the event and their feelings in an informal and spontaneous way. This may already help persons to re-establish meaning. It should not be done on the scene, and should involve only the group of people directly involved, not outsiders. It should take about 20-45 minutes, and must not be in the atmosphere of critique on the event:

- Step 1: Initiation.

  Get the persons alone and show care by protecting them against physical and emotional harm. Care for their physical needs and reunite them with friends or family. Take charge of their lives and provide control for a short while.
- Step 2: Establish facts.

  Ask about the facts of the situation: What happened and what was each person's part in the event?
- Step 3: Deal with feelings.

  Allow the persons to express their feelings by listening and showing empathy. Try to understand their emotional experience. Appropriate touching is important to reassure the victims. Restore the persons' emotional control by normalising the experience.
- Step 4: Establish the future.

  Secure the persons of an immediate future. Talk about immediate plans: Where are they going, and is there someone they will be with and can talk to?
- Step 5: Determine the persons' coping mechanisms.

  Close the first phase by determine what methods the persons intend to use to handle the problem. Help with practical arrangements if necessary, such as transportation, leave, and funeral arrangements. Encourage them to make contact if needed and emphasise the importance of ongoing counseling.

Formal debriefing: A formal session with the affected persons

The persons should now be helped to work through the traumatic event. The first of the formal sessions should be held within three days after the incident. Schulz *et al.* (2000) developed their own debriefing model, which is based on Mitchell's model. However, their

model focuses more on empowering individuals or groups, than on a directive and educational emphasis such as that of Mitchell's:

- Step 1: Establish common ground.

  Discuss the meeting, establishing rules of confidentiality and honesty, freedom for questions, commitment to the time span of the session (two to three hours).

- Step 2: Tell the story.

  Invite the persons to feel free to talk and to tell their story as experienced. Listen to facts, feelings and thoughts and make emphatic statements, without interrupting them.

- Step 3: Retell the story.

  Start with facts. Focus primarily on the here-and-now of the situation. The traumatic event must be retold in as much detail as possible. The persons' sensory experiences (what they sew, heard, felt, smelled and tasted) are very important to explore. Also explore the facts surrounding the situation, and the sequence of events. This makes the processing of the events easier, and defuses and lifts the fear and horror that led to shock. The persons involved have to be helped to see their own actions in perspective, to understand the situation cognitively, and to integrate it into personal experience.

  Move on to thoughts. Encourage the persons to become aware of their first thoughts, decisions and impressions. Try to identify themes (such as distrust, disbelief) so that it can be reflected during the session.

  Focus on feelings. Create an atmosphere of sincerity, empathy and acceptance so that the persons can feel safe enough to discharge and ventilate their emotions. Reflect the persons' feelings and let them discover the normality of their feelings and reactions. Allow them to cry or become upset, and do not let them feel worthless. Do not judge the persons, keep a calm tone of voice, and prevent the creation of perceptions and expectations. Identify common themes.

- Step 4: Reframe the guilt or self-blame.

  Explore guilt and fantasies of retribution. Encourage problem solving and reinforce coping strategies.

- Step 5: Stress reaction.

  Give the traumatised persons the opportunity to share their physiological and psychological reactions and experiences. Pass on information regarding the reactions which they might experience in the next few weeks; reactions that will decrease

gradually. Normalise these reactions, and help the persons to realise that they are not ill and that they can still continue with normal activities and duties. Hope must be conveyed.

- Step 6: Stress management.

  Traumatised persons have to think of effective ways in which they dealt with previous crises. Normalise the coping mechanisms which they are using at present. Help them to mobilise external resources such as the support of family, friends and colleagues. Emphasise the importance and value of sharing and communicating that which happened.

- Step 7: Go for mastery.

  Warn persons that reactions may become worse over time, especially if they do not decrease within four to six weeks (except in the case of grief after the death of a loved one, when reactions are present much longer), or when they experience inability to function effectively at work or home, or personality changes. Additional help then has to be sought. Encourage a healthy lifestyle with appropriate exercise and food.

Follow-up debriefing

This session is necessary when it appears that there are still problems that impair persons' functioning in general. This can be dealt with individually or in a group context. If there are complications or extreme reactions which meet the criteria of PTSD, the persons have to be referred for treatment.

It is clear that Schulz *et al.* (2000) work with a detailed model. They view their model as a pro-active model in the sense that it helps persons to review reactions and heal traumatic wounds (Schulz *et al.* 2000:156). Emotional ventilation of feelings in a controlled and safe environment takes place in order to get people back into their normal daily activities as quickly as possible, and to allow them to be healthier and more satisfied persons. Thus, the aim of their model is to lessen the impact of a traumatic event, and to speed the recovery process itself. Debriefing has the benefit that it brings people to the realisation that they are still normal despite the abnormality of the traumatic event that often leads to confusion. Their model is based on the assumption that the availability of crisis intervention immediately after a traumatic event will determine whether a survivor will recover emotionally within a

reasonable time, or be plagued by delayed reactions in the future. Although this is an important and basic assumption, it may be asked whether their emphasis on psychological debriefing is still relevant today. Besides the many guidelines, their model is also full of prescriptions in terms of do's and dont's. The counselor has a very directive and active role to play, and much emphasis is placed on the counselor's knowledge and expertise to deal with one's traumatic experiences (Schulz *et al.* 2000:174).

THE FOUR-LEG MODEL OF FRIEDMAN

Friedman (1994) from the *Trauma Stress Institute* in Johannesburg developed her four-leg model along the same lines as that of Schulz *et al.* (2000), although her model is much more simple, open in terms of the therapist's own options, and less detailed and prescriptive. The four legs of her model are (PTS and Trauma Counseling Training 1994):

- Tell the story: Create a story.

  Help the person to relive the event in a safe environment in order to regain control over the detail of the story. A story of what happened can be created from all the flashes the person has about the event in order to get a clear picture of the event. The counselor has to go into detail in every emotion and thought. This can help the person to create order in the chaos.
- Reframe the guilt: Cognitive restructuring.

  If the feelings of guilt are not handled, this may interrupt a person's life forever. Guilt contains helplessness and shame, which leads to regression and fantasies of revenge. The person's thoughts have to be restructured. Previous unprocessed trauma has to be dealt with in relation with the person's current thoughts.
- Normalise the symptoms: Educational information.

  The traumatised person has to understand that the symptoms he is experiencing are normal and temporary. A pamphlet is necessary to inform the person about the traumatic reactions and what may be expected.
- Go for mastery: Go on with life.

  The person has to be helped to regain control of his life so that a healthy approach to life and involvement in daily activities can follow.

Friedman (1994) believes that trauma intervention has to take place within the first 24 hours after the traumatic event. Her model is based on coping, and a sense of regaining mastery and control. The atmosphere has to build confidence and an experience of support by means of empathetic listening skills and reflections. It is clear that Friedman has moved away from the traditional debriefing model, which she views as insufficient. Friedman's model (1994) has points of contact with that of Schulz *et al.* (2000), but with some dynamic differences.

DUNN'S FOUR-STAGE MODEL

Dunn (2001) is a colleague of Spiers at *London Underground Occupational Health*. Spiers is the Head of Counseling. Dunn's four-stage model is based on Spiers' integrated approach to trauma counseling. Thus, we firstly have to understand Spiers' integrated approach to trauma counseling.

Spiers (2001a:6) criticises forms of trauma counseling that rush into a traumatic event in order to retell the story in detail and rework the past in order to explore persons' core needs as quickly as possible. This approach may easily overwhelm persons. The main approach here is that the therapist sees himself as the *"expert with the best techniques"* who knows best that the *"client's distress is in part about the loss of his understanding"* (Spiers 2001a:27), and who also knows best how to respond to the person's distress and what to do. Spiers (2001a:6) says that trauma counseling is not all about *"techniques which seek to prevent, reduce, manage and cure the symptoms of trauma"*. The focus must never be exclusively on procedures so that a person becomes an object that is dealt with rather than a person who is met with: *"Yes, we should know what to do, but even if we are sure we know what will be helpful we cannot be certain of it"* (Spiers 2001a:27). A trauma therapist must always leave enough space in his knowing to allow himself to listen to what the traumatised person tells about his own needs. Thus, the therapist must never lose sight of the fact that the person knows what is best for him.

According to Spiers (2000a:6), a more gentle approach to trauma is needed in which the therapist and the traumatised person are both far more important than any technique. It is important to move away from a cognitive or verbal approach alone to a holistic approach in which mind, body and soul are taken into account. The focus of trauma counseling has to be on a person's needs and on the therapist's support in order to empower him. The therapist

must not be so swept up by the impact of the trauma that he fails to recognise that trauma symptoms may not be the person's greatest concern. Spiers (2001a:16) says it is important to choose for an integrated approach to trauma counseling in which the person is placed at the core. It is always profitable to make use of the different methods and techniques of various models, such as the cognitive-behavioural and body-centred models, but these have to be integrated into a unique model which unfolds into a relationship between people.

Thus, Spiers considers a trusting relationship as the most important context for trauma counseling. A traumatised person's *"trusting relationship with the world has been betrayed by nature or circumstance"* (Spiers 2001a:6). Each person's traumatic experience is unique, and it is experienced in relation to the world in which he lives. Post-traumatic reactions flowing from the trauma are self-supportive attempts to set the relation with the world right, which is in line with a person's general creative adjustments to an often-antagonistic world. To discover new meaning in life, to discover the relevance of the trauma, to restore a sense of power and control over the world, to restore wholeness, a safe and trusting relationship is necessary in which a person's needs and reactions are taken into account. In a relationship such as this a person can abandon self-protection and re-experience his psychological pain, and out of this will come healing: *"The client needs a compassionate witness to his experience and one who has the expertise in working with those in distress"* (Spiers 2001a:6) in order to come to self-acceptance and a healing of the fractured self-esteem. Thus, every traumatised person has to be treated as a human being within a validating and congruent relationship.

When focusing on the person, trauma counseling will not merely be about symptom removal by treatment in order to put someone right (Spiers 2001a:8). Therapists are too often measured by their ability to rid people of symptoms or to facilitate change, while their ability to create respectful relationships is minimised. The quality of counseling lies in the ability *"to work with those in distress on the basis of their humanity and not in the first place to anticipate an outcome"* (Spiers 2001a:6). Trauma counseling that is worthwhile should includes relationships, understanding, assessment, transformation, the body and meaning (Spiers 2001a:26). The four-stage model outlined by Dunn functions as a good example of a model that focuses on relationships.

Dunn (2001) developed this model in order to provide the best possible and effective help for traumatised people. The model is developed to work sensitively with them within the first weeks following a traumatic event. The most crucial element involves the establishment of a safe therapeutic environment for the person by means of advanced therapeutic skills in order to handle a person's reactions and various needs. The model is not based on one theoretical approach, but integrates all the major traditional theoretical approaches' useful elements, which can be offered to the field of trauma counseling (Dunn 2001:101). The basic points of departure are:

- A holistic approach that takes a person's basic physical needs into account, for example eating, sleeping, and support (Dunn 2001:102).
- A person-centred framework according to the traditional Rogerian skills of empathy (trying to grasp the impact of the trauma on the person), unconditional positive regard (accept the person as he is, accepting his feelings, thoughts and actions and being supportive without attacking) and congruence (honest responding and giving feedback of observations which develops trust) (Dunn 2001:105).
- The traumatised person's choices have to be respected, and the feelings and thoughts underlying these choices (Dunn 2001:106).
- Remember that persons respond differently to different incidents. The therapist has to respond to a person in a way that is appropriate to his needs and reactions. No two clients are the same and all their needs are different (Dunn 2001:106).
- Never push someone to tell his story when he is finding it difficult or to revisit the traumatic experience. Persons are often encouraged to re-exposure and to revisit the traumatic experience in order to reduce their arousal, correct their cognitions and counteract avoidance. However, it may be helpful and effective for some clients who can tolerate it, but some may be retraumatised (Dunn 2001:98).
- Always be positive while not dismissing the seriousness of what happened or the depth of the person's distress (Dunn 2001:98).

Dunn outlines her model in four sessions. She does not attempt to give easy answers to a person's questions about the trauma, or *quick fixes* for distress. However, she moves away from a treatment model that is often used along the lines of the medical model (Dunn

2001:97). Dunn instead uses a counseling model to enable an effective process. The four sessions of Dunn's model are (Dunn 2001:103–124):

Session one: Making contact

The first session should be used to establish a therapeutic relationship, which includes setting a contract, establishing rules, expectations, aims, confidentiality and possible outcomes. Create a safe environment for the person in which he can discover his resources by giving practical information and by inviting him to discuss hopes and fears. Determine the person's measure of distress, his motivation, and ability to cope with the traumatic incident. Restore the person's sense of control by giving him a say in the outcome of the session. This will now open the way to work with the person in terms of reassurance, resourcing and exposure:

- Discuss the person's reactions in detail by encouraging him to talk about the impact of the traumatic event in terms of feelings, thoughts and senses. Give reassurance that the reactions to the trauma are normal and healthy. Give advice and support on how to manage the reactions effectively by means of a leaflet.
- Help the traumatised person to gain control over his live by means of a balanced daily routine, daily goals and daily planning.
- Put the person in connection with supportive friends and family.
- Help the person to identify strengths shown during or since the event, acknowledge and emphasise them.
- Start with exposure work[175] if the person is willing to talk about what has happened.
- An initial assessment can be conducted by reflecting on the interaction with the person, the impact of the traumatic event, the person's reactions, significant issues, repeating patterns, coping strategies, and shattered beliefs.

Session two: Formal assessment

Part of the assessment process comprises letting the traumatised person tell his story again, this time in greater detail. Get some clues about the impact of the event. Explore the meaning

[175] Spiers (2001:19-20) believes that a re-exposure to the traumatic event may enable a person to change his perception of the event. It helps with *"the gentle melting of dissociation"* that enables a person to emotionally and cognitively process that which he was not able to do at the time of the event. Full remembering is not necessary, although it may be of great relief for some. At least the *"measured emergence of the traumatic experience"* can allow new information to be available to the client which may enable new learning to take

of facts, thoughts, feelings, bodily sensations, smells, sounds, and sights to the person. Focus on beliefs about the self and the world that have to be reconstructed in order to integrate the experience and move forward. Identify and explore the unconscious defenses that the person is using for self-protection against vulnerability. Also look for the person's coping strategies as conscious ways of trying to avoid being overwhelmed after the trauma[176]. Always ask about previously unresolved trauma and try to discover links between now and then. Dunn believes that a questionnaire has to be used in the process of formal assessment, which will give a clue to reactions, more information, and what can be done to restore life. After the assessment, the person may be one of these:

- A dramatic recovery took place; reactions are reduced with a cognitive shift.
- The person has moved forward, although more help is needed to make sense of what has happened and to reconstruct his belief system.
- A strong reaction is evident as the person still experiences considerable distress and overwhelming feelings.
- Trauma is not the real issue, especially when the person talks about the trauma without much emotion.

According to Spiers (2001b:37-38), assessment is an attempt to understand a person's difficulties in terms of experiences and perceptions in order to formulate a plan of action to help remove the distress. Assessment[177] helps the therapist to see the impact of the trauma on the person's life, and serves as a basis for dialogue. It also brings the person to self-understanding in order to get insight into his own reactions. Assessment must never be an information-gathering session, or a technique to know more (like a checklist), but must help to create a healing relationship. Although Spiers (2001b:38) considers assessment as a

place. Incomplete processing of a traumatic event leads to imperfect learning from the event, since people learn by experience. This causes distress that may lead to disturbed future behaviour such as avoidance.

[176] According to Dunn (2001:110), most of the coping strategies persons normally use to deal with difficult or painful situations are rendered ineffective against trauma. The most effective coping strategies for dealing with trauma are those that involve facing the trauma rather than avoiding it.

[177] Spiers (2001b:37, 40) believes that assessment has to be done in accordance to the PTSD description in DSM-4 (2000), which addresses both immediate reactions, and the activating traumatic wound. Although there are many ways in which people might respond to traumatic experiences, there is a common human pattern to traumatic reactions, which is outlined in DSM-IV. Symptoms of intrusion, avoidance and arousal interplay to resolve the experience and return the person to equilibrium. However, a person's internal view of the world, his support network, and the content of the trauma must also be taken into account, and must be linked to a person's coping mechanisms, traumatic history, and the impact of the particular traumatic experience (Spiers 2001b:46, 50).

diagnostic tool, he admits that it must never be an obstacle that stands in the way of loving, accepting and understanding a person. Assessment may easily lead to labeling a person.

Session three: Resourcing and moving forward

Persons who are moving forward very quickly may now find ways of integrating the trauma in order to make progress. Those who are still working through reactions to find meaning in what happened must be helped to rebuild beliefs about the self and the world. Help with decisions, and use symbols or symbolic actions to enable moving on. Identify symptoms which are still causing distress so that work done during the session can be focused on this. Persons who need long-term therapy must be prepared for it according to their specific needs, or referral should be considered.

Session four: Ending or preparation for PTSD-work

If the traumatised person experienced a short-term reaction that has now eased, the therapist will end the process. Ongoing support and planning are valuable in order to help persons with future difficulties. Follow-ups have to be considered. Persons who still experience post-traumatic reactions more than a month after the event will need some additional work. Assure the person that PTSD is a normal response and that help is available. Give some information about PTSD, possible outcomes and the road ahead. At this time referral can also be considered. Two possible methods to deal with PTSD are Traumatic Incident Reduction (TIR)[178] and Eye Movement Desensitisation and Reprocessing (EMDR)[179].

Thus, both Dunn and Spiers at *London Underground Occupational Health* understand effective therapy in terms of a combination of elements: creating safety for the individual, revisiting the trauma event, experiencing emotional and physiological discharge and cognitive integration of the experience. It can be concluded that this institution recognises both physical and psychological elements in therapeutic interventions with the purpose to meet the needs of the traumatised person. This view is extended in Spiers & Harrrington (2001:219) where it is said that the severity of a traumatic response is directly affected by the individual's pre-

[178] TIR enables persons to confront their past traumas by exploring the recent incident and linking back. This can bring about a cognitive shift by achieving a different perspective on the incident.

[179] EMDR consists of a series of rapid eye movements that allows the frozen trauma material to be unfrozen and processed. During trauma a part of the brain becomes over-excited and freezes the trauma in its original form complete with emotion, image and negative self-assessment.

existing psychological construction, which suggests that therapy needs to be matched to the individual.

INTEGRATIVE ACT INTERVENTION MODEL OF ROBERTS

Roberts (2002) developed his ACT-model after the horrific events of September 11, 2001, which resulted in the loss of approximately 3 209 lives in New York and Washington after the terrorist attack on the World Trade Centre, the Pentagon, and the hijacked airliners. This model may be thought of as a sequential set of assessments, intervention strategies and trauma treatment practices to equip therapists with the ability to help traumatised persons. The ACT-model integrates various assessment and triage protocols[180] with a seven-stage Crisis Intervention Model, and a ten-step Acute Traumatic Stress Management protocol (Roberts 2002:1). After the events in the USA there was a renewed and urgent need for more comprehensive crisis intervention workshops in order to be prepared for future traumatic situations. Roberts' model was developed as part of these workshops and consists of three stages (Roberts 2001:5-17):

Stage 1: A = Assessment

The first step is to determine the psychosocial needs of survivors and their families. Thus, the A refers to triage, crisis and trauma assessments, and referral to appropriate community resources. The three assessments involve the following:

- A triage rapid assessment will indicate whether the person is in danger to the self or others because of his intense and acute reactions. An assessment tool can be used to gather and record information about immediate medical needs, coping methods, any presenting problems, previous traumatic experiences, and social support network.
- A rapid crisis assessment is conducted to evaluate the intensity of an individual's crisis state in order to gather information and to make decisions that can lead to treatment planning and the resolving of the crisis. A bio-psychosocial-cultural assessment tool can be used to gather information about the person's current health

[180] Triage normally involves assigning physically ill or injured patients to different levels of care ranging from emergent (immediate treatment is required) to non-emergent (no medical treatment is required). This same method is used as a psychiatric triage that refers to the immediate decision making process by which mental health workers determine lethality, referral to hospitalisation, or a therapist or a support group's help (Roberts 2002:5).

status, psychological status, socio-cultural experience and background, and interpersonal relationships.

- A rapid trauma assessment is important to gather information concerning essential demographic detail, the magnitude of the traumatic event, and safety issues.

Stage 2: C = Crisis Intervention Strategies

Crisis intervention strategies are guidelines to resolve persons' presenting problems, stress, and psychological trauma. It is time-limited and goal-directed in contrast to general long-term psychotherapy that can take up to three years to complete. Roberts developed his own seven-stage Crisis Intervention Model to help traumatised persons. Roberts (2002:11) is convinced that crisis interventors should be active, directed, focused, and hopeful. The seven stages should be viewed as a guide, and not as a rigid process, since they may overlap. Roberts combines the seven stages with a strengths perspective:

- Facilitate resilience and protection on the basis of the crisis assessment being done.
- Rapid establishment of a therapeutic relationship that conveys respect, acceptance, a non-judgmental attitude, and a calm and controlled appearance. Start the conversation where the person starts.
- Ask persons to describe their problems and to tell their story in order to identify their issues. Use solution-focussed therapy to identify a person's strengths and resources, which includes discerning a person's effective past coping skills by asking exception (identifying times and experiences when the crisis was not present or a little bit better), coping and past success questions. This will eventually develop a sense of self-worth in the face of dysfunction and failures.
- Deal with feelings. Use active listening skills with encouraged statements and feedback, reflection, paraphrasing and the summarising of the feelings that seem to underlie the person's message.
- Generate and explore alternatives. View the person as resourceful with untapped resources and latent inner coping skills from which to draw upon. Build on previous successes and successful coping mechanisms. Have the ability to be creative and flexible in order to adapt ideas to individual situations.
- Implement the action plan. Do not be restrictive, but focus on the empowerment of the person and, if necessary, arrange referral.

- Establish a follow-up plan. It is important to follow up with the person after the initial intervention to assure the crisis has been resolved.

Stage 3: T = Trauma treatment

The impact of traumatic events may be physical and/or psychological. It is important to note that the majority of persons who are exposed to a traumatic event experience psychological trauma symptoms, but never PTSD. Some person's traumatic reactions will last for 10 to 60 days and then totally subside. For others, there may be delayed reactions, and others may develop PTSD. Research demonstrates that resilience, personal resources, and social supports are important variables in the development of PTSD. Nevertheless, specialised knowledge, skills, and training are required from trauma therapists. Both directive and non-directive counseling and relaxation techniques can be utilised, as well as techniques such as EMDR.

Roberts emphasises aspects such as normalisation, validation and education in his seven-stage model. His model moves away from the traditional psychological debriefing model, and gives more attention to assessment, although his model deals quite efficiently with relationships, emotions, personal strengths and resources, empowerment, previous successes, and creative alternatives. He is inspired by someone who had witnessed the responses of the survivors of the tragedy at the World Trade Centre. The latter saw the survivors' resiliency, their capacity to use the tragedy to re-evaluate their lives, cherish their relationships, and strengthen their social bonds with family, friends, and colleagues (Roberts 2002:2). Yet, there were also those for whom the personal impact of the disaster was too tremendous. According to Roberts (2002:3), the personal impact of crisis-producing events can be measured by the closeness of the person to the centre of the tragedy (the closer, the greater the stress), the duration of the tragedy (the longer the exposure to the tragedy, the greater the effect) and the likelihood the tragedy will happen again (the greater the perception of reoccurrence, the greater the intensity of fears). The weakness of Roberts' model is the emphasis on the health worker to make decisions as an expert about the condition and treatment of traumatised persons. Thus, the health worker decides if the traumatised person is in a state of crisis or not, or the health worker decides how intense the impact of the crisis is. However, assessment is necessary, but can never be based on the therapist's own opinions, as outlined previously.

SOMATIC MODEL – VAN DER KOLK

Van der Kolk from the *Trauma Centre* in Boston has recently introduced his new Somatic Model as a means to *"unravel the tangled web of trauma"* (Wylie 2004a:67). According to Wylie (2004a:67), Van der Kolk feels *"uncomfortable with the conventional wisdom of therapy"* that is influenced by the Cartesian dualism, which *"has made our bodies somehow strange to us"*. There is a cultural and psychological tendency to accentuate the mind as more important as the body. Many believe that *"our singular human identity resides in our disembodied minds"* (Wylie 2004a:67). Van der Kolk's argument is that there is an indisputable interaction between body and mind. He did some remarkable work in the field of psychobiology and he was one of the first persons who introduced neurobiology in the trauma field (Wylie 2004a:32). He is currently considered as one of the most generative and creative minds in the trauma field.

Although Van der Kolk has a great name among traumatologists around the world, he is also considered as one of the most controversial figures because of his new framework for understanding and dealing with trauma. His most important question about traumatised persons is why some people get emotionally stuck in their trauma as if they are obsessively attached to their traumatic experience (Wylie 2004a:32)? I have already discussed Van der Kolk's understanding of traumatic reactions as a result of *"the executive functions of the brain becoming impaired when traumatised persons try to access their trauma"* (Wylie 2004a:39). When people relive their traumatic experiences, the brain cannot process the trauma. Trauma is locked up in the body as *"a highly activated, and incomplete, biological response to threat, frozen in time"* (Wylie 2004a:40). After a traumatic event the unfinished defense actions become blocked as undischarged energy in the nervous system. The persons then experience physical helplessness and powerlessness, unable to *"tame their chaotic and disorganised physiological systems"* (Wylie 2004a:35). This means that a person's body, not his mind, controls how he will respond to trauma.

To deal with trauma, Van der Kolk's view is that people need to learn to regulate their physical states in order to get their minds to work. When a person shifts his physiological patterns, his thinking can now also change (Wylie 2004a:67). He criticises even the best-intentioned therapy that operates in terms of talking about the trauma, and questioning the

traumatised person. According to him, standard talk therapy that explores a person's feelings and thoughts worsen the state of traumatised persons. They are hurled back into their trauma through retraumatisation, which means that the person's body responds as if he is being traumatised for the first time. Van der Kolk says that therapy by itself, even in the context of a warm, supportive therapeutic encounter, is not enough to help people out of their helplessness (Wylie 2004a:34-35). Traumatised persons have a hard time thinking clearly, which is something that cannot be taught to someone just by telling them. A traumatised person's frontal lobe becomes impaired and as a result he has trouble thinking and speaking. Thus, the person is not capable of communicating precisely what is going on to others, nor is he capable of imagining how things could change, nor is it possible for him to transform the experience and move on (Pointon 2004:12). Van der Kolk became skeptical about the monopoly of mainstream talk therapy. Talk is only relevant, and even vitally important, for *"traumatised persons who don't yet really know what's happened to them"* (Wylie 2004a:35). Words cannot integrate the disorganised sensations and action patterns. Thus, neither talk nor relationships may be necessary in trauma treatment – however – in fact, most of the time it is time wasting (Pointon 2004:13; Wylie 2004a:40).

According to Van der Kolk, traumatised persons really need to regain a sense of familiarity and efficacy in their organism. A person is a biological organism that needs to do things in order to regulate its core brain functions. When trauma impairs the frontal lobes of the brain, this means that a person is affected bottom up, not top down, thus, from the body to the mind. Trauma is not the result of a psychological disturbance in the body (Wylie 2004a:39). This means that healing from trauma involves rearranging a person's relationship with his physical self. The trauma therapist has to work with core physiological states after which the mind will also change in terms of processing the trauma and regulating the affective states. Practically this holds that the traumatised person has to regain his capacity to move and fight back. Therapy will then consists of a kind of mock combat which can even lead to a real physical role-play struggle or attack with remarkable effects. Thus, the body has to move around the way the person feels in order to feel safe in itself once again (Pointon 2004:12; Wylie 2004a:40). Van der Kolk also engages his traumatised patients in self-regulatory activities such as yoga or dancing movements to help them to remain grounded and embodied (Pointon 2004:12).

It can be expected that Van der Kolk is criticised for his new approach. Wylie (2004a:41) has shown that a strong debate has developed around Van der Kolk's framework. She quotes a psychology professor's words who critisises Van der Kolk: *"He's marginalised himself as a scientific thinker – he's no longer in the mainstream"* (2004a:33). One of the main problems with Van der Kolk's results is that scholars think he cannot prove his conclusions empirically and until such time that he does, the trauma field is not obligated to pay attention to what Van der Kolk is doing. According to Wylie (2004a:41, 67) this debate is in essence about the tension between practitioners (clinicians) and scientists (researchers). The former work from their experience and try out innovations that are not tested and controlled, while the latter consider treatments only as safe in so far as they have been empirically proven in controlled studies. Although this critique is important, Van der Kolk has first hand experience of both points of view, which validates his findings. Nevertheless, Van der Kolk has shown the importance of working with a greater balance between facts and experience.

Van der Kolk's somatic model has far reaching implications indeed. He did great work in the field of neurobiology, which makes us aware of the working of the body and the brain during a trauma event, but it is questionable whether or not he over-emphasises the function of the body and brain at the expense of the psychological aspect of trauma. I have discussed the psychological dimension of trauma, which I believe cannot be ignored. Van der Kolk's understanding of trauma and his conclusions about dealing with trauma have to be taken into account, but not without balancing these with a psychological understanding and working with trauma. Sometimes it may be necessary to deal with trauma in terms of the body, but people also have minds, which play a huge role in interpreting the traumatic events which may have an effect on the body. Thus, we cannot put Van der Kolk's model off as if it is of no value. We can indeed learn from Van der Kolk within a balanced approach.

MÜLLER'S NARRATIVE APPROACH

Müller, a lecturer in Practical Theology at the University of Pretoria, is one of the leading scholars in South Africa who has written an article on trauma from a narrative point of view. According to Müller (2004:77), there are at least two discourses on trauma counseling that should be considered, namely the discourse in which the *therapist is the expert* and the discourse in which the *client is the expert*.

The therapist is the expert

The discourse in which the *counselor is the expert* can be summarised by the statement: *"I am the expert and you are the victim that needs help"* (Müller 2004:79). Counselors have been indoctrinated with this discourse in terms of prescriptions to listen to people with a diagnostic, pathologising ear. Müller (2004:79) quotes Freedman and Combs (1996) who refer to this discourse as the medical model, because it emphasises the signs and symptoms of disease. According to the language of this discourse, the counselor has superior knowledge in comparison to the person being counseled. The knowledge becomes even more superior when it is said that specialised fields, such as marriage and trauma, have the reputation that they are too complex for amateurs: *"Only highly trained therapists should enter into a conversation with individuals that are troubled by matters of this nature"* (Müller 2004:79). The great numbers of books and articles that have been written on these topics have also contributed to the strengthening of the notion that the counselor has knowledge and the client is ignorant.

According to Müller (2004:79-80), this discourse, like all other discourses, comprises stories of power relations. The therapist is supposed to have a thorough knowledge of the field of trauma, which places him in a particular position of power:

> **"He or she might not have been personally involved in a traumatic experience, but has a certificate hanging on the wall that tells a story of knowledge and therefore of power. Apart from the expectation that he has knowledge about trauma, he is also flavored by the discourse that the pastor is a collected person who is always in control of his emotions and capable of handling difficult situations with ease"**
>
> **(Müller 2004:79-80).**

On the other hand, the traumatised person in need of help is either ignorant of all the theories on trauma or, conversely, knows about them, but is not in a position to utilise them. He feels only the pain. This sets forth a hierarchical relationship: the therapist is informed and powerful, while the traumatised person is the uninformed victim. Müller (2004:80) warns against the position of *"I know and you do not know"*. This position is based on the so-called *psychological truths* which have been constructed through, as Bird (2001) puts it, *"so-called neutral and objective scientific methodology"* (Müller 2004:80). From this position the

therapist gathers some information about the traumatic experience and fits it into his professionally and personally known truths: *"The client is then diagnosed and/or evaluated in terms of the various stages of trauma development"* (Müller 2004:80).

Where lie the roots of this hierarchical relationship? Müller (2004:80) refers to the Western educational system with its strong emphasis *"on knowing the correct answers to well-formulated problems"*. This taught therapists not to focus primarily on a person's unique experiences, needs, and frustrations, but to diagnose and categorise one in terms of a fixed system or theory. Discourses like these serve the therapist and his powerful position better than they do the person that has had the painful traumatic experience. The negative effect of discourses such as these is that the contradictory moments in people's lives can be nullified. The therapeutic power relationship can also be misused to confirm and impose meaning without regarding the uniqueness of a person's gender, culture, or class. This confirmation may harm people by relegating them according to universal truths by means of constructions and subsequent self-constructions of inadequacy, sickness and madness (Müller 2004:81).

The client is the expert

In reaction, and as corrective, the second discourse, the so-called *not knowing position* in which the *client is the expert* has developed. This new discourse serves as the basis for the development of a new narrative method for trauma counseling: A Narrative Intervention for Critical Events. Müller (2004:81) refers to Fay (2000) who has outlined the foundation of this new method:

> **"According to this approach, the individual that has experienced trauma is not assisted by means of diagnoses and a prescribed system of debriefing, but is assisted to assign a different meaning to his role in the critical event"**
>
> **(Müller 2004:81).**

Although this approach constitutes an important corrective, the reality of the discourse of power relations has still to be deconstructed[181]. Müller (2004:81-82) refers to Bird (2001) for

[181] According to Müller (2004:81) the narrative paradigm asks for deconstruction as a continuous process accompanied by a sustained sensitivity to power relations.

whom an attempt to *"even up the relationship"* is not enough. This may still result in the disguising of the inevitable power relation that exists in the therapeutic relationship. The therapist may keep himself in a subject position that makes it difficult for the client to speak freely about discomfort or differences without challenging the good intentions of the therapist. The power relationship may also be maintained when a person feels an obligation towards the professional. An obligation can be created when people experience good intentions by the therapist in terms of gratefulness or in terms of care taking. Although this discourse looks very attractive, it is still responsible for overriding a person's real emotions. Thus, the operation of power relations within a climate of good intentions is therefore dangerous and harmful and can lead to the alienation of persons from the environment to which they belong.

The challenge for narrative therapists is to be aware of and to discover their own position regarding the power relations in a particular context. Deconstructed power relations mean that the therapist is not objective to it, but is in a relationship with it. This means that the trauma counselor has to position himself relationally when dealing with trauma. He stands in both an ethical and conversational relationship towards trauma and the traumatised person. A relational discovery implies the discovery of (Müller 2004:83):

- Power relations;
- The therapist's own relationship with the particular story of trauma;
- The therapist's own relationship with other stories of trauma;
- The client's relationship with his story of trauma;
- The client's relations with other persons involved in the story of trauma;
- Relationships with the responses and actions taken; and
- The therapist's and client's relationship with God's story.

Relational externalisation

As a representative of Christ's empathy, the therapist should be sensitive towards the prevention of harm towards people suffering from trauma in terms of retraumatisation. To prevent this, the therapist has to focus on the consciousness that is *"maintained by a particular way of engaging in and with language"* (Müller 2004:84). This can be referred to as *relational externalisation*, a concept created by Bird (2001) which means the *"discovery of*

the possibly harmful relationship with the event itself, and a repositioning of oneself in relation to it" (Müller 2004:84). Thus, the trauma therapist has to understand that the traumatised person will describe his traumatic experience in terms of his relationship to that experience. He uses words to refer to that relationship which is developed in accordance with a particular worldview. By relational externalisation it is discovered that the language used about the effects of the traumatic event, is an effort to create and/or maintain a certain relationship with the trauma event. The purpose of this relationship is to bring the worldview of the experience and the prevailing worldview of the person into harmony with each other.

However, relational externalisation should be seen as something different from the well-known externalisation as developed by White and Epston (1990)[182]. While externalisation helps a person to externalise *the problem* from himself in order to see how he is influenced by *the problem*, relational externalisation goes a step further in that it signifies a traumatised person's relation to his reaction to *the problem*: *"It is not only a reflection on how one reacts to the problem, but also a reflection on one's relation to that reaction"* (Müller 2004:85). Müller (2004:85) refers to this as the third way in which what, and how much the therapist knows about *the problem* becomes unimportant because he will never be able to predict what a person's relation to his own reaction to *the problem* will be: *"Every individual will have a unique relation to his or her way of reacting to the traumatic experience"*.

Relational externalisation enables a therapist to help a traumatised person to discover the power of a traumatic event in his life story, and to discover one's own position in relation to his reactions to the trauma. Although the therapist should not (and need not) be an expert bearing all knowledge about *the problem* and about all possible negative reactions, he should at least be conscious about trauma's techniques of power[183] which may lead to destruction. The trauma survivor has to position himself in relation to these techniques of power before it is possible to regain self-control and become a master of his own story. The more the therapist

[182] Müller (2004:84-85) refers to Bird's (2001) explanation of the difference between *relational externalisation* and *externalisation*. Relational externalisation does not necessarily include externalisation. In trauma counseling it is not the externalised *problem* as such, or even the relationship with *the problem* that is important, but the person's relation to his reaction to the trauma.

[183] From a narrative approach point of view, the outlined negative impact and reactions of the 'dance' of trauma should not be understood as symptoms with the purpose to diagnose and categorise persons in terms of a fixed system or label. However, as narrative pastoral therapist I cannot deny or reject them, but I may understand them in terms of techniques of power in the relationship of a traumatised person to the traumatic event.

and traumatised person can identify techniques of power, the more can they come to terms with the traumatic event. Thus, the narrative trauma therapist has to take note of trauma's techniques of power, but not in terms of knowledge granting power, but rather in terms of the realisation of the influence of a traumatic event. Therefore, the 'steps' of the 'dance' of trauma as well as its impact and effects are important information for the therapist.

6.8.3 Towards a narrative approach in trauma counseling

From this chapter it has become clear that trauma counseling is not a specialised field that is only accessible to some experts. However, trauma counseling is indeed a very special field that requires the necessary responsibility, sensitivity and care from the trauma therapist. The trauma therapist must have the courage and gentleness to deal with trauma. He has to understand specific details of the trauma event and the traumatised person[184]. As noted above, the trauma therapist, in a certain sense, has to be an expert in the field of trauma in order to allow the traumatised person to be the expert in the counseling process. He has also to be well-trained[185] to facilitate a therapeutic dialogue and to direct a 'dance' towards a happy ending. The trauma therapist has to equip himself in order to know how to reduce and prevent the reactions of trauma. No trauma therapist can ever be certain of what will succeed. Thus, the trauma therapist's expertise have to be evoked in his working with the traumatised person, that is to say, in his ability to create a therapeutic relationship that is free of power relations and in which new alternatives can be negotiated.

My choice in taking a narrative approach makes it impossible to use a model that focuses on detailed guidelines, prescriptions, and superior knowledge. It is easy to slip into the use of language that sustains the medical model with its focus on diagnosis and pathology according to the DSM-IV (2000) outline of PTSD. It can easily happen that one applies diagnostic labels that brand a person negatively. I am careful to use practices, as White (2004:54) puts it, which can be associated with *"giving advice, opinions, affirmations or pointing out positives"*.

[184] This understanding should not be grounded in superior knowledge of the traumatic incident or fitted into the therapist's professionally and personally known truths (Müller 2004:80) while the traumatised person is considered as an ignorant. However, an understanding of the inner gearing of trauma is needed – in order to co-drift with the person towards an alternative story.

[185] Training is here understood not in terms of expert knowledge of signs and symptoms, but in terms of being an expert in communication skills in order to expose dominant discourses and to establish a new discourse with the traumatised person.

These practices are based upon theory and hypotheses about peoples' lives and relationships, on evaluating peoples' expressions according to the expert knowledges of the therapist, and on formulating interventions and treatments for the problems of peoples' lives (White 2004:55). The counseling of traumatised people is not about symptom removal, or treatment plans in order to put someone right as quickly as possible through *quick fixes*, but involves facilitating change in accordance with the traumatised person's own personal agency. I am cautious of formulating my own plans and actions for the person in order to remove the distress. I agree with White (2004:66) who declares that the therapist cannot assume himself as primary author of the alternative stories of peoples' lives. This is the main reason why I, as the researcher, dislike a rigid model full of do's and don'ts which offers the so-called *right kind of support* which cannot be deviated from.

As discussed above, most trauma therapists question psychological debriefing, and the other modernist-based models are all representatives of power relation discourses (Müller 2004:81-81). This does not mean that every aspect of the modernist-based models has to be rejected. On the contrary, there are many positive contributions of each model that I will make use of in the following paragraphs. It is a matter of lenses: the choice to look at trauma from a postmodern, narrative perspective, instead of from a modernist, medical view. I believe that a narrative approach to trauma counseling is more effective in getting the 'dance' of trauma on track again. While medical treatment models are limited in their prescribed steps dictated by the underlying modernist frame of mind, it is possible for the narrative therapist, because of a postmodern frame of mind, to consider further options in order to 'move' more freely in the 'dance' of pastoral therapy. A postmodern frame of mind makes room for modernist elements that find their full meaning within a more liberating and open-ended context.

When Roman & Le Duc-Barnett (2000:50) refer to the contribution of a narrative approach to trauma, they rename it a method of rewinding. They do not work from a narrative approach, but they are aware of the content of it. According to them the narrative approach consists of:

> **"Gaining the story explicitly and in graphic detail. Rewind is like watching a film on television or at the cinema. The client is asked to view his or her place in the incident and relate in detail to what can be seen. The story can be moved forward, stopped, started and rewound in the client's mind. The**

> **effect is that the client will experience the trauma as though it was happening in the here-and-now. This technique has the effect of helping the survivor revisit the scene with the assured knowledge that he or she survived and is now in the safety of the clinical room. It also facilitates the process of shifting the material from the front of the brain (hippocampus) to the base of the brain (amygdala) where the information is stored appropriately"**
>
> **(Roman & Le Duc-Barnett (2000:50).**

However, a narrative approach is more than a technique. Nevertheless, Roman & Le Duc-Barnett (2000) admit that one can never ignore the physiological changes in the body that accompany a traumatic experience, even if one is working from a narrative approach. A narrative trauma therapist has to assimilate these changes and include them into the person's relationship to the reactions he experiences.

To overcome the influence of a traumatic event, one has to discover his position in relation to the all the trauma reactions he experiences by means of the narrative practice of relational externalisation. The final goal of relational externalisation is to achieve reconstruction of a traumatised person's identity. White (2004:70) says that one of the main issues in the lives of traumatised persons is that they lose *"touch with a sense of who they are – a sense of myself – a sense of identity"*[186] (White 2004:47). When people's identity is reduced, it:

> **"Becomes very difficult for them to know how to proceed in life, to know how to go forward with any personal project or with any plans for living. They are often overwhelmed by a sense of paralysis, and belief that there's nothing whatsoever they can do to affect the shape of their life or the shape of events**

[186] This happens because the meanings that a person has about familiar themes and the self change after the trauma, from positive to negative. The negative meanings that are manufactured are often in contradiction to the positive ones, and are also not revised by positive meanings of other experiences but become facts about one's identity. The negative conclusions about one's identity after trauma now contribute to a diminishing of what a person affords value to, which leads to a sense of being damaged and disabled. Life is experienced as a problem-saturated catalogue of events. A person's view of life lacks vitality and is experienced as dead or flat. The language a traumatised person uses (story of life) is linear and full of facts and contains no evidence of any content of an inner personal reality. It is devoid of a sense of unity and continuity of self. There is a breakdown of personal cohesion and one becomes a captive of the present moment and trapped by the traumatic experience (White 2004:70-73). In this context, White (2004:69) refers to traumatic memories (often referred to as dissociated memories) that interfere with a person's capacity to arrange aspects of their lived experiences into the sort of sequences that provide them with a *sense of self* and personal coherence. There is no room to play a role in one's own life, no self-regulation and no sense of personal agency (White 2004:69).

> **around them. What's more, all of the things in life that they would usually give value to are diminished or reduced"**
>
> **(White 2004:47).**

White (2004:60) says that traumatised persons *"represent their life as being single-storied"*, which means that they feel totally trapped in a single dimension of life because of the hopelessness, futility, emptiness, shame, despair and depression. They find themselves in a sorry and painful dead end.

According to White (2004:60) it would be much more helpful to conceive life as multi-storied. He uses the metaphor of a multi-storied building to clarify his thoughts:

> **"Imagine for a moment that this multi-storied building has no elevators, no stairwells, no escalators, and no fire escapes, and that there is no way for people who are on the ground floor to get access to the other floors, and that there is no way out from the ground floor. Imagine how trapped these people on the ground floor would feel in being denied access to the other floors of the building, particularly when these other floors represent other territories of living; other territories of living in which there are to be found many things precious about these people's lives, including other knowledges of life and practices of living that could assist them to find a way out… that could assist them in their efforts to heal from the trauma they have been subject to"**
>
> **(White 2004:60).**

White now understands narrative therapy as a means to build scaffolds, just as construction workers do around the sides of the buildings they are working on, in order to make it possible for people to get access to the other stories or territories of their lives. As these alternative or previously neglected stories or territories of life are developed through therapeutic conversations, *"they become islands upon which safety and sustenance can be found…and eventually continents of security that open other worlds of life"* (White 2004:60). Scaffold building, according to White (2004:48), means to provide, through narrative therapy, a context and foundation that gives people *"an opportunity to resurrect and to further redevelop and reinvigorate a preferred sense of myself"*. A *sense of myself* is critical to the

development of personal agency. Traumatised persons' stories that are presented in terms of thin descriptions of the self have to be thickened by re-authoring conversations. By re-authoring conversations it is possible for people to reflect on many of the neglected, but more sparking events, actions, and themes in their lives that provide them with an alternative storyline. As this alternative storyline develops, a person can derive conclusions about his identity that contradict many of the lacking conclusions about his own live. Thus, this process brings about a reconstruction of identity and a gradual redevelopment of a *sense of myself* (White 2004:61-62). White facilitates a telling of the trauma by the traumatised person and his responses to the trauma[187], as well as retellings of the tellings through the help of outsider-witnesses[188] (White 2004:50-53). Through this process the person's thinly known response to the trauma is thickened up in order to develop a preferred *sense of self*. The more this *sense of self* develops, the more it is possible for a person to take new initiatives in his own life to recover from the trauma (White 2004:56).

White's (2004) insights contribute to trauma counseling. However, it still remains important to honour the physiological side of trauma, which explains the frozen-response to trauma. White (2004:55) refers to this frozen-response as *"a sense of one's life being frozen in time"*, although he does not go into any detail about the physiological working of this phenomenon. To honour the physiological side of trauma does not necessarily mean that I am merging

[187] The tellings of the traumatised person should be in ways that make visible what the person gives value to in life. The things that people accord value to in life, provide them with a purpose and meaning in life, which makes it possible to proceed in life. What they accord value to in life is shaped by relationships and is linked to one's sentiments in life. The ways in which people respond to trauma are based on what they give value to in life, on knowledges of life and on practices of living that have been developed in the history of the person's life. These responses, which are actions taken to prevent, to modify, to resist the effects of trauma, or to protect and to preserve what is precious to them (an attempt to maintain an ongoing relationship with something one holds precious) and what is given value to in life, are usually considered by traumatised people to be insignificant and are overlooked. This leads to a sense of personal desolation, shame and to the erosion of the *sense of myself* because there is a refusal to surrender what is precious (White 2004:48).

[188] White uses an audience of outsider-witnesses to respond resonantly to the traumatised person's stories by means of retellings. Outsider-witnesses can be persons with pre-existing connections with the traumatised person, or volunteers with knowledge of trauma, or persons drawn from the traumatised person's personal and social network, or from professional disciplines. The role of outsider-witnesses is not to give empathy, advice, express opinions, make judgements, point out strengths and resources, or to praise. They have to stick to specific questions that highlight particularities about what the traumatised person gives value to, their own view of the traumatised person, specific experiences from their own personal histories, and reflections about their own understandings and actions that led to catharsis. With catharsis White (2004:52) means, as it was used in ancient Greek, the inner movement that takes place towards a new perspective on one's own life. The outsider-witnesses have to tell how the person's story touches their own lives in ways that make a difference, or brings about a new engagement with certain precious values, beliefs, thoughts or personal agency (White 2004:50, 54, 59).

modernist and postmodernist frames of mind. People with postmodernist frameworks do not wish to escape the physiological side of humanness. I have already argued that a postmodernist frame of mind can accommodate modernist elements, although it is not easy to say the same about a modernist frame of mind. I have chosen to incorporate modernist elements into my postmodernist frame of mind, which means that it is possible to employ certain elements of the models I have discussed in the previous section.

What follows are the 15 most useful aspects from the various trauma treatment models (not in sequence) which I may integrate into my narrative point of view, and which I may take into consideration when working with traumatised persons. After I have highlighted each aspect, I will note, in brackets, where it was found without repeating any references[189]. The following are important:

1. Trauma counseling is a process that has to be effectively directed and has to be initiated within 12 hours after the traumatic event (Schulz *et al.* 2000).
2. Work with the here-and-now and focus on a person's needs in a holistic sense (body, mind and soul), because the traumatised person best knows his own needs what would be the best approach (Spiers 2001a; Spiers 2001b; Dunn 2001).
3. Establish a relationship of trust on the basis of true empathy and empathetic listening skills by being a compassionate witness to the traumatised person's distress adopting the person-centred approach of Rogers (Spiers 2001a; Spiers 2001b; Dunn 2001).
4. Focus on the worth of the person, previous successes and resources through validating and reassuring the person (Schulz *et al.* 2000; Roberts 2002; Spiers 2001a; Spiers 2001b; Dunn 2001).
5. Create a controlled and safe environment where emotional ventilation can take place in order to lessen the overall impact of a traumatic event (Schulz *et al.* 2000).
6. Encourage the traumatised person to tell the story and relive the trauma in detail in terms of feelings, thoughts and facts (Mitchell 1983; Friedman 1994).
7. Normalise a person's reactions as normal reactions to an abnormal situation (Mitchell 1983).

[189] The exact and complete references could be traced in the text of this chapter. Although the different elements may overlap between different scholars and models, I have connected an element to a particular scholar because, in most cases, that element is the most prominent contribution of that particular scholar.

8. Understand traumatic reactions as a result of an indisputable interaction between body and mind (Van der Kolk in Wylie 2004a).
9. Assessment is important in order to try to understand the person's experiences and to bring the person to self-understanding as a basis for the dialogue (Roberts 2002; Spiers 2001a; Spiers 2001b; Dunn 2001).
10. Follow a very practical and caring approach from beginning to end (Schulz *et al.* 2000).
11. Enable the traumatised person to see the whole story, and to see the self within this whole, and make sure there is an understanding elucidated by information (Mitchell 1983).
12. Help a person to relate the trauma to his own beliefs by re-establishing meaning and restructuring thoughts (Spiers 2001a; Spiers 2001b; Dunn 2001).
13. Establish reconnection to the self, bodily senses and emotions, meaning of life, and others and establish an understanding of the self and one's experiences (Spiers 2001a; Spiers 2001b; Dunn 2001).
14. Help a person to take responsibility for his own needs and reactions by empowering or enabling the person to go for mastery in order to regain control towards a healthy life (Schulz *et al.* 2000; Friedman 1994).
15. Enable a person to have a richer perspective on life in terms of growth by restoring wholeness, meaning and transformation (Mitchell 1983, Spiers 2001a; Spiers 2001b; Dunn 2001).

When making use of aspects from various trauma treatment models, this should not be done from a position of certainty as if the therapist is absolutely certain of what he knows and what he is doing (Greyling & Müller 2002:29). Treatment that is given by therapists from a position of certainty often goes along with a position of power[190]. I have already referred to

[190] Amundson, Stewart & Valentine (1993) have written an article about *Power and Certainty*. They say that power and certainty can both be *"forces that create or move us forward"*, and forces that can *"destroy or hold us back"* (Amundson *et al.* 1993:114). Power and certainty become problematic when the therapist selects, from the client's story, those features which correspond with his own predisposition or expert knowledge. Thus, the therapist has the upper hand in deciding what raw material can be used for therapeutic exploration, and what diagnosis can be made. The client is seen as a *fixed reality* that is entirely knowable and visible. Power and certainty has the ability to subjugate the client's own experiences to the rigidity and inflexibility of the therapist's expertise (Amundson *et al.* 1993:112-113). Little room is left *"for more of ourselves or the other person"*, and all options are closed off, which leads to fixed perspectives that represent *"distinctions and practice which can freeze up a system"* (Amundson *et al.* 1993:114).

Müller (2004) who warns against power relations in therapy. According to Greyling & Müller (2002:28), certainty is the product of Newtonian rationality of the modernist era. With the influence of quantum physics and the chaos theory, all certainties are in question. Uncertainty is the hallmark of the postmodern era, and, as expected, also of Narrative Therapy. Greyling & Müller (2002:34-39) argue that uncertainty should not be seen as a stumbling block to therapy, but rather as an opportunity for growth and an opportunity to arrive at new possibilities. From a position of uncertainty it is possible to respect a person's ability to search for meaning, by co-constructing and reconstructing meaning together as client and therapist.

The only certainty is that recovery from a traumatic experience is possible! It can be concluded from this chapter that the 'dance' of trauma need not be a 'dance' towards destruction. The 'dance' of trauma can be placed onto another track. Although this is not an easy task, there is hope for traumatised persons to rediscover their way in life. The different models are all attempts to offer the best possible help in order to get the 'dance' of trauma on track again, but ultimately every pastoral trauma therapist has to decide which model can be used most effectively. I have decided to work with traumatised persons using a narrative approach because I believe that a narrative approach offers the most effective help for traumatised persons without retraumatising, labeling, or delivering them to power-surrender. On the contrary, the narrative approach is one that makes room for the person and his experiences, new perspectives, new alternatives and a new life story which arises from a person's new *sense of self*. The challenge is to integrate certain aspects of the trauma treatment models in order to enrich the narrative 'dance' of this 'dance' of study. Although recovery is possible, we can agree with Van Wyk (2003:4) in saying that recovery is determined by particular factors that are mostly beyond our control:

- The nature of the trauma;
- The history and circumstances of the victim;
- The presence of other stressful circumstances or a history of traumatic experiences;
- The person's subjective experience or cognitive attributes; and
- The nature of medical intervention.

Besides these uncontrollable factors, there are at least two controllable factors that the therapist has to take into consideration:

- The manner in which the aftermath of the trauma is managed through appropriate counseling; and
- The appropriacy of the supportive response from the important persons surrounding the trauma victim.

When taking this into consideration, the pastoral trauma therapist has the responsibility to facilitate the 'pastoral therapeutic dance' towards a new track. As mentioned above, this responsibility becomes a task on behalf of God Himself, with the challenge to do it with the same attitude of compassion Jesus Christ would adopt on earth.

CHAPTER 7: THE 'DANCE' OF TRAUMA WHEN THEIR CHILD DIED AND THE START OF THE 'PASTORAL THERAPEUTIC DANCE'

7.1 Introduction

The 'dance' of trauma becomes extremely difficult for couples after the sudden death of an infant or young child. Scholars consider the death of a child, amongst all off-time losses, as one of life's worst tragedies (Walsh & McColdrick 1991:18; Becvar 2001:109; Harvey 2002:42). Arnold & Gemma (1994:27) say: *"No loss is as significant as the loss of a child to a parent"*. The death of a child presents the most severe crisis and the most significant loss for persons. The loss of a child is totally devastating, especially in recent times. According to the history of family life in Western society, the state of medical knowledge of about 300 years ago as well as other harsh realities of earlier times had made it difficult for parents to anticipate the survival of their children. However, as the rate of infant mortality decreases in recent times, it is anticipated that everyone who is born will not only survive, but will live full and actively into their 70s and 80s. People's perception of children also changed from a general lack of recognition to greater support for children (Becvar 2001:109). This makes the death of any child unacceptable. Arnold & Gemma (1994:9-10) write:

> **"The loss of a child is a loss like none other. Child death is the death of innocence, the death of the most vulnerable, the delicate, the dependent, and the needy. The death of a child signifies the loss of the future, of hopes and dreams, of new strength, and of perfection. For parents, the agony of losing a child is unparalleled. When their child dies, the parents dies. A vital part of them has been severed. Parents grieve the loss of their child for the rest of their lives, never to be whole again. Only memories remain".**

The difficulty of the 'dance' of trauma after sudden child death can only be imagined. All the parents' plans and expectations that the child will live a long, normal life and accomplish much, are dashed – including continuing the bloodline of the family (Harvey 2002:42).

In this 'dance' of study I am focussing on the sudden death of an infant or young child, thus when *sudden death*[191] strikes in terms of the description of trauma in the previous chapter. Couples are left behind as wounded and scarred after the piercing results of a shocking, unexpected and unusual life threatening event which claimed the life of their child. The traumatic death of a child means that *sudden death* comes without warning. Parents do not have time to prepare for their child's death. The death occurs as a shock to them, and they are overwhelmed by feelings of helplessness, fear and horror. In this sense the death of the child happens as a *"critical incident trauma"* (Van Wyk 2003b:3) due to the accident-type of the trauma which accompanies the death. Stone (1976:5) refers to this as a situational or accidental crisis in the lives of parents. What makes the sudden death of a child complicated, is that, besides the fact that it happens as an unpredictable incident, it also constitutes a *"process trauma"* (Van Wyk 2003b:4) – an experience without a beginning or an end – which involves a normal process of bereavement. The moment of child death as a critical incident trauma constitutes the starting point of a process trauma, which has, for many parents, no ending. Tedeschi & Calhoun (1995:16-19) give a description of the endlessness of process trauma of bereaved parents:

> **"Parents who lose an infant child may accept the inevitability of things never being the same again. Although they may, at some time, be less depressed about their loss, they may miss the child for the rest of their lives. An unchanged negative situation can evoke depressed and helplessness emotions for any time the situation is recalled, even when it occurred long ago. They are consistently confronted with the reality of loss. They are required to adjust and accept, rather than to work to reverse these situations. Irreversible changes can produce a great lack of control and reveal few opportunities to take direct, corrective action".**

These parents are involved in a difficult 'dance' and have to be guided towards a happy ending in the endlessness of the bereavement process. While the traumatic death of a child changes a couple's life forever, as Arnold & Gemma (1994:79) state, *"nothing remains the same; while*

[191] *Sudden death* is externalised throughout the 'dance' of study as *the problem* that intrudes parents' lives and relationships unexpectedly. Thus, *sudden death* calls forth the loss parents experience after they lost their child traumatically or suddenly.

the rest of life continues, the one who is living is also dying all the time", it is still possible to get the 'dance' of a couple's trauma onto another track.

In this chapter I share the stories of three couples who were drawn into the 'dance' of trauma after their child died. Becvar (2001:112) believes that stories are important since grieving parents have the need to tell their story unashamedly without feeling that others will be put off by the expression of their grief. They have the need to create a meaningful story within which to make sense of the death, to be able to recommit to life, to figure out a direction as well as acquire the tools for that direction, and to construct a set of new beliefs (Becvar 2001:49). Against this, the tendency of others to avoid the subject or to repress any inclination to mention the child may result in parents growing more resentful and angry.

> **"Without a willing ear, someone who is able to listen to, and perhaps cry with, the grieving parent, that parent experiences something akin to denial, as if the child never lived, the death didn't occur, the pain is not real"**
>
> **(Becvar 2001:112).**

This chapter, as well as the following, is based on the assumption that all grieving parents have to be given permission to acknowledge their child and his life. Taking part in their stories necessarily means experiencing something of the painful 'rhythm' of their 'dance' of trauma, which asks for empathy and compassion. When *sudden death* strikes, parents have the need for others to join them in their stories of grieving.

7.2 When *sudden death* strikes

Sedney, Baker & Gross (1994:288) have highlighted the influence of *the story* of a death in a family: *"Every death creates a story, or a set of stories, to tell"*. Every family has its own account of what happened when an individual died: a basic explanation of how the person died, details about the circumstances of the death, the sequence of events leading up to and following the death, and the experience of each family member at the time or when and how each learned of the death. It is important that a family, and individual family members, do have an account of *the story* of a death in the family. Sedney *et al.* (1994:291) believe:

> **"Without a story, those who have experienced such events are handicapped in making sense of what happened, in explaining their roles in these events, and in experiencing emotional relief. A family's not having a story about an experience may contribute to family secrets".**

The story of a family contains multiple stories, since each family member recounts events from their own unique perspective. According to Becvar (2001:6), each family member's perspective is significantly influenced by the stories and experiences from their family of origin and by the rules and norms of the society in which they live. Sedney *et al.* (1994:294) further believe that a story is a construction; it reflects a point of view, someone's perspective, because there is always a storyteller or subjective element between the experiential events and the listener. Stories are always based on reality, as experienced by the teller; thus, stories are more than creations of one person's imagination. The most important fact about stories is that *"individual and family context affect and are affected by these stories"* (Sedney *et al.* 1994:287).

It is clear from these remarks that the moment of a child's traumatic death marks the starting point of a story of *sudden death* in the lives of parents. When *sudden death* strikes, the influence and affecting force of *sudden death* will become apparent in *the story* of the grieving couple, and in the mother's and father's individual stories about the death. According to Becvar (2001:6), these stories, implicitly and explicitly, consist of messages about whether *sudden death* is to be considered an uninvited stranger or a welcome guest. As an uninvited stranger, *sudden death* has the ability to control a couple's 'marriage dance' and the individual life 'dances' of both mother and father (or husband and wife) by means of the story or stories they hold about their child's death.

Parents experience child death intensely, regardless the age of their child or the circumstances and the cause of the death (Arnold & Gemma 1994:95; Becvar 2001:110). Arnold & Gemma (1994:95-96) say in this regard:

> **"*When* a child dies is not so indicative of the intensity of the grief response. It is no more or less painful if a child dies at three months, three years, thirty years, or sixty years of age. It is the very fact that a *child* has died that makes**

> **it profoundly different from other deaths.... No reason can justify the death of a child. Whether an accident, a chronic disease, a sudden and rapid illness, suicide, or an unexplained syndrome or condition causes death, child death is unjustifiable and incomprehensible, an unnecessary ending of a life".**

Although the study focuses on the traumatic death of an infant and young child, it does not question or minimise the impact of child death at other ages or under other circumstances. The traumatic death of a child between 0 and 12 years is challenging for parents to cope with: its impact has the ability to absorb, to draw parents along, and to force them to surrender to the 'dance' of trauma, which will mean the final destruction of the parents and their marriage. They may lose their balance, and the traumatic event may *"create a fracture in the self and in the defenses"* (Spiers 2001a:34). The normal physiological and psychological reactions of parents following traumatic child death correspond with those of traumatic events in general. However, these reactions may be experienced as a constellation of effects, and may be more intense, especially where parents are suffering cumulative effects of different traumas over time at the moment of their child's death[192]. Nevertheless, the 'steps' and movements of the 'pastoral therapeutic dance' are able to lead traumatised parents to attempts to get their 'marriage dance' onto another track.

7.2.1 The story of what happened: Impact 'step'

There is no better place to get a better understanding of the experiences of parents who have lost their child suddenly, as in the midst of *The Compassionate Friends*[193]. According to some of the leaflets of *The Compassionate Friends*, the story of sudden child death always has a tragic beginning (Anon 2004: Online; Anon [n.d.]: Online): The story generally starts, as *it was just a normal day*. Then the knock at the door, a telephone call or parents' own discovery

[192] According to Walsh & McColdrick (1991:13-24), several patterns may be added here that tend to complicate persons' adaptation to loss. These are the manner of death, patterns of family organisation, communication and belief systems, the particular timing of the loss, and the socio-cultural context of the death, which includes gender role constraints and religious-philosophical beliefs.

[193] *"The Compassionate Friends is an assistance self-help organisation offering friendship and understanding to bereaved parents and siblings. The primary purpose is to assist them in the positive resolutions of the grief experienced upon the death of a child and to support their efforts to achieve physical and emotional health. The secondary purpose is to provide information and education about bereaved parents and siblings. The objective is to help those in the community, including friends, co-workers and professionals, to be supportive*" (Mission Statement on the programme at the Annual National Gathering of *The Compassionate Friends* in East London, 24-26 September 2004).

comes as *the breaking of the news* [194], leaving parents confused and disbelieving. Something terrible has happened – a catastrophe – which parents have to deal with. Sudden child death conforms to the requirements of a traumatic event, as Tedeschi & Calhoun (1995) have described it as unexpected, too difficult to handle and to integrate, and an event that is accompanied by experiences of powerlessness, lack of control, hopelessness, and helplessness. There was no opportunity for parents to prepare, resolve misunderstandings, or say good-bye. If they find their own child dead, they will have to initiate the first action by calling for help, breaking and spreading the terrible news to others. The following three stories highlight the experiences of parents who lost their child suddenly.

The story of Lance and Annamie

On 18 January 2004 something terrible happened in the lives of Lance and Annamie. Their three year-old girl, Suané, died suddenly and traumatically because of chicken-pox. Chicken-pox is known as a normal sickness amongst young children. However, this case was a different kind of story. In an incomprehensible way, Suané's chicken-pox was penetrated by a strange organism that caused her death within an hour after only one water-bubble ruptured. Suané's parents, Lance and Annamie, were not aware of the ruptured water-bubble, but they noticed that her temperature increased suddenly by more than two and a half degrees. They rushed to hospital, but it was too late. Their only precious little girl, to whom they had become emotionally attached, died unexpectedly. They experienced a special unity with Suané during her preschool years. Their interaction with Suané was based on the marked physical and emotional growth that had already taken place in her. She was special for her parents because she had already mastered the tasks of primary socialisation and self-control. Her parents had a special affection towards her as their first and only daughter. Suané was their pride and provided them with a feeling of accomplishment and a reason for living. Immediately after Suané's death, the influence and affecting force of *sudden death* became apparent.

[194] Wolfram (2004:5-6) gives valuable ideas about the pronouncement of death. His ideas are both sensitive (escort the parents to a quiet and private place, speak in short and plain sentences, use the child's name, make eye contact and speak to both parents, sit and touch an arm or shoulder, provide parents with a narrative of what happened), but also straight from the shoulder (give the bad news incrementally, avoid euphemisms or philosophy for death, do not try to *find a silver lining* in discussing the death). Allow them their emotions, do not *hit and run*, but remain with parents long enough for them to absorb it emotionally. Be with them and be comfortable with silence, because sometimes doing nothing is actually doing something. The therapist's

The story of Grant and René

It was just a normal day for Grant and René. As usual, René took Caitlin, their daughter of 18 months, to her daycare nanny. It was the morning of the 25th of April 2005. At 10 am that morning, René received a telephone call from the nanny to hasten herself to the daycare centre. Unexpectantly, she walked right into a catastrophe: Caitlin had died a cot death only a few minutes previously. She had smothered while sleeping on her own pillow. René was confused and had to be helped to call Grant to break the news. Both of them were shattered by the traumatic death of their child. They lost a child who was on her way to develop a kind of independence that was special for them as parents. Caitlin's growth in language ability had made it easier for them as parents to communicate with her. She could also do more things for herself as a toddler. Grant's and René's hearts were broken when they had to leave the daycare centre. Their bundle of love was gone; Caitlin's demonstration of love became still – her hugging, smiling, and kissing. Although Duncan, their little boy of eight months was still there, they had lost their first-born who often asked for attention and reassurance.

The story of Henry and Sanet

Henry and Sanet were excited about the news that Sanet was expecting twins. These would be their first children after Sanet's long struggle to become pregnant. Physically and emotionally, they had done everything to prepare for parenting. They had gained skills and information and initiated a reordering of their lives in order to establish a safe environment in which their children could be welcomed. During the therapy sessions, they bore witness to the special attachment that had grown stronger as the time of birth approached. Finally, on 2 May 2003, the twins were born. They were two boys, JG and Daniel. They were both healthy. After a few days in hospital, Sanet went home with the twins. Both Henry and Sanet were glad that everything was over. The two babies became the object of both parents' love and attention. They began to know them and care for them. Henry, especially, mentioned detailed facts about the differences between the tiny marks on both boys' skins and the unique features of each one's hair, eyes, nose and nails. Henry was filled with pride, and Sanet emerged as a caring mother who was always ready to provide for her children. They took mutual responsibility to look after their new-borns whatever it might take. They were both ready to

presence alone can help them. Accept their discomfort, support them in their pain and do not try to remove the pain.

make the necessary sacrifices regarding their work and daily lives. Their two infant boys brought special joy into their lives and filled their hearts with new dreams and hopes for the future.

It was only three weeks after Sanet had gone home from hospital, that they discovered, during a normal visit to and examination by the doctor, that something was wrong with JG's heart. JG immediately went to hospital. After several tests, the doctor decided to operate on JG's heart, and a small hole in JG's heart was repaired. Although he was very ill after the operation, he did well in the Neonatal Unit. The surgery was successful. After three days Henry and Sanet could see a marked difference on the road to recovery. But then, suddenly, on the fourth day, JG's blood pressure dropped. Within a few hours, he became so sick and weak, that the doctor told Henry and Sanet that they could not do anything more to save JG's life. JG died that same day of cardiac arrest. The parents, Henry and Sanet, were standing next to JG's bed when he died. JG's sudden death came as a shock. They were traumatised by the sudden death of their infant child.

7.2.2 The traumatic death of an infant or young child

I have demarcated my 'dance' of study with reference to the age of the child involved. I have chosen to work with couples who have lost their child traumatically between the ages of 0 and 12 years. In this section the question is asked: Why is the death of an infant or young child[195] so challenging for parents to cope with? The answer to this question has to be sought in the special relationship between parents and child in the particular age group between 0 and 12 years to which the child belongs. Indeed, the particular age group of 0 to 12 years must not be looked at rigidly, because the loss of a child before birth and also after 12 years old is also devastating[196]. However, my demarcation is primarily based on the special relationship between parents and a child of 0 to 12 years.

[195] To rule out any confusion, I have chosen to use the terms *infant* or *young child* for the age group of 0 to 12 years.

[196] I have referred to Arnold & Gemma (1994:v) who focused on child death during the life process from the unborn child to adolescence and adulthood. They have found that the family's process of grieving and living without their child occurs regardless of the age of the child at death. Just as the family grieves the death of an unborn child, an infant, a young child, or an adolescent, so, too, does it grieve the death of an adult child. Grief for one's child knows no age limit.

The primary relationship within a family system is that between parent and child. There is no other relationship between humans as special as the relationship between parent and child: *"The bond between parent and child is so powerful that its strength endures time, distance and strife"* (Arnold & Gemma 1994:25). This special connectedness has its roots in the biological and emotional connections and attachments that precede birth. From the moment of conception, and during pregnancy, parents have the time to imagine themselves as parents and to prepare for parenting. They start to make room, physically and emotionally, for the new person in their lives. They prepare themselves by gaining skills and information, by reordering their lives, schedules, plans and space. They have to establish an environment in which the child can grow, and in which they can build a relationship that fosters growth while providing for the safety and protection of the child (Arnold & Gemma 1994:16). During pregnancy much time is spent in waiting. The parents develop an attachment to their child even before birth, and this attachment grows stronger as they see how this new life develops into a separate, emerging person (Arnold & Gemma 1994:37).

When the child is born, the baby is welcomed as a result of intimacy and the parents' desire to join their love in creating a new life. The baby also comes from a desire and decision of parents to bring into their lives a child to have as their own. Immediately after the birth, the parents start getting to know the baby. Soon the baby becomes the object of all the parents' love and attention. This new life offers boundless possibilities for parents to take up their responsibility to care and to provide for the child, to give love, to protect the child and to sustain the life that has been created. By giving love, the parents are building the child's self-esteem that gives them the feeling of pride and accomplishment. Thus, the baby provides them with a reason for living: they expect to see their child grow and mature, and in this process they want to give direction and purpose. As the child develops, the parents' identifications become visible in the baby[197]. This connectedness of the parent to the child creates an experience of oneness between them (Arnold & Gemma 1994:38, 45).

[197] The child now is no longer a baby. He has become a separate individual in the family. Unique characteristics and personality unfold, and he starts to reflect the qualities of parental ways: *"The young person is discovered, becoming fuller and more recognizable"* (Arnold & Gemma 1994:53). The child develops in the context of the family, makes a mark in the family and, in return, is influenced by the family.

The special attachment between parents and their child emerges, according to Woodcock (2001:166), from parents' responsive attunement to their child's needs[198] within the normal process of human development from the time of birth, through to infancy, to the toddler, preschool and middle years periods. According to Kaplan, Sadock & Grebb (1994), these periods represent a child's age from 0 to 12 years old. A brief outline of these periods highlights parents' active participation in their child's developmental process.

Infancy (from birth to about 15 months)

The infant already begins to interact with the environment. By the age of three weeks, infants imitate the facial movements of parents and these behaviors are believed to be precursors of emotional life in the infant. Parents provide the major stimulus for emotional development by stimulating smiling. For the development of language and cognitive functions, the baby is totally dependent on the external environment that is created by the parents' touching, stroking and reinforcing of stimulation: *"Through regular and predictable interaction, the infant's behavioural repertoire expands as a consequence of the parents' social responses to its behaviour"* (Kaplan *et al.* 1994:42). From the seventh month the baby can experience emotions like sorrow and nostalgia and can also develop a sense of optimism and hope.

Already in the first months after birth, the baby becomes attuned to social and personal interaction. He shows an increasing responsivity to the external environment and an ability to form a special relationship with the parents. A baby becomes attached to fathers, as well as to mothers, but the attachment is different (Kaplan *et al.* 1994:43). Generally, mothers hold babies for care taking, and fathers hold babies for purposes of play. The mother gives a feeling of trust by satisfying the baby's wants frequently. The behaviour of the infant controls the behaviour of the mother and *vice versa*[199]. Prolonged separation from the mother at that

[198] Woodcock (2001:166) refers to the attachment theory of Mary Main, that is about how parents transmit their attachment styles to their children. According to this theory, very young children are unable to transcend their feelings. Thus they cannot think about their feelings, because they experience the world in an almost purely subjective and non-reflective way. They understand things, relationships and events as being one particular way. Children cannot take different perspectives on things until they are three or four years old. During this time they are dependent on their parents' responses to their needs for attachment which take place in accordance with the parents' own experiences of attachment that were formed through their own development processes.

[199] During the last trimester of pregnancy and for the first few months of the baby's life, the mother is in a state of primary maternal pre-occupation, absorbed in fantasies about the baby and experiences with the baby (Kaplan *et al.* 1994:44). During infancy the parents, and especially the mother, are mainly responsible for the child's survival through nourishment and stimulation. This plays a major role in the mother's pre-occupation.

time can lead to separation anxiety, while approaching a stranger can make the infant cry and cling to the mother because of stranger anxiety. The mother provides a relationship and a holding environment in which the baby can gradually evolve a *sense of self*. Soon the infant learns to separate as it starts to crawl away from the mother, but the infant constantly looks back and frequently returns to the mother for reassurance. Individuation begins to develop, as the child perceives himself as a distinct person separate from the mother.

The infant becomes an important actor in the story of the family, as he determines in part the course of this story. The concept of parental fit concerns how well the mother or father relates to the developing infant. If the child is hard and difficult to raise, greater demands are placed on the parents than those placed by the child who is easy to raise. This determines how harmonious and consonant the interaction between a child and the parents is in terms of motivation, capacities, and styles of behaviour. Poorness of fit brings dissonance between parents and child, and leads to distorted development and feelings of inadequacy in the parents. Thus, it can be said that infancy is a determinant period in the life stories of parents and children that is based on a special relationship of active interaction between them. It is a time of close bonding and attachment that takes place, especially between the mother and child (Kaplan *et al.* 1994:44).

Toddler period (from 15 months to two and a half years)

During the toddler period an acceleration of motor and intellectual development takes place. There is also a development of independence. The child begins to reason and to listen to explanations. He grows in concentration and self-regulation and language ability. There is also an emotional and social development that takes place. The toddler has capacities for an organised demonstration of love, such as running up and hugging, smiling, and kissing the parents and has capacities for protest such as turning away, crying, biting and hitting, yelling and kicking. There is greater comfort and apprehension regarding strangers. The child gains more autonomy and the challenge is to become a separate and individual being. He becomes very selfish and develops a sense of gender identity. During a child's second year the need develops for reassurance before going to bed and also in the training process. Parents' tasks change in that their major responsibility is to meet the infant's needs in a sensitive and consistent way, without anticipating and fulfilling all the needs of the child, so that the child

never experiences tension or learns to deserve love. Parents have to set firm boundaries of acceptable behaviour without being too authoritarian. Children must be allowed to operate for themselves and to learn to make mistakes. They have to be protected and assisted when challenges are beyond their abilities (Kaplan *et al.* 1994:44).

Toddlers are likely to struggle for the exclusive affection and attention of their parents (Kaplan *et al.* 1994:45). Although the demands of the relationship are different and are based on a kind of independence, love and reassurance play a huge role. The parents love to see their child growing up, although they would still like to nurture their child as a baby infant. The developmental process has to be balanced with a sensitive responsibility on the part of the parents, who have to accept the fact that their child is growing up into an individual being. At this time the growing process cannot be reversed.

Preschool period (from two and a half to about six years)

During the preschool stage marked physical and emotional growth take place. The child has now mastered the tasks of primary socialisation and self-control. The language and cognitive development expands, and sentences and symbolic thinking are now used. Although children of this age are very egocentric, they have the ability to express affects like love, jealously, unhappiness and envy. Four-year-olds are learning to share and to have concerns for others, and they can express feelings of tenderness. They want much attention for every illness or injury. They are also very curious and are eager to learn. A child at this stage develops a division between what he wants and what he is told to do. The child's conscience is established and he develops a moral sense of right and wrong and his moral reasoning is based on a punishment-obedience stance, and his deeds towards others have to be reciprocately answered by them. According to Kaplan *et al.* (1994:46), children at this stage become aware of the differences between the sexes, and start to express passionate interest in the parent of the opposite sex. They easily become disappointed and often try to wrest a place for themselves in the affection of their parents. This creates an interaction and mutual attitude between the child and the parents that is unique and peculiar to their relationship during this period.

Middle years (from six to about 12 years)

From the age of six, the child enters the so-called middle years. Now elementary school and formal demands for academic learning and accomplishment become major determinants of further development. He can use language to express more complex ideas as organised thinking, logical exploration, and self-regulation develop. He can deal with the emotional and intellectual demands that are being placed on him by the school environment. The child idealises the same-sex parent and wants to be like that parent. The girl identifies with her mother and begins to direct her energy towards wanting somebody like her father, while it is still important for her to be attached to her father. Girls are setting goals of wanting to marry and have babies like her mother, while both boys and girls desire a career. A balanced identification with the parents has to take place. Both girls and boys make new identifications with other adults. Empathy and a concern for others begin to emerge and children at this age have well-developed capacities for love, compassion and sharing. They have the capacity for long-term, stable relationships with family, peers and friends (Kaplan *et al.* 1994:47). Their sex role and gender identity emerge. Emotions regarding sexual differences begin to emerge as excitement or shyness. Children see themselves as male or female and identification with culturally acceptable masculine or feminine ways of behaving takes place. Parents also act differently in respect of their male and female children. Boys are characterised by independence, physical play and aggressiveness, while girls are characterised by dependence, physical intimacy and verbalisation. They begin to understand expectations in society as to what constitutes masculine and feminine behaviour.

Conclusion

From the insights of Kaplan *et al.* (1994), it is clear that the first 12 years of a child form the basis of his physical, emotional and cognitive development. This development flourishes within the context of a loving, interactional and mutual relationship between parents and child. However, parents believe that their child cannot be taken away by circumstances or external decisions. Although parents are eager to protect their child's life from dangers that threaten it, their relationship with their child is subject to vulnerability (Arnold & Gemma 1994:19-20). The greatest threat to their relationship with their child remains the death of their child as a result of their not giving enough protection. They experience ambivalence: on the one hand they have the power to determine directions when their child is young, but on

the other hand they also experience a powerlessness to prevent all harm and to combat all threats[200]. It can only be imagined what parents may experience when losing their child suddenly by means of a traumatic event. They have put all their energy into the relationship to nurture the child from the moment of birth. The meaning of sudden child death may be devastating.

7.2.3 The meaning of sudden child loss

A child is least of all expected to die! Although parents know that their child can be taken from them, they hide this ever-present fear in the deepest well of their being. Parents are powerless in their attempts to prevent, alter or forbid the death of their child. It is a frightening reality that it can occur regardless of the degree of parental caring and carefulness: *"No one can anticipate all dangers or change the course of events which inflict hurt or cause death"* (Arnold & Gemma 1994:25). When *sudden death* strikes, parents are overwhelmed by their greatest vulnerability that lies in their inability to shield their child completely from death: *"Where the child is all meaning for parents, the child's death becomes the ultimate deprivation. Then life is stripped of all meaning, is senseless, unjust and inhumane"* (Arnold & Gemma 1994:40). Becvar (2001:113) agrees that the sudden death of a child leaves parents with shattered beliefs. Most significant is the loss of their own story about life and what it is all about. Arnold & Gemma (1994:45) writes:

> **"The death of an infant is too difficult to imagine. The parents of infants give love continuously through protection and nurturance, and when this cord of love is cut off, parents feel themselves dying too".**

According to Becvar (2001:111), the grief experienced at the sudden death of a child has been described as extraordinary, given the special attachment between parents and child. When a child dies suddenly, parents feel that they have somehow failed in their commitment to care for and safeguard their child. Regarding this inability to protect the child from death, Walsh &

[200] As the child experiences the need to separate from the parents in an effort to develop individually and to become a separate self, by moving into a wider area of exposure outside the family, parents begin to suffer from this process of separation and individuation. They fear for the safety and well-being of their child when he is apart from them. Thus, while parents wish to foster growth, they also fear harm and the random

McColdrick (1991:33) and Harvey (2002:42) found that a frequent reaction of parents to the loss of their child is that of survivor's guilt. Although it was in no way the fault of the parents, they still feel guilty about remaining alive. Since their child and their connectedness to their child was the central focus of their lives, their lives may become empty, and remain empty, as emptiness becomes part of their very being. Arnold & Gemma (1994:iv) write:

> **"A child's death – whether expected or unexpected, regardless of age and cause – is incomprehensible. Family members are faced with their own powerlessness, vulnerability and emptiness. The family is never whole again because a significant member is missing. When a child dies, the silence often ensues and grows over years".**

Parents may feel lost. According to Woodcock (2001:167), adults experience being lost in the moment of extreme events, and they are unable to process what is happening to them cognitively and emotionally. The reason for this is that extreme events overwhelm their ability to be reflective and therefore to internalise events in a meaningful way. They lose their ability to *dual code*[201] what is happening to them. Because the events are too far beyond the scoop of their cognitive and emotional range, it is difficult to assimilate them. In the light of these remarks, it is evident that the loss of an infant or young child is difficult for parents to cope with. The stress that is put on a marriage by such an event has many consequences. The marriage relationship is particularly vulnerable after a child has died, with risk of further deterioration of marital satisfaction over time (Walsh & McColdrick 1991:37). It may happen, as Becvar (2001:115) argues, that one parent or the other has a sense that there is only one right way to grieve, or that one feels judged negatively for behaviour that is different from that of the other. Frustration can build up, as the one person on whom they thought they could depend is not meeting their needs. In this case the loss can become more than the marriage can bear. However, various factors may also contribute to stress on the marriage. The unfairness of the death is one of them.

occurrence of death. Parents are aware that despite all their efforts and love, there is no guaranteed safety for their children (Arnold & Gemma 1994:55).

[201] With *dual code* Woodcock (2001:166) refers to the ability to take different perspectives on what is happening. Young children especially, are unable to be *"metacognitive"*, which means that they cannot *"transcend and therefore think about their own thinking"* and about their feelings: *"This means they experience the world in an almost purely subjective and non-reflective way"*. The same happens when adults are exposed to trauma: They lose their ability to be reflective in respect of the extreme events.

Wolfram (2004:3) states that the unexpected death of a child is often felt to be unnatural or unfair. The following thoughts are common when dealing with the death of a child:

- Children are not supposed to die. It is not natural;
- The child never had the opportunity to experience full life;
- The child was innocent and didn't deserve to die; and
- The child was helpless to intervene or change the outcome.

According to Becvar (2001:111), the perceptions regarding the unfairness of a child's sudden death add enormously to the grief experience of parents. De Frain *et al.* (1982:4) say that when an elderly person dies, the grieving family can look back on his life, but with an infant there is always the possibility of what might have been. An infant's future is stretched out before him, and he is still in the process of becoming according to his potential. Parents are deprived of their intended investment in their child's future. They had already invested in their child since even before their child's birth, and they want to continue with this investment, but it is not possible anymore because of their child's death. In this sense a child's sudden death will always be senseless, unnatural and unjust (Arnold & Gemma 1994:iv). Walsh & McColdrick (1991:18) remark in this context that, when a child dies before his parents, the life course is experienced as being out of order.

Sudden death also ends the expectation of the child's being an extension of the parents. Scholars (Walsh & McColdrick 1991:38; Arnold & Gemma 1994:48; Becvar 2001:114; Harvey 2002:42) agree that parents are deprived from a future when their child dies, especially when it is sudden[202]. As children's lives unfold, there is the potential for the realisation of the parents' hopes and dreams. The child represents hope for a new and better life. The parents share and give of their own experience and actively plan for and with their child, with the result that the child becomes the embodiment of the parents' hopes and dreams (Arnold & Gemma 1994:15). Although a child develops more and more as a separate person,

[202] Within the context of shattered future dreams, Arnold & Gemma (1994:39) say that each child is always embraced by *"a pre-existing set of circumstances and relationships"*. *Sudden death* always strikes in the midst of the complexities of a particular context. Thus, the actual life processes of the parents determine the meaning of sudden child death for each parent. It cannot be expected that different parents will attribute the same meaning to a child's death. Tedeschi & Calhoun (1995:16) remark: *"We can expect that one's initial understanding of and reaction to the event, the degree of threat to established personal identity, the degree to which the event and its consequences are integrated into identity, the meaning of the event, and adaptive capabilities, all will depend, to some extent, on when in the life cycle the trauma occurs"*. This only confirms the fact that the contexts of each parent individually, and also both parents together, should be taken into consideration when exploring the meaning parents attribute to a child's death.

he becomes part of the parents' own self that gives them a sense of satisfaction, creativity and gratification that cannot be found in other relationships. In this sense a child is the parents' future. When the child, who occupies that vital space and part of the self, is torn away, the loss becomes physically violent and painful. Parents whose future is gone also lose their *sense of self*. Their self-esteem shatters and diminishes, because their significant role has been shaken. They feel hopeless and worthless (Arnold & Gemma 1994:27) as death occurred suddenly despite of the responsibilities they have fulfilled in terms of the sustenance and maintenance of their child's life.

Although *sudden death* leaves parents helpless, it serves as an incomprehensible purpose in the lives of parents. Ultimately, sudden child death sometimes gets some meaning, and at other times it creates some new meaning in the lives of parents. Arnold & Gemma (1994:3) say: *"Loss is inescapable, yet necessary for growth"*. Harvey (2002:20) agrees that major losses have the potential for great and valuable change. One of the most important lessons persons that survive major losses learn, is to dedicate their lives to others by means of sharing their own experience. The purpose of this 'dance' of study is to show how it is possible for parents to bring some new meaning into their life stories and into their marriage after *sudden death* has struck and disrupted their life and marriage. From the moment after traumatic child death, the 'pastoral therapeutic dance' has to be initiated. The challenge is to 'dance' with parents, with *sudden death*, and with God's compassion for suffering people[203] towards the unfolding of new stories.

7.3 The first few hours

After the traumatic event, parents have the difficulty to integrate their preferred worldview with the worldview related to the traumatic event. According to Harvey (2002) and Müller's (2004) thoughts, parents immediately become involved in a process of storying the sudden

[203] Brakeman (1995) wrote a remarkable article about people's understanding of God in their lives. God may be understood as the so-called *Divine Takeover* which means that a person expects God to take the primary responsibility in his life, which does not include his own will and power. This person does not partake in the 'dance' with God, but only on occasion hears the invitation of God to 'dance'. God may also be understood in terms of the so-called *Divine Abandonment*, which means that God remains distant and uninvolved while the person steps forward as the powerful and self-actualised individual who does not need God's help. This person wants to 'dance' alone without God. Finally, God may also be understood as the *Incarnated One* which means that the person and God are 'dancing' together. Thus, the person allows God to move in, around and with him like in a dance. The person knows that God 'dances' with him into the joy, pain, death and loss of this life.

death of their child in terms of explaining, describing, and emotionally reacting to it in story-like form. They construct a self-story to make sense of all their experiences. This story often begins in their private reflections, but also becomes part of the reciprocal communicative acts (outlined in 1.5) with close, confidant others in which meaning is constructed and exchanged. This may lead to different stories and experiences of the trauma as the individual parents may create meaning of the traumatic event in different ways. Dunn (2001) has remarked that no two persons have the same needs. Their needs may differ, and also their reactions to a traumatic event. However, the meaning of sudden child death as described in 7.2.3 may be present in both parents: the shattered attachment that was once so special and unique, shattered assumptions, lack of closure, experiences of anger, unfairness, emptiness, difficulty to accept, and missing a child so precious. It has to be kept in mind that the sudden death of a child may lead to a greater or lesser extent of post-traumatic stress reactions.

The impact 'step', as described in chapter six, may last minutes or hours, or sometimes days after the trauma. The unreality of what has happened refuses to sink in. It is difficult for parents to face the reality and to comprehend that their child is dead. Retelling the circumstances about what happened to the police, the doctor, and family members is agonising. Explaining what has happened to other children so that they can understand without being bewildered, is another difficult task facing parents. Parents also have to face the removing of their child from their care, and sometimes they need to see their deceased child before they are convinced of his death. They have to watch as others take over, find themselves dependent on others doing what they would want to do. The horror of identifying the child’s body adds to the unreality. The sudden death of their child has changed their lives forever. Nothing will be the same again. The horror of *the first few hours* has started and it feels like a betrayal to leave their child (Anon 2004: Online; Anon [n.d.]: Online).

The story of Lance and Annamie

It was difficult for Lance and Annamie to face the reality and to comprehend that Suané was dead. They were bewildered from the moment they received the news from the doctor. At that time they were in the waiting room near the Neonatal Unit of the hospital; they were hopeful but also afraid of facing the worst. The doctor told them what they did not want to hear. After hearing the news, it was obvious that Lance and Annamie would experience difficulty in

integrating their preferred worldview with the worldview related to the traumatic event. Especially Lance had to be forced to calm down. I was called out to the hospital and arrived about 15 minutes after Suané died. I experienced the last few minutes of their bewilderment. After they had calmed down, they wanted to see their deceased child to be convinced of her death. Together we went to Suané's body. They touched her, kissed her, and lay their heads down on her chest, while they were crying unrestrainedly. It was difficult for them to leave the body for a moment for a short conversation. However, at last we could sit down and talk for a few minutes. Afterwards we went back to Suané's body. It was their wish to be alone with her behind the curtains for a few minutes. They said goodbye and went home. Family and friends supported them form the time they left the hospital.

The next day I went to their home. Everything was silent. At that time Annamie was too emotional to talk to me. There were still family members supporting them. I talked to Lance outside their house and convinced him about the importance of trauma counseling. We made an appointment for the day after the funeral.

The story of Grant and René

I met Grant and René in their home two days after Caitlin died. They were referred to me by friends. I visited them. At that time we primarily focused on their current emotional states and the funeral arrangements. However, I concluded from their descriptions that, especially René, was absorbed by feelings of powerlessness and emptiness from the very beginning which surfaced in terms if inaction. Although they told me the story of what happened to Caitlin, we did not reconstruct all their movements during the first few hours because their distress first needed attention at the time of the visit.

The story of Henry and Sanet

Immediately after JG's death, Henry and Sanet faced the most difficult task of their lives, namely to break and spread the terrible news to their family and friends. It was agonising for them to retell the story about what happened. Sanet decided to give JG his last bath, while Henry stood next to the bed and watched. Both were involved in private reflections. Every now and then he touched JG's feet and said: *"O, my precious child!"*. Finally, they had also to face the most difficult moment, namely saying goodbye. They left for home to be with Daniel. At that time only one friend supported them. She was also present during JG's death,

and last bath. She accompanied Henry and Sanet when they left. Later that afternoon, Henry and Sanet were still silent in the presence of many more family members and friends.

7.3.1 Parents' experiences

Shock, numbness, disorganisation, irrationality, withdrawal, crying, helplessness, depression and bargaining characterise the impact 'step'. When a child dies suddenly, parents have a confusion of responses to the news, both physical and emotional. Shock, numbness and disbelief is all part of the body's first reaction to the sudden death of a child. The shock can be described as paralysing parents, which even allow them to function normally, in control and calm so that it may seem that they are coping well, and being strong without expressing their grief in any visible way. They may even be in the position of comforting others. I have noted Van der Kolk's description of the functioning of the brain during trauma in 6.4.2. He has described how the trauma disrupts the stress hormone system, which prevents people from processing and integrating the trauma event into a conscious mental framework. The trauma is locked or frozen in an unfinished state of high biological readiness to react to the traumatic event. The body's defense mechanisms became blocked as undischarged energy in the nervous system. This is the body's natural defence mechanism and it can take days, and often weeks, for the grieved parents to comprehend emotionally what has happened.

During this time of shock parents easily feel misunderstood and isolated because no one comprehends what they are suffering inside although they appear calm. As noted in 7.2.3, the shock is often accompanied by feelings of guilt about what might have been done to prevent the death. Parents who feel responsible to protect their child, even immediately after the incident, ask questions such as *"What if I"*, *"Why didn't I"* and *"If I only"*. They are overwhelmed by the contrast between the ordinary events of their daily lives and the horror of the devastating news that came with such an impact. It is understandable that parents can find it impossible to function and need others to take over the practical matters for them during *the first few hours*. (Anon 2004: Online; Anon [n.d.]: Online).

The physical effects of the death can also not be ignored. There as occurrences of fluttering in the stomach, weight on the chest, heart palpitations, restlessness, nameless dread, yawning and sighing, headaches, fatigue, stomach problems, acting in very alien ways like screaming,

kicking, lashing out at anybody, crying, howling, feeling cold, shivering and shaking and also mental confusion. Some parents suffer a block on all memory about the death because the memories of the child can be too difficult to recall. Others relive the details over and over again, while hoping for a different outcome. Many parents recall the small events, the last words or the last domestic events in the days before the death, or the last time they were with their child. Another issue is sleep disturbances. Sleeping becomes a problem for some. They hate to go to sleep because it is so painful to wake up and to re-remember. Sleeping may also become a refuge. Some actively seek sleep as an escape from the pain of the day and in the hope of being reunited with the deceased child in their dreams (Anon 2004: Online; Anon [n.d.]: Online).

It is also possible that some parents seek temporary relief from their pain in alcohol or drugs. Some seek medication, and medication may be used beneficially, but some refuse drugs of any kind, feeling that they need every ounce of their strength and awareness to cope with all that is happening and to survive (Anon 2004: Online; Anon [n.d.]: Online).

The story of Lance and Annamie

The sudden and traumatic death of Suané came as a shock. In particular, bewilderment exactly describes Lance's behaviour. He fell on the ground, crept around while he was crying and shouting. He hit the bed and walls several times, and then fell down once again. Lance also knocked his head against the wall. He ran around in the Neonatal Unit and in the passages. He cursed and recurrently asked: *"Why her! Why us!"*. It was only after a few minutes that he calmed down. Annamie was standing next to the bed holding her child who was lying on the bed. She was crying. Numbness, confusion, disorganisation, irrationality, helplessness, depression, anger and bargaining characterised both parents' reactions. It was clear that the trauma disrupted their ability to process and integrate the catastrophe into their conscious mental frameworks. The trauma was locked or frozen in an unfinished state of high biological readiness to react to the traumatic event. Their bodies' defence mechanisms became blocked. Immediately after Suané's death they asked: *"Why did we not discover the fever earlier? If we only came quicker!"*. Thus, they suffered from guilt feelings. Lance also blamed Annamie for not being attentive and observant enough. Annamie tried to defend herself, but Lance did not want to hear what she said. This behaviour literally exacerbated

Annamie's feelings of guilt which then contributed to her experiences of powerlessness and emptiness. It was obvious that Suané had fulfilled an important role in their lives.

When we sat down and talked, both were shivering and shaking. Both complained about a weight on the chest and experiences of fatigue. According to the outward picture I got from them, they were both drained because of the traumatic experience. They could not relax. The next day was not different; they were still restless. While Lance could not sleep that first night, Annamie wanted to sleep as if sleeping was an escape from the pain of the previous day. At home everything was different and without any meaning for them. They became aware of their own vulnerability and lack of a future.

When I went to their home the next day, everything was silent and tense because *sudden death* had put its arms around them. Although there were a few friends and family members to support them, they were still helpless. Disbelief dominated their thinking: they believed that it was impossible that Suané could be taken away by such circumstances. They had to protect her to the ultimate. However, the tension between Lance and Annamie could be sensed. They were not acting as a team. They did not talk much after everything that had happened the previous day, and most of the time Annamie stayed in their bedroom. Lance told me how he relived the details over and over again, while hoping for a different outcome. Every now and then he saw Suané playing in the garden and walking towards him. Then he was shocked again by the reality of the situation.

The story of Grant and René

Two days after Caitlin died, Grant and René were still overwhelmed by shock and disbelief. They had not slept well the past few days and consequently they were exhausted. Although Grant did not show any emotions, he was obviously tense. Every now and then René was overwhelmed by tears and sorrow. I visited them to plan the funeral. Thus we could sit down and talk. René took medication her doctor had given her to give temporary relief form the pain inside. Their parents came form elsewhere to support them. Although they told me the story of what happened to Caitlin, we did not focus directly on their experiences during *the first few hours*. However, it was difficult for them to retell the circumstances about what had happened. Their most difficult experience was the moment when Caitlin's body was removed from her cot in the daycare centre. It was as if their child had been removed from their care.

Missing Caitlin dominated their existence from the moment she died. However, René was absorbed by guilty feelings from the very beginning. She believed that she should not take Caitlin to the daycare centre that morning. She felt responsible for dropping off her child and for leaving her alone to die. Several times during the last few days both Grant and René thought they heard Caitlin playing with something in her room as usual. Then they suddenly realised that she would not come to them for a hug.

The story of Henry and Sanet

Henry and Sanet were overwhelmed by shock, disbelief and depression. They seemed to be in control and calm as if they were coping well and functioning normally. They both said that they were just fine. However, during therapy, they confessed that, although they did not express any emotion at that time, they felt powerless, hopeless and helpless. Emptiness filled their hearts. Henry experienced anger and reflected on the unfairness of JG's death, while Sanet missed her child so much. Both of them admitted that the reality of what had happened refused to sink in. When they looked at Daniel, they were reminded of JG, so they were permanently confronted with their experiences. They withdrew emotionally (and sometimes physically) from each other and also from the people around them, and felt isolated. It was obvious that the story of *sudden death* had started its influence and affecting force as an uninvited stranger in the lives of Henry and Sanet. Their private reflections were a means to make sense of their loss. It was difficult for them to assimilate, cognitively and emotionally, what had happened to JG. Feelings of guilt that they could not protect JG from *sudden death* and could not care enough for him, ruled their minds. They themselves felt guilty about remaining alive. Thus, both Henry and Sanet suffered inside in their own unique ways. The first night after JG's death, they could not sleep. They were restless, mentally confused and therefore completely exhausted.

7.3.2 Parents' needs

I have mentioned Spiers' (2001a; 2001b) idea that the therapist should continually be focused on the traumatised person's own needs. A traumatised person has to be brought into the here-and-now of his relation with the traumatic experience in order to facilitate a reconnection to bodily senses, emotions and understanding of the self. This can also be applied to traumatised parents after the traumatic death of their child. According to the *traumaClinic* in Cape Town,

during the impact 'step' traumatised persons have the following immediate or initial needs (Advanced Trauma Counseling 2003):

- Protection and safety;
- Structuring, leadership, and direction;
- Reassurance, validation and nurturing;
- Information and normalisation;
- Affirmation and acceptance of reactions and emotions;
- Support from family and friends;
- Assistance in coping and managing reactions;
- Assistance in incorporating the trauma into an existing belief system; and
- Practical assistance.

Although it is always important to leave space for each person's individual needs and experiences, Van Wyk (2003b:7) has found that a traumatised person's greatest needs in the first few hours, is a seeking of reassurance and direction. This is also the case with traumatised parents after the traumatic loss of their child. The therapist has to focus on parents' needs in order to give support and to empower them. Van Wyk (2003a) warns that a standard approach for every trauma victim is not effective, while a more pliable approach that can address particular needs of individuals is more effective.

The story of Lance and Annamie

At the time Suané died, Lance and Annamie's greatest need was affirmation and acceptance of their reactions and emotions. It was important for them to hear: *"It is OK. You are allowed to feel what you felt and to do what you did"*. They thought that their behaviour was not acceptable after Suané died. For that sake they needed information about and normalisation of their reactions. They also needed assistance in coping with and managing their reactions. Both, and especially Lance, were afraid of their own reactions. When we sat down to talk I also became aware of their need for validation. Annamie wanted to hear how great a mother she was and that she had not been careless about Suané's condition. I realised that both Lance and Annamie needed assistance in incorporating the trauma into their existing belief system and marital relationship. They had different stories and experiences of the trauma, thus, they created different meanings regarding the traumatic death of Suané.

The story of Grant and René

When I visited Grant and René two days after Caitlin died, their needs centred around practical assistance for the funeral. I sensed a helplessness and hopelessness with reference to the future. We decided together in favour of a pastoral therapeutic process right after the funeral. However, at the time I visited them, they were also in need of reassurance and validation. René in particular needed to hear that she usually protected and cared for their child. Grant was not in a position to give her that reassurance and validation. I became aware of an emotional distance between them. They could not talk to each other, although René longed to be close to someone, like Grant, whom she could talk to about her experiences. Throughout our conversation, Grant appeared to be strong and in control.

The story of Henry and Sanet

Henry and Sanet were so paralysed by the sudden death of JG, that they needed leadership and direction. Sanet was directed and led in her decision to give JG his last bath. They did not know what to do next, whom they had to call, which undertaker had to remove JG's body. They really needed practical assistance. Henry and Sanet asked for information about the causes of JG's death. Because of their doubts about their own parenthood, they were in need of reassurance, validation and nurturing. They could not be left alone: the support of family and friends was crucial because they were paralysed. Their feelings of guilt, unfairness and anger put them in need of assistance in incorporating the trauma into their existing belief system. They asked questions about God's love that had forsaken them. They were left with shuttered assumptions, a lack of closure and without clear answers.

7.4 The first 'steps' of the 'pastoral therapeutic dance'

I have already discussed Nicholson's (1995) *dance*-metaphor for the narrative approach to pastoral therapy as a useful means to understand Narrative Therapy. The 'pastoral therapeutic dance' has to be initiated as soon as the 'dance' of trauma makes its appearance on the 'stage'. Nicholson (1995:23) regards Narrative Therapy as a *"process of creating possibilities for the discovery of preferred, solution-focused narratives"*. This process involves two central tasks, namely the deconstruction of the problem-saturated dominant story, and the reconstruction of a preferred, more liberating narrative. These two tasks involve the therapist and client in *"an action and meaning shuffle across time"* (Nicholson 1995:24), which means that both

therapist and client move between and across the dimensions of time, and back and forth between experience and meaning. Narrative Therapy in this sense suggests *"a fluid, moving process of gliding across, backwards and forward"* like a real dance (Nicholson 1995:28). When initiating the 'narrative dance', all the other 'dances' in this 'dance' of study with their stories, have to be activated to start together in a synchronised harmony. However, some of the 'dances', such as the 'dances' of culture and marriage, will already be a few 'steps' ahead[204], but still the challenge will be to let the different 'dances' meet each other towards creating one new preferred 'dance'.

The 'dance floor' is now prepared to start with the 'pastoral therapeutic dance' that has to be both trauma-focused and couple-focused. A 'dance' of study about helping couples to cope with their child's sudden death, both as individual parents and as a couple, necessarily requires an integration of different therapeutic contributions. I make use of Goldfein's (2004a) insights in the stages of trauma recovery. Although she refers to *techniques and strategies*, her insights are valuable and can be integrated into the 'narrative dance'. I do not want to refer to *stages* because of the prescriptive character they represent. In terms of the *dance*-metaphor, I refer to the 'steps'[205] of different movements. I agree with Goldfein (2004a:55) that the ultimate goal is to *"integrate the trauma into the narrative of life"*. Her principles of effective treatment are valuable, but lack a process of action and meaning. Despite of deficiencies in her insights from a narrative point of view, she looks at trauma recovery in terms of basic principles that lead to effective help. It is important not to get stuck in a treatment model, but to go further towards the creation of new meaning and a new life story.

In respect of marriages, I make use of Emotionally Focused Therapy (EFT) as a means to help partners *"to reprocess their emotional responses to each other and thereby change their interaction patterns to foster more secure attachment"* (Johnson & Williams-Keeler 1998:28). EFT has particularly been used for couples dealing with trauma and is regarded as

[204] I have shown in chapters three and four how the 'dances' of culture and marriage play a role in our life stories to such an extent that our life stories are influenced by the stories of these 'dances' so that the latter become part of the problem-saturated dominant 'dance' in our life stories.

[205] I consider 'dance steps' in this study as not being similar to the prescriptive steps of a particular model for so-called trauma treatment. 'Dance steps' refer here to the movement of the 'pastoral therapeutic dance' as movement happens in any dance.

the primary protection against feelings of helplessness and meaninglessness, since EFT is focused, on the one hand, on how affect is processed and, on the other hand, how affect is integrated in a relationship by means of shaping new interactions. EFT also focuses on the *"creation of trust and secure attachment, providing an antidote to the isolation and alienation associated with traumatic experiences, and increasing the sense of emotional connection"* (Johnson & Williams-Keeler 1998:29). Although EFT is a prescriptive and treatment model in terms of nine steps, it has the capacity to be integrated into the narrative approach.

What follows is an integrated fluid and moving process collected from theory and experience which will take the course of a 'dance' gliding across, backwards and forward. It is not about 'steps', but movement from a starting point towards an end in the most effective way. Like in dancing, skipping or altering a 'dance step' will not necessarily result in the distortion or ending of the 'dance'. As long as the dancing process proceeds, therapist and client together can 'come into step again' by accommodating each other's 'steps'. Nevertheless, the therapist has to keep in mind that he stays the main, although not the only, driving force in the dance, which means that he has the responsibility, as an instrument of God, to ensure that the dance proceeds 'in step' towards a happy ending without the certainties of being the expert.

The first movement: Stabilisation

The first 'steps' of the 'pastoral therapeutic dance' aim to create a stabilised environment after the trauma has happened. According to Goldfein (2004a:55), the stabilisation power of the therapist's clarity in offering compassion, hope and information must not be underestimated. As outlined in this and the previous chapter, the therapeutic 'dance' starts within the context or atmosphere of unreality about the trauma, an intense range of emotions, the anxiety that life will never be normal again, helplessness, vulnerability, insecurity, disorganisation and chaotic thinking. Right after the impact of the trauma, the traumatised parents or 'dancing partners' consider themselves as victims. They experience how the traumatic event draws them along forcing them to give themselves to the 'trauma dance'. In this critical moment, they are frozen both physiologically and psychologically. They have lost their balance in the 'dance' of life, they have fallen down, and are on the verge of discovering the fractures and pain in every part of their existence. Above all, they have to face the most severe crisis and the most significant loss, namely the loss of a child. The death of their child marks the end of a very unique and

special attachment that started before birth and grew stronger over time, up to the traumatic ending of it. With this ending the parents also experience the end of their identity, hopes and dreams. They have to face their own difficulty to assimilate the senseless injustice, their own powerlessness, emptiness and disbelief. To help them cope with this from the start, as Spiers (2001a; 2001b) has indicated, the therapist has to follow a holistic approach in which mind, body and soul are taken into account.

Priorities

Create the first 'step' of the 'dance' by giving attention to the following priorities[206]:

- Be there as early as possible, or at least within the first 24-48 hours[207].
- Make contact with the wounded parents who have lost their precious child so suddenly within a person-centred framework in accordance with the insights of Rogers.
- Give order, containment, support, safety and practical, concrete help regarding whatever is necessary, such as repairs, cleaning-up, decisions[208], or making tea. Covey's (1997) *"first things first"* is the guideline here. Although it is important to provide active guidance and control[209] for a short while, it is also necessary to help parents to take control themselves by letting them share their suggestions for specific tasks and decisions.
- Give physical reassurance[210] by letting them know that their experiences are understandable, normal and not pathological, and that there are no correct responses.

[206] When I refer here to priorities, I am thinking of those *"interests having prior claim to consideration"* (The Concise Oxford dictionary 1976:881). This means that these considerations have to take precedence in rank when it comes to helping traumatised parents. These considerations are drawn from the insights of the different models I have discussed in the light of narrative theory and in association with practical experience.

[207] Van Wyk (2003b:9) believes that intervention as soon as possible will prevent persons from slipping into more serious, debilitating and long-term consequences where emotional recovery within a reasonable time will be difficult. Although Roman & Le Duc-Barnett (2000:12) work from a debriefing model, they also believe in crisis intervention during the first 24-48 hours after the traumatic incident. They see it, as I already have shown, as a type of one-off Psychological First Aid which is offered to traumatised persons immediately after an incident in order to help them cope with the immediate aftermath. This consists of practical support, personal comfort and information, which may be essential immediately after the incident. Crisis intervention in this sense is generally worth more than hours of professional counseling later. It is the adequate help in the beginning that encourages functional reconstruction of the defences so that counseling is less likely later.

[208] According to Wolfram (2004:4), parents in crisis often behave illogically or have impaired decision-making abilities, and responsibilities, for instance, other dependent children may be forgotten.

[209] Guidance and control as a means of stabilisation should be done in a positive and supportive atmosphere and on an informal and spontaneous way which will already help parents to re-establish meaning (Van Wyk 2003b:10).

[210] Parents of *The Compassionate Friends* are saying: *"We are comforted by being held in these early days, we need arms to hold us, and we need to hold others too…. A sensitive and sympathetic approach is immensely*

Show acceptance of their uniqueness and individuality, their meaning and their individual and social construction of the event. The therapist's acceptance and warmth will promote self-acceptance which is an essential ingredient for healing (Goldfein 2004a:55).

- Secure their immediate future by talking about practical arrangements and immediate plans. Communicate the expectation that recovery is a process and that full recovery is possible (Goldfein 2004a:55), although it is a slow and uneven process.
- Be aware of those who decide not to, or cannot, express their pain, but keep the pain inside them and deny its existence. Also be aware of *quick fixes* for distress, and also for any retraumatisation of the parents by re-exposure to the trauma (Spiers 2001a; 2001b; Dunn 2001).

Within a person-centred framework

Egan (1990) highlights the importance of a quality helping relationship between therapist and client. He says: *"Clients begin to care for themselves, trust themselves, and challenge themselves more because of what they learn through their interactions with helpers"* (Egan 1990:58-59). The helping relationship is primarily a means to an end, which means that the relationship is instrumental in achieving the goals of the helping process. An open and trusting relationship in which clients are involved in a caring, positive, hopeful collaboration in understanding and making changes to their world, helps them to manage their lives better. It is in the context of a trusting relationship, that true compassion, as described in chapter two, has to flourish. Where true compassion flourishes, according to Egan (1990:61-74), there will be a focused attention on the client and his real-life experience; flexibility according to the needs of the client; respect for the client's individuality; a deep and genuine caring for the client as person with potentialities; a warm attitude towards the client; a focus on the client's interests; willingness to help the client through his pain, and genuineness. A relationship like this will lead to an interpersonal-influence process[211] in which a client is empowered to

helpful in our first hours and days of shock and bewilderment..." (Anon 2004: Online). It is also said that families need to be close during these early days, even if it is only by means of talking on the phone.

[211] A therapist should in fact be an influential leader. John C Maxwell, a world expert on leadership, says it very succintly: *"Leadership is influence – nothing more, nothing less"* (Maxwell 1998:17). He believes that the greatest misunderstanding about leadership is that people think it is based on position. Persons that make things happen are persons who are influencers. Jesus Christ set the example of true transformational servant leadership (Blanchard & Hodges 2003:69). Every pastoral therapist should follow in his footsteps. That means that they too should be true transformational servant leaders. Maxwell (1995:116) says that a leader's greatest

manage his life more effectively (Egan 1990:76). When working with traumatised parents, a quality helping relationship means to place oneself in their shoes with empathy, compassion and hope; feel what they feel; talk about the things they talk, and connect with their sudden loss, experiences of death and trauma, emptiness and longing as described in chapters six and seven. It means to be there with love on behalf of God in order to establish a trusting relationship. This kind of relationship has to be created.

The art of conversation

A trusting relationship, as described, provides a context in which the art of conversation can flourish too. Anderson & Goolishan (1992:27) refer to the therapist as *"a conversational artist – an architect of the dialogical process"* who has to create a space for and facilitate a dialogical conversation. The art of conversation makes it possible for people to tell their stories and to generate new stories. The therapist exercises an art of conversation through both communication skills (Egan 1990:106) and the use of conversational questions (Anderson & Goolishan 1992:27). Egan (1990:107) sees communication skills as instruments to be used in achieving outcomes. This entails a high intensity of presence (both psychologically and physically) with the client, and also active listening to what he is saying (verbally and non-verbally). Active listening means understanding and responding to the client empathetically. The therapist has to listen to the core messages[212] that are expressed, and the experiences and behaviours that underlie these feelings, in order to translate them and to reflect his own understanding in collaboration with the client (Egan 1990:129). Through this process the therapist stays on track with the client, and movement in the conversation is accomplished. Movement in the conversation should also be accomplished by probing[213] for quality

call in life is to see other people's potential, help them to develop their potential so that their best character and features can emerge, just like Jesus did: He saw His disciples' potential, and trained and transformed them, developed them into effective persons (Blanchard & Hodges 2003:68). Maxwell & Dornan (1997:3) encourage everyone who wants to make a positive impact on other people, to become a person of influence. An influencing person connects with people, has faith in them, listens to them in order to understand them, nurtures and steers them so that, ultimately, they can be empowered and enlarged to raise their level of living, increase their potential for success, and to increase their capacity for growth: *"Helping others enlarge themselves is one of the most incredible things you can ever do for them"* (Maxwell & Dornan 1997:124). I am inspired by Maxwell & Dornan's (1997:127) words: *"If you want to do more for others, you have to become more yourself*", because as therapist, I cannot help others to enlarge themselves, if I have not enlarged myself. To be a pastoral therapist is all about helping others to improve and enlarge themselves.

[212] When listening is focused on core messages, the total context of the client's words has always to be taken into account to assure the most accurate listening and responding (Egan 1990:131).

[213] A therapist's ability to probe can be developed by adopting a *not-knowing* position which entails an attitude of genuine curiosity about a person's story (Anderson & Goolishan 1992:29). I return to this idea shortly.

information on which the client can act. This can be done in the form of open-ended questions that serve a purpose, or statements that encourage clients to talk, or interjections that help clients to focus (Egan 1990:141-145). Probing enables the therapist to explore the story of the client and to *"boil down the problem to its essentials"* (Stone 1976:38). Anderson & Goolishan (1992:27-28) see conversational questions as the primary instrument in facilitating the development of conversational space[214] and the dialogical process.

The dialogical process

Effective therapy happens in terms of a process. The first step of the 'dance' in the first movement has to be created. Although Egan's developmental model of the helping process consists of different stages and steps, which I believe are done from a modernist framework in which the therapist is the expert who has *"to do something that will help clients manage their lives more effectively"* (Egan 1990:27), his model can still contribute to the starting of the process. It has to be kept in mind that all therapy begins with, what Egan calls the *present scenario*, which is all about helping clients to tell their *real* stories, understanding their problem situations, and searching for *the problem* in terms of specific experiences, behaviours and feelings (Egan 1990:32-37). As already mentioned, questioning plays a huge role from the beginning of the first movement. Tomm (1988:1-2) is of opinion that a therapist has a special role to play in a conversation for healing, in that he has the responsibility to relieve mental pain and suffering and to produce healing. The pre-dominant linguistic form of the therapist will have an important effect on the nature and direction of the conversation. To make sure that the therapist keeps focusing on the client in order to engage him constantly in the conversation, Tomm (1988:2) prefers mainly questions[215], especially in the early and middle parts of the conversation. According to Tomm (1988:4), *orienting*-questions are the most appropriate to be asked in the early parts of the conversation, which, in our case are the first 'steps' of the first movement when working with traumatised parents. *Orienting*-questions *"are designed to invite responses to alter the therapist's own perceptions and understanding"* (Tomm 1988:4). Thus, the therapist has to become oriented with the problematic situation.

[214] With *conversational space* is meant the opening of potential for the development of new narratives, of new agency and of new personal freedom by means of dialogue (Anderson & Goolishian 1992:38).

[215] Tomm (1988:2) believes that clients are stimulated to think through their problems on their own, and making discoveries when questions are asked. This fosters autonomy and a greater sense of personal achievement. A therapist may also switch to statements, but these statements must never induce dependency on the therapist's answers or *special knowledge.*

The kind of *orienting*-questions to serve this purpose best is lineal or cause-and-effect in nature. These are investigative questions that invite clients to share something about their problematic situation, experiences and stories that will lead the therapist to understanding. Questions about Who did what? Where?, When? Why? may be asked in order to determine both the origin and definition of *the problem* (Tomm 1988:7). Thus, *lineal*-questions[216] can be used to focus on the trauma events that happened and parents' reactions that came to the fore afterward. However, *lineal*-questions are not the only questions to be used during the first movement.

It has to be noted that the first 'steps' of the 'pastoral therapeutic dance' does not necessarily mean the first session. The *traumaClinic* in Cape Town draws a distinction between immediate trauma support directly after the trauma, and trauma counseling[217] as a process, which consists of different sessions afterwards (Advanced Trauma Counseling 2003). The first movement should start with immediate trauma support directly after the trauma, but from there on, a couple of other sessions may follow. Where *lineal*-questions are useful during the immediate trauma support, a second type of question can be introduced in the following sessions of the first movement, namely *circular*-questions that are mainly explanatory in nature (Tomm 1988:7-8). The therapist behaves more like an explorer who wants to make a new discovery. These questions are guided by an interactional and systemic basis, which means that everything is somehow connected to everything else, such as persons, objects, actions, perceptions, ideas, feelings or events. The purpose of *circular*-questions[218], within the context of a traumatic child death, will be a curiosity[219] about the possible connections between the trauma events, which constitute parents' problems, and their perceptions. However, during the first movement the therapist should focus on a continuing process of

[216] Although *lineal*-questions are helpful in establishing the initial engagement between therapist and traumatised parents, it has to be noted that they can activate judgemental and negative attitudes and even strengthen pre-existing beliefs (Tomm 1988:11).

[217] According to Roman & Le Due-Barnett (2000:12) and Van Wyk (2003b:5), it is not advisable to start any counseling process until approximately two to four weeks after the traumatic incident, since the brain is unable to reflect on and make sense of what happened at too early a stage after the traumatic incident. This is understandable in the light of Van der Kolk's physiological approach.

[218] The benefit of *circular*-questions is their liberating effects. An understanding of interaction patterns takes place, which means that a person can view the effects of his actions in relation to the responses of others, and that he can activate different responses (Tomm 1988:11).

[219] According to Anderson & Goolishian (1992:37), all conversational questions should stem from the position of *not-knowing*. Genuine curiosity for that, which is not known by the therapist, encourages the person to tell and retell his story in terms of descriptions of his experiences.

alleviating the couple's distress by exploring their feelings, but also on regaining control and accessing strengths[220] (Goldfein 2004a:55).

Most of the time a couple cannot recover after or during the first movement. Then the content and nature of the sessions will necessarily be directed towards the second movement. In the case of traumatic child death, the trauma counseling can even become more intensive because of parents' difficulty in coping with the mixture of trauma and loss simultaneously[221]. It is only in the sessions following the first movement that grieving parents can be helped effectively to develop new action and to "*integrate the trauma into the narrative of life"* (Goldfein 2004a:55). According to Roman & Le Duc-Barnett (2000:39-40), the number of sessions will depend on the severity of each case and the length of time between the incident itself and when intervention first started. That makes it important for couples to receive the necessary support soon after an incident has taken place so as to avoid the need for rather lengthy and emotionally draining therapy. However, the dialogical process should as quickly as possible develop a new story by means of Narrative Therapy.

Relational externalisation

The narrative trauma therapist can focus from the beginning on the creation of a relationship between the traumatised parents and their reactions and experiences after the traumatic event. This is what Müller (2004) refers to as *relational externalisation*. Relational externalisation is based on two important concepts that are part of Narrative Therapy, as described in 2.6:

- *The problem* is the problem; and
- Externalisation and deconstruction.

Nicholson (1995:25) agrees that the 'narrative dance' has to be focused on a process of deconstruction, which means engaging the parents from the very beginning in externalising conversations regarding the impact of *sudden death* on their lives, relationships and views of themselves. Through this process *the problem* is identified and separated from the identity of

[220] When Ferreira (2004) talks about assessment, she directly links it to a person's unique and individual strengths. Every client has to be helped to discover and evaluate the strengths in himself and in his context in order to use these strengths to heighten his own quality of life (Ferreira 2004:69). Thus, the therapist can focus right from the beginning on parents' strengths, which will comfort them and also encourage them in the future. I return to the issue of strengths in the next chapter.

[221] In terms of Van Wyk's (2003b:8) understanding, this means that the traumatic experience of child death consists of the combination of *critical incident trauma* and *process trauma* which makes it an extremely difficult therapeutic endeavour.

the persons and the problem-saturated dominant story is unmasked. To be effective, this process, according to Nicholson (1995:25), has to consist of the following:

- Let the parents tell their story[222] and help them to *rewind* their experiences in order to discover and re-establish meaning, but never push anyone to tell his story.
- The therapist has also to be interested in the broader social context of the parents to unmask taken-for-granted practices and power-related issues like gender that may underlie the problem-saturated dominant story.
- The parents must be asked to evaluate and justify the impact of the problem-saturated dominant story in their lives by exploring their feelings[223], thoughts and actions.
- The history of the problem-saturated dominant story has to be elicited through questions that explore what happened and how the parents came to hold these beliefs about themselves and life.

[222] It is referred to that most people have total recall of events before the death of their child. These details have to be told over and over again in order to absorb what has happened. No matter how irrational these feelings and thoughts are, it is helpful to talk about them, sharing with family and particularly with non-judgmental people who are there. If they resist or are not prepared to proceed, return to the subject at another time and place. Talking is important because the day of the death will always have a huge significance for parents which they will remember for the rest of their lives (Anon 2004: Online). Sedney *et al.* (1994:289) emphasise the importance of telling *the story* of *sudden death* as a therapeutic tool in a complicated healing process. Various factors may affect each parent's version of *the story* as outlined in 7.2. This story may help family members to achieve mastery by providing emotional relief, by ascribing meaning to their experience, thus, to achieve understanding of what happened, and by binding them together by means of communication. *Sudden death* has the ability to disrupt a family's *sense of self* as a secure unit. By telling *the story*, the family may feel like a unit again. A family without a story, thus, when the painful event is not discussed, may result in secretiveness which contributes to instability in family dynamics. However, Turner & Diebschlag (2001:72) warn, from the point of a physiological understanding of trauma, that the telling and retelling of violent emotions may lead to a process of retraumatisation in which an already overwhelmed nervous system continuously revisits the situation that led to its breakdown. When clients recall traumatic memories, the flow of anxiety, distress, emotion and body sensations may disrupt the conversations between therapist and clients because of a numbing of emotion or a disruption of cognition (Rothschild 2004:44; Turner & Diebschlag 2001:76). Traumatised clients, then, have to be helped to take charge, not only of their emotional responses, but also of their physiological responses. When the therapist becomes aware of physical signals of arousal that are transmitted by the client's body, tone of voice, and physical movements during a session, the client has to be helped to pay attention to body awareness and to develop *"trauma brakes"* (Rothschild 2004). *Trauma brakes* enable him to stop the flow of distress at any time, which means that the person has control over his traumatic memories, rather than feeling controlled by them. By slowing a person down and stabilising him, stress hormone levels may be maintain low enough to keep the hippocampus functioning. A well-functioning hippocampus makes it possible for the cortex to recognise when a trauma is over, and even long past, then it instructs the amygdala to stop sounding an alarm. Then the body can stop repeatedly responding as if there is still danger, when the danger is in fact past. Turner & Diebschlag (2001:76) remind us that body sensations are important survival mechanisms that provide one with an ability to cope with overwhelming trauma experiences that exceeds one's capacity to integrate and assimilate the trauma.

[223] Wolfram (2004:4) reminds us how powerful and often uncontrollable parents' emotions can be. They surely need assistance in moderating their emotions. Recruiting other family members and/or friends to support parents is often helpful.

In the words of Nicholson (1995:24-25), the presenting complaint – traumatic child death in the case of grieving parents – falls within the realm of present life experience which includes parents' confused feelings and associated disturbing behaviours. The trauma of losing one's child has the potential to become the restraining dominant story of the grieving parents, which includes beliefs about oneself as worthless. I have already outlined parents' tendency to fall victim to shattered assumptions, and especially in the case of sudden child death, doubts about the self, and doubts about parenthood. Besides this, the intensity and overwhelming nature of the loss can easily become a permanent stumbling block in the lives of parents and their marriage. The question is: Do parents necessarily have to allow sudden child loss to disrupt their life story permanently?

The process of deconstruction is focused on helping couples not to incorporate the trauma into their self-descriptions and into their interactions. The trauma has to be framed in such a way that it does not victimise both partners (Johnson & Williams-Keeler 1998:30). This will bring partners together against *common enemies*, negative interactions[224], and traumatic reactions that have hijacked their relationship. That makes it important that couples articulate and identify their negative interactions because of the trauma, such as critical pursuit followed by withdrawal and avoidance. Although not in the context of sudden child loss, Johnson & Williams-Keeler (1998:30-31) outline how the therapist can assist couples to view their relationship as a *safe place* that can provoke protection, comfort, and a secure base in a dangerous world. After any traumatic experience, the therapist's aim has to be to modify a couple's relationship interactions that evoke traumatic experiences, and to begin to frame the other partner as an ally in dealing with the trauma, rather that an instigator of revisiting the experiences inherent in the trauma. Johnson & Williams-Keeler's (1998) contribution is:

- The therapist should reflect and validate each partner's emotional experience, and validate the couple's struggle to cope with the effects of the trauma.
- The therapist has to help each partner to formulate his own experiences in a way that evokes understanding and compassion in the other, rather than anger or rejection.

[224] De Frain *et al.* (1982:46-47) refer to parents' interactions after their one child was responsible for the death of the other. They were unable to grieve probably because of their own guilt and inability to talk about the death. They started with an unconscious campaign of anger and rejection directed towards each other, which led to blaming each other and self-destructive behaviour. An early intervention can help to prevent problems like these. The full account of events leading up to the death should be discussed, and both should be encouraged to express their feelings, including feelings of guilt. This can make it easier for them to deal with their grief.

- Both partners have to develop empathy for their own and their partner's unique attempts to cope with the pain inherent in the trauma.
- They have to understand how these attempts to cope with the pain of the trauma can sabotage positive emotional engagement between them by means of negative interactions that distress them.
- The therapist should place specific negative interactions in their relationship within the context of their response to the trauma experience by helping them to explore how their emotional experience of the relationship evokes trauma reactions that can be especially associated with re-experiencing the trauma (flashbacks, intrusive thoughts, numbing and avoidance).
- Partners have to be helped to experience the positive effects of confiding in each other rather than hiding the effects of the trauma from each other by means of inhibition and secrecy. Partners have to hear each other when they describe their experiences in order to bring about cognitive reorganisation and to find new meaning in the traumatic events as they provide each other with new information.

Part of the 'narrative dance' and the process of deconstruction, is to explore the parents' future experiences, as well as the future implications of the trauma event, when letting the trauma event continue with its destruction in the way it has done already, especially in terms of the parents' view of themselves and their relationships. Parents can already be assisted during this early session in decision making about whether the future effects of the *status quo* of *the problem* are preferred or not (Nicholson 1995:25). Although parents are not able at this time to process what has happened to them cognitively, or even talk, think, listen, sit down, stand still, or even think about life, they have to be encouraged to choose life. They have to be helped to understand the physiological working of their bodies and brains.

Explanation of the neurochemistry of trauma

Goldfein (2004a:55) suggests that an explanation of the neurochemistry of trauma has to take place, which includes that stress hormones alter one's normal neurochemical balance, as we learned from Van der Kolk. Although it is important for traumatised persons to know that the balance will return during recovery, I have found that it is still too early to discuss this in detail with grieving couples during the first contact after the sudden death of their child.

However, what is important, is to give information[225], as suggests by Goldfein (2004a:55), regarding future experiences and response expectations. It can be done in accordance with a brochure, which consists of the basic trauma reactions to which they could fall victim. The parents have to be reassured that their experiences are normal and not pathological. They have to know that there is no *correct* response and that recovery is a process. Van Wyk (2003b:10) believes that this will help them to restore a sense of mastery and prevent avoidance patterns from developing. The brochure may also serve as a means of self-assessment.

Assessment

Although Spiers (2001a; 2001b) views the idea of assessment through a modernist eye, assessment can also be useful within a narrative framework during the therapeutic process. Assessment is important as long as it remains a helping tool in understanding the impact of the trauma and as a basis for dialogue, and not as a diagnostic tool or as a basis to formulate an action plan as if the therapist is the expert. Ferreira (2004), a Social Worker working with traumatised persons, and especially with grieving parents, is also positive about assessment. Although she does not work from a narrative point of view, social constructionsm forms the basis of her understanding of assessment. According to her, assessment is the process in which a person can be helped to evaluate and to give meaning to his own situation (Ferreira 2004:67). Thus, assessment in this context is not an analysis of the client's current position in terms of who he is and what he cannot change. Instead, assessment implies movement: it is a mutual discovery and description by the therapist and client together of the movement that has to be initiated, in terms of the therapeutic process, from the client's current position towards a better future. This means that the therapist should not use assessment as a means to diagnose of pathological deviations or shortcomings. The therapist should always give priority to the client's perspective, meaning, thoughts and feelings in order to discover the client's relationship to his situation[226]. Within a narrative framework, assessment can also be helpful

[225] Parents of the *Compassionate Friends* are saying: *"Being given honest, direct information helps us begin to understand what has happened"* (Anon 2004: Online). It has to be kept in mind, as Roman & Le Duc-Barnett (2000:12) say, that survivors of trauma are too overwhelmed directly after the trauma to react to any information or counseling. At this time, parents need personal space to measure their own coping mechanisms.

[226] According to Ferreira (2004:69), therapists should not have secret assessments. Assessments have to be shared with clients in order to give structure and direction to the client's confrontation of his situation.

in identifying underlying themes and meanings in order to get hold of the victims' experiences, like grief[227], fear of repetition[228] or denial[229].

Assessment should also be done in terms of the different post-traumatic stress reactions. According to Dunn's (2002:102-103) categories that are outlined in chapter six, there are persons who may just need normalisation, others who may need more support and help to manage their reactions, and still others who may need more intensive support and counseling because they are more likely to develop PTSD. Besides getting some clues about the impact of the trauma, Dunn (2002) also suggests looking for triggering issues; beliefs about the self and the world that have to be reconstructed or reframed; coping strategies as conscious ways to avoid being overwhelmed after the trauma, and previously unresolved trauma. Egan (1990:34) believes that assessment should never be a means to judge a client, but must always stay a means to assess the nature and severity of the problem; to listen for further problems that are not being discussed; to gain information about the impact of the environment on the problem, and to get an idea of the client's resources and opportunities.

Practical involvement

To be narratively involved, cannot exclude a practical involvement, according to the above-mentioned priorities. It has to be clear by now that a traumatic experience can be a shock to the whole system, and that it asks much of the therapist to offer help. The narrative trauma therapist cannot only be a passive, non-intrusive listener (Advanced Trauma Counseling 2003). He has to be a facilitator, who helps the grieving parents to cope with both their physical and emotional reactions. This means that the narrative trauma therapist also has a responsibility to care for the basic needs and health of the grieving parents that will contribute to their total well-being. By caring for one's basic needs through practical involvement, the

[227] As I have outlined in the previous chapter, the grief process after the death of a child is normal. Wolfram (2004:4) also refers to parents' strong crisis and grief reactions after a child is pronounced dead. Grief is a natural reaction to the death of a child, and begins with an understanding that the child's death is real. The parents should be allowed (not forced) to see or to hold their deceased child. They should be prepared for what they will see. It is also important to offer the parents the opportunity to take a *memento* to keep with them, such as a lock of hair.

[228] According to Schulz *et al.* (2000:153), survivors of trauma normally fear that the traumatic incident or a similar event may happen again. It relates to the theme of being out of control and the feeling of vulnerability. A victim may feel that he has so little control over the environment that he is unable to prevent another traumatic event from occurring.

narrative trauma therapist is co-constructing a new future with the client. Spiers & Harrington (2001:213) suggest that the trauma therapist has to give attention to the following:

1. Survivors have to eat well-balanced and regular meals, even if they do not feel like it. Good nutrition is very important when feeling stressed.
2. Victims need plenty of rest.
3. Regular exercise is necessary which will, on the one hand, enable the person to relax from physical stress reactions, and on the other hand, will energise him and clear the mind.
4. Caffeine should be avoided, especially if the person is having trouble in falling asleep.
5. Avoid the use of drugs and alcohol, including prescriptions and over-the-counter drugs to numb the pain. This complicates or delays the recovery.
6. After a trauma people need to structure their time and set priorities. Maintaining normal basic routines is important, but survivors can also allow themselves to skip the extra tasks for a while.

Everything should be done, as Dunn (2001:100) says, to ensure that the normal post-traumatic stress reactions to the trauma resolve naturally, otherwise they may become problematic.

The client as the expert

To be involved as a therapist in practical assistance like this does not mean that there is a denial of the basic narrative assumption of *the client as the expert*. Dunn (2001:106) warns trauma therapists not to present themselves as experts. Although it is useful and reassuring for a client to hear what the therapist knows[230] about trauma and its impact, it is more helpful for a client to be helped to access his own expertise. The therapist has always to acknowledge that no one else can truly understand what it feels like to experience the traumatic incident. The client knows best what he needs to do to heal himself. Dunn gives a valuable perspective, but her perspective is not from a narrative point of view. To work from the viewpoint of *the client as the expert*, defines the dialogue between therapist and client as a conversation that makes sense within the context of the client's developing life story. When practical help about

[229] Schulz *et al.* (2000:153) understand denial as a powerful defence and coping mechanism which is established early after the trauma incident in order to help the survivor to insulate from the reality of the traumatic event. There may also be other unconscious defenses that a person may use for self-protection against vulnerability.

[230] Dunn (2001:98,106) says that knowing something about trauma in general does not necessarily mean that the therapist understands the client or knows about his experiences. No therapist can assume that all clients have the same needs and that he as an expert knows what will help the client or what the client needs or needs to do.

issues like diet, exercise and rest are raised, they should not be approached in terms of advice on the grounds of a diagnosis, but as suggestions on the grounds of the grieving parents' needs.

The story of Lance and Annamie

When the hospital called me after Suané died, I went immediately to offer immediate trauma support. On arrival I observed Lance and Annamie's bewilderment, especially that of Lance. I gave them the freedom to behave just as they liked. I first went to Annamie while she was standing next to the bed to initiate the first movement, stabilisation. I touched her arm and said:

Therapist: "Its OK. You may cry. And you may touch Suané's body. I can understand that you are upset".

Annamie: *(Held Suané's body even tighter and cried with force)* "My precious child is gone! I loved her so much!".

Therapist: "You are such a great mother! You cared so much for her. She will certainly also miss her mother".

There was silence. I was there for her for a few moments. I built trust with real compassion and caring while respecting her individuality. My voice gave hope without me speaking words of hope. I let her know that my focus would now shift to Lance. At that moment Lance was sitting on the floor. He was crying, yawning and sighing. I sat beside him and touched his shoulder. It felt as if we were 'dancing partners'. I also let him know that his responses were OK. The first words he uttered were: *"Why her? Why us?"*. I was honest with him and said that I could not give an answer. It was clear that Lance was angry. I realised that the trauma event was able to draw both Lance and Annamie along and to force them to give themselves up to the 'dance' of trauma as victims. Their worlds were filled with chaos, confusion and disorganisation.

Because of their helplessness and inability to integrate the death of Suané, I realised that I had to take active guidance and control. Therefore, I made the suggestion to Lance that we join Annamie beside Suané's bed. It was difficult for Lance to make the decision, but finally he agreed:

Therapist: "Lance, where would Suané want you to be right now?"

Lance: *(After a few moments of silence)* "With her… she would like me to hold her".

Therapist: "It is still possible, Lance. We can go together to Suané's bed. You can still touch her; you can still be with her and say goodbye. What will it mean to you to be with her right now?".

Lance was willing and ready to visit Suané for the last time. He became aware of his need to see her for the last time. He also became aware of how much it would mean to him (and to her) to say goodbye. At the bed we discussed the importance of making use of the opportunity to say goodbye. These were difficult moments that lasted for nearly an hour. Again I took the lead by guiding them to a final moment: without that guidance they would try to capture those moments beside the bed and turn them into eternity!

After we left the bed, we sat down for a short conversation. I focused on the following:

- I gave them the opportunity to share their different emotions.
- Again I gave them reassurance and also normalised their reactions on the basis of a trauma brochure.
- I validated their parental caring for Suané.
- I provided them with information about what to expect in future.
- Finally, I also gave them hope that recovery was possible.

I asked both of them respectively:

- "What does it mean for you to know that your reactions are normal?".
- "What does it mean for you to know that you were a great parent?".
- "What does it mean for you to know that recovery is possible?".

From their reactions I could conclude that this had meant a lot to their *sense of self*.

What bothered me from the beginning was their blaming of each other. I tried to put the guilt feelings and the blame within the context of their responses to the traumatic death of Suané. I made use of externalisation and relational externalisation to stress how *sudden death* invaded and brought blame into their lives. On a small scale we evaluated the influence of *sudden death* within the walls of the Neonatal Unit and their feelings about it. However, eventually they asked me to revisit Suané's body. I joined them, but they wanted to be alone with her. We decided together that five minutes was enough. They were satisfied.

Before they left home, I helped them to take control of themselves by letting them decide about meals, rest and work. However, when I visited them the following day at home, their decisions about meals and work had realised, while the one about rest had not. Lance could not sleep, while, as an escape, Annamie slept too much. It was important for me not to let them feel guilty about this. On the contrary, I respected their individual experiences and I let them know that I understood their difficulties because of their pain. The foundation was there for the 'dance' to proceed.

The story of Grant and René

Due to the fact that I had met Grant and René for the first time two days after Caitlin's death, I had to ask them to tell me the story of what had happened. While they were telling me, I focused my attention on them and their present real-life experience. I listened empathetically and actively in order to understand. I probed for information and encouraged them to tell their stories as the first 'step' of the first movement. I used mainly *orienting*-questions which are lineal and open-ended in nature. *Circular*-questions were also used to explore Grant's and René's perceptions and interactions after the traumatic death of Caitlin.

My discovery was that they had been driven apart by an emotional distance between them. They could not talk to each other about what had happened. When René tried to approach Grant in order to talk to him, he withdrew. René's guilty feelings and Grant's pretension to be in control stood between them. I realised that this could be a theme to be explored in detail in future sessions. I made use of externalisation and relational externalisation to help them see the impact of *sudden death* on themselves and their relationship. I encouraged both partners to formulate their own experiences in a way that the other partner could understand. Besides their overwhelming shock and disbelief, their negative interaction patterns bothered. We placed their interactions within the context of their responses to Caitlin's death as a means of coping with the pain of the trauma. We 'danced' together back and forth between experiences and meaning. The discovery was made that both Grant's and René's stories reflected different points of view. While René expected Grant to cry with her because of their mutual love for Caitlin, Grant believed that he had to be strong for the sake of René. The more Grant showed his lack of empathy, the more René thought that Grant regarded her as guilty. Thus, they had

built an emotional distance between them. I asked them about the future effects of the *status quo* of *the problem*:

Therapist: "If both of you continue to let *sudden death* destruct your marital relationship, what do you think will happen to your relationship in the next five years?".

They agreed that there would not be a relationship anymore.

However, we could not boil down the problem into its essentials, because of a time limit. I gave them the reassurance that there were no correct responses. The normalisation of their experiences was crucial at that moment. We started with the funeral arrangements. At the end we prayed together. These arrangements will be outlined in the next movement because they were beyond the first movement of stabilisation.

The story of Henry and Sanet

As pastoral trauma therapist, I was privileged to be with Henry and Sanet at the moment when JG died, because when they were informed by the doctor that JG was dying, they called me for support. I knew that it was the starting point of the 'pastoral therapeutic dance'. The challenge was to 'dance' with Henry and Sanet, with *sudden death*, with the pain, and luckily, also with God's compassion for suffering people towards the unfolding of a new story.

I initiated the 'pastoral therapeutic dance' by focusing my attention on Henry and Sanet and their experiences of emptiness and shock. Because they trusted me, I could enter their space with true compassion by holding them and touching them. I climbed with empathy into their shoes. I showed my willingness to help them practically with phone calls to family members. I gave them reassurance and validation for the quality-type of parents they had been for JG. Thus, I initiated the first movement, stabilisation, which I knew was crucial in achieving the goals of the helping process. I applied active guidance and control when Henry and Sanet decided to leave the room as quickly as possible. Although the possibility of retraumatisation was there, I helped them to go back to JG's body to get closure. The fractures and pain in every part of their existence were obvious, although they could not express them. Their special attachment with JG that had grown stronger over the past few days due to his operation was ended traumatically. We talked about the importance of closure, and finally Sanet decided to give JG his last bath. Henry also touched him and watched. I actively listened to them and became aware of the different meanings they gave to JG's death: while

Henry was absorbed by the unfairness of JG's death, Sanet was concerned about leaving JG behind. She held JG's body in her arms against her chest – she did so continually for an hour. It took an effort to help Sanet to let go of JG's body. I showed that I accept each one's uniqueness and individuality.

After leaving JG's body, we went to a consulting room for a short conversation:

Therapist: "Henry, describe your current feelings concerning your loss."

Henry: "I feel angry. I feel empty."

Henry started to cry with his head in his hands. It was obvious that he felt helpless and hopeless. I also asked Sanet:

Therapist: "Sanet, can you please describe your feelings concerning your loss."

Sanet: *(Shouted in despair)* "I cannot bear it! The pain is too much! I cannot leave him!"

Before I could continue, Henry said: "We did not look after JG well enough".

I realised that Henry felt guilty about the quality of their care for JG, although they cared for him so much. However, Sanet did not agree. Henry's *sense of self* was being victimised. He saw himself as an exploited victim of JG's death. Consequently I used relational externalisation to explore *sudden death*'s impact on both Henry and Sanet as parents: what reactions and experiences were caused by *sudden death*? This served simultaneously as a means of assessment to get some clues about the impact of the trauma and their relationship to the trauma. They named their different reactions and experiences:

Henry: "*Sudden death* took away everything. All my dreams for JG and hopes for the future. I am feeling angry!".

Sanet: "I feel overwhelmed. I do not have any words…*(crying)*".

I reflected and validated both Henry and Sanet's emotions and their struggle to cope with the effects of the trauma in their lives. I went back to the guilt feelings in order to explore why Henry and Sanet came to hold the beliefs about themselves as parents who had failed. The theme that accompanied their guilt feelings was their own powerlessness to do something for their precious child. I made use of *circular*-questioning to explore the connections between JG's death and their different perceptions:

Therapist: "Sanet, if you hear Henry's guilt feelings, what do you think?"

Sanet: "I do not think it is necessary for Henry to feel guilty. We and all the doctors did their best for JG".

Therapist: “When you are listening to Sanet, what do you hear, Henry?”.

Henry: “I know that we did our best, but… I should die in his place! Sanet is wrong. We should have seen that JG’s condition was getting worse. We should act faster!”.

I realised that Henry and Sanet were not in step with each other. We talked about the importance of each partner having the opportunity to formulate his or her own experiences, and that each partner had to make sure that he or she had empathy for the other and tried to understand the other. I discovered that Henry and Sanet experienced distancing from each other in their marriage as a possible triggering issue that surfaced after their trauma. I also focused on the normalisation of their responses. Finally, I handed them a brochure with information about basic trauma reactions to which they could fall victim.

Although Henry and Sanet had friends and family members as resources at that time, I also reminded them of God’s loving care and presence. *“We do not understand, and perhaps will never understand, but”*, I said, *“God will never forsake you”*. I gave them hope and assured them that full recovery was possible. We prayed together. I reminded them of the importance of regular meals and rest and being with significant others. We also scheduled an appointment for the next day.

Conclusion

It can be concluded that the 'dance' of trauma indeed becomes extremely difficult for couples after the sudden death of a child. The three stories I shared show that the moment of a child’s traumatic death marks the starting point of a story of *sudden death* in the lives of parents. These stories are not only composed of what happened, but also of parents’ experiences and meanings. In each case, the parents were drawn along by the trauma which caused a fracture in the self and in their defences. At the end of the first movement it was obvious in each case that a long path of process trauma lay ahead for each couple.

In every case it became clear that it was difficult for the parents to assimilate the traumatic event cognitively and emotionally. It was not easy to give up the unique and special attachment between them and their child. Every couple’s situation differed, their reactions and needs were different, and each couple was handled differently by the therapist according, to their differences. In each case I did not follow a forced schema, but applied a unique movement of the 'pastoral therapeutic dance' according to each couple’s uniqueness. I came to

realise that it is possible for the 'dance' of trauma to absorb a couple and lead them towards destruction. This makes future trauma counseling sessions important in order to help couples to fall into step with each other against a *common enemy*. However, during the first movement I focused on offering compassion, hope and information. My focus was also on a process of alleviating couples' distress the by exploring their feelings, but also on regaining control and accessing strengths.

From the beginning of the first movement, I became an instrument of God. God touched them through my empathy, understanding and art of communication. Although I did not pray with every couple, I represented God's love as the 'pillars' of the 'dance floor'. With God's love and support, it is possible to recover from traumatic child death. I have described the first movement of the 'pastoral therapeutic dance', and will now proceed to the second movement of the 'pastoral therapeutic dance'.

CHAPTER 8: THE 'DANCE' OF PARENTS AFTER TRAUMA AND THE 'PASTORAL THERAPEUTIC DANCE'

8.1 Introduction

From the previous chapter, the importance of being involved in parents' trauma right from the beginning in order to facilitate their pain towards a happy ending, became clear. However, the pastoral trauma therapist has to keep 'dancing' with parents beyond the impact of the first few hours. He has to continue with the 'dance' until the end, through all the difficult and varying 'steps' of the grieving process. This means that he should never give up hope when the trauma experience recoils after a few days or weeks. He has to stay focused on the possibility that the reorganisation of parents' lives will eventually take place. Until then, this does not only require patience, perseverance and tears with the grieving parents, but also celebrations of victories. What a wonderful experience also to enjoy tears of victory and freedom, of new outcomes and new stories that do happen after all! The reward lies in the satisfaction of being an instrument in the hands of the God of freedom who made victory possible through his Son.

After the traumatic incident of sudden child death, the parents become involved in a process of grieving. It can be said that these parents are suffering trauma and grief simultaneously. Regehr & Sussman (2004:290) have shown that traumatic grief is an emerging field that is not receiving enough attention in treatment approaches yet. Both Harvey (2002) and Regehr & Sussman (2004) work with the concept of traumatic grief. According to Harvey (2002:33), the loss of meaningful relationships with close loved ones in which happiness, satisfaction and attachment was felt, is characterised by powerful grief, mourning and a sense of despair in the long-term. In this context Armold & Gemma (1994:28) agree that, as I have outlined in the previous chapter, grieving for one's child is a continuous and complex process due to the unique bond of closeness between the parents and their child. Parents are simultaneously the survivors and victims of traumatic loss since they lose the continuity of their attachment with their child. In the process of grief they are struggling, on the one hand, with the continuation of their memories of past love and, on the other hand, with the knowledge that no further memories can be created (Harvey 2002:33). Scholars (Armold & Gemma 1994; Becvar 2001; Harvey 2002; Regehr & Sussman 2004) agree that there have been many attempts to define

the process of grief, identifying major tasks, steps and stages. However, there is still obscurity about the period of grief and the nature of the grieving process. People grieve in different ways, therefore, their grief reactions are variable, although there are universals associated with every grieving reaction. I am cautious in describing the grief after sudden child death in terms of a particular schema, although there are universals to take into consideration. Harvey (2002:36) is convinced that grieving is one of the most individual of all human responses. There are no set truths about how someone has to grieve. In fact, many losses are never resolved. People may achieve normality and go on with their lives, although they are experiencing how the loss defines whom they are. Thus, it is possible that parents may grieve forever and have to live with their painful memories of their child. In this chapter I take a close look at the process of grief which is interwoven with all the reactions to the traumatic incident of sudden child loss. This chapter focuses on highlighting the pastoral therapeutic process that enables the couples to resolve the grief and to recover from the traumatic loss as well as possible.

Particularly unanticipated loss makes it extremely difficult for survivors to move on. Harvey (2002:37) classifies sudden child death as a high-grief death, which means that the death is characterised by intense emotional and physical reactions. This kind of loss and the resulting grief directly affect the length and depth of the grieving process. The core of high-grief is the experience of the *missing* state, which may lead to hopelessness and depression. Regehr & Sussman (2004:290) believe that people suffer trauma and grief simultaneously because of the suddenness, violence, injustices associated with the death, and also the nature of, in our case, the relationship between parents and their child. However, many people underestimate the impact of traumatic grief. It has to be admitted that one does not walk away from a traumatic event such as sudden child death without experiencing any affect or effect. People patch themselves up, surviving through avoidance by burying their memories or trying to forget. Some try to hold on in some way to what was, and idealise. Thereby Arnold & Gemma (1994:7) refer to society that specifies times when it is all right to expose true feelings, but generally they must remain private, stored in the depths of experience. The challenge is to break this general *rule* of culture, at least in the therapeutic endeavour when working with grieving parents. Parents who have been traumatised by sudden child death should take time to work through their experiences to avoid emotional outburst as a result of failure to process

the trauma adequately and effectively by taking part in a trauma recovery process. Persons who never grow beyond the moment of the traumatic event may be affected in their productivity, well-being, efficacy and relationships. However, Regehr & Sussman (2004:304) have to be taken seriously when their empirical findings show that it should not be inferred that treatment is necessary for all individuals experiencing traumatic loss[231]. Many do not require intervention, not because of denial or avoidance, but because of their remarkable strength, capability and capacity to deal with the aftermath of trauma. Thus, the limitations of any approach to counseling should be accepted, as should be the fact that some persons do recover quickly from trauma because of individual and contextual reasons.

Although the significance of traumatic loss is general, the management of the experience may differ from one family to another (Armold & Gemma 1994:7). Families differ in their history, and tradition as well as in patterns of communication, work, and organisation, because of their different backgrounds, patterns of speech, values, stories about how the family grew, who was born and who died, and the ways in which the family celebrates its special events and times. Thus, the history and traditions of a family are not only connecting points that provide a means for consistency and continuity in the face of change and upheaval, but are also links to the significant persons and experiences that are part of each family (Arnold & Gemma 1994:13-14). The outcome is that each family system is unique and possesses characteristics that are different from all others. We have to admit that this has implications for each couple's recognition of their loss, their measurement of the loss, and how they ritualise expressions and behaviours after their loss. Each couple is always a part of their families of origin. This is the point of departure in this chapter.

Although a couple functions within the context of the family as a whole, I only zoom in on the parents themselves. Parents of the deceased child experience that they are forever parents of a deceased child, and that the child continues to be their child after death. Although the parents have to live without their child's physical presence and actual contributions, the deceased child lives forth in their memory. Their difficulty is to grieve for and to remember the child with little comfort and support from society around them. There should at least be

[231] Regehr & Sussman (2004) work with a treatment model that is based on a modernistic evidence-based approach. They are convinced that sometimes the most responsible action is to give no treatment, especially for persons that are extremely distressed by traumatic loss. They found evidence that such treatment is risky or does not have any benefits.

secure comfort and support within the trusting relationship with each other, and with their therapist, who is willing to 'dance' with them towards a happy ending. The challenge is to handle each traumatic loss according to its meaning in the lives of the survivors and to give time for healing. Harvey (2002:41) says that each loss is special and different, and each grief reaction bears the individual's own stamp of meaning and identity. This is indeed a difficult endeavour. I believe that the narrative approach is extremely appropriate to set forth the 'pastoral therapeutic dance' towards a desired ending. In this chapter I am moving on with the 'pastoral therapeutic dance' within the conversational space that is co-constructed as parents' stories unfold.

8.2 The continuation of the story towards the recoil of the trauma

Within the first few days arrangements and important decisions have to be made. While parents are still overwhelmed by the traumatic death of their child, they have to give their full attention to the funeral. They are suffering to face and accept the fact that they can do no more for their child and that their physical caring is suddenly over. However, the arrangements for the funeral may catch up with parents so that there is little time or energy for deep reflection or to deal with day-to-day cares and concerns. They are too inundated by phone calls, cards, visits, and the presence of relatives and close friends (Becvar 2001:19). Although some parents will adhere to the common tradition and prescribed rituals by deciding to have nothing to do with the final preparations, others will make use of opportunities to be actively involved in the funeral arrangements. Becvar (2001:18) emphasises the importance of survivors being able to do something meaningful – to express their caring, feel a sense of control, and engage in a personally fulfilling farewell ceremony for the one who has died. They should not constrain themselves by tradition. Other important issues grieving persons should give attention to during the funeral are, according to Becvar (2001:17):

- Experience closure. The lack of closure may add to persons' grief and confusion.
- Use rituals. Create ways to honour and acknowledge the one who has died.
- Take part. Choose to take on some of the primary roles in the prescribed ritual.

The story of Lance and Annamie

I was not involved with Lance and Annamie in making arrangements for the funeral of Suané. Their own pastor was involved in planning the funeral with them. However, they told me the

story of the funeral in broad outline. They were actively involved in the planning as well as in the funeral itself. Their pastor gave them the opportunity to decide about the course of the funeral. They also had a farewell ceremony to help them to pay tribute to their precious girl. The worst moment for them was at the grave when the coffin was lowered. They felt vulnerable, extremely sad and devoid of all meaning in life. It was the first time they realised that Suané would never come back. The sense of missing overwhelmed Annamie, while Lance experienced a mixture of anger, hopelessness and powerlessness. After the funeral they felt exhausted. Friends and family members supported them throughout the funeral and some of them went home with them.

The story of Grant and René

When we focused on the funeral arrangements, I made it clear that they should not constrain themselves by tradition. It was their opportunity to do something special for Caitlin as a last way to honour her. I agree with Becvar (2001:17) about the three important issues that have to receive attention during the funeral:

- Experience closure;
- Use rituals; and
- Take part.

Thus, I made sure that we co-create a meaningful funeral. Besides the Biblical text and the hymns, we decided on a farewell ceremony right in front of the pulpit where the coffin would stand throughout the service. We planned for a cremation service which meant that this would be the only farewell moment. After the words of comfort form the Biblical text, they would come to the coffin, supported by friends and family members. Grant and René wanted one of their friends to pay a last tribute to Caitlin on their behalf. They would write the tribute which would also include a special poem. We would then all listen to a song on a CD; René played the same song every night before Caitlin went to bed. We all knew that this would be a difficult moment for Grant and René.

We talked about the importance of touching the coffin, to finally say goodbye. During that moment Grant and René would put a white lily on the coffin to symbolise who Caitlin was for them, namely, their pure little girl whom they would remember for ever. During the planning session, both parents were sad, especially so René. The finality of the cremation service could

not be imagined at that time. At the end of the planning session, they also decided to choose some of Caitlin's clothes and toys in order to make them part of the ceremony. I was surprised when they told me that they had asked the undertaker to make a print of Caitlin's feet on a piece of paper. I thought that it was a special *momento* and validated their initiative. They planned to put it temporarily on the coffin.

The day of the cremation service was extremely difficult for them. The devastating signs of Caitlin's death could be seen on their faces and in their movements. While Grant appeared to be strong and calm, René seemed helpless and insecure. In a sense they were comforted by the message from the Bible, although it did not take their grief away. The farewell ceremony went well, although it was difficult for them. For the first time I saw Grant crying. However, he tried to hide it. After the cremation service, when they enjoyed tea and something to eat in the church hall, both of them looked more relaxed. They told me that they were exhausted. Grant admitted that he could not find time yet for deep reflection on Caitlin's death. There were too many arrangements, people, phone calls and visits. He had to be strong for René. Before I left, I again normalised their reactions, validated their parenthood and gave them hope for the future. We scheduled an appointment for the day after the following day.

The story of Henry and Sanet

When I visited Henry and Sanet the day after JG's death, they were still shocked and in a state of disbelief. Henry was angry and depressed, while Sanet was missing JG. She cried because of her confusion about what the future would hold. Henry seemed helpless and without any meaning in life. He was very restless and moved around in the lounge. Because they did not sleep well, they also seemed to be exhausted. Again, with compassion and empathy, I helped them to relive the happenings of the previous day. We talked again about their thoughts, feelings and actions. The same themes came to the fore, namely, the unfairness of JG's death, guilt feelings and powerlessness. The conversation moved to the funeral arrangements.

The funeral was planned for two days later. In a sense Henry and Sanet's attention shifted to the funeral. I thought that this was positive because the mutual planning forced them to co-operate and to talk to each other. Although they had different opinions concerning aspects of the funeral, they agreed on a basic plan. It was important for me that they helped each other towards consensus concerning their differences. The process of planning gave them a sense of

control. They looked forward to planning a meaningful farewell ceremony at JG's grave. In church there had to be an opportunity to pay tribute to JG. It was their wish to express their caring for him. I realised that this was a way to deal with the feelings of guilt, although they did not say so. They decided to write their own tribute and Henry had to deliver it during the service. They had chosen the text from Matthew 18 about Jesus and the children and also decided on the hymns that had to be sung. A children's choir was arranged to take part in the funeral service. All the arrangements helped them to get closure afterwards.

The funeral service went well. The sad emotions flowed over into tears. Especially during Henry's tribute and when the children's choir sang. However, Henry's and Sanet's most difficult moment had to be faced at the grave. They decided on a little white coffin. They cried and talked to JG in soft voices. Then followed their planned ritual: they put a teddy bear on the coffin and read a letter in which they told JG what he had brought into their lives during the few weeks he had lived. Afterwards, the coffin was lowered into the grave by ropes held by Henry and Sanet themselves. They also took part in covering the coffin with soil. Then they left with family and friends. Although they experienced difficult moments, they were more satisfied and relaxed.

8.3 The grieving process

"It is frequently said that the grief of bereaved parents is the most intense grief known" (The Death of a Child 1997: Online). Parental grief is overwhelming in the sense that it knows no bounds (Arnold & Gemma 1994:31). It can be experienced as intensely terrifying so that parents may even fear insanity[232]. Psychologists and sociologists describe parental grief as complex, ever changing and multi-layered (The Death of a Child 1997: Online). Parents' grieving is not necessarily linear, as in the case of death in usual circumstances, but *"may zigzag back and forth through various stages"* (Spiers 2001a:14). After a child's death, parents become part of a lifelong and painful process that can be very frightening and

[232] Arnold & Gemma (1994:29) say *"healthy grief responses may even appear extreme, bizarre and prolonged and that makes it difficult to clarify natural versus disturbed grief responses"*. Parental grief is not easily explained because of its intense and diverse expressions. It may even border on descriptions of pathological grief. Although I do not want to get involved in modernist distinctions such as *normal* and *abnormal*, or *accepted* and *unaccepted*, I want to refer to Worden's (1982:58) description of *pathological grief* as unresolved or complicated grief which means a *"failing to grieve"* or *"grief that goes wrong"*. I will return to this issue shortly.

extremely lonely[233] – a journey that never really ends. I agree with Spiers (2001a:14) that prolonging the grief is always difficult for both counselor and client, because *"parental grief never ends but only changes in intensity and manner of expression; parental grief affects the head, the heart, and the spirit"* (The Death of a Child 1997: Online). The hopes and desires that healing will eventually come, remain intensely and persistently with grieving parents (The Death of a Child 1997: Online). Thus, the traumatic death of a child leaves many parents with overwhelming emotional and physical needs and hurt. There is no easy or correct way to deal with grief, and no set time frame for grieving parents. Thereby therapists should acknowledge that they can never measure the extent of parents' pain. In this paragraph I am examining the content, nature and role of traumatic grief in the lives of parents generally[234] without focusing on their marital relationship. This will receive attention in the next chapter.

What is grief?

According to Arnold & Gemma (1994:8), grief can never be classified, nor categorised, nor fully described. However, we have to get clearance about grief or traumatic grief. Grief is described by Gilbert & Smart (1992:8) as *"the emotional, physiological, and behavioural reactions resulting from the loss of a significant other"*. Traumatic grief is defined by Harvey (2002:34) as *"a person's emotional reaction to the loss event and as a process of realisation, of making real inside the self an event that has already occurred in reality outside"*. This means that grieving reactions interweave with the normal traumatic reactions in terms of the same pattern of shock, disorganisation, denial, depression, guilt, anxiety and so forth. Various scholars (Gilbert & Mart 1992:7; Arnold & Gemma 1994:45; The Death of a Child 1997: Online; Becvar 2001:10; Harvey 2002:35) affirm this by saying that expressing grief is part of the normal response to a loss, thus, also in the case of traumatic child death. Arnold & Gemma (1994:27) add that grieving is the way the body compensates to cope with the loss. Harvey (2002:34-35) considers grief as an adaptive reaction that is essential for recovery; the

[233] According to Arnold & Gemma (1994:31), parents experience loneliness in their grief. They feel alone even when other people surround them. For some it is impossible to put their grief into words so that their grief cannot be heard. They try to contain their feelings deep inside, fearing the enormity of their pain. Parents' inability to communicate their grief may easily lead to disrupted patterns in their relationships. While parents stop talking about their child, relatives and friends may also stop talking about the child in an attempt to help the parents cope with their loss. This may lead to a further isolation and solitude in relationships.

[234] It is important to note the distinction between grief in respect of the individual parents and grief in respect of the parents in relationship with each other. It will become clear that the death of a child affects both parents as individuals in terms of a subjective experience, as well as their marital relationship. The former is outlined very generally in this paragraph, while the latter is outlined in the next chapter.

process that permits detachment, reorganisation and new attachments. According to Becvar (2001:9-10), grieving is a process of acknowledgement, of learning to accept and to live with the pain and questions in order to successfully resolve the traumatic death. The grieving process has to take parents through their loss to the point at which they can invest their energy in relationships with others and establish new ties with the world. Thus, grief is a healing process, and not a single timed event, which involves coming to terms with the loss, and learning to live with the emptiness (The Death of a Child 1997: Online).

It is also said that the grieving process is linked to the process of mourning. However, grief differs from mourning: *grief* refers to the body's reaction to a loss, while *mourning* refers to the public expression of grief which can be restricted by cultural prescriptions and, more directly, by the *"censure of members of the individual's social networks"* (Gilbert & Smart 1992:8). According to Worden (1982:31), it can be said that *grief* refers to the personal experience of the loss, while *mourning* indicates the process which occurs afterwards[235]. According to this distinction, this 'dance' of study encompasses both grief and mourning, and therefore, deals with both the painful thoughts and emotions connected with the loss, thus the personal experience, as well as with the socially constrained behavioural responses to a loss, that is, the process which occurs afterwards. Grief is therefore already set into a process of mourning which *"takes time until restoration of functionality can take place"* (Worden 1982:10). As in the case of healing, full function, or nearly full function, or equilibrium, can be restored through the very necessary process of mourning. A period of time is needed to return the griever to a state of equilibrium or homeostatic balance.

Towards a new approach

However, Neimeyer and collogues (2001) consider the above descriptions of grief as part of a modernist framework. According to Hagman (2001:14), a modernist framework of grief and mourning is based, on a standard psychoanalytical model of mourning that has dominated

[235] When taking terms seriously, the term *process* has to be used in connection with mourning, as grief is a personal experience. Worden (1982:17) also refers to *"mourning as a long-term process"*. The time period involved to come to terms with the grieving experience goes hand-in-hand with the mourning process, which makes it nearly impossible to reserve the term *process* for mourning only. While the difference between grief and mourning has to be kept in mind, the term *process* is used in this study in connection with both grief and mourning. It is also found in the various literatures, as indicated in this paragraph, that *process* is often used in connection with grief.

Western perspectives and practice on grief since Freud's mourning theory of 1915. Hagman (2001:17-19) outlines the components of the standard model as follows:

- Mourning is a normal, private, intrapsychic or psychological process with specific characteristics and dynamics, which requires individual work. This process is based on the mind's biologically grounded adaptive responses.
- The goal and function of mourning is essentially restorative, which leads to psychic equilibrium. The normal mourning process leads to a point of full resolution when the attachment to the deceased person is given up, and the bereaved person joyfully and productively invests himself in new relationships. Thus, the resolution of normal mourning occurs within a certain limited time frame.
- Denial and suppression of grief lead to pathological states, thus, psychological illness. According to DSM IV, the duration of mourning is diagnostic: people who continue to be sad, or continue to maintain a sense of relatedness to the deceased person, are viewed as suffering from unresolved mourning.
- Normal mourning depends on a specific sequence of standard stages or phases, which the bereaved person is expected to complete in terms of tasks. During these stages or phases the expression of pain and grief is indicative of successful mourning. Pleasure and joy are viewed as resistances to normal mourning.

Neimeyer (2001) criticises this preferred and standardised framework for understanding grief and facilitating its resolution. In his view, scientific studies have failed to support a universal and nominative sequence and pattern of grieving in terms of discernable phases or stages of adaptation towards a clear endpoint. Standard models also indirectly disempower both the bereaved person and the caregiver by implying that grieving people must passively negotiate a sequence of transitions forced on them by external events. Thereby it is said that the traditional theories are in essence too individualistic, which construe grief as an entirely private process (Neimeyer 2001:3).

However, a new paradigm for grief theory has emerged with its central focus on meaning reconstruction in response to a loss during grieving. Thus, grieving is put in a meaning-making framework (Neimeyer 2001:4). This fresh approach is based on the acceptance that psychological life is fundamentally embedded in relationships and interpersonally oriented

meaning. People are organisers of meaning and personal narratives. According to this view, outward reactions (or so-called symptoms) that accompany grief, have significance in the sense that they are representative of a person's (and his social domain's) struggle to assimilate to a changed personal or interpersonal reality resulting from the loss (Hagman 2001:20; Neimeyer 2001:4). Hagman (2001:24) describes mourning as referring to:

> **"A varied and diverse psychological response to the loss of an important other. Mourning involves the transformation of the meanings and affects associated with one's relationship to the lost person, the goal of which is to permit one's survival without the other while at the same time ensuring a continuing experience of relationship with the deceased".**

According to Hagman (2001:22-29), the following components are part of this new approach:

- The primary function of mourning is to maintain continuity with the deceased in a meaningful and vital sense. Thus, dialogue has to be maintained by experiencing passionate attachment to the deceased person as a living presence. Meaning and dialogue are interwoven: meaningful connections with the deceased person are maintained through an everlasting dialogue in reality and fantasy.
- Mourning as an intersubjective process, is not only concerned with continuity of ties with the deceased person, but also with interpersonal connection with other survivors. Other people and the social milieu play an important role in facilitating or impeding recovery from bereavement. Thus, communicative function in grieving should be restored.
- Pathological mourning has to be considered in terms of, firstly, whether there has been a failure of the social surroundings in assisting with mourning; secondly, how the person, with his specific personality, is attempting to maintain meaningful life experiences in the face of the loss, and, thirdly, how the person is attempting to hold onto the link to the deceased person.
- The uniqueness of each mourning experience should be recognised. There is no need to declare an expectable endpoint to mourning. A person may mourn for a lifetime and the significance of a loss may be elaborated throughout life according to crises and developmental stages. The unconscious meanings that are attached to bereavement

> and the dynamic function of the internal relationship with the deceased person, lead to ongoing open-ended mourning.

Mourning depends on other survivors, like the therapist, engaging with the bereaved person in mourning together on the basis of an intersubjective process. Hagman (2001:25) is convinced that many problems arising during bereavement are due to failures in this context. In the case of the therapist, he has to play an active role in facilitating the mourning by means of a consequent reconstruction of the meaning of the person in the context of his ongoing life. Rather than confronting a bereaved person's resistance to mourn or to mourn *correctly* according to the social norms, the therapist's empathy and support have to create an opportunity and atmosphere of security for self-reorganisation. In this sense, mourning has to be an ongoing transformative process that aims for the reorganisation of survivors' *sense of self*.

The reconstruction of meaning

Both Arnold & Gemma (1994:28) and Becvar (2001:19) regard the grieving process of parents after child death as a journey to search for meaning where there is none. After the funeral or other ceremony, and after the last guest goes home, the bereaved persons are faced with the awareness that, while life around them continues to go on in normal ways, normal no longer has much meaning. As the numbness or shock begins to wear off, and particularly if there has not been a significant sense of completion, it is normal for parents to fall into an intense experience of grief (The Sudden Death of our Child 2004: Online). Their ability to cope effectively and move beyond this grief depends on the degree to which they are able to make sense of or finding meaning in what happened. The search for meaning is understood here as parents' need to order, to understand and to give a rational explanation of the events in order to get answers to their *why*-questions. They have lost their growing relationship and attachment with their child and all the joy they have received from this. They are faced with an extremely painful and stressful paradox[236] in which they, on the one hand, have to deal with the grief caused by their child's death, and on the other hand, have to deal with their inherent need to continue to live their own lives meaningfully (The Death of a Child 1997:

[236] Although there are many commonalities in parental grief, such as a sense of disorientation and a conviction that they must never let go of the grief, an individual person may also experience contradictory reactions (The Death of a Child 1997:Online).

Online). Parents may even think of their own death as the only way to be reunited with their child (Arnold & Gemma 1994:79). They may relate and respond externally happily, while they are struggling internally to find ways to give life a new sense of meaning (Becvar 2001:19; The Sudden Death of our Child 2004: Online). Becvar (2001:19) considers grieving persons as meaning-making species who are able to create a story about the traumatic events that happened. In creating a story, religion is a source of comfort and support as they come to understand the divine purpose at work behind the traumatic events (Becvar 2001:234-235).

Gilbert & Smart (1992) are also convinced that there has to be a process of making sense or meaning of the loss. However, their understanding of the meaning-making process after loss requires grieving parents to *"restructure their perceptions of reality in order to come to terms with the death"*[237] (Gilbert & Smart 1992:14). They have the need to define the event, which means integrating new information about the trauma event with their existent world of meaning in order to get closure. According to Gilbert & Smart (1992:28-49), grieving parents are initially confused and disoriented, making no sense of what happened. The traumatic death has disrupted their perception of order, their assumptions and meaning. They experience the impact of the loss when they attempt to adapt to the conflict between their assumptions and the information about their child's death in terms of normal psychological and physiological reactions after a traumatic event. Their assumptive world is reconstructed when they regain a sense of order, predictability and purpose on the basis of newly integrated information. Until integration is established, repetitive, intrusive thoughts and images about the loss, a strong urge to reunite with the child, and painful emotions of the loss experience will recur. This integration implies that parents have to modify their assumptions about the world. It will make it possible for them to re-establish a sense of control, mastery and predictability felt before the trauma event (Gilbert & Smart 1992:15-16).

It has to be clearly noted that the described processes of finding meaning or creating meaning do not have the same content as Neimeyer's (2001) and Hagman's (2001) reconstruction of meaning as outlined above. The latter represents a richer understanding of finding or making meaning. Attig (2001) describes the richer process of finding and making meaning in terms of

[237] Grieving persons are often in a state of confusion and unable to register a clear mental picture, with the result that the images of the traumatic event are fragmented and disjointed. It is very difficult for them to attribute meaning to these images (Gilbert & Smart 1992:14).

a relearning of the world on many levels. Loss causes multifaceted suffering, which includes what Attig (2001:37) names *soul pain* and *spiritual pain*[238]. In this suffering people have to relearn each aspect of their world. These may include the places, events, things and occasions that had meaning in the life of the one who died; the people and relationships that had meaning in the life of the one who died; the very self in terms of self-confidence and self-esteem, and finally also the relationship with the one who died. This relearning asks for more than information gathering or mastering ideas; it asks for learning again how to be and act in the world without the loved one emotionally, psychologically, behaviourally, physically, intellectually, spiritually and relationally. The process of relearning leads grieving persons to self-reflection in order to change taken-for-granted and old patterns in the diverse dimensions named towards new alternatives, new life stories, new directions and new transformation and growth in the self and in one's relationships. Within the process of relearning, the making of meaning implies an active process of taking the initiative, and the finding of meaning implies returning to and accepting well-established meanings. This process can only occur in interaction and alongside others who are themselves struggling to make and find meaning. The grieving person also comes to terms with the great mysteries of the finiteness, imperfection, uncertainty and vulnerability of human life in relation to God. Ultimately, relearning allows and brings the grieving person to continue with his relationship with the deceased one in his heart in terms of lasting love (Attig 2001:34-50). Attig (2001:38) is convinced of two functions of grieving: some of the pain is tempered and overcome (from being one's pain), and that which remains, is learned to carry along in life (towards having one's pain).

Meaning in combination with tasks

To come to new wholeness by means of relearning, grieving parents, according to Klass (2001), have to integrate their child into their life and social networks[239]. Through the grieving process, they have to transform their attachment with their child in ways that enable them to keep the child an important element in their lives. The child's continuing presence

[238] Attig (2001:36-37) gives an excellent view of the suffering of bereaved persons. As a state of being deprived of the living presence of the loved one, bereavement is accompanied by a loss of one's wholeness, feelings of powerlessness, helplessness, demotivation or an inability to act, yearning, and doubt in one's own capabilities to find and create meaning in life without the one who died, and to redirect one's own life story.

and active influence on thoughts or events, and the incorporation of the characteristics or virtues of the child into the self have to become part of parents' shared life story (Klass 2001:79). Klass (2001:79) is convinced that a new shared life story cannot be based on an understanding of the grieving process in terms of stages or phases[240]. According to Gilbert & Smart (1992:11), stages and phases models have been used widely in respect of parental grief (Peppers & Knapp 1980; Edelstein 1984; Frantz 1984; Miles 1984). As outlined previously in 8.3, the stages or phases model is part of a modernist framework that was proved to be ineffective. It is remarkable that even scholars working within a modernist approach criticise the stages or phases model (Worden 1982:32; Gilbert & Smart 1992:12-13; Arnold & Gemma 1994:8; Schulz *et al.* 2000:34). It is clearly said that different persons' grief is not necessarily chronological, and it cannot be predictive in terms of what each person's needs should be or what he should experience.

However, Stroebe & Schut (2001:57-58) have drawn attention to the importance of oscillation between loss-orientated coping and restoration-orientated coping during the grieving process. The former refers to dealing with, concentrating on, and working through some aspects of the loss experience itself that includes the restoration of meaning. The latter includes mastering of the tasks that the bereaved person has to undertake, dealing with arrangements for reorganising life, developing new identities, and adjusting to the secondary consequences of the death. The grieving person has to choose to concentrate on some or other aspect of loss and change in his life. This means that oscillation is a dynamic process of alteration between loss-orientated coping and restoration-orientated coping. When the grieving person ignores an alteration between coping with one of these two stressors[241], he will not cope at all.

[239] Klass (2001:78) refers here to the inner representation of the child by parents as the actualising of the self in the bond with the child, in the characterisations and memories of the child, and in the emotional states connected with these.

[240] Stage models of grief are generally based upon the popular five-stage model of Kübler-Ross (1969) who suggested that both the dying and the bereaved experience a series of stages as they adjust to the reality of death. These stages include denial and isolation, anger, bargaining, depression, and finally, acceptance. Dying persons are literally expected to go through these stages in order to come to a successful resolution of their loss. Some people become disappointed when the stages are not passed through in some neat order.

[241] According to Stroebe & Schut (2001:60), the greatest stressors for grieving persons are both the realisation (acceptance) of the loss, and the confrontation (fight against) of the reality of the loss. As argued above, the grieving person has to oscillate or balance between confronting and avoiding the loss. Regehr & Sussman (2004:291) consider Stroebe & Schut's (2001) approach as part of those models that are in line with Freud's *work of mourning*. According to those models, loss must be confronted and reactions have to be worked through in order to prevent complicated grief. Thus, although Stroebe & Schut's (2001) view has a tendency towards a modernist framework, they consider their approach as a framework for a "*systematic probing of*

Thus, the grieving person is confronted, not only with restoring meaning, but also, alternately, with attending to specific tasks in order to move towards restoration. In this context, Worden's (1982:32) *four tasks of mourning* are useful to integrate as they work against passivity, such as when the mourner must pass through stages or phases according to the popular five-stage model of Kübler-Ross (1969). The mourner must rather oscillate between the four tasks by taking action. The four oscillating tasks of mourning include:

- To *accept* the reality of the loss;
- To *experience* the pain of grief;
- To *adjust* to an environment in which the deceased is missing; and
- To *reinvest* in another relationship.

Although Worden's (1982) *four tasks of mourning* are based on a modernist framework, they can be integrated within the meaning reconstruction approach, since confrontation is also part of the process. The tasks are dependent on meaning reconstruction, and meaning reconstruction is dependent on specific tasks, rituals and symbols. Thus, I have decided to work with a combination of (and balance between) meaning and oscillating tasks. The grieving process does not necessarily move automatically towards the desired completion. Something has to be done towards closure and completion. However, Worden's (1982) *four tasks of mourning* have to be used cautiously to avoid the prescriptive nature of these tasks. An oscillating nature of these tasks is preferable. Otherwise the four tasks can easily become *musts* which have to be assessed, directed and controlled by the special expertise of the therapist. Although Worden sees the therapist as the facilitator who has to *"offer hope that something can be done and that there is an end"* (Worden 1982:33), which is indeed very positive, it can lead to too much action on the part of the therapist. Worden's (1982) model shows an inadequacy when working with trauma, especially with grieving parents, where the grieving process is much longer[242]. The dimension of meaning reconstruction is needed to be coupled with the tasks in order to make the latter even more dynamic.

assumptive worlds, meaning systems, and life narratives" (Stroebe & Schut's 2001:69) that is in line with the meaning reconstruction approach.

[242] It was found that 25% of parents who had lost a child *"experienced occasional or frequent pangs of grief, and some of these pangs were described as intense, even though the time since death ranged from 2 to 46 years"* (Gilbert & Smart 1992:17). Thus, long-term grieving, as in the case with child death where longer periods of recurrent grief is experienced and where it is difficult to give up images associated with the death, definitely demands more to bring the grieving process to closure.

The completion of the grieving process

According to the postmodern meaning reconstruction approach, the uniqueness of each mourning experience should be recognised. It is said that there is no need to declare an expectable endpoint to mourning. A person may mourn for a lifetime and the significance of a loss may be elaborated throughout life. Especially in the case of sudden child death; the loss may never be resolved and parents may continue to grieve forever[243]. Only time[244] makes a difference: with time the pain will lessen, but it returns easily again without warning through special events or remembrances of the child. Arnold & Gemma (1994: 79) put it like this:

> **"Parents do not get over such a death. They can only learn in their living to survive without their child. The grieving process is life long. It is a slow process of drifting and floating. Parents have to learn to manage and negotiate life without a vital part of themselves that cannot be replaced".**

The longing for the child and the feeling of emptiness may last a lifetime because *"parents are forever parents of their deceased child"* (Arnold & Gemma 1994:27). The bond between parents and child can never be untied by the death of the child: *"They remain connected regardless of death"* (Arnold & Gemma 1994:28). The wound may heal in some way, but the scar remains. In the process parents may be changed in their relationship with each other[245], but their attachment to their child cannot die. However, a completed grieving process may be reached when, according to Worden (1982:16) and Harvey (2002:37), parents remember and think of the deceased without pain, because they took constructive steps towards establishing life without the deceased and the personal identity that attaches to the deceased. Although

[243] It is said in The Death of a Child (1997: Online) that parental grief may include *"an overwhelming sense of its magnitude, a sense that the pain will last forever, a sense that the grief is etched into one's very being, a sense that the grief is intense and self-absorbing"*.

[244] Worden (1982:32) refers to the often-quoted phrase *"time heals"*. Grieving takes time, and the mourning process is a long-term process (Worden 1982:17). It is often mentioned by scholars like Arnold & Gemma (1994) and in the leaflets of The Compassionate Friends that grieving is a lifelong process. Although Worden (1982:17) admits that some people never seem to accomplish a completion in their grief, he warns against implying to parents of a deceased child *"that grief will never end"* (Worden 1982:88). Thus, referring here to grief as a lifelong process, it must not be understood in terms of hopeless *doom*, but in terms of the strong attachment between parents and child that cannot be easily broken. Grief after the death of a child is *"an ongoing and demanding process"* (The Death of a Child 1997: Online) which is compounded by previous losses and how they were dealt with.

[245] Gilbert & Smart (1992:8) remark that both parents grieve after the death of their child, and that both struggle with their own loss while also attempting to cope with changes in their marriage partner and relationship.

there will always be a sense of sadness when thinking about the lost child, the sadness later lacks the wrenching quality it previously had.

The completion of the grieving process is also marked, in the case of sudden child death, by post-traumatic growth. According to Calhoun & Tedeschi (2001:158), grieving persons may experience positive change as a result of the struggle with traumatic loss. Post-traumatic growth has been reported by significant numbers of people who have encountered, amongst others, traumatic child loss. However, the presence of growth does not mean the absence of pain and distress. It may also be possible that some grieving parents may not experience any growth after traumatic loss. I have previously outlined various dimensions of growth that are possible after trauma. Calhoun & Tedeschi's (2001:159-160) contribution in this context can be noted here again:

- Changed *sense of self* (persons become stronger with an increased self-image);
- Changed relationships (increased connectedness and a deepened sense of empathy and an ability to connect emotionally with others by means of self-disclosure); and
- Existential and spiritual growth (new meaning and purpose, the rebuilding of shattered assumptions and a new religious commitment and discovering of resources).

However, post-traumatic growth may be restricted by constraints in the grieving process that specifically concern the 'marriage dance'. These constraints may serve as stumbling blocks in the 'marriage dance' after traumatic child death.

8.3.1 Constraints in the grieving process

Traumatic child death represents moments which evoke the greatest sorrow. At these times, parents experiencing the ending of their child's life, either come together in cohesion, understanding, support, and awe, or they move apart in solitude, loneliness, and pain. How they engage in the grieving process seems to influence their potential for healthful living and relating to others (Arnold & Gemma 1994:iv). After the death of their child, the parents are still a marriage couple who have to continue with their marriage. The great sorrow of child death has the ability to move a couple apart in solitude, loneliness, and pain. The 'dance' of a couple after traumatic child death is a difficult, painful and long lasting 'dance' that needs pastoral therapeutic guidance. However, according to Walsh & McGoldrick (1991:6), it is

possible to bring grief to a completion, especially when it is viewed from a systemic perspective. On the one hand, the death of a child has an impact with immediate and long-term consequences for parents' relationship as an interactional system. On the other hand, the death of a child also has an impact on the organisation of the entire marriage system due to the social context in which cultural and gender specifications are playing a role. It has already been outlined that difficulties that are caused by specifications laid down within the social context, directly lead to constraints in the grieving process. These constraints may be identified as incongruent grief, cultural specifications, gender specifications and intimate loneliness. These may all become part of a couples' problem-saturated dominant story.

Incongruent grief

Although a mutual grief experience is the ideal, it appears as if incongruent grief is the most common form of grief between grieving spouses. Incongruent grief is described by Gilbert & Smart (1992:8, 51) as grief that does not happen at the same rate. Studies have shown that couples process grief at different rates and are most commonly *out of synch* with each other in the process[246]. Inconsistencies in both short- and long-term grief reactions and styles may exist between spouses because of external pressures, such as financial difficulties or the feeling of being stigmatised by others; ineffective communication between spouses which results in avoiding discussions of their loss; differences in expectations for each other; different assessments of exactly what has been lost; different loss experiences between fathers and mothers; parenting of remaining children, and the general lack of insight into the nature and period of mourning. Gilbert & Smart (1992:25-26) are convinced that incongruent grief has the ability to create conflict and mismatched needs between partners who naturally turn to each other for comfort, support and confirmation, but for whom it now becomes impossible. After child loss, spouses feel the necessity to focus on themselves and their own needs, or they have an inability to accurately interpret their spouse's needs. It is when this mutual support is absent, that the relationship can be broken up by conflict. Thus, incongruent grief has the ability to isolate marriage partners and to cause difficulty in the marital relationship

[246] It has previously been said that different parents grieve differently and no one's way is better than the other's. Parents often respond differently, learn to live with their grief separately, and express their sadness uniquely (The Death of a Child 1997: Online; The sudden death of our child 2004: Online). The special context in which parents find themselves will affect their personal grief experience, as well as how others react to their grief, and the type of support and the intervention given to help them resolve their grief. Parental experiences and coping strategies may also play a role (The Death of a Child 1997: Online).

and in the grieving process. The marriage and the emotional state of each partner are placed at risk by incongruent grief.

Couples are exposed to marital conflict and divorce as sudden child death places strain[247] on a marriage. Gilbert & Smart (1992:50-51) found that for all the couples that took part in their study, child loss created a temporary destabilisation of their marital relationship because of relational strain or estrangement. They also found that for most of these couples this destabilisation turned into a crisis as the coping mechanisms they usually used in their marital system, were not adequate to meet the demands of their loss. Gilbert & Smart (1992:52) found:

> **"The primary source for marital strain was a mismatch in the way in which spouses interpreted one another's behaviour, conflict over both partners' view of themselves in relation to their spouse, the way both viewed the other acting in relation to themselves, and expectations of the marital relationship itself".**

Therefore, the challenge comes down to how the couple deals with each partner's own emotional response to the death while simultaneously dealing with the demands of the relationship. Gilbert & Smart (1992:50) quote Klass (1988) who says that *"the death of a child creates a paradoxical bond between parents who simultaneously share a loss and yet may sense that their experience of the loss is different from their partner's"*. Most couples experienced marital conflict[248] which resulted mainly from disagreement in beliefs and expectations, which, in turn, resulted in dissatisfactions (Gilbert & Smart 1992:52-53).

Marital partners are in the position to legitimise each other's beliefs, perceptions and expectations: *"Spouses are able to consider and validate each other's views of what has happening, is happening, and will happen"* (Gilbert & Smart 1992:20). In the process of extracting meaning from experience, each spouse compares and attempts to confirm beliefs

[247] Gilbert & Smart (1992:52) cite Boss (1987) who defines marital strain as *"a relational variable, a mismatch between the accumulated demands made on the couple and the resources to meet these pressures"*.

[248] The conflict could be distributed along a continuum from those experiencing little disharmony to those having episodes of extreme, relationship-threatening conflict. Most couples fell into the middle of the range in terms of levels of conflict reported.

and opinions. If they confirm their subjective views of each other, these views become reality in accordance with each other's perceptions. If this does not happen, the spouses question their own or the other's perceptions, which result in difficulty in forming a clear picture of reality. Gilbert & Smart (1992:21) proceed by saying that a traumatic event, such as the sudden death of a child, has the effect of causing spouses often to turn to each other *"for comfort, support and confirmation of the legitimacy of their feelings of loss"*. When grieving spouses are not able to provide each other with this comfort, support and confirmation after their child has died, they feel that they have lost each other or they experience each other as the least helpful person in coping with the death. However, if there is mutual validation and confirmation of feelings between them, their communication is facilitated, structure and meaning is provided to their interactions, and they help each other cope within a context of stability and control.

In combination with the mutual validation and confirmation of feelings between spouses, Gilbert & Smart (1992:50-51) also remind us that marriage consists of three entities, namely, two individuals and one relationship. From the perspective of each partner, there is an *I*, a *you* and an *us*. What each spouse perceives, wants, or needs may differ from what the other spouse does. Thereby the relationship also has particular needs. The three entities that make up a marriage may not always agree, even in prosperous times. When a tragic event, like the death of a child, hits the relationship, it then becomes even more difficult to satisfy the needs of all parts of the marriage. The death of the child affected both spouses as individuals directly; both spouses indirectly (as each spouse must deal with the other's reactions to the death), and the marital relationship. The dissatisfied spouses are then not able to give mutual validation and confirmation of feelings.

The grieving process has to be facilitated in the direction of grieving *in tandem*. Gilbert & Smart (1992:7) refer to Bowlby (1980) who suggests that *"successful completion of the parental grief process requires that partners grieve in tandem"*. That means that both partners must grieve together and provide support and comfort to each other. Although it is expected that both partners will grieve in the same way because they experience at least the same loss, this does not happen in the midst of the crisis. The resolution of the death of a child is a complex process which asks for a continual adjustment of each partner in relation to the other.

However, the grief adjustment may be even more difficult when each spouse expects the other to be *in synch*. Gilbert & Smart (1992:67) are convinced that grieving in context of couples involves coping not only with one's own grief but also with the grief of one's spouse. Grieving *in tandem* consists of efforts to reduce the stress on the individual while also minimising strain on the marital relationship. A process like this *"requires the integration of each individual's experiences, feelings, perceptions, and reactions to the loss"* and is receptive to the idea that each partner's grief will follow *"different patterns, over different periods of time, to different degrees"* (Gilbert & Smart 1992:51). To reach this point, both spouses have to accept of the differences in their grief styles, and have to take a positive view of these differences. This may even serve to strengthen the marriage. However, it is possible to keep a marriage stable, and even restabilise it after a period of conflict following traumatic child death.

Gilbert & Smart (1992:28) have found in their study that not all couples achieved the same degree of resolution of grief and reconstruction of their assumptive world. Recurrent grief will continue, although there are exceptions in the form of intrusive images of the event, painful memories of the loss, anger and depression, especially where spouses blunt and seal over[249] thoughts of their experience in order to cope with their loss. When grief continues, it means, in the words of Worden (1982:35), that individual spouses or couples have some *"trouble resolving their feelings about their loss and this can hinder their ability to complete the grief tasks and thus resume a normal life"*. Although most people are able to cope with the grief by means of working through the tasks of grieving on their own towards completion, there are also people in need of facilitation of their normal grief towards healthy completion. There are also those who fail to grieve[250] and those whose grief goes wrong. Worden (1982:58) refers to this as *"complicated grief reactions"* which may result in either chronic grief reactions that never come to a satisfactory completion even after several years; or delayed grief reactions that can also be referred to as *"suppressed or postponed grief reactions"*, which mean that the pain of the earlier loss is felt afresh long after the loss, because it is still unresolved; or exaggerated grief reactions that emerge in the form of phobias about death and irrational

[249] With *"blunt and seal over"* Gilbert & Smart (1992:42-43) have in mind the attempts of grieving persons to distance themselves from the pain of the loss and to accept unanswerable questions although this continues to cause some pain.

despair; or, finally, masked grief reactions where the grief is expressed in some other way (Worden 1982:59-60). Cultural specifications may play a role in these complicated grief reactions.

Cultural specifications

There was a time, only a century ago, when a child's death was expected as commonplace because of children's vulnerability to diseases. It was seen as one of the many burdens that a family was forced to accept. Often, babies were not named until months after birth, for they were not expected to live. In our time, death is considered as unacceptable. Death has come to be seen as a result of personal negligence or as an accident. People are not supposed just to die anymore. Children in particular, fall into this category. With the proper immunisations, nutrition and loving care, infant mortality has decreased to the point that the death of a child is a shock, not only to the family, but the whole community (De Frain *et al.*, 1982:8-9). On the one hand, it is appreciative that life is considered as valuable in society in general. However, on the other hand, it is distressing to take notice of the same society's specifications for grieving.

According to cultural expectations, bereaved persons should grieve *appropriately*, that is, within the specifications of socially acceptable behaviour. Arnold & Gemma (1994:9) put it this way:

> **"They may cry, but only so much. They may sulk and stare blankly, but only for so long. They may feel helpless and unable to participate, but only for a short time. We are expected to get up, pull ourselves together, tuck our pain and agony away, and stop the flow of tears. We are supposed to live again, to behave as though grief is over and behind us. And as time passes, fewer people ask about feelings. We feel that we, too, have died. Death moves in to occupy and possess us, to join with us and be part of us".**

Thus, shortly after a death, one is expected to gather together the pieces of life that remain and resume routines almost as though no lapse has occurred. Families and friends disperse soon

[250] Reasons for grief that fails are given by Worden (1982:53-57) as relational factors, circumstantial factors, historical factors, personality factors, and social factors.

after the funeral. There is little time to grieve and little recognition given to the bereaved. There is social pressure against the prolonged and public expression of personal grief: *"One is expected to wipe away any sign of acute grief, to reduce and cover intense emotion, and to regain control – as though to deny the very existence of one's loss"* (Arnold & Gemma 1994:19). Especially when a child dies, this urgency to wipe away grief is more exaggerated. The social pressure towards denial of loss becomes pressure to deny pain, sorrow and loneliness and therefore finally to deny the very existence of the precious and loved child.

Arnold & Gemma (1994:18) attribute these cultural expectations to an apparent contradiction in society about the value of a child. A child's death is often valued less by society as a whole. When a child who lives only a short time dies, the loss is not as great as the loss of an older child who has lived longer and is well known. It is expressed by society that a child is not yet fully developed as a real person and is not perceived as a productive and contributing individual. Although a child is recognised as precious and in need of nurture, protection and stimulation in order to grow, and although a child is socialised by a family in preparation for future contribution to society, he has a limited place in society in terms of status and rank.. In society the value of life is weighed in terms of the number of accomplishments or quality of achievements. Society expects parents to take responsibility for preserving and sustaining a child until he can take part in adult society. Then when a child dies, the family is left to feel that in some way it has failed in its task. Thus a child's death is not fully recognised as a significant loss. It is thought that a few short years of memories are grieved for faster or more completely than many long years of relating. The attachments formed by the parents are not recognised as deep and lasting, and less recognition is given to the child's identity and meaning to the parents (Arnold & Gemma 1994:42).

Thus, it is understandable that grieving parents receive inadequate recognition from society for the intensity and significance of their loss. In society any painful expressions are denied and pushed aside. It happens that society denies parents their anguish and that parents are insufficiently recognised, appreciated and supported in their grief for their child (Arnold & Gemma 1994:32). Society forces parents to be part of an underground of bereaved. Parents who grieve for their child are alone and often isolated. For society the armband and mourning garb no longer exist. A few years ago those who grieved were recognised by their symbols

and actions. Today the bereaved are anonymous. There are, for instance, no labels to identify the bereaved parent as someone who has experienced a significant loss. While nobody must know that they lost a child, the bereaved parents are silently longing for their child (Arnold & Gemma 1994:18).

Many grieving parents are left with empty phrases or in solitude. Society views grief typically by seeing them grieve, while simultaneously looking away. Perhaps it is because people fear death themselves. Death and tragedy may spread to them and take their happiness away. Thus, many want grieving parents to hide their agony because it makes them feel uncomfortable and evokes in them their own fear of death (Arnold & Gemma 1994:32). In this way society burdens parents emotionally, which causes them to view death as frightening. As a reaction, grieving parents may seek to protect themselves by not being touched by child death. This leads parents to learn to cover up their feelings because they will then be better received than if they do show and share their feelings. Grieving parents are exposed to others' reactions and perceptions:

> **"They may be feared or avoided. They may be blamed or expected to forget and put away their sorrow. They may be asked to fill themselves up again either with another child, a hobby, a new responsibility or a new job"**
>
> **(Arnold & Gemma 1994:112).**

That is the reason why parents go underground and even become unconnected to each other as a couple. People hope that parents will get on with living, forget and mobilise their energies to be productive again. Grieving parents are mostly greeted with impatience and frustrations for not recovering fast enough or for continuing to remember their deceased child. They literally fear contamination, if only in an emotional sense. Thus, society makes it difficult for parents if there is no acceptance and support and an unwillingness to share the pain. Furthermore, people react out of their own helplessness, powerlessness and inability to reach out, because they do not know how to help or what will help (Arnold & Gemma 1994:33). Various gender specifications may play a role in people's reactions to grief.

Gender specifications

In chapter three I concluded that gender specifications consist of socially constructed behaviour patterns that are continually being created and maintained between men and women. Girls learn to act and think like girls, and boys like boys through a process of social interaction according to the norms implicit in the dominant cultural discourses. According to Gilbert & Smart (1992:86-87), gender role behaviour after child death leads, on the one hand, to expectations for the self and the partner, and on the other hand, to evaluations of behaviour as being right or wrong for males and females. While some expectations are specifically expressed in terms of definite role prescriptions or a series of actions and rituals, some are not spelled out: for example, men are expected to be tough, and women tender. The latter makes it difficult or even impossible to produce feelings on demand or to behave in ways that are in accord with the feelings one is experiencing. Couples are likely to fall back on gender role expectations after child death in terms of forgetting or avoiding the unfortunate incident, and consequently keeping silent about it, in order to get on with life. Nevertheless, according to Gilbert & Smart (1992:103-105), couples' role behaviour and expectations may be represented by a continuum from *traditional* to *expressive-flexible*:

- *Traditional couples* expect women to be emotional and talkative and men to keep their feelings under control. In this case women are satisfied that their men are different, thus, husbands should be strong and less expressive as a means of fulfilling their masculine gender role.
- In *expressive-flexible couples*, both husband and wife can and do talk about how they are feeling. These couples are satisfied with the amount of emotional expression and social support that they receive from each other. The wife may even take pride in her husband's expressiveness, which she interprets as his caring for her and for the deceased child. He may feel well supported emotionally by his wife.
- Between traditional and expressive-flexible couples, we find *transitional couples*. In transitional couples, spouses display gender stereotyped coping styles. The husband stays rational and less talkative and believes that he should not become emotional in front of his wife, in order to support her. The wife stays more talkative and emotional. However, they do not agree on the way that each spouse should act emotionally. While the wife wishes that the husband would be more emotionally expressive, the

husband becomes impatient when his wife's emotions increase in intensity and duration.

- There are also *low expressive couples*. Here the husband tries hard to hold the lid on his emotions, although at times he will explode in anger. The wife wants him to hold back his expression of grief so that he can be a real man. She may be uncomfortable with expressing her own emotions. In this case the husband may wish that his wife will talk more in order to feel better, while the wife saves up her emotions during the day and cries in the shower where her husband cannot see or hear her.

Gilbert & Smart (1992:91) found that it is only after partners have discovered their differences in grieving and made meaning of these differences that they come to terms with each other. However, Gilbert & Smart (1992:105) remind us that, despite differences in gender role behaviour and expectations, inconsistencies may exist both between spouses and within individual spouses. Taking charge as a man does not always mean that he fears emotions. Likewise, communication does not always mean that verbal sharing should take place. Not all women value expressiveness in their husbands, and although woman may be more emotional and expressive than their husbands, this is not always the case. We should only be aware of the popular notion of the inexpressive male that makes us believe that fathers fall short in that they are unable to verbalise their feelings after child death. Already in the pre-school years, males are often told to be strong, to hold back tears, to tough it out in silence. Role models for the growing boy are often macho types such as athletes and television action heroes (De Frain *et al.* 1982:23). Sanders (1998:171) writes in connection with grieving fathers:

> **"Men are socialised to be strong, controlling, self-sufficient, family protectors[251]. These factors work against open expression of emotions, thereby inhibiting the grief response. Loss of control over the death itself**

[251] Sanders (1998:171-171) outlines six male roles a father has been socialised to adopt that may impede his positive grief resolution: the role of being strong – a macho man who always controls his emotions; the role of competing, of winning in a crisis and of being the best; the role of being the protector of family and possessions; the role of being the family provider; the role of being the problem solver – fixing things or finding someone who can; the role of being the controller of actions and the environment, and the role of being self-sufficient – standing on your own feet. These roles correspond with Lindsey's (1997) cultural markers of masculinity that I outlined it in 3.3.

> **strips the father of his ego and *sense of self*, leaving him angry, guilty, and with a strong sense of personal failure".**

It is said in chapter three that women experience this socialisation too, but they are often better articulators of their pain and are much more willing than men to discuss it with others, and obtain help from them, while men carry it along with them with a permanent *flat affect* (Schulz *et al.* 2000:32). Sanders (1998:171) writes in connection with grieving mothers:

> **"She is expected to be the nurturer, the caregiver, the hub of the family, communicating with each one and helping them to communicate with each other. She is used to carry the emotional burden of the family. For the most part, women have been socialised to believe that it is their place to create the family circle. When a child dies, the circle is broken. Grief freezes her into a shell, and she cannot function in the prescribed role as she once did".**

Different gender role expectations are exploited in terms of different grieving patterns. The gender role expectations for women of high protectiveness let them play a traditional role in helping their emotionally constipated husbands to express their emotions. The mother of the deceased child is vulnerable to feelings that she has failed as a mother. Feelings of guilt or self-blame occur in spite of the absence of her being blamed by the husband. Women in this situation are also temporarily unable to fulfil some of their other role obligations as a wife (Gilbert & Smart 1992:91-95).

The gender role expectations for men also lead to specific grieving patterns. The expectation of low expressiveness causes men to be strong and protective of their wives. The husband is called upon to make decisions, be rational, and have things under control for the sake of his wife. While this behaviour may be responsible and necessary for him, his wife may regard his behaviour as cold and unfeeling. A man may feel that he supports his wife adequately, while he is not receiving any support for his own grief, or she lets him know that she does not understand his point of view. Men are more likely than women to use avoidance as a coping mechanism by not weeping, or openly grieving, or communicating their feelings to their wives. It may even be humiliating for men to experience the expectation to grieve in a way which involves crying and the expression of sadness. However, men are more likely to

mention feelings of anger following the death of a child than women. The successful fulfilment of their own gender role expectations provides some bereaved men with a sense of comfort in the face of child death, while others feel unsure if they are achieving the general expectations (Gilbert & Smart 1992:95-103).

It has to be taken seriously that child death may be socially defined as a loss only for the mother. Surprisingly, Gilbert & Smart (1992:6-7) found that grief after child death has mainly been explored as an individual response, especially in reference to the mother. Little attention has been paid to the father or to the impact of the loss on the couple's relationship. This makes it necessary to examine the grief process after sudden child death at both the individual and couple levels.

Intimate loneliness

Traumatic child death, as the worst of fateful moments, has the ability to disrupt parents' marital paradigm (Riches & Dawson 1998:3). According to Riches & Dawson (1998:3-4), marital paradigm may be understood as parents' assumptions of reality, or their shared way of seeing the world. A couple's meaningful reality consists of intimacy between them which is like a that they weave around them in terms of domestic routine events, parenting, rituals, partnering and conversations. Intimacy is built on mutual emotional dependency as noted in chapter four. Conversation is central to the social construction and reconstruction of a marital paradigm. Talk is not simply used to interpret the meaning of past experience or to prepare for future events; however, it is also each individual's active construction of their present reality (Riches & Dawson 1998:6). Marital conversations are significant in contributing to each partner's self-construction and self-identity, are resources for maintaining the self, and are dependent on the significance of one partner for the other. Marriage involves an interweaving of self-narrative, with each holding views of the other as marital partner, parent, and child. It is understandable that the marital paradigm is particularly vulnerable in the event of traumatic child death (Riches & Dawson 1998:9).

Traumatic child death becomes a threat that highlights the fragility of the marriage *cocoon* since it challenges the maintenance of reality, and causes changes in communication between parents (Riches & Dawson 1998:2). After sudden child death both parents are struggling to adjust to the paradigm following their child's death as they are both destabilised and suffering

the loss: *"Two parallel and interdependent, but not necessarily identical, self-narratives will be struggling to address major disruption to each other's identity"* (Riches & Dawson 1998:12). Thus, they both struggle to reorient the self in relation to loss. Both the mother and father have possessed a unique relationship with the deceased child. Therefore, each one will be limited in the ability to maintain or reconstruct satisfactory meaning of the death. There is evidence that mothers and fathers adopt different coping strategies on the basis of typical gender expectations, as outlined in the previous paragraph. Husbands seem to deal with their grief in a non-verbal manner, keeping their feelings to themselves, while wives want to talk about both the child and the death (Riches & Dawson 1998:13). De Frain *et al.* (1982:29) remark in this context:

> **"Because men and women have different styles of communication and coping with grief, marital discord is quite possible after the death of a child. Men, taught to be strong and silent, often baffle and anger women, who learned to be open and emotional. This can lead to tremendous conflict and, on occasion, divorce".**

A problem with the father's remaining silent during the grieving process, is the mother's thinking that he does not love the child. So often, the name of the child is dropped from conversations at home, thinking that this is an easier route for grief resolution. Even when the mother wants to talk about the child, the father often remains quiet and seemingly non-caring. On the other hand, mothers grieve more intensely than do fathers for the loss of a child, since mothers grieve not only for the child, but also for the loss of the delicately balanced family system. Thus, she needs the nurturance for herself more than she is able to give it to others. When she now turns to her husband for help, she finds him withdrawn an uncommunicative. She often interprets this as a lack of love for the child, or worse, for herself. This leads to social isolation and even sexual distress (Sanders 1998:171-172).

There are noticeable differences of patterns and pace in grief and mourning which may lead to resentment, frustration or resistance. This gives way to different perceptions: one partner may become stuck, while still working emotionally to make the death real, while the other partner perceives this as pathological. In reaction to this, the latter's need increases to be supportive, but later he or she experiences frustration at the failure of help with the result that the partners

isolate themselves from each other. In the process they may also discover previously unexplored differences that increase the isolation. Suddenly there is no one to listen, and this absence from each other's conversation makes the loss worse, brings further losses of shared hopes and dreams, of companionship, of a sexual partner and of the person each thought they had married. One of the partners may then invest increasingly outside the home, either in work or in other relationships, which he or she understands as moving on, while the other may understand this as insensitive and uncaring. Ultimately, an intimate loneliness develops which deepens their traumatic injury and attacks aspects of their self-identity (Riches & Dawson 1998:13).

However, marital conversation helps partners to adjust to changed life circumstances. Riches & Dawson (1998:10) are convinced that if the couple can only recognise what is happening and talk about it, then reordering can result in positive strengthening of the marriage. Research shows that marital communication about the death of their child, brings couples closer together. The sharing of intense feelings and normal reactions in the process of grieving through conversation is a key factor in both partners' grief resolution. They need understanding of each other rather then *curing*. Thus, talk appears to be an essential feature in creating the reality of the child's death, in helping parents to repair the damaged parental self, and in rediscovering an emotionally intimate marital discourse. Gilbert & Smart (1992) are also convinced of the importance of talking through the grief. They refer to Rubin (1983) who found that the *missing ingredient* in marriages after child death is intimate communication (Gilbert & Smart 1992:104). Active reconstruction of a number of possible identities by means of conversation involves swinging back and forth between the two extremes, namely the *super self* of the pre-trauma identity and the disabled self-narrative after the trauma. By saying this, Riches & Dawson (1998:10) indicate that it is possible to overcome the intimate loneliness experienced by many bereaved parents on the basis of a social constructionist approach. Parents will be able to overcome the threat by co-authoring a self-narrative in which a new and painful construction of the world is assimilated. That will get their 'marriage dance' onto track again towards survival.

Conclusion

Incongruent grief, cultural and gender specifications, as well as intimate loneliness, may all contribute to constrain the grieving process in so far as they play a role in parents' problem-

saturated dominant story. They force parents to behave, feel and think along stereotyped lines. Because of their influence, parents may choose to battle with death, expecting to conquer it with their own abilities and strengths. Defeat seems impossible and unbelievable and it causes parents to refuse to accept *sudden death*'s finality. Ultimately, when parents have to accept *sudden death*'s finality, they are indeed conquered in their battle against *sudden death* (Arnold & Gemma 1994:19). However, according to Wylie (1994:43), it is possible for parents to break the *trance* imposed on them by the powerful forces of history and culture, making visible the invisible tyrannies and acts of violence that comprise them. It is possible to cut through the maze of social opinion, psychiatric ideology and individual indoctrination that reinforces the symptoms of people that label them as people who have failed during the grieving process.

8.4 The first few weeks

Particularly the first few weeks after the funeral, parents experience the recoil of the trauma. After the funeral parents' experiences often get worse as their usual coping responses are overwhelmed by their trauma. According to the leaflets of *The Compassionate Friends* (Anon 2004: Online; Anon [n.d.]: Online), as time moves on, parents feel that they are *living in a nightmare*, and that they will soon wake up and find the trauma to be untrue. Thus, they experience a gradual awakening that is extremely painful. As their numbness wears off they start experiencing the full implications of the loss. They begin to comprehend the meaning of their loss. While the parents are controlled by devastating experiences, they cannot see any connection between what they were and what they are now after the loss. They often imagine the scene of the death and realise their inability to save or protect their child. An interweaving of various factors, as outlined in 6.6.3, may contribute to parents' susceptibility to develop post-traumatic reactions. Spiers (2001b:41) has named factors like: developmental wounds, relationship issues, a person's history and unresolved traumas, degree of arousal, personal meaning after the trauma event, support and recovery environment available, emotional and spiritual resources and characteristic way of coping.

The story of Lance and Annamie

The traumatic death of Suané ended a very special attachment that started before birth and grew stronger over her three years of life. Thus, it could be expected that the days after the

funeral brought much pain. Two days after the funeral, both Lance and Annamie went back to work. Lance often travelled in doing for his work, while Annamie worked in an office with colleagues. When Lance was driving in his car alone, there was time to think, perhaps too much time. In the office where Annamie was working, both customers and colleagues were supportive, although she was constantly confronted with their questions and remarks. During the first few weeks, they suffered because of reliving the details over and over again. They recalled the small events in which they were involved with Suané in the days before she died. The weekend before she died, they camped together in the mountains. It was the most wonderful time together they would never forget. Now sadness and apathy overwhelmed their lives.

Lance and Annamie struggled to assimilate the unjust event, their own powerlessness, emptiness and longing. Their experiences were made worse by peoples' expectations of them: the people around them, friends, colleagues and also often family members, let them know that they had to go on with life. They should not cry anymore and had to stop looking pathetic. Annamie's colleagues were sometimes cruel in what they said. They told her, for instance, that they were disturbed when she cried. Lance's colleagues were of the opinion that other persons' crises were much more complicated and severe than theirs. Thus, they did not want to hear anything more about Suané's death. This brought about that Lance and Annamie could not talk or show their thoughts and experiences. They had to behave according to the *rules* of culture. Thus, they became silent and all their thoughts were directed inward.

Their enjoyment of life had been suppressed. They could not allow themselves to laugh and enjoy anything in life. Lance and Annamie felt guilty about laughing or eating with others because Suané could not join them. Sometimes people around them, when they did laugh, asked how it was possible for them to laugh and enjoy themselves. Their enjoyment of life was also influenced by worries about Suané: Was she OK? Would she not get cold under the ground? Did she eat well? These questions are normal for parents to ask after their child has died.

What added to their difficulties were people who gave instant answers. Lance and Annamie were told that they only had to have more faith and they should only pray more correctly, while no one knew about their struggle with God. Others withdrew their children from Lance

and Annamie. However, they were very aware of other children talking or crying. It was not good for them to hear or see other children. They asked themselves if they would ever have peace without Suané. Then they realised that they also could not set everything right with another child.

All these voices came to them without warning. They contributed to Lance's and Annamie's problem-saturated dominant story. The influence and affecting force of *sudden death* became evident in their story. Luckily, they finally realised the danger of *sudden death*'s ability to control their 'marriage dance', because if they never realised it, they could never do anything about it. The challenge was to help them not to surrender to the 'dance' of trauma.

The story of Grant and René

The first time I saw Grant and René after the funeral, I got the impression that very little had changed since our last contact during the funeral. Grant still did not show or talk about his emotions, while René was overwhelmed by tears and grief. While Grant appeared calm, strong and in control, René appeared helpless and insecure. However, René was obviously controlled by the pain of the devastating loss of her child. She often imagined the scene of the death and realised her inability to save or protect her child. Thus, Grant and René clearly had different reactions to the traumatic death of Caitlin.

Form our conversations, it became clear that Grant's and René's different reactions were due to the relationship issues in their families of origin which led to different subjective experiences of the trauma. These issues made them susceptible to 'dance' with trauma. It was especially René who was forced to surrender to the 'dance' of trauma. She came to the point where the 'dance' of trauma was able to absorb her and draw her and their relationship along with its impact. Grant believed that nothing was wrong, while their marriage came under stress as they got caught up in self-perpetuating cycles of distance, defence and distrust. Their marital distress maintained and exacerbated their subjective trauma reactions. A vicious cycle was set in motion which debilitated their relationship and both partners' ability to cope with the effects of their child's traumatic death. Suddenly the way they viewed each other had changed with the result that their relationship also became strained and difficult, with them lacking the ability to communicate. While Grant retreated behind a wall of silence, René was unable to stop talking about what had happened. This kind of behaviour became irritating for

both of them and led to distancing between them. The negative impact of Caitlin's death became Grant's and René's problem-saturated dominant story according to which they 'danced' their 'dance' of marriage.

Their communication difficulty was further intensified. Grant went back to work as soon as possible, where his thoughts and time were focused on his busy schedule. René stayed at home because she could not manage to go back to work, thus, at home she was continuously confronted with her loss and reactions. When Grant came from work, they were nearly consumed by negative interaction patterns. These patterns continued for more than six weeks. Then gradually, after René had visited the psychiatrist for the treatment of PTSD by means of medication, the situation changed. She was now able to see the influence of *sudden death* in her life and in the interactions between herself and Grant. René's ability to finally become emotionally cut off from Caitlin led to a change at last. This turn of events also affected Grant, their relationship and their communication. They did not stay victims of the 'dance' of trauma, and the way towards recovery was prepared.

The story of Henry and Sanet

A week after the funeral, it became clear that Henry and Sanet faced serious relationship problems because of a lack of intimacy and communication that had already played a role since their wedding. Their relationship worked in terms of a vicious circle: Henry criticised Sanet – Sanet experienced feelings of rejection – a combat of words followed – they withdrew from each other. Although they experienced the recoiling of JG's traumatic death, their relationship could not provide a safe place that could engender protection, comfort, and a secure base within their crisis. Instead, their relationship interactions evoked traumatic reactions that made it impossible for them to stand together as a team against *common enemies*.

The grieving process literally came to a standstill in order to make communication possible, and to facilitate a meaningful interaction between them. Issues from their families of origin played an enormous role in stopping them in the process of grieving. Intimate loneliness did play a role, but mainly it was a matter of their levels of functioning within their marriage relationship. While Henry went his way by going to work and taking responsibility for

controlling his life, Sanet was absorbed by her low self-esteem and feelings of rejection. In the process they could not find each other.

By means of the 'pastoral therapeutic dance' Henry and Sanet were helped to move closer to each other, although not to the desired end ultimate. Their problem-saturated dominant stories died hard and they struggled to focus on alternative dominant stories. However, they worked through their grief, but ultimately, they were still struggling with their relationship.

8.4.1 Parents' experiences

As described in chapter six, emotional releases, anger, sadness, reliving, intrusive thoughts, and guilt may accompany the recoiling of the trauma. Parents are crying and yearning for their child (The sudden death of our child 2004: Online). For some it is the first tears they have shed. All the visits, cards and letters may trigger tears for weeks to come. After the numbness because of shock, parents are left with the rawness of pain which gets worse when others are expecting them to get better. Their emotions are often unfamiliar and frightening. They feel desolate and irrational. They realise in full measure what happened and what the consequences for the future will be. At the bottom of all the pain lies emptiness or a feeling of deadness inside them (Arnold & Gemma 1994:30). Besides the emptiness inside, a large empty space is also left behind in the family structure. The child that was already fully connected to the family and occupied a special place in the system, with his unique personality and contributions in the form of the special tasks, responsibilities and roles, is now gone. This particular child and the attachment with him is missed enormously (Arnold & Gemma 1994:55). The missing of the child creates a normal grieving process that leads to normal expressions of grief (Arnold & Gemma 1994:45). However, it is said that this will not necessarily always be the way in which parents show their distress. Thus, parents should not be labeled as *sick* according to the list of symptoms in DSM IV (2000). Responses towards grieving parents may easily lead to pathologising them as persons in need of treatment for abnormalities.

Parents’ normal experiences during the recoil 'step' after the traumatic death of their child can be summarised as follows:

- Shattered assumptions and *why*-questions. Parents ask: *"Why did my child die? Why me? What is wrong with me? What did I do? What could I have done to prevent the death?"* (Arnold & Gemma 1994:30).
- Life is experienced as senseless and all reasons for living are gone. Parents mourn their expectations for their child. Their hopes, wishes and dreams about their child are shattered (Arnold & Gemma 1994:30).
- Parents feel guilty. They blame themselves for their child's death and seek actions that they wish could be undone or altered. The initial guilt feelings just after the incident can now even be reinforced by feelings of regret. They regret their attitudes, responses, and behaviour expressed towards their child (Arnold & Gemma 1994:80).
- Parents feel angry. Their self-condemnation is often due to the anger that they direct inward. This inner rage may manifest itself as depression, self-destruction or violence. Strong feelings of anger may be felt towards their deceased child for *leaving*. One may be angry with one's the spouse by blaming the partner for their child's death. The anger becomes woven into their relationship and unrelated situations. Anger may also be directed outward towards other families with children or to pregnant women for their happiness. Some may feel anger at the world for its injustice, or to be angry with God for being selected for suffering. Some may even feel cheated and filled with hatred (Arnold & Gemma 1994:30, 45).
- Parents suffer from a lower self-esteem. They question their ability to care for their children. They feel less a person, less a parent, diminished and less able to make decisions and judgments. They have the perception that even their best actions or attempts have led to death (Arnold & Gemma 1994:30,45).
- Parents continue to perform the tasks of parenting. Caring for their child cannot end with death, but it continues. The parents may still seek to love, protect and nurture their deceased child. Some parents wonder whether their child is warm enough in the grave on a cold day, and if their child is protected from the rain on wet days. Others will still buy their child gifts (Arnold & Gemma 1994:30).
- Parents have a deep yearning for their child's physical presence. They start searching unconsciously for traces of their child often for months after their child has died. Sometimes they think they have seen their child at various places and are devastated every time they realise that it is not their child (Anon 2004: Online). Their child's

image, voice, touch and footsteps may enter the parents' thoughts as if the child is still there (Arnold & Gemma 1994:31).

- Parents search continually for some trace of their child. Some will choose to leave their child's room as it was with the purpose to preserve it so that their child's memory and place will be lasting. Parents will then forbid the putting away of their child's things for a time. The room becomes a place in which parents cry or feel the presence of their child. It is sealed off and not entered because it is too agonising to accept the loss (Arnold & Gemma 1994:31).
- Most parents have an obsessive need to relive all the details about the circumstances leading up to their child's death. They want to know every detail about their child's death and need answers. They undertake an investigation in which every piece is important (Anon 2004: Online).
- The deceased child stays part of the parents' memories. Parents try to keep their memories alive, because through their memories their child is protected and remains a close member of the family. Photographs, clothing, articles, furniture, *mementos*, and special collections of their child help parents to keep the presence of their child alive. Parents may decide not to wash the blankets of their child at the time of death to keep the smell of the child, or to keep everything as it was when their child was alive. In the same way they talk about their child, although this is a painful way of keeping connected. Frequent repetition of stories about the events and circumstances of their child's life and death become a way of reliving their child. Sometimes their child is remembered in silence and solitude. However, some parents may try to erase reminders by giving away their child's clothing, furniture and other *mementos*. Many parents will move to a different home, feeling that they cannot live in the same place that they lived with their child (Arnold & Gemma 1994:46,80).
- Parents may become careless. They can often be short-tempered with members of the family and this leads to feelings of guilt. They are thoughtless and careless in their reactions when snapping at people. They attach themselves to anyone that connected with their own circumstances, but feel and show jealousy towards those that remind them of their own child (Anon 2004: Online; Arnold & Gemma 1994:46).
- Parents withdraw themselves from important support networks. They experience themselves as being in pieces, crying – often in public – shaking, sweating, or feeling

rooted to the spot. These frightening experiences prevent them from going out in the usual way. When they do go out they are putting on a mask for the outside world, but when back at home, the real pain emerges again. Then it is better to go out as a means of avoiding the pain. There may be a sense of aloneness that can be intensified by relatives and friends who do not want to speak about their child. This can bring greater confusion and rage since denying their child's being will mean a denying of their own existence (Anon 2004: Online).

- They may not be able to sleep or may find an escape in excessive sleep. Sleep is very difficult, and may be interrupted by nightmares and dreams of their child, or frightful images which cause remorse and fatigue. Night-times are especially painful. It is a quiet and uninterrupted time in which thoughts are free. Besides the problems with sleeping some may not eat properly, taking no interest in their own appearance or health (Arnold & Gemma 1994:45).
- Many parents experience sexual difficulties. Their sexual patterns may be altered because partners do not share the same feelings or needs which lead to disagreement and tension between them. Some women ask for more sex often, wanting to become pregnant to fill the emptiness. Some may fear sex because they fear another pregnancy and more suffering as a new child may also die (Arnold & Gemma 1994:45).
- Parents' suffer from flashbacks. Associations that trigger instant replay and reliving of the traumatic death of their child may interrupt parents' patterns of concentration (Arnold & Gemma 1994:45).

Thus, parents experience their loss in every part of their being. Their post-traumatic reactions may disable them and affect all areas of life. Their experiences may be immediate or delayed for a period of time after the incident. When they do experience the recoil 'step', their experiences last a long time. However, the repressing of emotions and the fighting of reactions may occur and for this they will pay a price in their inner, and eventually also in the outer lives. This is especially so when parents keep the pain inside themselves, deny its existence by minimising its effects, and go on with lives as usual. They may become emotionally entrapped in time and trying to patch up their problems via unhealthy ways of coping. The 'dance' of trauma can absorb them and their relationships, and draw them along with its negative momentum, and force them to surrender, which will lead to the destruction

of the self and their relationships. When the traumatic reactions become stronger than the parents themselves, they become a problem-saturated dominant story which interrupts their own life story. Nevertheless, parents need not stay victims. They can be helped to deal with their trauma effectively. They can choose to embrace the traumatic event or deny its impact. Trauma can *win the battle* if they *support* it. When parents are helped to share their pain, it begins to abate, and they can deal with it effectively. It is possible to come to terms with their dominant destructive story and to develop an alternative liberating story.

The story of Lance and Annamie

Lance and Annamie experienced that everything in their lives had changed. They were not positive about life anymore, and they did not smile anymore. They had lost all their dreams about doing things together and being with each other. Their home was the last place they wanted to be, although they had moved to this new house recently. When they were at home, they did not want to put energy into the house or the garden. Furthermore, they did not want to listen to others' problems anymore or help others. Neither wanted to waste breath on meaningless conversations. There was anger inside them because their hearts had hardened. They were afraid of the future because they felt that they had lost control and this made them wonder what would be next. Thus, they felt overwhelmed. They thought that they did not deserve it because they had prayed and had faith in God. It seemed as if God was a God of fear and not a God of love. They wrestled with God and cried for help.

Lance and Annamie were tired of the pain. The yearning for Suané and the reality that she was lost forever, continually whirlpooled in their minds. They suffered from the replaying and reliving of that night of death. Intrusive thinking interrupted their concentration. Annamie said that when she slept, it was like an escape from the pain – then her thoughts were still. Otherwise she kept herself busy with the purpose of forgetting. Lance constantly waited for a sign that would tell him that their child was OK. He had an intense longing to hold her.

The theme of powerlessness was still alive after a few weeks. Lance, especially, experienced a loss of control. He felt powerless when he could not take Annamie's pain away. He tried to be strong and longed for the freedom of powerlessness. But he could do nothing to improve the situation. On the other hand, Annamie questioned other parents' ability to be parents. Sometimes she said: It would have been better if some other child had died. Annamie thought:

Suané was so happy, why should she die? All their plans and ideals were shattered. They asked the question: What are our purposes on earth? Sometimes Lance thought about taking his own life by planning an accident while he was on the road.

The story of Grant and René

While their parents and friends expected from them to get better, René's pain intensified and Grant's withdrawal became more obvious. René experienced an intense sadness, a yearning that bordered on a feeling of deadness inside without any hope. Her yearning even made her simulate the physical presence of Caitlin. When she was at home during the day, she cried in Caitlin's room all day, searched for traces of her, and worried about her well-being. Sometimes she found her feelings and actions so unfamiliar that they became frightening to her. These frightening experiences prevented her from going out as usual. She experienced life as senseless, since all her hopes, wishes and dreams for Caitlin were shattered. She felt less a parent and therefore guilty about her decision to take Caitlin to the day care centre on the day she had suddenly died. In the afternoon she prepared for bathing Caitlin, but then discovered anew that she was gone. Everything in Caitlin's room had to stay exactly as it was. Sleep was difficult because it was interrupted by painful dreams about Caitlin. Thus, René found the recoiling of the trauma extremely difficult.

However, it was different with Grant. Although he seemed to withdraw, it was not because he saw himself as unlovable or unworthy. He avoided situations in which he could feel vulnerable. For him vulnerability meant a lack of control and being weak. Thus, Grant remembered Caitlin in silence and solitude by distancing himself from the pain. He realised that he and René had different points of view: René expected him to cry with her because of their mutual love for Caitlin, while he believed that he had to be strong for the sake of René. His lack of feelings and reactions was, in his eyes, the way it should be, due to his background. Nevertheless, their negative interaction patterns led to marital distress.

Grant experienced irritation when René communicated her lack of ability to cope with Caitlin's death. He responded to her confusion and disorientation by telling her to pull herself together. This had an effect on René's self-esteem and ability to make decisions. She became insecure and unable to modify her behaviour. He saw her as weak and he had to react to it by showing that he is strong. While René longed for someone close to whom she could talk,

Grant withdrew by means of an emotional distance. As a way of coping with the dissatisfactory relationship, René often visited her parents to find support. Grant, on the other hand, played golf with his friends. I realised that Grant and René had to be helped to share their pain. This would help, not only to release it, but also to deal with it effectively as partners.

The story of Henry and Sanet

Both Henry and Sanet faced the pain of JG's traumatic death directly. While Henry was overwhelmed by feelings of depression, anger, quilt and powerlessness, Sanet was absorbed by a deep yearning for JG. However, she was worried about the future and suffered because of feeling guilty for not protecting JG well enough. Their experiences that bothered me most were Henry's lack of meaning and Sanet's lack of self-esteem. Both of them withdrew themselves from the other, thus a kind of barrier arose between them. Where Henry became careless and short-tempered, without considering his words and actions, Sanet became absorbed by seeking to love, nurture and protect JG. While she performed parenting tasks for Daniel, it focused her attention once again on the fact that JG was no longer there.

The 'dance' of trauma nearly overwhelmed them and their relationship, drew them along with its negative impact, and forced them to surrender to destruction. JG's death accentuated the emotional distance that was already observable between them before his death. Henry and Sanet could, to some extent, work through their experiences the moment when they were able to talk and share them with each other. Although the 'pastoral therapeutic process' facilitated a process of healing, they struggled to grow through it. Their progress had continually been hindered by PTSD and *inertia*. Sometimes it appeared that Henry and Sanet were nearly crushed, not only by the recoiling of the trauma, but also by their own lack of making and executing decisions.

8.4.2 Parents' needs

The recoil 'step' of the grieving process places the parents in danger in the sense that the outcome of their grief is totally dependent on the outcome of the pastoral therapeutic process during this time. They have to get through their overwhelming emotions, fears, guilt, sadness, apathy, intrusive thinking and reliving, and, most importantly, through their loss of self. If

they do not manage their reactions by means of avoidance, their grief can develop into the complexities of PTSD (Van Wyk 2003b:7). They will become worse. Their self-esteem may deteriorate; they may experience feelings of inadequacy, depression and anxiety. They may see themselves as victims that are damaged, helpless and incapable of controling their feelings and thoughts. According to the *traumaClinic* in Cape Town (Advanced Trauma Counseling 2003), traumatised persons, later in the recoil 'step', experience developmental needs: an urgent need for acceptance, reassurance, validation, normalisation, and an encouragement to return to normal life routines, such as work, without expecting optimal performance. At this time the trauma therapist and the parents are already part of the counseling process of the second movement, which I will describe shortly.

The story of Lance and Annamie

Thoughts, feelings and actions that were often unfamiliar, irrational and even frightening caused Lance and Annamie to need acceptance, reassurance, validation, and normalisation. Except for the need to be finally free of reactions, they needed to be valued as persons and to be infused with a *sense of self*. They needed to know that they would be fine and that they were not mad, but still normal people with normal reactions. It was important that the pastoral therapist accept them without any conditions. Lance and Annamie also had an urgent need for encouragement to take up the routines of normal life. They needed support to help them cope at work and in their relationships with colleagues, friends and family. Finally, they needed to learn to live with their grief in terms of a new alternative dominant story.

The story of Grant and René

Grant showed the need for accepting him as he was. From the genogram it was concluded that Grant viewed himself and his reactions as normal. Thus, he wanted to be helped to stay calm and in control as a means of coping with the situation. However, René had a need to hear that she had protected Caitlin and cared for her. Her feelings of inadequacy led to experiences of helplessness and an incapability to control her feelings and thoughts. She labeled herself as a poor mother and person that was not able to cope, with the result that depression and anxiety were heightening towards a point of self-victimisation. This created a need in René for special encouragement to go on with life with a positive and hopeful attitude.

The story of Henry and Sanet

Since Henry and Sanet's marriage relationship was in danger, which, as a result, created problems in the grieving process, their greatest need was to find each other in terms of an emotional attachment. They needed communication and each other's support and love. To reach this point, they needed new insights into the influence of their families of origin. Besides this, Henry and Sanet needed new perspectives of themselves and of each other. They also needed to be helped towards acting against their common enemies. While Sanet needed to discover a stronger self-esteem, Henry needed to find meaning in life. Both of them needed life skills which could help them in their general interactions. The tragedy was that both of them were not totally committed to persevere in persuing a new way towards change.

8.5 As the months pass towards reorganisation

As the months passed, a gradual yearning developed to take up the threads and to return to normality again (Anon 2004: Online). Thus, the 'step' is made towards reorganisation especially if the trauma reactions do not become ingrained because of intrusion, arousal and avoidance. It is possible for parents to integrate the traumatic death of their child, and again to live life in accordance with their own preferred story. However, this is only possible if there are no complications in the grieving process, and if they succeed in managing their reactions to their trauma effectively. It may be that some parents have learned to help themselves, but others are in need of facilitation through the help of – as in the case of this study – a pastoral therapist in pursuing the goal of the 'pastoral therapeutic dance'. If parents are able to maintain a close and healthy marital relationship during the grieving process, it is possible for them at some time to start yearning for a return to normality. This return to normality has to be defined in terms of the grieving parents' own understanding. One parent said:

> **"Before our two children died suddenly in a freezer three years ago, our lives were basically full of joy, with only occasional times of bitterness, sorrow, pain and conflict. But now afterwards, since our children have died, our lives are basically full of bitterness, sorrow, pain and conflict, with only occasional times of joy".**

These parents could say that *"their lives are fine again"* because they had started to live with their pain and sorrow. One should also keep in mind that sometimes parents have to grow through marital conflicts that came into their lives after the death of their child, so that they may be able to look back after a few months with some relief. What follows is a glimpse of what may happen in parents' lives if the 'dance' of trauma starts to find a new 'track'.

To find a new 'track' means that parents eventually begin to make small efforts in the direction of order in the midst of the emotional and physical chaos they are experiencing. They find new joy in life through acceptance, adjustment, healing and by managing their emotions. They experience a gradual relief from reactions. The disruption of stability and normal routines and habits now challenges them to restore normality again. Gradually they are regaining control over all aspects of their lives. As the weeks and months pass by parents are prepared to establish new patterns in their lives. They start to think differently about what happened, and they start to build up their self-confidence again (Anon 2004: Online). It is also stated that:

> **"The hurt slowly changes from intense pain and a focus on death to less emotional memories and a commitment to live in honour of the deceased child and in a way that would make that child proud"**
>
> **(Anon [n.d.]: Online).**

Although growth may come out of the tragedy in terms of new constructive ways of living, complete recovery is a myth. Parents do gradually put their lives back together again, but never truly *get over it*. They will never have the same lives they had before. The family unit is changed forever and the deceased child's place will remain unfilled forever.

The story of Lance and Annamie

After about three months Lance and Annamie experienced a gradual relief from their reactions. They were regaining control over all aspects of their lives. They found new confidence and started to think differently about what had happened. Their shuttered assumptions were restored. The traumatic death of Suané was finally accepted and a process of adaptation helped them to restore their normal lives. They were ready again to reinvest energy in life. However, they learned to live with the pain and loss according to their own

preferred story. Thus, the yearning, pain and memories were still there, but they did not dominate their lives. Annamie said:

> **"Before Suané's death I always saw the positive things in life. After I met real life, everything changed. I came from a time where I did not want to live anymore, to now where I have found new purpose and meaning in life. However, I fell hard and painfully, but slowly I stood up again. I appreciate everything around me much more, especially my husband and children. New wisdom entered my life. I am so thankful for that! The best of all is that I am now able so see other people's pain and sorrow. I can have empathy with them and offer my help. Yes, I do sometimes get panic attacks because I am still afraid of what may suddenly happen in our lives, but overall I am convinced that I am now a better person than ever before".**

It is obvious that a new alternative dominant story developed in Annamie's life which led to new and constructive ways of living. The same can be said about Lance. He was able to take control again and regain life:

> **"I still feel guilty and I know that it is wrong, but it has a positive impact. Suané taught me an important lesson during the short, joyful time with us, namely how short life really is. Her death also taught me the fulfilment of reaching out to others in pain. I realised that money and possessions do not count much. However, I discovered that love is the most important value in life, that it is important to enjoy life and that every minute must count when I am playing with Suané's brother and sister. Her death drew us closer to each other as marriage partners, and also drew both of us closer to God. Without Suané's death I would be poorer: I would only be an ordinary father who strives to have the best for his family in terms of earthly values, without enjoying it with them. It feels as if my life started all over again!".**

Lance and Annamie discovered a call from God to commit themselves with compassion to parents with children dying of cancer. They played a huge role in supporting these parents and their dying children. A special moment in their lives occurred when they successfully finished

a course for supporters of people who suffer crises. This course equipped them to have an effective influence in the lives of others. They were used as references for parents who suddenly lost a child. Lance and Annamie also played a role within *The Compassionate Friends* where they served as members and organisers. They recently moved to another town where they continue to be supporters of suffering people.

The story of Grant and René

I 'danced' with Grant and René for more than four months. Sometimes the 'dance' was out of rhythm because of the intensified influence, not only of *sudden death*, but also of their families of origin. It was not only the 'pastoral therapeutic dance' that was out of rhythm, but also their 'marriage dance' because of trauma reactions that had become ingrained. Sometimes their hope for themselves and their relationship became vague; however, I continually communicated my hope for them. It took time to finally grow through marital conflicts because of the traumatic death of Caitlin, and to find each other in a close and healthy marital relationship during the grieving process. Only after that it became possible for them also to reorganise personally. Fortunately, the 'pastoral therapeutic dance' drew them along towards a happy ending.

Although Grant and René – and their marital relationship – went through deep waters, they found deeper meaning in life. They gained insight into the purpose of life and a new appreciation of their strengths. This discovery brought an end to their shuttered assumptions, namely that life had lost its meaning, and that God had forgotten about protecting them as his children. The pastoral therapeutic process led them to acceptance, adjustment, healing in terms of regaining their *sense of myself*, and, finally, to find new direction and to establish new patterns in their lives. When they look back after two years since Caitlin died, they admit the value of our 'pastoral therapeutic dance'. While they are convinced that our 'dance' was necessary for saving their marriage, they simultaneously recommend that the same kind of 'dance' has to be initiated for every couple directly after the traumatic death of their child.

When asking Grant and René about their well-being after two years since Caitlin died, they admit that they have made good progress towards healing. In respect of their marital relationship, René says:

> **"I discovered the importance of Grant in my life. I am not over-involved with my family anymore. I am also not focusing on my own needs anymore. The death of Caitlin strengthened my emotional attachment with Grant. God made it possible as I grew in my relationship with Him. Although I become rebellious sometimes, I now know that God has a purpose in mind with Caitlin's death. Through the therapeutic process He taught me to live with the pain. However, time made the difference: I can now talk and think about her without the pain. Her death was beneficial to us".**

Grant adds:

> **"Caitlin's death helped me to get a better understanding of René. I learned to understand her reactions and her depression: I now know better how René is feeling and what I can do to comfort her. I also think that both of us learned to understand each other's needs, to be sensitive towards each other and to give each other more space. We discovered our differences and learned to accept and respect those differences and also our different ways of coping".**

However, Grant and René still have their sad times. René says that it remains difficult for her during weekends, in the evenings and especially during the months around April. During the week when she is busy working all goes well. There are times when she thinks about Caitlin, but the pain is less. Thus, the pain is fading away, but she never forgets about Caitlin. Grant on the other hand, is often triggered emotionally, either at work or at home, by a song or by something that he sees. It feels then as if he has stepped back into the sorrow of two years ago, but that lasts only for about half an hour. It has become easier for him to overcome that sorrow. They often visit the garden of remembrance together. Once a year, on the date Caitlin died, they plant a tree nearby her gravestone. They have already planted two trees in order to remember and honour her. Each time when they visit the garden, they water the trees and clean up around it. This has become their way to spend quality time in the garden and to be there with a purpose. I validated their clever idea that has become an important ritual in their lives.

I was surprised by their movement towards an alternative dominant story. At the time when we terminated the therapeutic process 20 months ago, especially René's pain and emotional memories were still very real. However, they made a commitment to live in honour of Caitlin by adopting her characteristics and virtues. *Freedom* allowed them to focus their attention on each other and on Dylan. That was their preservation, and from the moment René became pregnant with a new son, they finally allowed themselves to go on with life.

The story of Henry and Sanet

After about five months Henry and Sanet were still struggling to pick up the threads and return to normal again. Besides struggling to integrate JG's death into their own preferred story, they also had to fight for the survival of their marriage. On the one hand, they could not help themselves, and on the other hand, the 'pastoral therapeutic dance' was hindered by *inertia*. Henry and Sanet could not begin to live with their pain and sorrow, because they could not live with each other. The action plans were there, but the efforts in the direction of these plans did not realise. They could not escape from the vicious circle in which they were caught. Sanet says after two and a half years since JG died:

> **"Let me say it: if it was not for the counseling process, we would have been divorced by now. Luckily, Daniel was there – he holds us together by appealing to our mutual responsibility. We are still breaking each other down with words: we are supposed to see the good qualities in each other, but we are still focusing on the weak points. Our marriage relationship has been shipwrecked since JG's death; we have drifted apart, instead of towards each other. Both of us are stubborn and too full of pride to change. However, the way Henry handles me remains a great problem".**

Henry's remarks after two and a half years since JG died are in the same vein. Although he is convinced that some of their relationship problems have been solved, their relationship is still not what it used to be:

> **"We are doing well, but everything is not 100% all right. We still have to work hard towards a healthy relationship. Since JG's death we have not learned to pull into the same direction. His death wounded our relationship. A good**

> **relationship has degenerated into a bad one. We cannot have sex anymore: although my sex impulse is repressed because of medication, Sanet is spiteful".**

Sanet grounds her spitefulness on the way Henry criticises her on a daily basis. Although Henry criticised her even before JG's death, they were satisfied with the quality of their relationship, although it was not extraordinary. However, their marital crisis after JG's death, made it difficult to participate in the normal expression of grief. After two and a half years they still feel the pain intensely. Henry says:

> **"I do not ask *why* anymore, but I still feel the pain deep inside me. No one can overcome child death in any way. Every day I try to hide my pain and to escape anything that may remind me of JG. I know Sanet also does that – we do not expose ourselves to situations involving a sick child. I make a cut-off, for example, when a little baby boy is involved. We have only learned to cope with the pain to some degree. More than once I tell myself: *'Now, pull yourself together'*".**

I realised that Henry and Sanet had not worked through the pain of their grief. Sanet admits, after two and a half years, that she had to be strong for Henry and Daniel's sake. Two years after JG died, she had to seek medical help because of PTSD. Three months before Sanet collapsed physically and emotionally, Henry was also hospitalised for PTSD. Amongst other things he underwent EMDR. According to Sanet, throughout our sessions during the first five months after JG's death, they experienced disorganisation without knowing how they feel or think. They wanted to be alone and to withdraw themselves from everyone. However, the 'pastoral therapeutic dance' was valuable to them in that they were urged to talk about their shattered assumptions and to receive support.

Finally, both of them are worried and unsure about their future relationship. On the one hand they realise that something has to be done to get their 'marriage dance' onto another 'track'. They know what has to happen, but it is as if they cannot come to the point of making it happen. One gets the impression that they are waiting for something to happen automatically. The fact that they did not grow through their crisis, bothers them, but they hope that their

relationship will recover and that time will heal them. However, despite their passive approach, Sanet can say that, due to their crisis, she discovered a deeper dimension in life: money does not matter anymore; she gained more empathy for others who go through a similar crisis and is even willing to give them advice. Although she drifted away from God some time after JG's death, she has been brought closer again; she became stronger in coping with other problems in their lives. Unfortunately, Henry is dragging her down and she is losing herself.

8.5.1 Parents' experiences

It may take a long time before parents can say goodbye forever. Although they have accepted the child's death more fully, they are filled with an "*intense anger at the injustice and anguish at the realisation that the loss is forever*" (Anon [n.d.]: Online). They focus their anger on those responsible or on God for not saving the child, or on anyone or anything. Their difficulty to say goodbye is also accompanied by a deep yearning for their child. Thus, it takes a long time before they can put the child's personal belongings away. Parents are also continually conscious of their own vulnerability. They are aware that any innocent phrase can trigger acute distress inside them. All this makes them feel uncertain, with the result that they become unwilling to move out of the circle of friends and family and even the walls of their home. Other experiences of parents may be:

- A strong urge to find someone or something responsible for their child's death. Parents are faced by many unanswered questions about the last hours and days of their child. They may even punish themselves for what they see as their failure in parenting, while other parents can become over-protective of their other children.
- Many parents return to work. However, they may experience difficulty in handling colleagues who avoid them as *different people*, because they do not know what to say or what to do. They also experience a lack of concentration and interest, and this brings worry about losing their job. They are irritated by trivial workplace conversations and preoccupations. They may wear a mask at work often so effectively that others will believe that they are doing well, while in reality they are struggling to keep going.

- Parents experience each day as a battle against fatigue and confusion. They are struggling to take each day at just a bit at a time. Many may still struggle with guilt feelings about what they wanted to do together with, and for their child, but now all is taken away. They feel robbed of their child and the future they planned. They have a great desire to turn time back to do things differently.
- It is difficult for parents to see that the world goes on when their child is gone. Parents may suffer through others who are insensitive to their needs. For these persons the world is carrying on while parents' own world is shattered.

What remains for months, is a desperate searching for peace from the turbulence of their emotions. Eventually the burden of guilt and need to blame oneself are removed so that it is not the main focus of the grief anymore. This will lead to a level of acceptance or understanding that many of the tragedies in life are not preventable or foreseeable.

Eventually they learn to survive their child's death and rejoin the mainstream of life. They learn to take new opportunities that have been denied to the child. This can provide a positive reason to go on living, and it can help them to create something positive where they thought none existed. Gradually they rebuild the foundations of a new future and gradually they walk into *"the land that is called life"* (Anon 2004: Online). Parents begin to move on again. Their inner life has been changed since the dark days of their trauma. They start functioning again and begin rebuilding on the foundations of what they were before. They slowly merge their child's death and all the events surrounding it with the way they live now. The sorrow becomes a positive driving force that brings about change that would have been unimaginable before.

By now the child begins to live in parents' hearts and memories. They start doing things that are positive and constructive in memory of the child who died. This increases their focus on their present life, brings comfort and helps them return to life again, while thinking less about death. In small ways they pick up the threads of daily living and slowly become involved with events and activities outside their own circumstances. They know that the time is right to start spending more time in the present and less in yearning for the past. This does not mean that the deceased child occupies their thoughts less, but that other things begin to mitigate their sorrow. They can move forward now because the pain is not integrated into their selves, but

their lives are restructured in order for them to begin living again. This may include a new focus and input into an appreciation of the surviving children by finding new ways to live with their future and that of their other children in mind.

Many parents find special ways to remember their child. These remembrances can be as simple as often mentioning the child's name in conversation, telling stories about the child, making a special memory album, or even holding special memorial gatherings to remember and honour the child.

The story of Lance and Annamie

Although the feelings of guilt and emptiness continued to dwell with Lance and Annamie, the point of acceptance became closer after about two months. Their guilt and emptiness were deepened by their yearning for Suané, but they realised that they had to continue with their lives. While they were confronted with their own vulnerability, they discovered other perspectives on life and death which helped them with their shattered assumptions. The people around them at work still made them feel uncomfortable with their questions and remarks, but they gradually learned to cope with that. Thus, Lance and Annamie started to function again and to rebuild on the foundations that had existed before. They slowly became involved with events and activities which showed their new interest in life and in the future. They found new hope that was built on more positive thoughts.

The story of Grant and René

Grant's and René's experiences were intensified by relationship problems that stemmed from their families of origin. The difficulties in their interaction with one another could be ascribed to Grant's withdrawal from René as a reaction to René's over-involvement. Gender also played a role. This distance was broadened by their struggle to share their emotional experiences. Thus, René could not overcome her yearning for Caitlin, her sadness, her angriness with God about her unanswered questions, and her feelings of emptiness and guilt. She could not understand the intrusions and arousal she experienced, therefore interpreted them as signs of her own weakness. Eventually, life became pointless and without meaning for her which led to depression. Grant, on the other hand, kept his yearning for Caitlin and the painful memories about her to himself, in order to be strong and in control for the sake of René. It took time for them to work through these experiences and reactions which became

stumbling blocks in their 'marriage dance'. At the end of the 'pastoral therapeutic dance' Grant and René developed an alternative dominant story in which they became involved in each other's lives and through which they experienced freedom and satisfaction.

The story of Henry and Sanet

Henry and Sanet were conscious about their vulnerability. They carried acute distress and uncertainty inside them because of their relationship problems. Although they returned to work, they experienced a difficulty in handling situations. It was difficult for Henry since he had lost his interest in work and life. He became irritated with people at work and frustrated with the process of rationalisation. He could not concentrate on his work, did not want to take part in conversations at work, and was absorbed by thoughts of personal failure. Sanet decided to change her job: since she worked in the Neonatal Unit in the hospital where JG had received treatment before his heart surgery, she could not proceed because of the emotional burden of coping with that. She struggled with fatigue and confusion and tried to over-protect Daniel. Both Henry and Sanet withdrew from the people around them. Tragically, the grieving process came to a standstill, while they had to sort out their relationship problems. Thus, Henry and Sanet could not gradually rebuild the foundations for a new future towards a new alternative dominant story.

8.5.2 Parents' needs

What a wonderful experience to see the first traces of a new beginning! Thes first traces finally represent a 'step' towards reorganisation in which there is a regaining of trust in people, a restoring of optimism and confidence. We also note new attempts to relate to other people again, and to readapt and rearrange belief systems. According to the *traumaClinic* in Cape Town (Advanced Trauma Counseling 2003), traumatised persons at this time have a need for support and encouragement. They also have a need for positive feedback that facilitates their gradual reintroduction to normal life expectations. It may take months to recover, but it is also possible that traumatised persons never recover fully, as it is suggested in the case of grieving parents after the sudden death of their child. Although they do not necessarily need help at this time, their remaining reactions do not interfere with their daily living. Luckily they have reached the happy ending of the 'dance', but how sad it is to know that there are persons who can get trapped by chronic PTSD (Van Wyk 2003b:7). It is a privilege to share the stories of

those parents who's 'dance' has a happy ending, but it is painful to see those that are trapped and forced by the 'dance' of trauma towards destruction, to the point at which their own power and control are overwhelmed by the forces of trauma itself.

The story of Lance and Annamie

In the third month of the 'dance' of trauma, Lance and Annamie developed the need to escape from the influence of *sudden death*. They wanted to live with self-confidence and hope again. They wanted to go on with their lives in terms of new thoughts and positive feelings. Therefore, Lance and Annamie needed to plan a moment where they could finally say goodbye to Suané. This happened during their holiday. There was a need to be with each other in order to share moments of their pain as well as memories to keep their child important to them. As they started to spend time in the present and less in yearning for the past, they asked for help in putting Suané's belongings away. They also longed to take a fresh stock of their resources, especially God's help and support. However, the support and encouragement of family and friends were also necessary for them. A regaining of a *sense of myself* would finally help them to go on with their lives, and to become involved in the lives of other parents who had suffered child loss. Positive feedback about the quality of their parenthood made the difference concerning their future life.

The story of Grant and René

Gradually Grant and René reorganised their lives and relationship despite those factors that were leading them towards destruction. Their greatest need was to find each other and to support each other as a team. The support from each other was necessary for the preservation of their marriage relationship. Both of them longed for emotional involvement in and conversation with each other, but unfortunately, they could not initially succeed in this. They also needed help to put Caitlin's belongings away, to honour and to keep her in their memories, and to make her life worthwhile by choosing some of her best characteristics and virtues to live within them. It gradually became obvious that it was important for both Grant and René to take responsibility for their future, and in the process they needed each other's validation and strengthening of their *sense of myself*. They needed to discover their strengths anew and to live in freedom.

The story of Henry and Sanet

In their marital crisis, Henry and Sanet needed support and encouragement. Sometimes they were nearly trapped and forced by the 'trauma dance' towards destruction, and then we discovered unique outcomes that kept them intact. They needed someone who continually believed in them and their qualities. They also needed help to overcome their *inertia* by urging them towards specific outcomes. For them their marital relationship became an important priority to focus on and to restore to a level they would be satisfied with. They needed understanding within the contexts of their families of origin. Finally, Henry and Sanet needed understanding that they impeded in their progress towards reorganisation. Thus, I had to 'dance' with them patiently, step-by-step, until they seemed to 'dance' on their own.

8.6 The continuation of the 'pastoral therapeutic dance'

As the 'dance' of trauma proceeds, the 'pastoral therapeutic dance' should also proceed accordingly. On the one hand, the most difficult part of the 'dance' of trauma has been reached, but on the other hand, there are also opportunities to escape a sad ending. It is a difficult struggle for parents to move through the recoiling of the trauma, but for most of them the light of a new beginning can become reality. Surely, time is a factor! I do not want to challenge *time* in this 'dance' of study by trying to hasten the process. We have to consider time: when it comes to grieving, possibly even a lifetime. We cannot lay down any prescriptions. I will stick to my initial purpose, namely helping grieving parents to integrate the trauma of their child’s sudden death into their lives by means of a narrative approach. As the *traumaClinic* in Cape Town puts it: to facilitate the normal or natural process of recovery towards re-empowerment (Advanced Trauma Counseling 2003). The details of this involves, restoring:

- A sense of cohesion;
- A sense of self-esteem and self- confidence; and
- An internal locus of control.

Thus, one should not expect to find couples whose grief has been fully resolved. The counseling process I describe in this 'dance' of study can only be an initial contribution to integrate the trauma into the narrative of life. It remains a question as to whether there can ever be an end to the support process when it comes to grieving parents after the sudden loss

of their child. I also cannot decide by myself when we have reached the end the 'pastoral therapeutic dance', as if I am an expert. It is only in collaboration with each other, that we get some clues that a *"restoration of a sense of mastery"* took place (Van Wyk 2003b:5). This is the point at which the grieving parents take charge once again, instead of remaining victims or becoming patients (Van Wyk 2003b:9). It is indeed wonderful for them to rejoin the mainstream of life, but even then, follow-up support is often necessary as the memories remain.

The challenge is now to give the 'pastoral therapeutic dance' momentum towards a happy ending. This momentum should become so strong that it draws the grieving parents into a 'dancing style' which will bring about new outcomes and new stories. In the process the 'dance' of trauma should be gradually diminished, while the 'dance' of life is being raised to into new heights. How will this become true in the lives of parents who were once devastated and overwhelmed by trauma? Egan (1990:72) says that the parents have to be enabled to exercise self-responsibility, which means they accept responsibility for their own lives and earning their way in the world according to their own capacities, resources and strengths. One of the most important aims in counseling is to enable clients to act on their own behalf, and to develop more options in their lives: *"At its best, helping enables clients to learn to open doors, the throw off chains, to stretch"* (Egan 1990:7). Thus, the trauma therapist has to help parents to want to (to be motivated to) tap their own resources in order to reach their full potential again. According to Anderson & Goolishian (1992:28), change in therapy is *"the dialogical creation of new narrative, and therefore the opening of opportunity for new agency"*. What follows is a 'narrative dance' in action in which therapist and client are involved in the co-creation[252] of new meanings and new realities through conversation in which renewal can occur (Anderson & Goolishian 1992:30).

The second movement: promoting healing

In accordance with Egan's (1990:38) developmental model, therapist and client have to move gradually to the development of a preferred scenario which can exist, but does not exist in the present. To conceptualise or envision a new state of affairs after improvements have been

[252] The basic idea is that the therapist and client are *together in a system* during the conversation in which they mutually affect each other's meaning (Anderson & Goolishian 1992:31). Thus, the influential nature of true leadership is under discussion again here.

made, can only be realised if new possibilities can be opened, and new choices and commitments can be made (Egan 1990:41). However, a movement from the present to the preferred scenario should not be made too quickly. The therapist has given the grieving parents enough time to dwell in the present scenario until they are ready to move to the preferred scenario. This does not mean that the therapist shuts his eyes to the preferred scenario. Like a dance, there will be continually movement across, backwards and forwards between sessions and also between the movements. As I have shown in the first movement, the needs of the traumatised parents should always be taken into consideration.

We saw in chapter six that, after traumatised persons who are involved in the 'dance' of trauma, have been stabilised, they may struggle for a long time with the continual recoiling of the trauma. They do not only suffer from powerlessness, hopelessness, shattered assumptions about the self, the world and others, but also from the physiological impact[253] of the trauma, emotional turmoil, intrusive thinking and reliving of the trauma. I have outlined in detail all the negative effects of trauma on individuals and relationships in terms of unfamiliar reactions. It was also stated that it is understandable that different people experience the impact of trauma differently. Nevertheless, trauma makes people feel as if they are *beaten up* by life, and that they are only observers rather than participants in life. We have also seen that some people may try to ignore the effects of trauma, and that some will develop certain (unhealthy) strategies to help them survive the pain. Then the trauma may go off track and result in a sad ending of destruction, especially when the death of a child is involved, because of its devastating effects on parents. The special attachment between parents and their child is gone forever! It is difficult to imagine the confusion, shattered dreams, questions, guilt and anger, emptiness and yearning, vulnerability, the loss of a *sense of self* and the grieving for what has been lost. It is understandable that the need to return to a state of equilibrium is urgent, whether the post-traumatic stress reactions are immediate, or delayed for a period.

The process of deconstruction

[253] When I discussed the physiological dimension to trauma, I showed, what Turner & Diebschlag (2001:74) also indicate, that the freezing response (when the arousal remains longer than the body can sustain it) goes along with a highly charged state of energy (that should be expressed in flight or fight) that cannot be expressed, but is bound up in the nervous system, creating immobilisation and dissociation. Discharge of the hyperarousal should first take place even if it means that the story does not unfold immediately. Traumatised persons are often prevented from doing so by circumstances or a sense of priority. Many live with the hyperarousal ready to be triggered by any external or internal stimulus which reminds them of the trauma. The consequence of this

It is a difficult task to facilitate the healing process during the recoil of the trauma. On the one hand, the 'dance' of trauma should be handled carefully, but on the other hand, it should be exposed to its deepest level of influence. That is why the trauma therapist has to remain engaged with the process of deconstruction long enough. Before any healing is possible, the dominant restraining story should be unmasked. In the words of Nicholson (1995:24), it should be named and separated from the identity of the person, and its background and sustaining forces should be identified. Externalising conversations are central to this process as a means to separate the person from *the problem* and its dominant story. *Relative influencing*-questions may be used to explore the impact of the traumatic loss on each parent, on their relationship and on their view of themselves (Tomm 1988:4). These questions are designed to lead to responses that may alter persons' perceptions, understanding[254] and beliefs. A change of views will eventually result in changing behaviour. *Relative influencing*-questions consist of strategic and reflexive questions. Strategic questions are mainly corrective, which means that the therapist uses questions in such a way that the questions help the persons to realise how they have erred and how they ought to behave. This is done indirectly in the form of questions that are based on hypotheses. Although these questions are indirect instructions, persons are directly and directively confronted with a change in perceptions (Tomm 1988:8). Reflexive questions may lead persons to reflect on the implications of their current perceptions and actions and to consider new options. Persons are invited to seek new views instead of being pushed or pulled into old ones. These questions tend to open new perceptions, perspectives, directions, and options. By this kind of questioning, the therapist wants to guide persons to mobilise their own resources and solutions in a new direction (Tomm 1988:9, 12).

Relative influencing-questions may also steer traumatised parents to both the discovery and challenge of the historical basis of *the problem*, of how they have been recruited into their perspective of self, of how the social context plays a role in terms of taken-for-granted practices, and power-relating issues regarding gender, for instance. In terms of Egan's

is an inability to deal with present-day challenges. Then the content of the trauma and its meaning can easily become inextricably tangled up with our physiological response.

[254] Although strategic questions have the benefit to challenge persons' constraining problematic path, they can easily lead to guilty feelings and an experience of manipulation and control. Otherwise this type of questioning is extremely constructive in that it opens up a new view on problematic patterns, limitations and contradictions (Tomm 1988:12).

(1990:34-35) model this will mean that blind spots[255] are challenged by helping them to see problems and themselves from new and different perspectives. As soon as changing perceptions have been initiated, a move in the direction of Egan's (1990) preferred scenario is initiated.

The emergence of a preferred story on the basis of imagination

According to Nicholson (1995:24), this point is reached when the clients', in our case the parents', dominant story is loosened up[256], and its identity is uncovered in terms of its impact on their lives. Parents are encouraged to evaluate the influence of their problem-saturated dominant story in their lives, and to judge whether it is preferred or not. Egan's (1990:39) preferred scenario involves a clear picture of what the client would like to accomplish, the goal or preferred outcome that is based on clients' imaginative resources towards a future which is better than the frustrating present. Egan does not talk about only one picture here, as the client has to be helped to develop a range of possibilities for a better future, which can be translated into action. Although Egan's (1990) thoughts are very valuable on helping clients towards a preferred future, his method is totally different from Narrative Therapy's idea of reconstruction of a preferred narrative. Where Egan's (1990:6-7) *help* can be understood in terms of education from a position of expertise and *"knowing better than the client"* to solve and manage problems, the reconstruction of preferred narratives is much more a process of co-creation that takes place within the context of mutual conversations and explorations of therapist and client together[257] (Anderson & Goolishian 1992:30).

[255] People become comfortable with *"outmoded frames of reference"* that keep them locked into self-defeating patterns of thinking and behaving. Egan's (1990:35) opinion is that people should be helped to see themselves, others, and the world around them in more creative and broadened ways.

[256] Clients' dominant story starts to loosen up when they gain more distance from the dominant, problem-saturated description of the self and when they are more able to notice aspects of their life that contradict the earlier narrative (Nicholson 1995:24).

[257] From a narrative point of view, the process of re-authoring one's own life may never by pressured by therapeutic explanations (diagnoses) or interventions (treatments of behaviour) from the therapist's prior knowledge, which can lead to prescriptions in terms of *I know what is best for you* or labelling a person as *abnormally sick*. In this context Anderson & Goolishian (1992:32) warn that the therapeutic process should always be a process of understanding *on the way* which means that the therapist has continually to adjust his own understanding to that of the client's, and always stay open to the changing of understanding in accordance to the expertise of the client. The therapist has to beware of constraining a client's narrative or developed meaning.

Louw & Müller (2002) investigated how imagination can be used in pastoral Narrative Therapy. They believe that Brueggemann's insights about imagination[258] in an Old Testament's context[259] are very relevant in a narrative therapeutic approach. According to Louw & Müller (2002:341-344), imagination is necessarily part of a new future reality that is based on new possibilities. Through imagination, it is possible to establish new connections and patterns between matters within a new framework of meaning which lead to new solutions. The power of imagination in Narrative Therapy is the creative change on the grounds of a reinterpretation (reconstruction) of reality which is not possible by means of logical argument. This change is realised when a person imagines or constructs a new story on the basis of the story of God. A person transcends the taken-for-granted, the fixed arrangements and the *dominant, habitual, unexamined lens*[260] towards a new picture of a preferred future. Imagination is able to draw someone out of the present scenario towards a better future. In this sense imagination is crucial in the process of identifying unique outcomes[261] as it gives way to new ideas, new responses and eventually to the rewriting of new stories. Imagination invites us to see the world differently, which is not possible when stories are presented with thin meaning and from the problem perspective (Müller 2004:4).

Identification of unique outcomes

The reconstruction of a preferred narrative is based on the identifying of unique outcomes. A person should be invited to attend to unique outcomes by a process of questioning. White (1988b:39) says:

[258] Louw & Müller (2002:344) refer to Brueggemann's description of imagination as *"the human capacity to picture, portray, receive, and practice the world in ways other than it appears to be at first glance when seen through a dominant, habitual, unexamined lense"* and *"to dare a new phrase, a new picture, a fresh juxtaposition of matters long known"*. Thus, the world that is often taken-for-granted is no longer a fixed arrangement, but can be creatively changed by imagination through reconstruction (Louw & Müller 2002:345).

[259] Brueggemann does not only use the Old Testament, but also refers to the New Testament. He views the whole Bible not as *"closed and fixed"*, but as *"live, open, unstable and tense"*, like people. Biblical texts are full of *"imaginative models of reality"* which always portray the new alternative possibilities that God Himself has. Biblical imagination always leads to change towards an alternative life, an alternative understanding of life, thus, to new constructions of life (Louw & Müller 2002:347).

[260] Müller (2004:2) refers to Brueggemann who says that the work of fiction is *"to probe beyond settled truth and to walk to the edge of alternatives not yet available to us. It is this probe behind our settlements that makes newness possible"*. This makes it important that the unquestioned, unconscious, taken-for-granted ways of thinking and doing should be addressed in therapy.

[261] Müller (2000: Online) considers unique outcomes as *strangers* that have to be found or discovered, and when they are found, progress is made on the journey to the *homeland*.

> **"These questions have them puzzling over the contradictions that are thrown up, and they are confronted with the gaps in their knowledge of self, others, and relationships".**

Through the process of questioning, the therapist encourages a person to fill these gaps in the real accounts of his life by rewriting his own story, by deriving new meanings and new re-descriptions of the self, others, relationships, and by new future possibilities and valued destinations. These new stories, re-descriptions, and possibilities usually possess *"richness and a complexity that the old accounts, descriptions, and possibilities lack"* (White 1988b: 38). The questions that are referred to here are also *influencing*-questions, but here they are focused on the repositioning of a person in relation to the self, others, and in his relationships. It brings forth a description of the influence that a person and his relationships can have in the life of *the problem*, and it invites a person to take action against *the problem*[262]. These questions are classified in 2.6.4 as *landscape of action*-questions, *landscape of consciousness*-questions and *landscape of identity*-questions (White 1988b:41-43).

The identification of strengths plays a huge role in the discovery of unique outcomes and in the development of a preferred scenario. Goldfein (2004a:55) focuses, in her second stage of trauma recovery, on helping clients to access their strengths. The therapist has to explore how the client handled adversity in the past. Goldfein (2004a:55) writes:

> **"From the stories of previous successes, extract the principles of his coping style and help him apply this knowledge to the current situation. Identify things that anchor a client in his life and build on these".**

It will then be possible to set small, achievable goals to promote a sense of mastery. Ferreira (2004)[263] also refers to the importance of strengths in the therapeutic process. According to Ferreira (2004:78), clients have to be helped to discover the considerable power within

[262] White (1988b:40) says that the greatest gift of a therapist to persons seeking therapy, is *"to help them become their own writers"*.

[263] Ferreira (2004:58) has shown how a development took place in the therapeutic world of social workers via a shift from a focus on abnormalities, problem-saturated stories and symptoms, to a focus on trust in clients' inherent strengths to resolve problems towards ensuring a better future.

themselves, their families and their environment in order to empower[264] themselves towards greater quality of life. Thus, the client is being put in a position of control by the therapist who believes that the client has the ability to create new meanings and new outcomes on the basis of his own potentialities and strengths (Ferreira 2004:81). These potentialities and strengths will then help the client to focus on what he wants to alter and on the realisation of new possibilities (Ferreira 2004:72). Although the using of strengths in therapy is important, the therapist should not decide which strengths are important, but has to help the client to discover them by himself.

Within a narrative context, Wylie (1994:40) refers to the process of discovering strengths as *"meticulous prospecting"*. When she once observed White in a narrative therapeutic session, Wylie (1994:42) discovered the essence of prospecting:

> **"It is... like panning for gold in an overworked stream long since abandoned by other prospectors. Slowly, meticulously, steadfastly, White sifts through the sandy deposit, patiently extracting almost invisible flakes until...he has amassed an astonishing mound of precious metal"**
>
> **(Wylie 1994:43).**

White will not allow people to slip away into the sad night of their misery, but will wait and go on even through long silences until epiphanies take place with people who would be written off by most therapists as hopeless[265]. Through a process of questioning[266] and

[264] Turner & Diebschlag (2001:77), who are working from a body-centred treatment model, use the term *resources* and not *strengths*. They refer to many kinds of resources, both internal and external. These resources are *"things that have enabled them in their lives"* and clients bring these with them into the counseling room. The therapist has to *"develop a nose for smelling them out"* because they can open up new options and choices for clients. They are *"seeds of empowerment"* that work against disempowerment which carries a risk of becoming overwhelmed. According to Turner & Diebschlag (2001:75-76), a person's resources determine his capability and capacity to process and integrate trauma experiences. The more resources that are available, the less need there is to fall back on dissociation.

[265] Wylie (1994:45) refers to one student who said: *"When he (that is White) listens, he focuses his entire being on you. He makes you feel as if you and your story are of the utmost importance to him, that he's keeping track of you and cares about you maybe even more than you care about yourself"*. White's heart is literally warmed by the people he sees because of his devotion and loyalty to them. He has a faith in them and their possibilities and *"he insists upon their knowing it"* (Wylie 1994:47). This approach enables White to carefully nurture the small triumphs in the lives of people, and honours the transient moments of competency and initiative (Wylie 1994:48).

[266] The questions that are referred to here, are *unique outcome*-questions, *landscape of action*-questions, and *landscape of consciousness*-questions (as described above) which are used to identify unique outcomes and to develop an alternative story.

collaborating with the person, they look for *"little pockets of non-cooperation, moments of personal courage and autonomy, self-respect, and emotional vitality beneath the iron grid of lived misery and assigned pathology"* (Wylie 1994:43). In the history of struggle and protest, White always finds the tiny, hidden sparks of resistance within the heart of a person[267] which lead to the co-construction[268] of a new preferred narrative.

Progress towards the completion of grief

It has to be noticed that the development of new preferred stories is often handicapped by experiences of grief. As I have already mentioned, the inclusion of grief or bereavement in parents' problems after their sudden loss, makes the therapeutic process more difficult[269]. *Sudden death* has become their greatest *enemy* which deprived them of an unfolding happy attachment and future with their child, and *sudden death* is accompanied by *pain* and *trauma*. Through the process of relational externalisation it is possible to help parents to tell their story of *sudden death* and also to discover the influence and affecting force that go with *sudden death*. The 'pastoral therapeutic dance' has to move in the direction of parents' refusal to allow *sudden death* to control their 'dance' of marriage and individual life 'dances' any longer. It can be expected, as Wylie (1994:46) understood from White's work, that *"old stories sometimes die hard"*. Grieving parents may become *imprisoned* in their pain, trauma and loss so that they do not immediately leap at new possibilities[270]. According to Egan (1990:38), people often take a *one-stage*-approach to manage their problems, which means that when something goes wrong, they become stuck in their reactions. Parents have to come to the point where they discover that old dominant, problem-saturated stories are not good for them (Wylie 1994:46). This can be altered when the therapist, as a creative agent, does not hide behind passive silence, but take responsibility to select from the multitudinous possibilities that are

[267] Thus, the *things* that White looks for are not heroic, but *stuff* that is already there. People neglect the *"landscapes of their own lives"*, but being curious about them leads to talking to oneself in ways people never have done before (Wylie 1994:48).

[268] Against the *hostile forces* that dominate a person's life and undermine his power, White (1994:44) is looking in collaboration with the person to *"documents of identity"* (strengths, capacities and current progress) on which new meaning and a new story can be built.

[269] When I refer here to parents' problem with grief, I do not mean with that, what Worden (1982:53) calls, *"complicated or abnormal grief"*. Grief is always problematic, although some people are able to cope with it, while others experience trouble to resolve their feelings about their loss. In the case of the latter, the grief itself can hinder their ability to reach completion in the grieving process. It has only to be noticed that grief may already cause problems in the second movement in terms of its enormous influence on the therapeutic process.

[270] White refers to this as *"suffering from paralysing writer's block"* (Wylie 1994:46) which means that a person is not yet able to start writing a new story for his own life.

given to him in sessions in terms of personal strengths and capacities. Beaulieu (2004:27) has shown that clients are much more likely to *"follow the beaten track of their thoughts than to explore the new trail"* that therapist and client co-created in the last session. Just like advertisers sell their products, the therapist has to *sell*[271] his clients the keys to enhance their well-being (Beaulieu 2004:28). That means that therapists have to help clients to hold onto and follow through on the gains that they have discovered in therapy. The *prospecting for gold* and strengths play an enormous role in helping clients to explore the new *trail* towards preferred narratives, and the therapist has to become a *prospector for gold par excellence*!

How is it possible for parents to overcome[272] their grief with all its pain and trauma? Walsh & McGoldrick (1991:8) are convinced that it is possible to find ways to place loss in perspective and to move on with life. However, it is not possible for most persons and families, especially in the case of traumatic loss, to complete the process of grieving once and for all, or to fully come to terms with the loss. At least therapists can help families to come into balance with their past, and not struggle to recapture it, escape from it, or forget it. They can again develop a sense of continuity and motion from the past towards the future. Walsh & McGoldrick (1991:7) write:

> **"They (that is therapists) may do this by changing the beliefs[273] embedded in their (that is families) views of the past that are preventing them from moving on. Helping them to reconstruct their history and place their loss in a more functional perspective and to change their relationship to their past and their future".**

[271] Although the *creative memory tricks* that Beaulieu (2004:27) developed are focused on therapy as a whole, they can also be applied here in terms of the discovery of strengths. She developed these tricks to help clients to recall their newly discovered insights during sessions. Lasting memories and positive associations should be strengthened by using a person's **S**enses, **E**motion, **L**inks to **L**earning, **I**nterest provoking and **T**easing, just as these are being used in the world of advertisement. The first letters of these words make up: **SELL IT!**. When helping persons to discover and build on strengths, the therapist should stimulate all the senses, heighten positive emotions in connection with the discovered strengths, establish links to prior knowledges, increase their interest in and attention to their own strengths, and stimulate their curiosity towards outcomes based on these strengths.

[272] Walsh & McGoldrick (1991:5) refer to our culture's denial and intense aversion to death and grief that make it problematic for many families to deal with loss. As I have showed in 8.3.1, this is especially true in the lives of grieving parents as they struggle with the consequences of culture's perceptions about the death of children.

[273] According to Walsh & McGoldrick (1991:7), the meaning of a particular death and individual responses to it are shaped by the family belief system and previous losses.

This view is in line with the reconstruction process of Narrative Therapy which I have discussed previously. Before this reconstruction can happen, the narrative approach also involves, as we have seen, a process of deconstruction which is important in helping with the grieving process. The narrative processes of deconstruction and reconstruction will actually make it possible to focus on both the meaning making process (Gilbert & Smart 1992), and on the *tasks*-approach (Worden 1982) that brings motion and progress towards completion (as outlined in section 8.3). Within the narrative approach, White (1988a:23) suggests[274] the using of the metaphor of *saying hullo again* as a means to help grieving persons to incorporate the lost relationship in the resolution of grief in the present. This metaphor contributes effectively to therapists' grief work with parents[275] as they are enriched and empowered[276]. By means of *saying hullo again*[277] a person can reclaim his relationship with the lost one by the repositioning of the self in relation to the deceased (White 1988a:30). This brings relief as it now becomes possible to be engaged in the re-authoring of life, the self and relationships and to arrive at new possibilities to handle death and loss.

Rituals, symbols and letters

In the process of meaning making, the use of rituals, symbols and letters can not be over-estimated. White & Epston (1990:125) have emphasised the use of letters, certificates and declarations in Narrative Therapy in connection with the relationship between a person and his problem. Certainly, this includes persons' relationships with *grief* as *the problem* that dominates their lives. Epston (1994:31) has shown that letters are *"powerful tools for re-authoring lives"*. Letters can help clients to see their problem as separate from what they are as persons, and to make changes by rewriting their stories so that *the problem* has less

[274] According to White (1988a:29), the intensive and lengthy chemical treatments of delayed grief and pathological mourning in terms of taken-for-granted models of the grief process are not satisfying, as they create an expectation that an appropriate destination will be reached which means a final goodbye and acceptance of the permanence of the loss. In reality, grieving persons are forced into grief even more by the idea of a disconnection from the deceased person. To help grieving persons to go on with a new life, a more dynamic approach is needed.

[275] White (1988a:33) has shown how helpful the *saying hullo again*-metaphor is when working with parents who have lost a young child.

[276] White (1988a:29) also refers in his article to the problematic effects of grief in persons' lives which involves the lost of the self, emptiness, worthlessness, feelings of depression, despair and overwhelmingness. These experiences are strengthened by the idea of saying goodbye forever and contribute to an overall passivity and demotivation to proceed with life.

[277] As with all the other work of White, the *saying hullo again*-metaphor is also guided with questions that he named: *experience of experience*-questions, *selection of alternative knowledges*-questions, *circulation of self-knowledge*-questions and *consciousness of production of productions*-questions.

influence over them (Epston 1994:32). What is especially valuable about using letters is that the conversation can be extended to outside the session in order to help persons to really grasp their new insights (Epston 1994:33). Especially in connection with grief, the thoughts of Kotzé (1993) can be highlighted. Kotzé (1993:2) came to the idea of "*resuming conversations with deceased significant people*"[278] by means of writing letters. These letters serve the purpose of reconnecting grieving people with their loved ones by reinviting them back into their lives so that they can move forward with their lives. It is obvious that letters can be extremely useful in the lives of grieving parents[279] in order to bring them into contact with their child again and to help them to integrate the trauma event into their lives in a meaningful way. According to Kotzé (1993:16), it is important to make letters part of rituals and symbolic actions that are co-constructed with clients. This can include visits to the graveyard or some other spot[280], using pictures, *momentos,* or the burning or shredding of letters. Specifically in connection with unresolved loss[281], Imber-Black (1988:58) suggests using so called *healing rituals*. In order to reach symbolic finality, a process of letting go[282] can be created where people are anchored in the past, or denying the past, or preventing a sense of present and future development. This is possible, because of the fact that, as Roberts (1988:8, 11) explains, rituals are symbolic acts which have the power to create new behaviours and meanings[283]. Symbols are guided by a metaphor, and a metaphor is always an incorporation of multiple meanings. To create meaning, symbolic acts include not only the actual presentation of the ritual, but the process of preparing for it, and experiencing it as well.

[278] Kotzé (1993:1) believes that death never ends a relationship. It is a very painful experience in life to be cut off from someone who was important in one's life without having the opportunity of finishing the conversation. Many people do not have the opportunity to say goodbye when departure takes place.

[279] What Kotzé (1993:12) says about the bonds between people, is directly applicable to grieving parents. Parents who are bonded with their child, experience great difficulty to enter the next chapter of their lives because time stops for them. Writing a letter to their deceased child can contribute greatly to reincorporate their beloved child into their lives *"in a way in which the relationship no longer only struggles on in their minds, but calmly and peacefully becomes part of a new chapter in their life story"* (Kotzé 1993:16).

[280] This may also include the trauma spot, but the risk for retraumatisation must be kept in mind.

[281] Imber-Black (1988:55) is convinced that healing rituals are especially valuable in the cases of sudden or unexpected losses which may lead to unresolved grief.

[282] Rituals can affect healing in terms of the facilitation of the expression of grief. When a person is enabled to express grief, the grief is no longer *"blocked and replaced by symptoms that function to orient attention away from the need for healing"*. It can now become easier to let go (Imber-Black 1988:54-55).

[283] Roberts (1988:20) refers to the combination of the two hemispheres of the brain in rituals, which means that the more verbal and analytical part of the brain (left hemisphere) is connected to the more non-verbal and intuitive part of the brain (right hemisphere) in order to capture and stimulate meanings that could not be arrived at with the verbal and analytical part of the brain only. Because words cannot carry the weight of all that needs to be worked through in therapy, other possibilities for expression and experiencing of what cannot be put into words, have to be used.

Helping a client to keep focusing

The re-authoring of one's life story will proceed as long as a person is helped to keep focusing on what is most important to him. Goldfein experienced it herself[284] when she was able to overcome her own trauma and triumphed. One evening trauma became a lived reality for her when she was raped after a trauma session. Her survival was dependent on what she told herself repeatedly: *"He can't take what I don't give him… he couldn't take the things that mattered most, unless I agreed to surrender them"*. Although she struggled not to allow the attack to defeat her by learning to control herself, she was able to say:

> **"I would not allow this trauma to keep me from focusing on what is most important to me. I still have the love of my family and friends, the values and customs we share, the joys and sorrows of our lives together, and the richness of our relationships"**
>
> **(Goldfein 2004b:55).**

At the end she could say:

> **"The attack never became my life, nor does it define who I am. Most of all, I learned that recovery is made possible by shifting focus from the pain of the attack to what gives life meaning and purpose"**
>
> **(Goldfein 2004b:55).**

She did not allow *fear* to stop her from living life to the fullest. She did not allow *rape* to take away her capability and capacity to appreciate life.

The importance of support

In her above described experience, Goldfein (2004b:51) reinforces the important role that support plays in the life of a traumatised person. Support is necessary to regain equilibrium and reclaim the self that existed prior to the trauma. She refers to the full support and love of

[284] I am mentioning Goldfein's experience, because it led me to reflection on my own trauma therapy. She has stated that most therapists work with a standard approach when helping traumatised clients to recover from trauma. It is only when they experience trauma firsthand that the real meaning of therapy becomes apparent, as well as the difficulty of following it (Goldfein 2004b:50). Thus, because of this difficulty, one should not become stuck in a standard approach, and because of the vital importance of therapy for the traumatised, one should always be a carrier of hope and victory.

her husband, family, and friends. Her husband struggled with his own feelings of rage and yearning for revenge, but he decided to put those aside and focus on what she needed. He listened to her and comforted her physically, and reminded her of what she was before the trauma, especially of her role as mother. When Goldfein (2004a:55) discusses the stages of trauma recovery, she also urges therapists to promote strong relationships with friends and family. Turner & Diebschlag (2001:77) also stress the importance of a network of compassionate[285] support that serves as an external resource. Resources like this may help a traumatised person to maintain a sense of inner integrity and relationship in the world, and can keep the thread of hope alive. This is particularly important in the case of grieving parents. Arnold & Gemma (1994:110) have shown the importance of connecting grieving parents with available networks of people who offer care and support. *"Parents require ties with life"* (Arnold & Gemma 1994:112), otherwise they may experience no reason to live.

Besides support networks, the body also offers resources (Turner & Diebschlag 2001:77). In this context, Goldfein (2004b:55) suggests mind-body techniques. This idea connects with Van der Kolk's physiological approach to trauma and involves, *inter alia*, deep breathing, meditation and relaxation exercises. We have learned from Spiers how important a holistic approach is which takes the whole person into consideration. Goldfein has also found it very helpful to encourage traumatised persons to participate in scheduled activities. When she experienced trauma herself, she (Goldfein (2004b:52) forced herself to go on with workaday routines, and to do other practical tasks which were part of her life before the sexual assault. Although she did it all hesitantly at first, doubting if she had the energy or ability, she discovered later that the repetition of necessary tasks anchored her in the world and in her family. As I have already discussed, suggestions about body and mind can not be excluded from a narrative approach.

Another important resource is transpersonal in nature and involves *"a felt connection to God"* (Turner & Diebschlag 2001:77). Goldfein (2004:55) suggests drawing on a person's spiritual and religious beliefs for comfort and perspective. Thus, the key that unlocks true comfort and

[285] Turner & Diebschlag (2001:90-91) are convinced that the presence or absence of active family members and community support in the aftermath of trauma, is one of three factors which determine how easily a person will recover from a traumatic experience. The other two are the person himself (how resourced and integrated he is, his past history of trauma, and how well he is supported by his belief system) and the severity of the event itself.

perspective lies in the victory of Jesus Christ which can be experienced through the Holy Spirit! How can victory become part of a grieving couple's marriage? According to Johnson & Williams-Keeler (1998:31), the focus of therapy during the second movement has to fall on affect, not in the sense of helping them to tolerate and manage negative affect, but in the sense of helping them reprocess and integrate this affect into the relationship. Thus, the focus has to be on helping partners to cope with the trauma in ways that will bring them together[286], and on nurturing the bond between them by means of creating a new trusting relationship. EFT may also help with the reframing and redefining of the *sense of self* in more positive terms, and helping[287] them to respond to each other in terms of deserving care. On the one hand, partners have to be protected against coping methods such as withdrawal, and on the other hand, they have to be helped to disclose specific fears for abandonment, hurts, grieves, trauma reactions and struggles to trust. There may be experiences of attachment insecurity in the relationship which may or may not result from the trauma experience. It is suggested that the most important goal is reducing partners' fears in order to enable them to risk trusting each other within a safe context of reassurance and comfort, rather than terror and betrayal. Within a safe context both partners will share new information, and also respond more empathetically towards each other, and this will promote a continued processing of the traumatic experience. The result of this will be less numbness, less dissociation and less avoidance of intimate contact (Johnson & Williams-Keeler 1998:32-33).

When a preferred story begins to emerge, the therapist's greatest task is to focus on assisting the client's agency in the direction of his future life (Nicholson 1995:24). This process will result in the third movement which has the potential to bring about change in the direction of a happy ending. The power of the process that was initiated by the first 'step' of the 'pastoral therapeutic dance' will now become evident towards healing.

Third movement: Integration

It is not desirable to leave parents with a picture of a preferred future without helping them to make it happen. In order to integrate the trauma into the narrative of life, there have to be

[286] They have to see each other as team-mates where both are part of the solution and not of the problem (Johnson & Williams-Keeler 1998:31).

[287] Practically this will involve the exploration of the emotional responses that are implicit in their interactions so that these responses can be owned and expressed to each other. To reach this goal, the therapist should provide

strategies for implementing action plans. Egan (1990:44) refers to this part of his developmental model as *getting there*. Now that the goal is clear, it is possible to decide on the *how* to achieve that goal. From all the different possibilities that were identified, the client must now choose from and commit himself to those action plans that will lead to the realisation of the preferred future or certain outcomes. These action plans have to be translated into strategies or combinations of strategies that best fit the client's environment, needs, preferences and resources (Egan 1990:47). According to Egan (1990:48), the chosen strategies have to be turned into action by means of a workable step-by-step procedure for accomplishing each goal of the preferred scenario. It has to be certain that the chosen actions will make the greatest difference in reaching the preferred future and will point the client in the right direction (Egan 1990:44). Egan (1990:49) also reminds therapists of their task to stimulate their clients' imaginations and to help them search for incentives. The question remains: What keeps clients from acting on their own behalf? Egan (1990:95) is convinced that many clients stay in trouble because they are *at rest*. The therapist has to help clients to act up against many faces on *inertia*[288]. They need assistance in becoming agents in their own lives.

When grieving parents start acting again towards a preferred future, they have to be welcomed back to life! By this time it becomes clear that it is possible for parents to move through their pain. Cooper (2004:23) quotes Murphy (2003) who says that there is eventually a pathway to healing, and to finding some kind of meaning in the catastrophe of traumatic child death. Murphy found that parents who find meaning reported less distress, more marital satisfaction, and better physical health than parents who had not yet made some sense out of their child's death. Parents seek two kinds of meaning: on the one hand, they search for the concrete

enough comfort, reassurance and acceptance in a way that enables each partner to respond positively (Williams-Keeler 1998:32).

[288] Egan (1990:96-99) has identified many facets of *inertia* which may consist of passivity in taking responsibility for themselves or developing their own potential; learned helplessness, which means that some clients believe that there is nothing to do about certain life situations; disabling self-talk, or an unwillingness to get their lives in order by taking control. Besides these facets of *inertia*, Egan (1990:89-95) also identified facets of action, which means that there are different ways in which clients can act. Actions can take place during or outside the therapeutic sessions, and have to be internally motivated, which means that their actions have to be based on changed attitudes and thoughts. This will result to an ability to take control of the self and the environment. Ultimately, these actions have to lead to specific outcomes and to the influencing of other people, circumstances, reactions and behaviour. According to Egan (1990:100), the exercising of control will eventually lead to self-efficacy and autonomy that will encourage clients to cope with their problems despite of the amount of effort and persistence that is required in the face of obstacles.

causes for their child's death, which means that they gather as much information as possible about the details of the death and what everyone could have done to prevent the death. Most parents find meaning at this level within a year, but it does not lead to peace. On the other hand, there is a deeper meaning that usually takes years and this kind of meaning flows from the described second movement. Thus, as Murphy says, the road to deeper meaning is long and difficult. There are no quick or certain fixes. Parents who have found deeper meaning[289] say that they gained new insights into the purpose of life and reordered their priorities. Others find existential meaning. Some gain a new appreciation of their own strengths. Nevertheless, when parents are willing to take part in a counseling process, they, at least, wish to:

> **"Pick up the frayed and broken threads of life again… to return to their old, *normal* self… to make sense of and find meaning in experiences that have severed them from their familiar relationships with themselves, other people, and an orderly world"**
>
> **(Turner & Diebschlag 2001:69).**

Parents also experience this meaning in their relationship. According to Johnson & Williams-Keeler (1998:33), newly processed emotional experiences and a new *sense of self* are affirmed and integrated into their views of themselves *("I have been wounded but I can learn to trust again"*); new ways of interactions are integrated into their definition of the relationship (*"This is the kind of relationship where I can ask and receive comfort"*), and new ways of coping with the trauma are integrated into their personal system (*"I can lean on you when the ghosts of trauma come for me"*). New patterns of interactions become self-reinforcing and provide them with a less stressful perspective on their relationship, which helps them to cope with the effects of the trauma.

New growth emerge

Turner & Diebschlag (2001:70) are convinced that *"catastrophes can present themselves as growth points"* as they are *"opportunities to allow a new and more complex organic order to*

[289] Murphy has found that only 12% of parents find deeper meaning within the first year, and none in the next year. It takes between three and five years for most of the 57% who eventually achieved it, to get there. 43% of parents are adrift in a world of random malevolence. Parents who attend bereavement support groups are the most likely to find meaning. The second most parents cope through their religion or religious support groups (Cooper 2004:23).

emerge"[290]. They warn that persons can experience it as a form of violence when they willingly attempt to change or replace the old order with a new phase of living. Pearsall (2004:56) refers to the great composer Beethoven, who reflected a remarkable ability to triumph over the tragedy of his hearing loss: *"He has triumphed over his tragedy to be able to creatively construe his situation in ways that can forever help all of us…"*. Beethoven's magnificent victory over adversity was based on his statement that he would not allow his pain to *"wholly conquer"* and dominate his life (Pearsall 2004:58). Instead, he was reflecting emotional strength! According to Pearsall (2004:60), Beethoven is an example of someone who thrives. He thrived because he remained mentally engaged with his problem long enough to find meaning that helped him assimilate his trauma. Thus, he decided to fit his pain into his life, and not let it run his life. One person said: *"He composed such beauty from the troubles in his life"*. Pearsall (2004) refers to this in his article as the *Beethoven Factor*.

Beethoven's hearing loss brought growth into his life. Pearsall (2004:61) refers to the Chinese term for *crisis* which consists of a combination of two letters: the one letter stands for *danger* and the other for *opportunity*. This means that, although someone is now in danger, there seems to be yet another opportunity in life for that person. This is true of Beethovens's life. He has learned to live with an accommodating mind, "one that is constantly changing and made wiser by the events that challenge it" (Pearsall 2004:60). He did not survive on new-found super-strength, but on a better and more comfortable mental match between the possible and the impossible. Thus, Beethoven had the capability and capacity to think things over and emerged stronger and more adaptable from the process. Someone said: *"He who cannot change the very fabric of his thoughts will never be able to change reality"* (Pearsall 2004:61). Beethoven's growth was especially due to his lower expectations of both himself and of life. He adapted to a less demanding view of the world and himself, which means that he lowered his aspirations and realistically raised his inspiration; he learned to be much happier with much less, thus, to live with a lowered threshold for being thrilled.

New growth may also emerge for grieving parents. As parents gain more distance from their problem-saturated dominant story, they are more able to visualise a preferred alternative story

[290] Turner & Diebschlag (2001:70) do not view this in a New Age sense that *"everything happens for the best, and that we must only 'positively affirm' their benefit"*. On the contrary, they understand trauma as a means to open up the possibility of deepening an understanding that chaos and order do indeed exist side-by-side.

which may become dominant in their lives and relationship. Thus, they may identify anew their life purpose and meaning, and start to focus attention on being the authors of their own existence instead of being victims. They are able to shift attention from the painful feelings to positive changes that have resulted from the trauma, such as new skills, stronger relationships, an increased sense of confidence, and a sense of appreciation of new strengths and gains (Goldfein 2004a:55). However, some parents or relationships may not be able to grow beyond the death of a child. Separation and divorce may occur. The void between the parents deepens, leaving them far apart and unable to help each other or their relationship. For other parents a bond of intimacy and survivorship connects them. While bereaved parents fill their lives in many ways, the empty space left by the child who died is never filled (Arnold & Gemma 1994:82). Nevertheless, they keep on going!

Take up responsibility

The imagination and hope that go with new growth activate a belief in what God can do in future, how He can bring change in the present. This belief in the possibility of change is based on Christ's victory and power. He enables traumatised parents to cope and to take up responsibility to become agents of change in their own lives. Although they are traumatised, God stays committed to parents in passion since He sees them as partners. Brueggemann (1997:411) describes this passion of God as a feeling of concern, care and compassion. God becomes involved with a partner and willingly suffers with him which means that He stays with a partner in his trouble. Within God's presence parents are able to discover the deeper life-giving resources within themselves which will lead them towards spiritual survival despite their horrible experiences (Woodcock 2001:165). Their spiritual strengths will help them to work on step-by-step action plans and strategies in order to reinvest their energy in life and relationships again. Becvar (2001:250) suggests in this context that grieving persons have to reclaim their joy. This does not mean that they have to achieve a state of euphoria, but that a bereaved person takes whatever measures that are necessary to grieve fully and to allow healing to occur. That means overcoming specific obstacles or barriers to healing, enabling oneself to embrace and live simultaneously with both happiness and sadness, and enriching one's life as a function of the loss.

Part of accepting responsibility, parents need both short- and long-term support in order to reorganise and to reinvest in life. They have to be helped, according to Becvar (2001:18), to

find new routines and ways to manage daily life, as well as seasonal or major events such as the anniversary of the death. Thus, it may be useful to plan to honour and acknowledge the day in a deliberate manner like taking time off from work, taking a trip to a favourite place, visiting the cemetery, or preparing and eating the food that was most enjoyed by the child. This can make an impact on how one feels and behaves. Creating these routines and ways may also facilitate open communication between the parents. Parents may also be helped to become involved in the lives of other parents who lost their child: they can either give something back by supporting those just starting on their journey of grief, or, as newly grieving people, they may learn a lot in discussions with other grieving parents who can help them to understand that they are not alone and not losing their minds. This will ensure continuous support for themselves (The Death of a Child 1997: Online). They also have to be helped to manage every time they go out on a social occasion or shopping. Managing these events will give them a sense of achievement and will help them to cope the next time. Finally, parents have to be helped to let their energy flow from a concentration on *sudden death* into memorial schemes in order to celebrate their child's life. Becvar (2001:19) writes: *"Life in the presence of grief is new and different and honouring that difference through ritual may make its painful aspects more bearable as one attempt to recreate a meaningful existence"*.

Keep memories alive

To be able to live with both happiness and sadness requires keeping memories alive. Memories of the child are the only special possession of the parents. Some parents wish to commemorate the death in some way by dedicating a yearbook, planting a tree, hanging a photograph, stopping a moment for thoughtful reflection in order to mark the life and death of the young child. The overwhelming pain makes it necessary for them to have a reminder of their deceased child (The Death of a Child 1997: Online). To compensate for the emptiness and their constant inability to share their love with their child, they must find ways to hold on to their memories. Often the only precious gifts of the heart which may help to create a sense of inner peace and closeness to their lost child, are memories. Memories become a way for parents to continue to love, honour, and value their deceased child, and a way to make their child's presence known and felt amongst others. Memories are often associated with rituals like setting a place at the table, or filling their child's Christmas stockings, or choosing a gift

that would have been appreciated by their child. Photographs and objects which serve as visible and concrete reminders of their child's development may also occupy a central place. Some parents may find comfort in the statements of sadness and loss expressed by others who had known their child. These statements serve as a confirmation of their child's value and as an understanding of the magnitude of the loss. All memories that are recalled vividly help to soothe the pain and to offer comfort. They serve to help parents in their healing process and to learn to live without their child[291] (Arnold & Gemma 1994:80).

The story of Lance and Annamie

When I saw Lance and Annamie two days after Suané's funeral, we continued extending the open and trusting relationship which I had initiated in the hospital. It was important for me that Lance and Annamie would experience a caring, positive, and hopeful collaboration in order to understand the influence of the traumatic event in their lives and, ultimately, to make changes to their world. As a conversational artist, I continued to stay on track with them by means of probing, active listening to the core messages they were given me, and reflecting my own understanding.

We had three sessions before Lance and Annamie went on holiday. After their holiday, there were another three sessions. We worked towards the integration of the traumatic death of Suané into their life story and empowering them to manage their lives more effectively. Thus, I initiated the second movement in the 'pastoral therapeutic dance'. Together we became involved in the process of trauma counseling. The moment of Suané's traumatic death, constituted the starting point of a process trauma. As the 'dance' of trauma proceeded, the 'pastoral therapeutic dance' also proceeded accordingly. I realised that it was a difficult struggle for parents to move through the recoiling of the trauma, thus, a difficult 'dance' awaited us. Throughout I used different questions and interjections to create movement in the 'pastoral therapeutic dance'. However, we continually moved across, backwards and forward between sessions and also between movements.

[291] Besides having a positive role, memories can also be an indication of a complicated grieving process. According to Arnold & Gemma (1994:28), it is possible that *"grieving keeps memories alive and retains a place in the family for the deceased child"*. This means that memories can become a way of keeping connected with the deceased child. They are usually accompanied by parents' inability to put things away and to stop talking about their child. It is a problem for most grieving parents to decide what to do with the child's possessions. However, they sometimes cannot let go and refuse to give in (Arnold & Gemma 1994:46).

Session one

Therapist: "It is now two days after Suané's funeral. How are you doing?

Lance: "When I am driving alone, many questions come to my mind: we are careful and responsible people, why didn't God prevent Suané's death? He is supposed to be a God of love, where is He now? Why should Suané have died like that?".

Therapist: "When you are confronted with all these questions, how do you feel?"

Lance: "I am feeling powerless. I could always control my life; I could provide for us as a family, but now I am deprived of all my autonomy. I cannot help Annamie. I think that I am in for misfortune".

In our assessment, we realised that Lance suffered form shattered assumptions. He experienced a crisis of faith since he could not face the Bible, he could not go to church again after the funeral, and could not even pray. His world became chaotic and without a sense of coherence. His *sense of self* was also hurt. I reflected his shattered assumptions and he admitted this. He also suffered because of his restlessness:

Therapist: "What else do you experience?"

Lance: "My thoughts are revolving around Suané and her tragic death. Sometimes I get nightmares and then, when I think about the hospital bed, it is as if I am experiencing the same weight on my chest and restlessness; my heart even throbs, and I start to shiver. It again feels as if I want to scream and kick everything out of the way".

Therapist: "Then, what to you do?"

Lance: "I get up and walk in the garden. It is as if she is there; I can see her there; I can talk to her there. Then I become relieved".

Although Lance fell victim to the traumatic memories of the past and to the impact of the trauma, I saw a unique outcome. I used *landscape of action*-, *landscape of consciousness*- and *landscape of identity*-questions to help Lance to identify and to give meaning to the unique outcome.

Therapist: "How did you arrive at that plan?"

Lance: "I discovered that it helps me".

Therapist: "The fact that you discovered it, what does it tell you about yourself?"

Lance: "Perhaps I am not too bad".

I turned to Annamie:

Therapist: "If you listen to Lance's plan, what does that tell you about Lance?".

Annamie: "He is not as out of control as he thinks he is".

According to Lance's body language, it was obvious that these remarks made him feel worthy and in control.

I shifted the conversation towards Annamie:

Therapist: "How are you doing after Suané's funeral?".

Annamie: *(Crying)* "I experience a deep yearning for Suané. There is emptiness in my heart that I cannot describe for anyone. I am looking for her everywhere. I miss the bath and playing sessions. Sometimes the pain and desolation become unbearable".

Therapist: "Describe the actions that accompany your feelings of pain and desolation?"

Annamie: "I withdraw emotionally and physically from the people around me, especially from the people at work, but also from my friends, and sometimes also from Lance and my family".

Therapist: "How do you think Lance and the others feel about that?".

Annamie: "I do not know, and it also doesn't matter for me".

I asked Lance:

Therapist: "Lance, how do you feel about Annamie's withdrawal?".

Lance: "It is difficult for me, because we cannot talk to each other. Then I react with frustration and irritation which draws her further away from me."

Here I used *circular*-questions to explore the connections between Annamie's traumatic reactions and her (and Lance's) perceptions. It was obvious that they, as different persons, had different experiences of the trauma. It also became obvious that the traumatic death of Suané held serious implications for their marital relationship.

I realised that we were now engaged in a process of deconstruction. *Sudden death*'s influence and impact had to be explored in terms of thoughts, feelings and actions. The process of externalisation that was initiated in the first movement had to be proceeded in order to help Lance and Annamie discover how they had been recruited into a problem-saturated and restraining dominant story. I asked both of them the following *relative influencing*-questions:

- "What does *sudden death* do to you?".
- "How does *sudden death* influence your thoughts, feelings and actions?".

- "What influence does *sudden death* have on your relationship with each other?".

These reflexive questions helped Lance and Annamie to reflect on the implications of their current perceptions and actions and to start to consider new options. This was especially important because a traumatic event has the ability to overwhelm persons' ability to be reflective or to *dual code* (7.2.3) what is happening to them. Since we had not exposed the influence of *sudden death* in their lives to its deepest level, I gave them an assignment. They had to reflect on the influence of *sudden death* in their lives in terms of thoughts, feelings and actions. They had to write their reflections down and had to bring with them a symbol of *sudden death*. The purpose of their assignment was to help them to expose their self-descriptions, interactions and beliefs about the world that had been hijacked by the trauma event.

Finally, I guided the session towards an end by the normalisation of their reactions to the traumatic death of Suané. I again validated their parenthood, gave them reassurance and hope. I referred to the brochure I had given them during the first meeting. An explanation of the neurochemistry of trauma in more detail was necessary here to help them understand the physiological dimension of trauma. We ended with scheduling a next appointment.

Session two

I started our session with an exploration of their well-being. The past week had been difficult for them. Lance and Annamie described themselves as *broken*. It was as if they had been dropped into a deep well from which they could not escape. While they needed to become free persons, *sudden death* held them captive. The same experiences and reactions remained with them. Unfortunately, their pain, hopelessness and yearning deepened. Their relationships with the people at work also became more complex due to the expectations they had. Their own relationship as a couple worsened. Their blaming of each other and the guilt feelings were still present. It was an effort to talk to each other about anything, let alone about Suané's death. The lack of patience with each other made it difficult to communicate. When Lance was angry, he became irritated and then withdrew from Annamie. Annamie primarily focused on a continual search for traces of Suané. Thus, there was no time for Lance.

Our conversation moved in the direction of exploring *sudden death*'s influence in terms of thoughts, feelings and actions. Thus, we had to discuss their assignment. They symbolised

sudden death in terms of a monster. *Sudden death*'s threat was experienced as that of any monster. A monster goes after its prey and aims at paralysing it. Gradually the monster takes control of its prey and later absorbs its space and, ultimately, also the prey itself. I used *relative influencing*-questions, both reflexive and strategic, to explore the impact of *the death monster* on each parent, on their relationship and on their view of themselves. It gradually became evident that both Lance and Annamie began to see *the problem* as separate from themselves. In order to help them to see the nature of the relationship between themselves and *the problem*, I asked them:

- "What did you discover about *the death monster* and its influence in your life".
- "How does *the death monster* influence your thoughts, feelings and actions?".

We co-explored *the death monster* and its influence in the lives of Lance and Annamie and wrote our findings down on the white board in detail:

THOUGHTS	FEELINGS	ACTIONS
Both: we could not protect Suané	Powerless Feelings of guilt	Blame each other Become irritated and lack patience with each other
Lance: I cannot provide help for Annamie. I cannot sort things out. I am not good enough for her	Powerless Self-blame Self-doubt Angry	Does not talk with Annamie Withdraws from her
Lance: God forgot about us	Distance from God	Do not pray
Annamie: I am responsible for Suané's death. I am not a good enough mother	Feelings of guilt Do not want to live anymore	Lance blames Annamie Are in conflict with each other
Both: We are in for misfortune	Afraid of the future Vulnerable	**Lance:** Restless **Annamie:** Panic attacks
Annamie: I shall never be happy again	Emptiness	Withdraws into her own world of pain

Thus, the same basic themes as right after the traumatic incident were still present. I became curious about the history of *the death monster*. How did Lance and Annamie come to this thin description of *the problem*? Why did the process of labeling take place? How did they become recruited into *the problem*? What made it necessary for them to hold such beliefs about themselves, to feel and act in certain ways?

I explored the history of *the death monster* by means of family of origin work. From the genogram (5.2.1 and *Appendix* A) the following themes became evident:

- Annamie's lack of self-confidence and low self-esteem that had been formed by her family of origin and her privatisation of emotions played a role in the victimisation of her *sense of myself* and in her inability to talk to Lance.
- Through his family of origin, Lance had learned to sort out every family crisis, to immediately change negative things into something positive, and to control the sequence of events as a reaction to his absentee father. When he could not do the same after the traumatic event, he became powerless.

Lance and Annamie discovered that their thoughts, feelings and actions were attempts to cope with the trauma in their lives. We co-explored how *the death monster* became their *common enemy* that sabotaged the special emotional connection and good communication they had had before Suané's death. I utilised the special emotional connection and good communication they had as a unique outcome. Their assignment was to fill in the REBT Self-Help Form (*Appendix* B) together in order to enable them to observe and understand their irrationalities. We made an appointment for the next session.

Session three

I started the session by exploring their well-being. I was thrilled to hear that something positive had happened within them. The process of the 'pastoral therapeutic dance' guided them towards the discovery that they were victims in the hands of *the death monster*. However, I decided to remain with *the death monster* a while longer. The goal was now to help them to see the influence of *the death monster* in their lives and how they were being victimised by it. Thus, we proceeded with the session:

Therapist: "Please tell me about your discovery that sprouted from our previous session?"

Annamie: "*The death monster* leads us to think and behave in a certain direction!"

Lance: "Yes, and everything starts in our minds and then, from there, it influences our feelings and actions".

Therapist: "What a discovery! *The death monster* is so sly that it is able to misguide you and upset you. How do you feel about such a betrayal?"

Lance: "*The death monster* does not have the right! I feel betrayed!"

I guided them to discover how *the death monster*'s techniques of power worked in their lives and relationship. Both Lance and Annamie came to the realisation how they had become puppets in the hands of *the death monster* and how they were feeding it with thoughts, feelings and actions. They had to make sense of *the death monster*'s influence in terms of how it constituted their problem-saturated dominant story. The taken-for-granted truths, ideas and practices that defined them and dragged them apart had to be uncovered. We also had to make sure that Lance and Annamie evaluated and justified the impact of the problem-saturated dominant story in their lives:

Therapist: "If you surrender to *the death monster*, what will happen to you in the following five years?"

Annamie: "We will definitely not be healthy anymore. Our relationship will be destroyed".

Therapist: "Why not surrender completely to *the death monster*?".

Lance: "I think that Suané would not like to see her parents suffer from *the death monster* while she is safe and at a better place."

I realised that Lance and Annamie were now ready for the next 'step' of the 'pastoral therapeutic dance'.

We focused on times they had rebelled against the taken-for-granted truths. These served as special unique outcomes that helped them towards an alternative dominant story. We started with Lance's plan to walk in the garden at night. I introduced them to the metaphor of *saying hullo again* (8.6) as a means to stay in connection with Suané by inviting her back into their lives. I wrote on the white board:

PROCESSING ONE'S DEATH DOES NOT MEAN TO FORGET, BUT TO REMEMBER

We focused on the special child she was and their care for her:

Therapist: "If we asked Suané, what do you think she would say about your caring for her as parents?".

I tried to guide Lance and Annamie towards another perspective concerning their assumption that they were lacking as parents. They admitted that she would honour them as parents for their special care for her. All their care for Suané came into their minds. At last they discovered that they were successful parents, but that *the death monster* had influenced their thoughts and feelings. The meaning they gave to *the death monster* and themselves as parents

had been reconstructed. They decided to challenge these taken-for-granted truths and to start talking with Suané as if she was still with them. There was no reason for guilty feelings anymore.

However, although they had to keep their child an important person in their lives, they simultaneously had to move forward with the *four tasks of mourning* (8.3). I explained the four tasks and asked them to evaluate their progress. They admitted that *acceptance* was still extremely difficult for them, although *experiencing* the grief was there from the beginning. We talked about the tension between suffering and receiving strength from God to move forward. From Isaiah 41 we discussed God's steadfast love for his children despite their suffering and accepted that a traumatic event would not necessarily happen again. Thus, on the grounds of new meaning, they could trust God and, on their own behalf, they finally had to say goodbye.

Since they planned to depart on a holiday trip, we co-created a ritual to make sure that they did not become stuck in denial. We divided the holiday into three parts:

- The first part – the difficult part – from Tuesday to Sunday: they decided to communicate with each other about Suané, their feelings and their parenthood. They had to help each other to formulate and demonstrate experiences in a way that evokes understanding, empathy and compassion in each other.
- The second part – the ritual on Sunday: each one would be alone for a while, and then they would come together and share their ideas and support with each other. Then they would plan the ritual (send up two balloons in the air with farewell letters) and share a paragraph from a special book. Each of them would write a letter to Suané and then share it with each other. Finally, they would sit next to the ocean and experience the greatness of God, and then send up the balloons with their letters.
- The third part – the last days of their holiday: from the moment they sent up the balloons they would try to enjoy their holiday in a spirit of positive togetherness which did not mean forgetting, but allowing themselves to have fun in being with each other and doing things together. They decided to talk about what Suané had meant for them as parents.

After the planning, Lance and Annamie were satisfied. We scheduled an appointment for the week after they returned from their holiday.

Session four

When we met again, it was obvious that Lance and Annamie had started to frame each other as allies in dealing with their trauma. Although it was a difficult time for them, the light of a new beginning gradually became a reality. I was curious about the ritual. Their opinion was that their planned ritual was successful, but that they longed to go home again. They felt much more relieved; they could pray together again and read from the Bible. The *why*-question was still there, but they experienced confidence and hope in the future again. Lance felt a sense of control again. I realised that the table was set for an alternative dominant story. It was time to stop *the death monster*'s influence in their lives. To survive *the death monster,* they had to escape and flee from their *enemy.*

I started with a picture (circle and arrows) on the white board with *the death monster*'s influence focused on them which was *killing* them (arrows directed towards them). I asked them what should happen for them to be released from the influence of *the death monster*. Their answer was that the influence had to change – they had to suffocate *the death monster* (arrows directed to the outside)! Now a new dimension developed in our conversation:

Therapist: "What did Suané's life bring into your lives?".

We had to co-decide to shift their focus from death to life. Instead of thinking of Suané only in terms of death, Lance and Annamie started to think about the value of Suané's life. Suané gave them a reason for living; she brought joy into their lives; she connected them as parents:

Therapist: "If we could ask Suané, what recommendations will she make in connection with her parents' future?".

Lance: "I think she would recommend that we must go on with our lives in joy while honouring her".

Annamie: "There is still something to live for".

Therapist: "Where do you think to begin with life?".

Both Lance and Annamie realised that they had to start thinking positively. They stated how important it was, instead of focusing on the lies that *the death monster* was telling them, to

live according to new meanings. These meanings would lead to new positive feelings and actions.

I gave them a new assignment: they had to plan a funeral for *the death monster* which includes a funeral letter for the deceased. After the funeral, they had to consider a new name for their new life in future. They had to use their imaginations and see themselves five years later. Besides this, they also had to bring with them a symbol of this new life. We scheduled a next appointment.

Session five

Lance and Annamie enjoyed burying *the death monster*. They used their imaginations to get a picture of their preferred future. Although the yearning for Suané was still quite strong, they were on their way to an alternative dominant discourse. The scar remained and the feeling of emptiness continued. The pain was there, but their emotional attachment grew stronger. The power of their imaginations gave them new ideas concerning their thoughts, feelings and actions. We were on our way towards the third movement, namely integration.

They brought with them a white lily that symbolised a new life. They named their new way: *service*. *"Why service?"* I asked. Lance and Annamie had decided to became involved in the lives of people who are suffering, especially in the lives of parents who had lost a child. I explored the thoughts, feelings and actions that would accompany the new way of *service*. Thus, a new alternative story emerged. The challenge was now to thicken this new story in order for it to become dominant. Their new story and direction had to take over and be based on their personal preferences and choices:

Therapist: "What thoughts, feelings and actions are necessary for *service* to emerge?".

THOUGHTS	FEELINGS	ACTIONS
Both: We are a good mother and a good father.	Proud	We can face people We have self-confidence
Lance: I can sort things out	Feeling in control	Act with self-assurance
Annamie: I can talk with Lance.	Satisfied Safe	Share with Lance my feelings despite the circumstances
Both: We will be happy again.	Excited	Live life to the full Expect great things from God Make plans for the future

An alternative story became dominant as they allowed *service* to gain ground in their lives. I asked them:

- "How would others (and you) feel if they witnessed changes in your thoughts, feelings and actions?".
- "What will happen to *service* if you stick to your new pattern of thoughts, feelings and actions?".
- "What will finally happen to *the death monster*?".
- "What will your victories tell others about yourselves?".

Thus, *service* would now grow stronger and their lives would unfold like a white lily. However, Lance and Annamie decided to make a scar on one of the lily's leaves in order to symbolise the scar in their own lives that would continue to exist. It was obvious that Lance and Annamie accepted responsibility for their own lives and were ready to earn their way in the world according to their own capabilities, capacities, resources and strengths. They realised their strengths in our discussion when I *prospected for gold* (8.6). Some of their strengths were:

- They were comfortable and friendly with other people;
- Lance was able to stay positive;
- Annamie was committed to values; and
- There was a special bond between them.

They also discovered anew their physical, psychological, relational and spiritual resources. Besides physical and relaxation exercises, they decided on meditating on the Word of God, and reconnecting themselves to God. They could reckon on God's love, compassion, power and presence of the Holy Spirit. Their *sense of self* became stronger in terms of regaining trust in each other. They were there for each other in their mutual struggle against *the death monster*. This served as a strong psychological resource. They also had strong relationships with friends and family who continually supported and helped them to maintain a sense of integrity. All these resources helped them not to surrender to *the death monster*.

In order to move the grieving process forward, we discussed a third task that had to be accomplished: *adjustment*. What adjustments did they have to make to the environment in which Suané was lost? They had to alter their routine, they had to decide about Suané's room and possessions, they had to decide about selling their house, they had to learn to live without

Suané, and, finally, they had to decide about another child. These adjustments were difficult and they needed time to think about them without being hurried. I added the task of *adjustment* to their assignment for the next (and last) session in two week's time.

I gave them a last assignment, namely to prepare a detailed action plan consisting of goals and strategies as to how to realise their new preferred future. This assignment had to include all the adjustments they had to make. The aim of the assignment was to help Lance and Annamie with the process of finally integrating the traumatic death of Suané into the narrative of their lives and relationship. Ultimately, they decided to place the white lily in the kitchen (and to replace it when it is necessary) where they could see it every morning and be reminded of their new life of *service.*

Session six

When we saw each other again, there were smiles on their faces. Lance and Annamie had become involved with parents who had a child dying form cancer. They felt serviceable. I was curious about their new action plan and about the adjustments they had foreseen:

- Lance and Annamie decided to reach out to other people: friends and family members.
- They decided to finalise the gravestone.
- They became involved in a Bible study group of their church.
- Lance and Annamie heard about a course for supporters of people going through difficult circumstances. They had decided to participate.
- As far as their marriage was concerned, they planned for more time with each other and for more caring for each other.
- They decided to make a photo album in order to honour Suané as their first-born child.
- Since they had decided to move to another house for a new beginning, they had to make decisions about Suané's room and possessions. They admitted that they were still struggling with this plan.

I started with the latter. They told me that it was the last difficult task for them to accomplish. I introduced them to the concept of memories. Part of their healing process was their need to remember their precious child. In order to allow themselves to continue with their lives and especially with *service*, they had to keep their memories alive. We co-decided to plan a

display in the lounge of their new home of the most important photos and objects from Suané's room. Thus, they had to clear her room with the planned display in their minds. The clearing process itself had to occur according to a specific plan: we co-decided that Lance and Annamie divided Suané's possessions into three groups. The first group were those items with less emotional value to them, the second group with items with more emotional value, and the third group with items that would extremely difficult for them to remove because of their special emotional value. They could begin the removal process with the first group towards ending with the third group over a period of time. This plan made sense to them. However, I suggested that, before they clear Suané's room, they write her a letter to tell her about their plan, and especially about the reason for their plan, namely the display in their new home. They decided to read the letter in the form of ritual at Suané's grave in order to get her permission to clear away her possessions, to give some items to other parents with children, and to go on with their lives.

We also discussed the last task in the grieving process, namely *reinvestment*. Although they understood that it was not necessary to reach a final point in their mourning, they had still hope that their pain would lessen. It was possible for them to see the future in a positive light in terms of another child in God's time. Thus, they opened the door for a *reinvestment* of their energy in life. We also focused on the growth that arose from their suffering. We considered this growth in terms of personal, relationship and spiritual-emotional growth. It was a privilege to witness their growth.

After our session, we decided to celebrate their victories by means of having a restaurant dinner the next evening. I praised and congratulated them for their courage, their faith in God and in themselves, and for the actions they had already undertaken in order to get their 'dance' of trauma onto another track. *Service* became their alternative dominant story. Although we ended the 'pastoral therapeutic dance' on a climax, Lance and Annamie were prepared to continue with their 'marriage dance' towards new heights and a happy ending.

The story of Grant and René

When I saw Grant and René for pastoral therapy after the cremation service, I did not imagine at the time to what proportions the process trauma, initiated by Caitlin's sudden death, would extend. The recoil of the trauma struck them, especially René, and it struck their relationship.

Since making arrangements for the cremation service, we felt a special connectedness between one another on which I could build. Thus, I initiated the second movement to promote healing. I became aware of how the forces of *sudden death* and of family issues were able to combine into a problem-saturated dominant story that would be difficult to overcome. Grant and René had to be helped to co-create a meaningful story within which they could make sense of Caitlin's sudden death, and that would enable them to recommit to life, to each other, and to new beliefs about themselves, God and the world. The challenge was to help Grant and René to be allies in dealing with the traumatic death of Caitlin, rather than to be instigators because of revisiting the experiences inherent in the trauma.

Due to the relationship issues we co-discovered, I realised how important it was to continue the process of probing in order to explore their stories in more detail. Thus, I remained curious while focusing on the core messages they gave me. I once again made use of *lineal*- and *circular*-questions in order to explore their feelings and thoughts and also the possible connections between the trauma events and their perceptions. Assessment played a huge role throughout our sessions, since Grant and René had to be helped to evaluate their interactions and to give meaning to their relationship to the traumatic death of Caitlin. Active and empathetic listening helped me to communicate genuineness and compassion towards them.

Session one

I started our first session with an exploration of their well-being:

Therapist: "How have you been since we saw each other at the cremation service?".

René: "It is the most difficult time in my life! *(crying)* I am suffering quite a lot. The only thing I can think of is Caitlin's death".

Grant: "It is difficult, but I have to go on. It am very busy at work, so I do not have time to think. The only time I think about her is when I am driving back home after work".

Therapist: "What does each one of you think?".

I began questioning them about their thoughts because it was difficult for Grant to talk about feelings at the time:

Grant: "All the memories I have about her make it difficult for me".

Therapist: "Tell me about your memories".

Grant: "Caitlin received most of my attention when I came back from work. I played a favorite CD and then danced with her on my arm. We laughed together. When I think back, I hear her voice. Although she was only 18th months old, she could already respond".

I reflected Grant's thoughts by highlighting the attention he gave Caitlin in terms of dancing and laughing with her. However, I recognised his yearning for her presence.

René: "Several times I ask: Why now? Why my child? *(crying)* I am angry with God! Why did He give Caitlin to us only to take her back again? She was so clever. She stood out above many other children. Why would God want to take a healthy child like her? I do not understand!" *(crying again)*.

I also reflected René's thoughts in terms of the *why*-questions that dominated her mind at the time. Her basic assumptions were shattered.

I now decided to give attention to their feelings. I started with René's feelings first:

Therapist: "How do you feel about what you are thinking?".

René: "I am experiencing a kind of gap – like a vacuum, a black hole – inside me. I miss her presence. It's like a lack or a need that cannot be filled. The worst for me is that everything is still around me. I cannot see her anymore. She is gone and I can feel the loneliness".

I then turned to Grant:

Therapist: "And how do you feel about what you are thinking, Grant?".

Grant: "I do not experience the reality yet. It only feels like a dream".

Therapist: "However, from what you said, it sounded to me as if you are also missing her. You are missing her voice and responses".

Grant: "Yes, I am missing her. But I make sure that I stay busy when I am at home. It is easier for me".

Grant really had difficulties in verbalising his feelings. I observed that he was frustrated with René who was often overwhelmed by her emotions. On the other hand, I observed that René felt guilty, exploited and labeled by verbalising her emotions. These differences caused tension between them that led to conflicts and misunderstandings. I reflected each partner's experiences and validated both their ways of struggle to cope with the effects of Caitlin's traumatic death. I also normalised their thoughts and feelings.

At the end of our session, I gave them an assignment: they had to write a letter to Caitlin. Grant had to prepare his own letter in which he tells Caitlin about his memories. René also had to write her own letter in which she tells Caitlin about the questions and vacuum she was experiencing. At the end they had to share their letters with each other. The purpose of the assignment was to help them see their different experiences, and to open up towards each other. At the end of our session the tension between them could be felt. However, I encouraged them and asked them to be patient with each other. We scheduled our next appointment and they left in silence.

Session two

When Grant and René entered the consulting room, it was obvious that they were stressed. When I asked them about their well-being, they admitted their stressed relationship. They attributed it to the letters they had to write and discuss. As a result, I concentrated on the letter. I first explored their thoughts and feelings before, during and after the writing of the letter. They both experienced their decision to write to Caitlin, as well as the process of writing, as positive. It meant so much to them because of the opportunity they had to verbalise their thoughts and feelings privately. The problem, however, centred on what happened after the writing process. I realised that it would have no value to have them read their letters. So, I focused on their interactions.

Grant and René informed me about their inability to share their thoughts and feelings with each other. Each one was on his or her own. René accused Grant of not sharing his thoughts and feelings with her, while Grant insisted that he had nothing to share. I realised that the distance between them had increased. They told me that it was like a wall between them. I decided to help each partner to formulate his or her own experiences in a way that evoked understanding in the other, rather than a sense of rejection. We came to an agreement that each partner would now listen to the other while speaking:

Therapist: “Can each one of you please tell me what bothers you about your partner?”.

GRANT	RENÉ
“René cries too much. She cannot stop! In the morning before I go to work, in the afternoon and also in the evenings. I cannot tell her about my pain”.	“Grant does not want to talk to me. He distances himself from me. I do not know what to do! When I approach him, he steps back”.

"She often talks about taking her own life. I am worried about what I will find when I come back from work. Thus, I keep my feelings away from her".	"The moment when Grant comes home from work, he puts on his music. His music is irritating for me and drives me crazy! One whose child is dead ought not to listen to that kind of music".
"She constantly compares herself with me. She has a problem with it that I do not cry like her. It makes me feel guilty. I would avoid her".	"It looks as if Grant has become uninvolved with me, Dylan and the household. I have to make decisions alone. I need assistance".

From our discussion it became clear that the music was Grant's way of coping, of keeping René and others at a distance and his emotions to himself. René's reaction to this was a feeling that she was no longer good enough for him. The more he listened to the music, the more he withdrew from her. They stuck to the agreement to listen to each other:

Therapist: "René, how do you feel about Grant's reaction?".

René: "I feel powerless, because I can do absolutely nothing to change his way of communicating. I also feel that he does not really need me. In his view I am without value".

I realised that they were looking at each other from different perspectives. I drew a sketch to illustrate that (three sunglasses: one with clear lenses, one with green lenses, and one with blue lenses). Before Caitlin died, they shared one perspective (the clear lenses), but now after her death, they had two different perspectives (one green and one blue perspective). Thus, it was as if they were looking through two different lenses. I gave them the opportunity to give meaning to the drawing. They discovered the importance of trying to understand each other's perspective. I validated it as a victory!

The next 'step' in the 'pastoral therapeutic dance' would be to help them to understand that the negative interactions in their relationship were part of their responses to the traumatic death of Caitlin. They also had to see how their experiences of their relationship evoked further trauma reactions, such as withdrawal, guilt, irritability and intrusions that could be especially associated with their re-experiencing their trauma. With this in mind, I decided to initiate relational externalisation in the next session in order to unmask taken-for-granted practices and power related issues such as gender within their societal and family contexts. I instructed them to think and talk about the origin of the differences between them. Through this

assignment I directed them back towards each other, to enable them to share with each other. They had to write down their thoughts for the next session.

Sessions three

This time Grant and René looked more comfortable. Their voices and faces appeared to be more relaxed. I was curious about this:

Therapist: "You look more relaxed, can you tell me why?".

Grant: "We were able to sit down and talk. Perhaps not as it ought to be, but I think it was a good start".

René agreed. I saw a unique outcome here which I brought to the surface by means of a *landscape of action*-question:

Therapist: "You succeeded in talking to each other! It is wonderful! What enabled you to sit down and talk?".

René: "I think that we discovered that Caitlin's death had changed the mutual perspective that we had before. We really have two different perspectives now".

I followed by asking *landscape of consciousness*- and *landscape of identity*-questions:

- "How do you feel about your success?".
- "What does it tell you about yourselves that you succeeded in sitting down and talking?".
- "What does it tell you about your future problems?".

Grant and René had taken a step forward on which we could build. I drew a sketch on the white board to help them further discover that multiple perspectives are possible: on the same sketch different people might see different things, for example a cup, a flowerpot, a bone, or an hourglass. Thus, each one of us was looking at the sketch from a specific perspective and the other's perspective was not necessarily wrong. I gave them the opportunity to give meaning to that. It made sense to them; I turned to the assignment:

Therapist: "You discovered that Caitlin's death changed your mutual perspective. What else did you co-discover about the origin of the differences between the two of you?".

They gave me feedback about their discoveries. One of their discoveries was that they knew that they were different people who could not have exactly the same experiences in a particular situation. In order to put their differences into perspective, we drew up their genogram (5.2.2 and *Appendix* C) together.

The two themes that came to the fore were:

- René's over-involvement; and
- Grant's under-involvement.

I used externalisation to explore *over-involvement*'s influence in their lives and relationship. They chose to name their problem *over-involvement* because René and Grant realised that *over-involvement* was the big troublemaker: on the one hand, *over-involvement* distanced Grant from René in terms of under-involvement, while, on the other hand, *over-involvement* compelled René to meet specific requirements regarding how their relationship should be. Thus, the death of Caitlin triggered the issue of over-involvement *versus* under-involvement which had to be solved before continuing with the process of grieving.

At the end of an exhausting session, I instructed them to think and talk about the influence of *over-involvement* on their thoughts, feelings and actions. I strengthened the unique outcome that emerged in the session. They were much more willing to share their thoughts and feelings with each other. I validated their courage and gave them hope that new possibilities would emerge.

Session four

I was excited about our next session. However, René was alone since Grant had to work late that evening. I was disappointed, but decided to have faith in the pastoral therapeutic process. Although Grant and René shared their thoughts and feelings with each other in terms of their assignment, I became aware of René's need to talk with me alone. Thus, I focused on her. She was emotional and cried when I asked her about her progress. I explored her experiences in terms of *over-involvement*'s influence in her life in terms of the assignment. The following emerged:

THOUGHTS	FEELINGS	ACTIONS
It is impossible to go on with my life without Caitlin	Alone Lonely	I do not want to go on
I have doubts about any future happiness	Unhappy	I am running away from all my responsibilities towards Dylan
Sometimes I think about ending my life	Hopeless	I am constantly looking for something else and for a new beginning

We came to the conclusion that *over-involvement* was dominating René by convincing her that her life had stopped because of Caitlin's traumatic death. *Over-involvement* brought thin conclusions which led to a generalisation that there was no future for René. This problem-saturated dominant story became constitutive of René's life and relationship with Grant. I guided René to evaluate and justify the impact of *over-involvement* in her life. She realised that *over-involvement* survived and thrived because it was supported and backed by the truths and beliefs about how a relationship should be as she had come to understand it within the context of her family of origin. I also used the metaphor of *feeding the dog*[292] to illustrate how René fed the problem by falling prey to its tactics. Thus, I helped René to view her problem-saturated dominant story from a different perspective. I was delighted to observe how she gradually became separated from *the problem* by means of the process of deconstruction.

While exploring the tactics of *over-involvement* by means of *landscape of influencing*-questions within her family of origin, we discovered how she had fought against a sickness in her early life. Although her mother became over-involved in her life at the time, she was able to resist the pain and suffering while she was alone in hospital. I used this unique outcome that had the potential to lead the 'pastoral therapeutic dance' towards a happy ending.

My goal was now to involve Grant in the promising conversation. So, I gave René an assignment to tell Grant about *over-involvement*'s influence on her life. This assignment served, on the one hand, to update him with the latest development in our conversation, and on the other hand, to lead him towards understanding René against the background of her family of origin. I finally introduced René to the importance of support: she and Grant did not only need the mutual support of each other, but also that of friends and family. They had not only to seek this support, but also allow people to give it to them. The purpose of involving Grant in our last conversation was also to facilitate an attitude of mutual support towards each other. Thereby, I suggested that René begin with scheduled sessions of relaxation exercises in order to activate her bodily resources.

[292] When someone feeds his dog with the most delicious food for some time, his dog's condition will improve. The dog will even become obese. But when the person locks up his dog for a long time without any food, the dog's condition will deteriorate. Eventually, the dog may die. This tale serves as metaphor for either feeding *the problem* by thinking, feeling and acting according to *the problem*'s tactics, or for denying *the problem* any *food*. The result will be the diminishing of *the problem*'s strength, and finally, its death.

Session five

Grant and René came together this time. Although René was extremely emotional, they were both relieved. They did not only talk about *over-involvement*'s influence, but also about the differences between them, and about Caitlin and her traumatic death. Thus, Grant and René discovered that, although they were different, they had a mutual *enemy*. For the first time I became aware that both Grant and René were comfortable about each other's different reactions to Caitlin's traumatic death. Since they experienced the positive effects of confiding in each other rather than hiding the effects of Caitlin's traumatic death from each other by means of inhibition and secrecy, we moved towards an alternative dominant story for their 'marriage dance'.

Therapist: "If you could describe your relationship, as you are experiencing it now, in one word, what will that be?".

Grant: "I think we may refer to our relationship as *involvement*".

Therapist: "Why *involvement*?".

Grant: "We are back to the relationship we had before Caitlin's death. We can again share our thoughts and sorrow with each other. This means much to us".

Therapist: "What do you think about what Grant is saying, René?".

René: "I agree with him. My heart is broken *(crying)* because of Caitlin. I am yearning for her presence. I still feel helpless and guilty, but the difference now is that I can share it that with Grant and he will listen".

Therapist: "How do you feel about it, René?".

René: "It makes me feel valued by Grant; there is still something to live for".

I decided to thicken the meaning of *involvement* in terms of three themes that are important within the context of a marriage. In each case I drew a sketch that symbolised the specific theme. The questions I asked served the purpose of helping Grant and René to see various dimensions of marriage which all contribute to a satisfactory involvement in each other's lives as partners. The themes were:

- Intimacy and interaction: two circles overlapping in part;
- Balance in terms of give-and-take: a scale; and
- Communication and the expression of emotion: a mouth.

I used information from 4.4 to help them give meaning to the drawings and to understand the various dimensions of marriage. We also focused on God's view and purpose of marriage. From our discussion it became clear that God never intended that Grant and René should be exactly the same. Thus, their involvement in each other's lives was based on complementing each other. They also formulated their marital needs and expectations:

GRANT	RENÉ
Grant experiences the need for emotional conversation between them	René experiences the need for emotional conversation between them
He wants to become emotionally involved	She wants Grant to cry
He wants René to take responsibility and to make decisions	She wants Grant to help with Dylan

It was clear that both Grant and René's mutual needs and expectations corresponded. However, another important theme came to the surface, namely that of gender. For the first time Grant admitted that crying, emotional involvement and helping with tasks in the house were difficult for him as a man. Within his family of origin, which was based on the English ethos, he was not allowed to shed tears or to show or talk about feelings. That was a sign of weakness. As the eldest child he had to be tough. Thus, Grant's masculinity was created and maintained within his family of origin. His poor communication skills after the traumatic death of Caitlin could be understood as a control tactic which was a product of the dominant cultural discourse of male dominance and female subordinance. He lived by gender constructions concerning his inability to share his feelings. By means of *relative influencing*- and *gender centric*-questions we externalised *gender and culture* and explored its influence on their relationship. It was illuminating both for Grant and René to discover that they were victims of the dominant story of patriarchy according to traditional gender roles regarding domination and dependence. I asked them to evaluate and justify the impact of this dominant story in their lives. Their reactions were as follows:

René: "I did not understand Grant's withdrawal from me. I thought that he was no longer interested in me. I also labeled him as a bad husband who is not able to care for me, grieve with me and support me. I am feeling somewhat disappointed because of the fact that I am now discovering this for the first time. We nearly lost each other in the process of struggling to find each other again. However, I am glad I have discovered it. Now we are able to build up a special relationship".

Grant: "I now know that I am responsible for the lack of affection, happiness and satisfaction in our relationship during the past few weeks. I wish I could have recognised that 10 years ago! Although I am feeling misused by *gender and culture*, I look forward to being myself and fulfilling René's needs".

I was surprised that a process of deconstruction had automatically been initiated by means of our conversation about the development of *involvement* and the issue of gender. We co-accepted the challenge to change the interaction patterns between them which could lead to a new emotional attachment between them as 'dance' partners. We talked about the important role of emotional self-disclosure in the processing of Caitlin's traumatic death. We drew up an action plan which could help Grant and René be more aware of the influence of *gender and culture*. The name of their five-point-plan was *freedom*; they planned to foster *freedom* by means of the following:

- Develop emotionally and in their understanding of *Agape*-love (4.4.2);
- Exercise virtues of listening, self-disclosure, honesty, self-restraint and fidelity (4.4.5);
- Exchange emotions within a reciprocal relationship of give-and-take as part of the five communicative strategies of love (4.4.3);
- Decide to do something positive together (as partners and as a family with Dylan) on the basis of their mutual needs; and
- Help each other with their new plan.

I validated their five-point-plan. Another unique outcome emerged, mentioned by René, namely that Grant had share his feelings at various times before Caitlin's death. This was an important exception to the rule. I developed the unique outcome by means of *landscape of consciousness*- and *landscape of identity*-questions in order to highlight to Grant that an alternative gendered self-concept was possible. We decided that the plan had to serve as an assignment for the following two weeks before we would meet again. I also recommended René's seeing a psychiatrist because of her depression due to the negative interaction patterns between them.

The focus of the 'pastoral therapeutic dance' was, since the first session, on Grant and René's relationship in order to help them to become partners in dealing with Caitlin's sudden death.

By this time they were united against one of their *common enemies*, namely *over-involvement*. The need to focus attention on their other *common enemy*, namely *sudden death*, would help the 'pastoral therapeutic dance' towards a healthy grieving process.

Session six

René was still struggling to cope, although Grant and René could bear witness to a noticeable difference in their interactions. They experienced how *freedom* gradually overruled *gender and culture*. A new kind of love developed between them. They felt like a team working together towards listening to each other, sharing emotional issues, and balancing their relationship in terms of give-and-take. Both of them experienced more satisfaction and intimacy in the marriage since there was greater understanding of each other. Grant's and René's *sense of self* increased positively. Thus, they felt stronger. René, for instance, made the decision to gradually reduce her visits to her parents to find support. Grant felt more important as her supporter.

However, it was still difficult for René to cope with her intense sadness and yearning for Caitlin. She searched for traces of her and worried about her well-being. It was difficult for her to go out with Grant and Dylan and enjoy life. Her underlying guilt returned by means of nightmares. René felt depressed and anxious as she initiated a process of self-victimisation: life was senseless without any hopes or dreams. Meanwhile René was being treated by the psychiatrist for PTSD. We co-explored what was restraining René from going on with life:

Therapist: "René, I get the impression that you are struggling with hopelessness. What causes your feelings of hopelessness?".

René: *(Crying)* "Most of the day I am depressed and anxious. It is difficult for me to think that she will never come back. I miss her from the bottom of my heart".

Therapist: "When you say depressed and anxious, what do you mean?".

René: "In the mornings when Dylan is still asleep and I am not yet busy in the house, I become aware of my pain. I feel extremely lonely and also agitated. It is like walking in a long and dark tunnel without end".

Therapist: "What you are telling me is that you are feeling overwhelmed by your pain".

René admitted her overwhelming pain and grief. Grant added that René's pain worried him and interfered with his concentration when he was at work. Although he did not want to put pressure on her, he would like to see her get better:

Therapist: "René, what I also hear is that you are being held back by the realisation that Caitlin will never be with you again".

René: "That is the most victimising thought for me at the moment. I think I cannot accept the fact that she is gone" *(crying)*.

Therapist: "Thus, *sudden death* is able to threaten you and to hold you back! *Sudden death* tells you that you have to sever your ties with Caitlin, and that is very difficult for you to do".

René: *(Crying)* "Yes, I cannot say goodbye. Every day I am hoping that she may return, but nothing happens".

I let her know that I accepted her experiences. Grant also indicated that he accepted the way she felt. We realised that René could not accept Caitlin's death. She also understood that severing ties with Caitlin meant forgetting her for once and for all. Thus, I focused on changing her perception towards a realisation that processing Caitlin's death did not mean forgetting about her, but remembering her. I introduced her to the *saying hullo again*-metaphor (8.6) which made sense to her.

Fortunately, we discovered a special unique outcome which gave way to an alternative story. It was only when *sudden death* had control that René felt lonely and that all her thoughts were being focused on the implications of Caitlin's death. However, there were times when René was in control and she was then able to shift her focus to Dylan, especially those times when she had to take care of his basic needs. I used *landscape of action*-, *landscape of identity*-, and *landscape of consciousness*-questions to highlight the unique outcome:

- "When you are taking care of Dylan, what makes it possible for you to shift your focus from *sudden death*?".
- "How do you feel about achieving it?"
- "The fact that you are achieving a new focus on life, by attending to Dylan, what does that tell you about yourself?".
- "The fact that you are managing to focus on life, what does that tell you about the possibilities concerning other areas or aspects of your life?".

All of a sudden she came to the conclusion that she was able to shift her perspective from death to life! Therefore, the 'pastoral therapeutic dance' moved in the direction of life. The death of Caitlin was a reality which she had to accept before she could proceed with life. I explained *the four grieving tasks* (8.3) to her (and to Grant) and helped them to evaluate the self and the other. There was consensus that Grant's acceptance of Caitlin's death rated at 80%, while that of René at 20%. They rated the same for experiencing Caitlin's death, namely 70%. In the process of adaptation, Grant rated 45%, while René rated 20%. It became clear that René's adaptation to live without Caitlin was handicapped by her struggling to accept her death. Grant's relatively low rating in adaptation was due to René's struggle to adapt. However, this discovery was made in hope, because of the hope that accompanied the last unique outcome. The roots for an alternative dominant story were now established.

I thought the time was right to return to the letters they had to prepare at the end of the first session. These were special, although sorrowful moments for both of them, sharing their experiences with Caitlin. Fortunately, some of the experiences in their letters were already being solved. It meant much to them to *talk* to her. I forwarded the 'dance motion' towards an important ritual. Grant and René had to prepare a corner of remembrance somewhere in their house which they could visit according to their needs to express grief. They could fill in the detail by co-creating the ritual, except for the photos and visiting procedures. I wanted them to go through Caitlin's photo album and select those photos with special value to them for display in the corner of remembrance. However, they could select anything else from Caitlin's possessions to add to the corner of remembrance. In respect of visiting procedures, they themselves had to decide the time and frequency of the visits. They had to plan to shorten the time and to lessen the frequency of their visiting as the days and weeks went by. They also had to plan their tears, sorrow and grief and what they would do when visiting the corner of remembrance. The purpose of the assignment was to help them to make progress towards structuring the process of grief. This would enable them to come to terms with their grief, and regain control of their lives. They were excited about the assignment.

Thus far, the 'pastoral therapeutic dance' proceeded, although slowly, towards a happy ending. Throughout the 'pastoral therapeutic dance', we literally oscillated between the second and third movements to promote healing and to integrate new perspectives. On the one hand,

Grant and René had to adapt to each other in the process of freeing themselves from the influences of *over-involvement* and *gender and culture*. They had to learn to share power and to make multiple changes which involved changes to both of them. Alternative gendered constructions are only possible when change in oneself leads to changes in one's partner. On the other hand, they also had to free themselves form the influence of *sudden death*. René's visit to the psychiatrist helped her to change the situation; the medication brought physical relaxation which helped her to see the influence of *sudden death* on her life and on the interactions between herself and Grant. Thus, it was a challenge in more than one respect to let the old problem-saturated dominant story die.

Session seven

After about three weeks we met again. By now, Grant and René had made progress in respect of their alternative dominant story. They co-created a corner of remembrance and worked out a grief plan that contributed to a large extent to their wellness. The photos helped them to relive their relationship with Caitlin. At the time of our session, they still visited the corner of remembrance, but only once every second day. They were satisfied with their relationship and felt that their marriage was set on solid ground. Although they were on their way to overcoming the influence of *sudden death*, there were still difficult days, especially for René. On such days Grant played a huge role in comforting and encouraging her. Their rates for the acceptance of Caitlin's death rose to 95% for Grant and to 60% for René, while the rates for the process of adaptation rose to 75% for Grant and to 65% for René. I validated their progress and strengthened their pride. I also reminded them of the fourth grief task, namely *reinvestment*, and encouraged them to move towards it. We shared the meaning of *reinvestment* and realised that subsequent children that might be born could never replace Caitlin. Although joy might be felt for a new child, the sadness would continue for Caitlin. So, they never had to fear that *reinvestment* meant that they should forget about Caitlin and their special bond with her. Caitlin had to live forth in their memories.

I was curious about the hindrances that might be experienced in their processes towards the acceptance of and adaptation to Caitlin's death:

Therapist: "What makes it difficult for you to finally accept and adapt to Caitlin's death?".

René: "Her room I think. Everything is still there. It is as if she will return any moment. When I walk by, I become aware of her presence. It is difficult for me to put her things away".

Therapist: "Grant, what do you think, why is it difficult for René to make a decision in respect to Caitlin's belongings?".

Grant: "The finality that she will never come back. It is difficult for me too. We are afraid that there will be nothing left to hold on to that may remind us about her".

I realised their need to transform their attachment to Caitlin in ways that enabled them to keep her an important part of their lives. However, these ways had to be more than just memories. They yearned for her continuing presence and active influence in their thoughts and events. Thus, I continued with the *saying hullo again*-metaphor (8.6) as a means to incorporate specific characteristics and virtues of Caitlin into Grant's and René's shared life story:

Therapist: "I have wondered about Caitlin's impact in your lives for 18 months. She was a special little girl for both of you. What special characteristics and virtues will you remember?".

They named the following:

- Caitlin's spontaneity and sparkle;
- She was always friendly and often laughed; and
- She gave love in abundance.

When they named these, both Grant and René reflected their pride. They admitted that Caitlin was their special daughter who lit up their lives with hope, enjoyment and meaning. She taught them to be patient and to take nothing for granted. These characteristics and virtues gave Grant and René the opportunity to let Caitlin live through them:

Therapist: "What can you do to let Caitlin live through you?".

It was a discovery for them to realise that they could let Caitlin live through them by adopting her characteristics and virtues. This became their new goal and purpose in life. In order to continue with an alternative dominant story, we discussed the importance of keeping focused on what was important for them: how to shift focus from the pain of the trauma to what gives meaning and purpose in life. However, in order to create new meanings and outcomes, these focus areas were dependent on strengths and potentialities in the self and in their immediate contexts. They identified the following strengths and potentialities:

- Faith and a positive attitude;

- Willingness to take up responsibility for their own well-being;
- Ability to work hard in respect of personal aims;
- God's help; and
- Support from family members, colleagues and friends.

By using their strengths and by adopting Caitlin's characteristics and virtues, Grant and René decided to honour her for touching their lives in order to become better persons. If that was God's purpose with Caitlin's life, her short life was worthwhile. In this context we discussed the importance of reconnecting to God as the primary source that unlocks true comfort, perspective and victory.

Although there was an empty space in their lives, both Grant and René grew personally, especially in their relationship. While Grant understood his personal growth in terms of the development of his *sense of self*, René understood it in terms of her spiritual survival despite Caitlin's traumatic death. These developments helped them to work on step-by-step action plans and strategies in order to reinvest their energy in life and their relationship. They found new opportunities to build a stronger relationship, to lean on each other, to share with each other within a reciprocal relationship, and to trust each other. They looked forward to living in *freedom* in future.

At the end of our session we co-decided to end the 'pastoral therapeutic dance'. It was a difficult 'dance', and ultimately we realised that we shared life's vulnerability. As we felt like a team, they asked me to share in a little ceremony in the garden of their new home. Grant and René decided to sell the house in which they had lived with Caitlin; their new house had to symbolise a new beginning in which they had to focus on Dylan. I validated the planned ceremony as an excellent way to celebrate *freedom*.

The story of Henry and Sanet

When we initiated the second movement of the 'pastoral therapeutic dance', I was surprised to find the same experiences in terms of thoughts, feelings and actions. It was as if both Henry and Sanet had become stuck on the same themes that were present before the funeral. Nothing could be added, nothing could be removed, and nothing changed, although their experiences were more intensified. I wondered why. It was only after Henry's alcohol problem was

discovered as well as the results of the genogram that followed, that my curiosity was satisfied. The 'pastoral therapeutic dance' with Henry and Sanet led to new alternative dominant stories, but with limitations. Issues emanating from their families of origin and from their 'marriage dance' made positive outcomes difficult. However, they are still struggling to overcome these issues. Growth towards deeper levels of functioning fell victim to the influence of *sudden death* and intimate loneliness. The challenge was to work successfully through trauma, grief and relationship issues simultaneously.

Circular-questioning, the identification of unique outcomes, the restoration of shattered assumptions, a focusing on emotional intelligence and the development of life skills for a meaningful life, played a huge role in the 'pastoral therapeutic dance'. With empathy and patience, I continually gave them the message that I cared for them and that I had hope for them and confidence in their strengths – more so than they had for themselves. Nevertheless, Henry and Sanet's story illustrates how old stories sometimes die hard because of, amongst other things, *inertia*. The action plans were there, but the execution of those plans had been the problem since the beginning. *Inertia* had been strengthened by PTSD and avoidance. Fortunately, the 'pastoral therapeutic dance' did make a difference.

Session one

Our first session took place three days after JG's funeral. Henry and Sanet seemed to be relaxed. They had to tell their own story. Consequently, I initiated the session by exploring their thoughts and feelings:

Therapist: "Henry, it is now three days after JG's funeral. How do you feel?".

Henry: "Depressed!".

Therapist: "What is causing you to feel depressed?".

Henry: "I think that I am overwhelmed by anger and that makes me feel depressed. My life is in a dead-end. I do not know how to proceed".

Therapist: "Anger. Tell me more about that".

Henry: "I cannot understand: We planned JG's operation with the doctor and it was expected to be successful. Then JG indeed became better and we all hoped for the best. Nevertheless, JG died. It made me rebellious, angry with God and also with everyone and everything. I am asking 'why'?".

Therapist: "So, what you are telling me is that you are feeling JG's death is unfair. He was supposed to recover".

Henry: "Yes. It is as if we all could do something to save his life. Was there not perhaps something that the doctor had missed? I know that I cannot blame myself, the doctor or anybody else, but it still feels so unreal".

Therapist: "You also referred to your experience of a so-called dead-end. What do you mean by that?".

Henry: "JG is dead. How can we ever proceed without him? It would be better if I died; he was only a child!".

I identified three themes from what Henry said: powerlessness, guilt and meaninglessness. I wrote the three words on the white board. I realised they were the same three themes that were already present just after JG died. Henry identified with them. I noted that his feelings and thoughts were interlocked at that time. I showed him a quotation from Arnold & Gemma (1994:9) which I had written down on paper:

> **"It is difficult to feel lonely, separated and unconnected. When bereaved, one feels out of touch with the rest of the world, stigmatised, deprived and angry for being selected to suffer. One wonders why, but rarely is there a reason. It seems unfair and unjust that life deals such pain for us to bear".**

I used the quotation to normalise Henry's thoughts and feelings. It was time to turn towards Sanet in order to explore her thoughts and feelings:

Therapist: "Sanet, are you feeling the same as Henry?".

Sanet: "No, not exactly. I am overwhelmed by missing JG *(crying)*. We made all our preparations at home for two children. Everything is still there, but one of my children is missing. I am continuously reminded about that *(crying)*. I wish I could protect him from dying!".

Therapist: "Am I hearing correctly: you are blaming yourself for not having protected him?".

Sanet: "Yes. However, I know that I could not do more, but I still feel guilty. I am very disappointed that things went that way. The future is a great problem for me".

Therapist: "The future?".

Sanet: "Yes. Although Daniel makes it easier in the sense that there is still another child, I am worried about him. How will I tell him one day? Will we not over-protect him? What might happen to him?".

I also wrote down three themes I had picked up from my conversation with Sanet: yearning, guilt and worry. I asked both of them about their observations concerning the two lists of themes. On the one hand, they observed their different experiences, and on the other hand, they also observe the one theme that overlapped, namely guilt. It was important to me to help them regarding this observation. This contributed to my first attempt during the first movement of our 'dance' to allow each one to formulate his or her experiences and to help them understand each other with empathy. Although Henry and Sanet's experiences were normal in terms of the recoiling of the traumatic death of JG, they were not new. Their experiences were already present right after JG's death, but had intensified since then. It would be important to monitor these themes in our future assessments. We took up the threads of the relational externalisation of our first conversation in hospital after JG's death: *sudden death* was responsible for their experiences in terms of the two lists of themes. We speculated about the reasons for the intensification of their reactions. We co-selected one reason from a few possibilities that made most sense to them: they experienced an emotional distance in which they could not talk to each other about their thoughts and feelings.

At the end of our session, I gave them an assignment: each one of them had to think through his or her list of themes. Which of them were thoughts, and which feelings? What thoughts and feelings could be added because of *sudden death*'s influence in their lives? What actions derived from their thoughts and feelings? They had to share the content of their thoughts with each other. The purpose of the assignment was to help them towards understanding of each other, having empathy for each other, and finally to bring about an emotional connection between them.

Session two

When we met again, Sanet was obviously upset. Henry appeared to be numb. I reflected on what I saw only to discover that something had happened in the interim. I realised that it would serve no purpose to focus on the assignment of the previous week. Thus, I focused on the incident. Sanet told me that Henry had gone to a club the previous weekend; he got drunk,

kissed and touched a young girl. Afterwards he tried to take his own life by shooting himself with his service revolver. Someone they know saw Henry in time, called Sanet and she collected him at the club. He confessed to Sanet what he had done with the girl. Sanet was disgusted and shocked about what happened. She planned to leave him, but decided to wait until after our session:

Therapist: "Henry, I have now listened to what Sanet has told me. How do you feel about what happened?".

Henry: "I cannot think clearly at the moment. It was a snap decision and I knew it was wrong, but I could not withhold myself. I regret it. I am willing to discuss it with you in private".

Therapist: "Sanet, can you think of a reason for Henry doing that?".

Sanet: "He often drinks too much, even before JG's death. I cannot understand the girl-thing. He has never done something like that before. Am I too fat? Or too ugly?".

Henry: "Yes, you are too fat! You also do not let me touch you anymore. You are turning your back on me in bed. That girl looked attractive and asked me to touch her".

Sanet: *(Crying)* "So, I am not good enough for you! I think I must leave you! You always denigrate my self-esteem by what you call and tell me. My weight is an issue, my words and thoughts are issues, and my personality is unacceptable to you!".

Therapist: "Stop, stop! You have to see the broader picture here! I am sure that JG's death has something to do with this. Henry, what did you think and feel the afternoon before you went to the club?".

Henry: "I felt lonely. It was as if God had forsaken me. I had an intense desire to know where JG's spirit is. I asked for a sign, but nothing happened. It was followed by depression".

Therapist: "What are you hearing from Henry, Sanet?".

Sanet: "I can hear that he has pain inside. I can understand that, but why the girl-thing? I also have my own feelings and thoughts, but I never let Henry down!".

Therapist: "Tell us about your feelings and thoughts".

Sanet: "I am afraid to cry. It feels as if I do not love JG enough. I fear my own inability to cope. Perhaps I may go mad from anguish and never stop crying once I start".

Therapist: "What do you hear, Henry?".

Henry: "Sanet is also struggling".

Therapist: "Can both of you see how *sudden death* has succeeded thus far in taking you on a ride? Can you see how devious *sudden death* really is? It now also wants to sabotage your marriage relationship! Are you going to allow this?".

We struggled to get Henry and Sanet's 'marriage dance' temporally onto another track. At least they saw that they were on the same 'dance floor'. We came to the agreement that Sanet would give Henry a chance while he attended a few therapy sessions alone. Henry had to understand that Sanet was affected by his actions; thus, she would have and show reactions towards him. It would depend on both of them what the future held for their relationship. We co-created a code of conduct for both of them since they were living in the same house.

Finally I encouraged them by reminding them that God's love could be understood as a straight line, and not as a curve. I drew a straight line and a curve on the white board to indicate how God's love always remains constant. I helped them to give meaning to the straight line and the curve. We discussed the importance of not condemning each other, but being patient with each other on the grounds of God's love that makes provision for forgiveness and second chances. I asked them to recommit themselves to the previous assignment which would be dealt with at their next shared appointment. They were satisfied when they left. We agreed that I would see them together in two week's time, but only Henry alone the next day.

Session three

Henry came alone as arranged. He appeared to be stressed, but I gave him the reassurance he needed which allowed him to tell his story freely. I initiated our conversation by referring to our meeting of the previous day:

Therapist: "Henry, yesterday when you explained to us your experiences before you went to the club, I heard something about a powerlessness you experienced. Can you tell me more?".

Henry: "Yes, *powerlessness* is killing me since JG's death. I am frustrated because I can do nothing and know nothing about JG. My life has become meaningless and this makes me feel depressed. I don't really care! It feels as if I can finally surrender myself to whatsoever".

Therapist: "What you are telling me is that you fell victim to *powerlessness* and that it is able to make you understand that your life has stopped".

Henry: "Yes, *powerlessness* makes me feel that there is nothing to live for anymore. Not even for Sanet, because things are not normal between us at the moment. And also not for Daniel, because what kind of father will do what I did?".

Therapist: "What I am hearing is that *powerlessness* succeeded in telling you that you are not good enough".

Henry: "I am a washout – a failure – I should have been dead! Even more so now that Sanet has found out about the girl. The only thing that I can do is fail".

Therapist: "So, it was *powerlessness* that told you to kill yourself? And he is still telling you it should happen? What else is *powerlessness* telling or doing to you?".

I was amazed how Henry spontaneously took part in the process of relational externalisation. I asked him to evaluate the influence of *powerlessness* in his life. He was convinced that 90% of his life was under the influence of *powerlessness* at that time. The main theme that came to the surface was that Henry viewed himself as a washout. I wrote it on the white board and also outlined the influence of *powerlessness* in terms of thoughts, feelings and actions:

THOUGHTS	FEELINGS	ACTIONS
My life is a failure – I made a mistake	Discouraged and guilty	Withdrawal from people, especially from Sanet
I will get hurt and crack	Afraid of Daniel's future	Self-pity
I am without help	Feels like in a cocoon; also aggressive	Wants to leave everything behind and go away
Everything I do fails	Purposeless	I avoid tasks
I am not a good father	Dull and spiritless	I am lazy to help Sanet

I understood *powerlessness'* influence better after Henry informed me about their current situation at home. A swimming pool contractor had absconded their money. He did not finish his task even after several requests, warnings and threats. He left all the building materials and rubbish on the pavement in front of their house. This was unacceptable for Henry and made him feel extremely powerless. He told himself that the contractor would never come back to finish his job. *Powerlessness* was further fed by Henry's circumstances at work: he could lose his job any moment because of rationalisation by way of retrenchment. Thus,

Henry was becoming overpowered by *powerlessness* which determined his problem-saturated dominant story.

I asked Henry to bring a symbol of *powerlessness* to our next appointment in two days' time. He also had to face *powerlessness'* influence in his life, think about its influence, decide whether he was OK with *powerlessness'* influence in his life, and if he wanted to continue to feed *powerlessness*. Henry was enlightened by discovering his *enemy* and its techniques of gaining power over him. However, Henry was not yet able to link *powerlessness'* influence to his problem-saturated dominant story. I planned to facilitate the process of deconstruction during our next meeting.

Session four

Henry was back after two days. I asked him about his well-being. Henry was convinced that he had discovered his problem. He thought about *powerlessness'* influence in his life and came to the conclusion that he had been comfortable for too long with *powerlessness*. Thus, Henry's first question was about what he could do to overthrow *powerlessness'* influence. Although he was in a hurry to bring *powerlessness'* influence to a conclusion, I was hesitant to let him reach this conclusion too fast. I took him back to the reality of *powerlessness* by asking him about the symbol he had brought. Henry brought a picture of a grave which symbolised the darkness in which *powerlessness* had ensnared him the last few weeks. Powerlessness wanted him to believe that washouts ought to be in graves. However, this grave was open and he interpreted this as the possibility to be liberated from the pit of *powerlessness*. I asked him about what was holding him back from climbing out of the grave. He listed three issues:

- JG's death that he could do nothing about;
- His relationship with Sanet which was not up to standard; and
- A kind of comfort zone he grew up with.

I was curious about the latter. He told me that he had been lazy since he could remember. It was easy for him, sometimes as a means to cope with situations, to withdraw from tasks or persons in his life. We worked through his genogram (5.2.3 and *Appendix* D) and discovered the possible origin of *powerlessness* which Henry experienced as the kind of comfort zone with which he grew up. Part of this comfort zone was Henry's lack of life skills which he

identified as a result of the kind of interactions they had at home: on the one hand, his father's inability to accept responsibility because he had received everything in life that he wanted, and on the other hand, his mother's inability to make contact with his feelings and needs. The example of Henry's parents became unconsciously the taken-for-granted problem-saturated dominant story in their home. Henry also inherited the way of coping with these inabilities from his parents: like his mother, he often withdrew in self-pity, feeling worthless and meaningless; and, like his father, because of his feeling powerless, he began to criticise and came into conflict with others, even resorting to drink when he could not have things his way. Fortunately, Henry discovered that, although he was angry with his parents, especially his father, for what they had done to his life, he was doing exactly the same to cope with his inabilities. In the process Sanet became the primary victim. When Henry's eyes were opened to this blind spot, a new world opened for him, since he suddenly saw his own victimisation by *powerlessness*.

To overcome Henry's self-evaluation in which he thought of himself as a washout because of *powerlessness*, I *panned* for unique outcomes. I asked him a *landscape of action*-question:

Therapist: "Are there any people in your life that give you messages about yourself that contradict what *powerlessness* is telling you about yourself?".

Henry: "Yes, some of my colleagues at work, sometimes also Sanet".

Therapist: "Tell me about the messages they are giving you".

We compiled a list of the messages Henry was receiving from the significant others in his life; messages that he never took notice of:

- Henry is a good and peaceful person;
- Henry cares for other people by loving them;
- Henry communicates with others;
- Henry is patient and tolerant to others; and
- Henry is a compassionate person who helps other people.

I proceeded with *landscape of consciousness*- and *landscape of identity*-questions:

Therapist: "How do you feel about yourself when hearing and seeing these qualities about yourself?".

Henry: "I am feeling good, proud of myself".

Therapist: "Henry, when you look at this list of attributes, what are they saying about Henry as a person?".

Henry: "They are saying that Henry is a special person".

Therapist: "Can you repeat that slowly, starting your sentence with 'I am'?".

Henry: "I am a special person".

Therapist: "Do you believe what you are saying?".

Henry: "It sounds rather unfamiliar, but great!".

I realised that an alternative dominant discourse might be opened here. As a matter of fact, Henry literally absorbed this outcome. He came to the understanding that *powerlessness* had become so dominant in his life, that it had made him believe that he was a failure. Henry discovered another way of thinking about himself. He realised that he was able to overcome *powerlessness* by choosing to act against *powerlessness* despite its current strength.

At the end of our session I gave Henry an assignment: he had to plan a funeral, including a letter of farewell, for *powerlessness*. The purpose of the letter was to finally evaluate and justify the influence of *powerlessness* in his life, and, simultaneously, to end this influence officially. He had to execute his plan where and when he decided to. Directly after the funeral, he had to decide on a name for the new direction he wanted to follow, and collect a symbol for this new way. Henry also had to decide what thoughts, feelings and actions would strengthen his newly chosen way. Since Sanet would join us the next session, Henry had to think how he could briefly present his problem-saturated dominant story, its history and its about-turn towards a new alternative story, to Sanet.

Session five

I was delighted to hear that the influence of *powerlessness* in Henry's life had shrunk to 40%, while Henry gained 60% control. Right at the beginning of our session I gave Henry the chance to explain to Sanet how he had got to this point. It was an opportunity for Henry to explain his understanding of his problem-saturated dominant story and its history from his family of origin, and to further internalise his new discoveries about himself. Spontaneously Henry confessed to Sanet about his constant criticism, his drinking problem and the conflict he often initiated. Sanet was surprised about Henry's progress. She admitted that she had observed more openness in Henry in terms of thoughts and feelings when they discussed their

lists of themes from session one. She also admitted that she suspected that Henry was influenced by the way he had grown up. We decided firstly to follow up by helping Henry to introduce to us his new direction and the symbol for this direction.

Henry named his new direction *success* and brought a *pip* on his police uniform as a symbol for the success he had in mind. As a policeman he had stood out as a person who achieved great successes as an instructor. He succeeded in all the courses and examinations he had entered for and was known as the officer with the great heart. He decided for himself that he would focus on positive thoughts, work hard, make decisions and give guidance at home as he did at work. He could be successful by letting *success* guide his thoughts, feelings and actions. I focused on the detail of the positive thoughts he mentioned and helped him to finalise an action plan:

THOUGHTS	FEELINGS	ACTIONS
Positive thoughts about the self: I am a person with special value	I am feeling happy, valuable and satisfied	I plan to do good to others by being friendly towards others, including Sanet and people at work
Positive thoughts about Sanet: Sanet has special features to be honoured	I am feeling proud about myself and about her as my wife	I plan to do good to Sanet by being patient with her
Positive thoughts that I am special in the eyes of Christ	I am feeling valuable and like a winner	I want to show more love to others by putting more into relationships

Henry decided to reflect his special value to Sanet and to compliment her for the person she was in his life. He realised that he would be able to write his own life story in future. He also expressed the need to live with her as part of a team. It was wonderful that a new alternative dominant story was emerging. However, I realised that the issue of the lack of life skills in terms of communication and emotional connection was still present. Although Sanet gained a better understanding of Henry, he did not have the opportunity to hear her story.

I turned to Sanet and we worked through her genogram (5.2.3 and *Appendix* D). This gave Henry the opportunity to listen to Sanet's feelings of rejection and her lack of self-acceptance because of her obesity. The effects of Henry's criticism of Sanet and how it strengthened her feelings of rejection and her lack of self-acceptance also emerged. Sanet's seeking of approval

by denying herself her own emotions made it difficult for her to give Henry feedback on the effects of his criticism of her. However, she always judged him in terms of right and wrong. It also emerged that Henry's criticism of Sanet was largely based on her manipulation and stubbornness. Thus, the kind of interaction between Henry and Sanet, on the one hand, fed *powerlessness*, and, on the other hand, deprived Sanet of her *sense of self*. In order to work together as a team, they had to find common ground on which to build a new future without the present divisive issues. Henry's new orientation towards *success* was an important cornerstone for a new future, but change in Sanet was also important.

From Sanet's genogram, an important unique outcome emerged. That was Sanet's loving and caring attitude towards people, and her interest in their affairs. Thus, there was tenderness on her part, which she was aware of, that had to be enhanced in order to be balanced with Henry's *success*. Sanet and Henry were convinced that the real Sanet was the tender one. She had showed the same tenderness towards JG and Daniel since their birth. Sanet's new alternative dominant story became known as *tenderness*. Henry discovered anew Sanet's tenderness and once again felt sorry for running it down. Sanet's tenderness was emphasised by validations from Henry and by the messages other people were giving Sanet. I did not initiate a process of externalisation and deconstruction of Sanet's problem-saturated dominant story to the same extent as that of Henry's. However, I decided to focus on them as a team. On the one hand, I had faith in the process itself that would alter their interactions, and, on the other hand, I realised the importance of getting to the process of grieving that was becoming gradually difficult for both Henry and Sanet.

As an assignment, I asked each of them to write down his or her three most important needs within the relationship after JG's death without discussing them with each other. What they had to discuss with each other, was how far each of them had made progress in processing JG's death. They had to bring the written needs as well as the results of their discussions along to their next session in three day's time.

Session six

From the moment they stepped into the consulting room, I saw that something was wrong between Henry and Sanet. Sanet seemed to be emotional; I could see that she had cried. Henry seemed to be in control, although not happy:

Therapist: "Henry, I can see that something is wrong. What happened?".

Henry: "This morning Sanet asked me to return from work a little earlier in order for us to visit JG's grave together. I made a big mistake: I shouted at her and belittled her. I thought that she would be able to cope with JG's death by now. I saw immediately that I had hurt her with my words. Thus, I felt like a washout again".

Therapist: "How do you see this, Sanet?".

Sanet: "Henry is not succeeding in his action plan. I had such high expectations, but now everything is disrupted again! *(crying)*. I think we have to stand together now by sharing our experiences about JG's death".

Therapist: "Henry, what do you think came between you and Sanet this morning: was it *powerlessness* or *success*?".

Henry: *(Thinking)* "Perhaps both of them. I came to understand *success* as to be a winner in every situation. But I also let *powerlessness* determine my feelings again".

Therapist: "Sanet, what can you say is positive in what Henry has just said?".

Sanet: "Well, Henry at least has insight into what happened. I think that he misunderstood the content of *success*. After our conflict this morning, I realised how my own manipulation played a role *(thinking)*. Perhaps I made it difficult for him to succeed in his action plan".

Therapist: "Therefore, what you are telling me, is that you misunderstood each other because of Henry's misunderstanding as well as your reaction to it. What do both of you think will be an answer to this problem?".

Sanet: "I think it is time to talk to each other, to act like a real team, to hear each other, and to be patient with each other".

Henry: "We have to set our self-interests aside and start to focus on each other".

I thought that the conflict between Henry and Sanet that morning was an important turning-point in their relationship. At least they had discovered the important role of communication. However, communication as such did not mean that their understanding of it also included emotional connection. I was still wondering about Henry's life skills and his commitment to handle Sanet more tenderly. Nevertheless, Sanet's willingness to share her feelings and her lack of self-acceptance could also be hindrances in their 'marriage dance'. We moved towards the assignment about their needs.

Henry's needs were:

- Sanet had to be a wife for him, had to love him and be willing to share his interests in the house and garden. He would appreciate it if she sometimes worked in the garden with him.
- Sanet also had to show her interest in Henry's work, since he experienced stress because of the process of rationalisation by way of retrenchment.
- Henry would also appreciate it if Sanet communicated her feelings to him, thought before she talked, and learned to listen. She should not share their personal problems with her family.

Sanet's needs were:

- Henry should not curse or shout at her.
- Sanet needed to go out with Henry or to invite friends to their house for socialisation.
- Henry also had to respect her feelings and thoughts.

I asked them to evaluate each other in terms of fulfilling these needs. Both came to the conclusion that they had to recognise each other's needs by listening and talking to each other. They also shared possible obstacles in fulfilling each other's needs. We discovered that both of them were grieving in loneliness. I shared few thoughts with them about intimate loneliness that is based on different coping strategies and grieving patterns because of issues deriving from gender-, culture-, or family of origin differences. Since our conversation moved in the direction of intimacy, I extended it to include themes from chapter four, such as:

- The meaning of emotional attachment;
- The expression of emotion by means of communication;
- Marital satisfaction;
- The balance between give-and-take; and
- The Biblical view of a marriage.

Henry and Sanet came to another conclusion, namely that their individual and mutual grieving process had come to a standstill because of their struggle to get their 'marriage dance' onto another 'track'. I shared with them the importance of the grieving process as a part of the normal responses to a loss, and as a means of learning to accept and to live with the pain of the loss. The important message was that the best way, although not the easiest way, was to

go *through the hole*[293]. I introduced them to the *four tasks of mourning* (8.3), discussed each one in detail, and helped them to evaluate themselves in terms of the completion of each task. They came to realise that they had not *accepted* JG's death yet, not even *experienced* it in terms of emotional expression, let alone *adjustment*. I also helped them to understand the metaphor of *saying hullo again* (8.6) which means that the ending of a relationship was not necessary, but that recalling memories of JG was.

At the end of our session I gave them an assignment: they had to talk about JG, about his characteristics, and about their memories of him. I shared with them the important words of Arnold & Gemma (1994:8): *"Although grief is limitless and powerful, putting it into words reduces its power"*. After their conversations, they had to collaborate in writing a letter to JG in which they told him about their conversations, feelings and thoughts. The purpose of the assignment was to help Henry and Sanet to reconnect with JG, and to experience emotional release. We decided that the next session would be our last session so as to urge Henry and Sanet to take responsibility for their marriage as well as for their grief.

Session seven

After two weeks, we met again. I was delighted to hear that they had talked about JG and also wrote a letter to him. However, at three times during the past two weeks they had fallen into the vicious circle of criticising each other, denigrating each other with words, experiencing feelings of meaninglessness and, eventually, withdrawing from each other. Fortunately, they reconnected afterwards by talking about their differences. I validated these 'steps' in their 'marriage dance'. Their conversations about JG and their letter to JG helped them to verbalise their experiences. They even visited JG's grave together, and put flowers into the vases. According to both Henry and Sanet, they were now fine with JG's death, accepted it, and had started to adjust to it by putting his things away. Although their progress seemed too rapid, I had to respect their need to talk about their relationship once again.

Henry and Sanet told me that they were still worried about their patterns of interaction. To Sanet it seemed that Henry could not talk to her without criticising her. Henry told her quite a

[293] When a driver approaches a hole in the road, the best option would be to avoid the hole by turning away. This option would be in the best interest of the car. However, when it comes to the grieving process, the avoidance of the *hole* (the loss or the pain accompanied the loss) would be the worst option since it does not bring healing. Healing is dependent on facing the loss and working through the pain of the loss.

few times that she was an unacceptable wife. Sanet reacted then by saying that Henry was a common person. As a result, after work everyday Henry seemed to be depressed. He still went out to drink with friends which made everything worse. Sanet then felt rejected and withdrew from Henry. Sometimes conflict arose, as they described at the beginning of our session. Most of the time there was no specific reason for each one to acting or reacting like that. Nevertheless, it happened. They asked me to help them with conflict management in general, self-control, emotional intelligence, and communication, which included listening skills. We discussed the possibility that their *inertia* was due to their lack of life skills which, on the one hand, were not developed in them within their families of origin, and, on the other hand, were brought to the fore by their attitudes of not caring and relaxing in their comfort zones. Even the smallest event made Henry feel meaningless and Sanet to doubt her self-esteem.

With this in mind, I tested the possible influence of gender stereotyped behaviour. I explored the possibility that Sanet's independent behaviour could perhaps evoke specific reactions in Henry:

Therapist: "Henry, it may feel as if Sanet sometimes manipulates you. How do you feel about this?".

Sanet: "Yes, I have thought about it once. I discovered that I want to be the strong one; I want to go on with my life as quickly as possible. I asked God to help me to remain strong for Henry's and Daniel's sake, thus, to help them to keep going. Since Henry is not so strong, I needed someone to be strong for me. So I shared some of our personal problems with my family. Now I think that this may have been a mistake because it brought remoteness between Henry and me".

Therapist: "Henry, you have listened to what Sanet just said. What do you think about it?".

Henry: "Well, I did not realise that. I am too busy struggling with God about JG's death. I am the weak one now. I cannot be the strong one for Sanet right now. A man need not always be the strong one; sometimes a woman is stronger. It does not bother me and it is not wrong in my eyes. I am only looking for more attention".

We realised now that gender did not play a role in Henry and Sanet's behaviour and attitude towards each other. I asked them a question that I wanted to ask few sessions earlier, if only the time had been right for it:

Therapist: "Henry and Sanet, we discovered the influence of your families of origin; we speculated about the possible lack of life skills; we explored gender stereotypes; we discussed the essence of marriage; we thought about guidelines for conflict management and the communication of feelings, and we drew up action plans and goals. Why are you still struggling with negative patterns of interaction? Why can you not put your plans into action? I do not understand!".

Sanet: "I think we lost each other while JG was in hospital. Each one of us was absorbed by JG's condition. All our attention was focused on him and his sickness. Thus, we missed each other and have not recovered from that yet".

Henry: "I agree with Sanet. I am frustrated with her; I am more aware of her faults than of her strengths. Everything we did in the therapeutic sessions was valuable, but it cannot make me love her".

The question I asked served as an assessment in which Henry and Sanet were helped to evaluate and to give meaning to their own crisis. We realised that the relationship crisis between them was much deeper. We returned to the meaning of intimate **BRAVO!**-relationships (4.4.2) and stressed the importance of knowing and respecting each other in order to reconnect with each other. Again they recommitted themselves to goals as a means to restore their love for each other. We also discussed the importance of reconnecting with God to be enabled to serve each other with *Agape*-love (4.4.2).

Although they were satisfied with the outcome of our last session, I facilitated an alternative dominant story by helping them to find a new dream for their marriage relationship. I asked them to imagine a dream which would bind them together for the next five years. They decided on the following dream:

To love each other in God's name, to grow and to perform our duties towards each other. We want to set an example of an ideal couple.

Henry and Sanet also decided to take the coming weekend off, and to enjoy a trip to the Drakensberg in order to relax and to talk to each other in an attempt to get their 'marriage dance' onto 'track' again. At the end of our session we decided on a follow-up session in a month's time. However, Henry and Sanet never came back. We saw one another after about

one and a half years when Henry was hospitalised for PTSD. I also heard then that Sanet had collapsed physically and emotionally three months before.

8.6.1 Conclusion

It became clear that the three 'pastoral therapeutic dances' differed from one another according to each couple's needs and experiences of grief. It was said that each couple had its own way of experiencing and expressing grief, likewise each partner. These differences are mainly due, among other things, to different families of origin, different 'marriage dances', different circumstances relating to their child's death, different meaning constructions, and culture- and gender related issues. Nevertheless, traumatic child death has the ability to draw marriage couples along towards marital discord if the reactions to trauma, or other related issues, become partners' problem-saturated dominant story. However, the partners' problem-saturated dominant story can be externalised and deconstructed in order to make room for an alternative dominant discourse. This alternative dominant discourse is not only built on unique outcomes, but also on an imagined future and new action plans and goals which are only possible when partners take mutual responsibility for their own lives, and when the 'pastoral therapeutic dance' is based on love as the 'pillars' of the 'dance floor'. The 'dance of trauma' is difficult in so far as trauma and grief pool their resources against each partner and their 'marriage dance'.

It also has to be noticed that the 'steps' of the 'pastoral therapeutic dance' differed with every pastoral therapeutic process. The process did not proceed from an expert-position in which the therapist knows best and also bases his therapy on a fixed system or theory. However, from a postmodern view, the therapist remained open to the needs and expertise of each couple, although he took the lead in the process of facilitation towards healing and the integration of the grief. Each 'dance' was multilayered in the sense that more than one problem-saturated dominant story and more than one alternative dominant story had to be facilitated simultaneously. Nevertheless, he 'danced' with each couple to the end. Although each individual dance ends, dances in general never end. The three couples are still 'dancing' with faith, hope and love. May love help them to their courses of action.

CHAPTER 9: ALL DANCES END

I invited you to 'dance'

At the beginning I invited you, the reader, to take part in the 'dancing movement' of pastoral therapy with grieving parents. This 'dance' of study gave us the opportunity to experience the course of the 'dance' by gliding across, backwards and forwards towards happy endings. On the 'dance floor', on the one hand, postmodern thinking provided 'elasticity' for three flourishing pastoral therapeutic processes through which the therapist and grieving couples could together arrive at new, alternative dominant meanings. On the other hand, the 'friction' in the Holy Spirit of the Bible brought the acceleration that was needed for the progress towards new marriage stories. The Holy Spirit made the impossible possible on the grounds of Christ's victory. He brought about safe and softer 'landings' that decreased the potential for personal and marital injury. Since the invitation to take part in the 'dance' was issued, we have danced together towards these safe and softer 'landings' via the co-construction of alternative dominant meanings.

We 'danced' together

Throughout this 'dance' of study, my identification with the Christian story provided me with the roots within postmodernity to carry the transformation of the current situation into the lives of grieving parents as an instrument of God towards new realities. Although I have chosen to work within a postmodern epistemology, I did not break my ties with Christianity. However, I discovered a reaffirmation and appreciation of freedom within the possibilities of the good news of the Gospel. Where parents' problem-saturated dominant stories were viewed in the light of the story of God, they were able to rewrite their own stories by creating a new story with new meaning. The 'pastoral therapeutic dance' became the existential participation in parents' life struggle to search together for an escape from traumatic child death in the light of God's story. The conversations or dialogues that took place in the therapeutic processes served as mediation between God and grieving parents. Through these conversations He entered grieving parents' existential needs and met them with hope, power, strength, tolerance, perseverance, new perspectives, imagination towards a better future, healing, growth, enrichment, and the like. The interrelational communication acts or language in terms of all actions and reactions in word and deed between therapist, grieving parents and

God, took place in service of the Gospel. The communication by means of therapeutic conversations became hermeneutical struggles, thus, a mutual exploration and search to reach understanding with grieving parents. Therapeutic systems were intersubjectively constructed in which descriptions and explanations of *the problem*, namely traumatic child death and other related issues, were given, and in which redefinitions of *the problem* were reached, all on the basis of shared meaning. As pastoral therapist, I became a member of the problem systems and shared in grieving parents' systems of meaning in order to facilitate the dialogues moving in the direction of new alternatives. I remained the participant-observer and the participant-manager of the therapeutic conversations without becoming the expert who took charge of the therapeutic conversations by influencing them towards a particular direction or outcome, or who analysed and diagnosed on the basis of what should and what should not. However, the grieving couples remained the experts of their own stories and meanings: they were encouraged to accept responsibility for their own lives by acting on their own behalf according to their own capabilities, capacities, resources and strengths.

My reliance on the expertise of grieving couples was based on a postmodern epistemological framework of qualitative research. This view represents movement away from definitive conclusions and labels based on taken-for-granted assumptions. As a postmodern researcher, I saw my main task as co-discovering, by means of a process of co-interpretation, the patterns of meaning that emerged from the observation and examination of grieving couples' words, actions and records. The process of discovering was on the way, but not yet plainly understood, and relied on the clues that were given. I presented those patterns of meaning in this 'dance' of study as closely to the construction of the world as the participant grieving parents had originally experienced it. Thus, the subject of the 'pastoral therapeutic dance' in this 'dance' of study was shifted from self-actualised individuals who needed therapy in their time of crisis, towards grieving couples in need of nurture and support in order to make sense of their complex contexts in terms of Christian understandings of the world. Therefore, I 'danced' the 'pastoral therapeutic dance' on the 'pillars' of God's love. I believe that God's love, as experienced in the salvation history of both Testaments, is the most basic motivation for pastoral work. In the three 'pastoral therapeutic dances' I saw myself as an instrument of this love which includes all-inclusive actions of various kinds, that is, all the actions and reactions in word and deed between therapist, grieving parents and God within the therapeutic

conversation. This love made me a conversational partner with a wider circumspect attitude; a more humble approach; a deeper sensitivity to mystery, miracle and meaning, and a higher respect for grieving parents within a person-centred framework. The therapeutic approach that highlights the importance of language and meaning, and simultaneously moves away from a mechanistic, reductionist and deterministic method with a tendency to reify the social *status quo* and power hierarchies, is Narrative Therapy.

By means of Narrative Therapy, grieving parents were enabled through externalization, to separate themselves from their problem-saturated dominant stories that had been constitutive of their lives and relationships after traumatic child death. It has been found in this 'dance' of study that the traumatic death of an infant or young child between 0 and 12 years old has the ability to absorb and draw parents along due to, *inter alia*, the special attachment between parents and child during this age. The impact of traumatic child death may be so strong that it can force the traumatised parents to surrender to the 'dance' of trauma which may mean the final destruction of the parents and their marriage as they lose their 'balance'. *The problem* in this 'dance' of study was found in couples' experience of estrangement, marital strain or decline in satisfaction in their marital relationships after the traumatic death of their child. The 'dance' of trauma became stumbling blocks in the 'marriage dance' the moment that the former presented itself in terms of normal physiological and psychological reactions according to specific 'steps' that have a negative impact on individuals and relationships. Parents' communication may become disrupted, which results in intimate loneliness. It has been found that relational externalisation best enables the trauma therapist to prevent harm to parents suffering from trauma in terms of retraumatisation; to help traumatised parents to discover the power of traumatic child death in their lives, and to discover their own position in relation to their reactions to the trauma.

Besides externalisation, problems have to be situated by means of deconstruction within the social contexts in which they occurred. Problems only survive and thrive when they are supported and backed by particular ideas, truths, beliefs and principles from the broader social cultural context or family of origin. In this 'dance' of study it was found that beliefs, ideas, practices and taken-for-granted truths of the broader social culture or family of origin in which grieving parents live, served to assist the sustaining of their problem-saturated

dominant stories. Gender specifications based on cultural stereotyped norms prescribed different roles to men and women and led to specific behaviour and perceptions of the self and each other as a man or woman. Individual parents were subjected to masculinity and femininity through a process of social interaction according to the norms implicit in the dominant cultural discourses. Within the dominant cultural discourses, couples became both characters and victims of the dominant story of patriarchy, according to traditional gender roles of domination and dependence. It has been outlined how gender differences had implications as to how parents experienced their loss within the context of their marriage relationship, and how these gender differences were addressed within the 'dance' of pastoral therapy in terms of externalisation and deconstruction. However, gender specifications were not the only constraints in the grieving process.

It has further been outlined how the death of a child also has an impact on the organisation of parents' entire marriage system due to the social context in which cultural specifications are playing a role. According to cultural expectations, bereaved parents should grieve *appropriately*, that is, within the specifications of socially acceptable behaviour. People hope that parents will get on with living, forget and mobilise their energies to be productive again. Grieving parents are mostly greeted with impatience and frustration for not recovering fast enough or for continuing to remember their deceased child. On the one hand, society makes it difficult for parents if there is no acceptance and support, and, on the other hand, they do not know how to help or what will help, thus, they do not reach out. Consequently, parents withdraw themselves, grieve in private, and even become unconnected to each other as a couple. These cultural specifications were also addressed within the 'dance' of pastoral therapy in terms of externalisation and deconstruction.

Gradually, a new story is being co-created and a new reality begins to emerge. As an alternative dominant story becomes rooted in parents' imaginations, it takes over and has no end. This new direction is built upon unique outcomes and is dependent on parents who assume responsibility for *the problem*, for new choices in their lives and to pursue new possibilities. The new alternative dominant story is also dependent on parents' ability, on the one hand, to resist the influence of disempowering specifications, and specific habits or practices which support their marital distress. On the other hand, parents have to become

engaged in emotional patterns and interactions in which the expression of and responsiveness to emotions are given priority. These emotional patterns and interactions have to be based on the Biblical view of the 'dance' of marriage, which includes themes such as emotional attachment, marital satisfaction, intimacy, balance in the relationship, communication, and the experience and expressing of emotion. In this 'dance' of study it was found that parents' new alternative dominant story after traumatic child death had developed by means of Narrative Therapy towards a new emotional attachment between them as marriage partners. Thereby, as soon as gender differences were balanced and parents were liberated from other taken-for-granted truths of the broader social culture and their families of origin, a meaningful and alternative marital discourse emerged. To get parents' 'marriage dance' on track again, they had to work through their grief in terms of specific tasks and in terms of the reconstruction of meanings, which included a restoration of their *sense of self*. Various modernist elements such as REBT, amongst others, helped with the emergence of new alternative dominant stories. Finally, the three 'dances' developed towards their end.

Towards the ending of the 'dance'

All dances end. Movement towards an end is essential for every human being. This may also be applied to the 'pastoral therapeutic dance'. Movement in the therapeutic process takes one to a certain outcome, and this movement makes one part of a process which, most of the time, one can experience as a special feeling – a sense of heightening of life, an exhilaration, a sense of joy. The pastoral trauma therapist, as a conversational artist, has to facilitate a therapeutic dialogue that has the ability to direct the 'dance' towards a happy ending. However, some dances may end in sadness due to, amongst others, *inertia*. According to Arnold & Gemma (1994:99), the therapist has to accept his own limitations when it comes to traumatic child death. Although he wants to heal parents' pain, restore their meaning, rebuild their self-esteem, and make their relationship whole again, he cannot accomplish these tasks. Berger (2001:194) warns against an over-identification with clients in which the trauma therapist longs to rescue the client as a reaction to the client's longing to be rescued. This may lead to a blurring of boundaries, to booking of additional sessions because the client needs support, even to thinking about the client and his situation, and about some plans to help him between sessions. Over against an over-identification, feeling less emotionally engaged with clients may create distance and a lack of connection with the client, which may also hinder the

therapeutic process from coming to an end (Berger 2001:198). The pastoral trauma therapist will not be able to take responsibility to co-construct the ending of the 'dance' with a sense of heightening of life when hindrances like over-identification or a lack of connection with grieving parents are present.

Therefore, the pastoral trauma therapist has to watch, notice and, critically, observe his own responses and feelings. This will give him the clues needed to understand his own and some of clients' experiences (Berger 2001:192). The 'dance' will not move to an end with a special sense of heightening of life if the pastoral trauma therapist does not continually remain aware of his own needs. He needs to balance his thoughts and feelings so that he does not only focus on children that die. Emotional depletedness may lead to experiences of physical and emotional exhaustion, unhappiness, pessimism and impersonal detachment as a means of protection against the hurt. This may lead to a self-esteem that is built on a sense of personal failure and negative feelings about the self, conflict in personal relationships, anger, guilt for the response of seeking distance from the bereaved, and a loss of personal *sense of self* which may result in no distance being maintained between him and grieving parents. Thus, he has to take time to refuel and care for the self by sharing his feelings with other therapists, by solitude, by meditation and by making time for holidays and vacations to regain his energies and to deal with his feelings to be fresh and sensitive again in order to 'dance' until the end (Dunn 2001:100-101).

With the ending of the 'pastoral therapeutic dance', this 'dance' of study also now comes to an end. I can finally end this 'dance' of study with a special feeling of joy, satisfaction and exhilaration. Although this 'dance' ends, I am prepared for new 'dances' of pastoral therapy. However, the 'marriage dances' of Lance and Annamie, Grant and René and Henry and Sanet still proceed. And may God 'dance' with them until the very end. God never forgets grieving parents; He continually invites them: Shall we dance? as He does to the woman in the Theological Tale of Incarnation (Brakeman 1995:34-35):

> **"God shares her creative activity and all her innermost secrets. Sometimes she complains and asks God to change things. But mostly she is content to let God move in and around and with her like a dance. God rejoices in the wonder of all her sayings and doings, and everything is acceptable in God's**

sight. She and God create the movement of life together. Her theology is incarnational. God's Word has taken its place inside her: flesh of her flesh and bone of her bone. Like a ligament it gives her spiritual stretching power. God is to her now like a waltzing partner, very much in the lead, holding her body very close to give her step. They move as one, because she needs a lot of support to change and to choose life again. God is transforming love. Then pain, rejection, tragedy in her life. Death. She loses her step. Others do not understand her. She is dancing too fast, high on the pace. She forgets she even has a partner at times. She is in sole flight about to crash. She loses balance, flails the empty air for her partner. God is silent, almost stern. She dances alone, or, rather, she runs about the dance floor with uncoordinated movements. The pain is awful. Then one day she stops. She sits alone. In anguish she weeps. Her spirit cries: 'Oh, God, God!'. Then God says: 'No one can take this away from you'. Now the woman knows the truth. Her tale takes on a peculiar new wholeness. The dance resumes despite her slight limp. She knows God is with her. She knows God dances with her into the pain and into death and into the loss. God also dances with her into the joy and into the love and into the beauty. Her God is Incarnation: Word made flesh, Word in her flesh. She lives her theology as a well-disciplined ballet dance in which her God sustains her in love".

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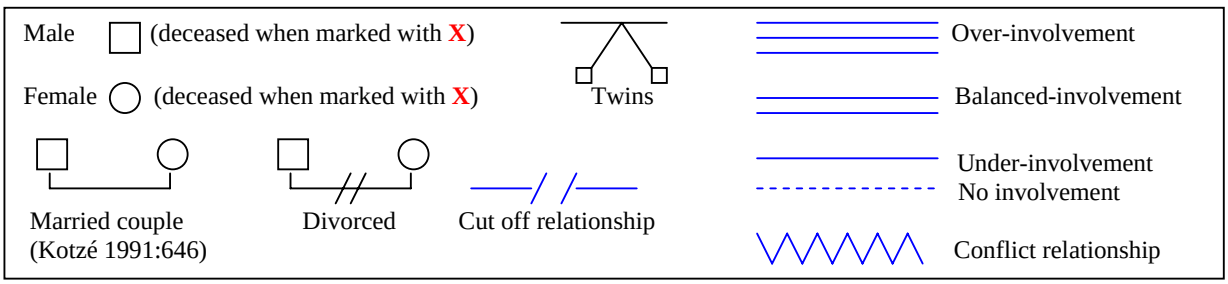
APPENDIX A


Male (deceased when marked with X)
Female (deceased when marked with X)
Twins
Over-involvement
Balanced-involvement
Under-involvement
No involvement
Married couple
(Kotzé 1991:646)
Divorced
Cut off relationship
Conflict relationship

APPENDIX B

REBT Self-Help Form (Ellis 2000:194-195).

A (ACTIVATING EVENTS OR ADVERSITIES)

- Briefly summarise the situation you are disturbed about (what would a camera see?).
- An *A* can be *internal* or *external*, *real* or *imagined*.
- An *A* can be an event in the *past*, *present*, or *future*.

IBs (IRRATIONAL BELIEFS)

D (DISPUTING IBs)

To identify IBs, look for:

- Dogmatic Demands (musts, absolutes, shoulds)
- Awfulising (It's awful, terrible, horrible)
- Low Frustration Tolerance (I can't stand it)
- Self/Other Rating (I'm/he/she is bad, worthless)

To dispute, ask yourself:

- Where is holding this belief getting me? Is it *helpful* or *self-defeating*?
- Where is the evidence to support the existence of my irrational belief? Is it *consistent with social reality*?
- Is my belief *logical*? Does it follow from my preferences?
- Is it really *awful* (as bad as it could be)?
- Can I really not *stand* it?

C (CONSEQUENCES)

Major unhealthy negative **emotions**: Major self-defeating **behaviours**:

Unhealthy negative emotions include:

Anxiety	Low Frustration Tolerance
Depression	Hurt
Shame/Embarrassment	Guilt
Rage	Jealousy

E (NEW PHILOSOPHIES)

E (NEW EMOTIONS & BEHAVIOURS

New healthy **negative emotions**: New constructive **behaviours**:

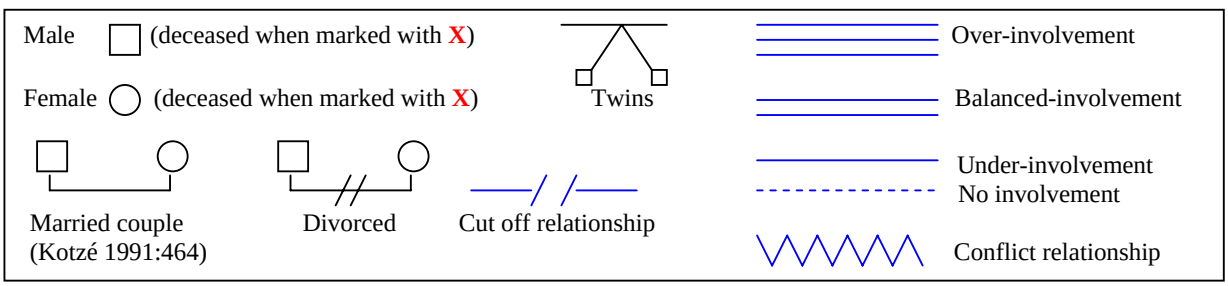
To think more rationally, strive for:

- Non-Dogmatic Preferences (wishes, wants, desires)
- Evaluating Badness (it's bad, unfortunate)
- High Frustration Tolerance (I don't like it, but I can stand it)
- Not Globally Rating Self or Others (I – and others – are fallible human beings)

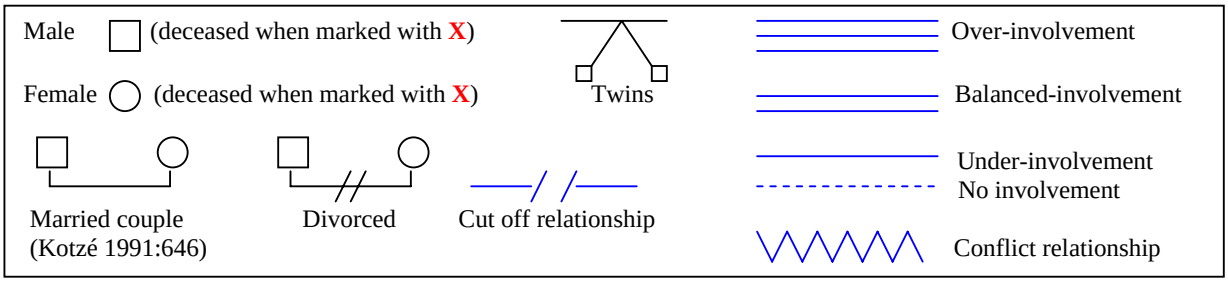
Healthy negative emotions include:

Disappointment	Sadness
Concern	Regret
Annoyance	Frustration

APPENDIX C


Male (deceased when marked with X)
Female (deceased when marked with X)
Twins
Over-involvement
Balanced-involvement
Under-involvement
No involvement
Conflict relationship
Married couple
(Kotzé 1991:464)
Divorced
Cut off relationship

APPENDIX D


Male (deceased when marked with X)
Female (deceased when marked with X)
Twins
Over-involvement
Balanced-involvement
Under-involvement
No involvement
Conflict relationship
Married couple
(Kotzé 1991:646)
Divorced
Cut off relationship

ABSTRACT

This 'dance' of study gives us, both the researcher as and reader, the opportunity to take part in the 'dancing movement' of pastoral therapy with grieving parents after traumatic child death. The 'pastoral therapeutic dance' becomes the existential participation in parents' life struggle to co-search for an escape of traumatic child death in the light of God's story. The conversations that took place in the therapeutic processes served as mediation between God and grieving parents. Through these conversations God entered grieving parents' existential needs and met them with new hope. In three 'pastoral therapeutic dances' I saw myself as an instrument of God's love which includes the all-inclusive actions of various kinds; thus, all the actions and reactions in word and deed between therapist, grieving parents and God within the therapeutic conversation. This love made me a conversational partner with a wider circumspect attitude; a more humble approach; a deeper sensitivity to mystery, miracle and meaning, and a higher respect for grieving parents within a person-centred framework. The therapeutic approach that highlights the importance of language and meaning, and simultaneously moves away from a mechanistic, reductionist and deterministic method with a tendency to reify the social *status quo* and power hierarchies, is Narrative Therapy.

Narrative Therapy is based on the postmodern epistemological framework of qualitative research. This view represents movement away from definitive conclusions and labels based on taken-for-granted assumptions. As a postmodern researcher, I see my main task as discovering, by means of a process of interpretation, the patterns of meaning that emerged from the observation and examination of grieving couples' words, actions and records. The process of discovering is on the way, and is always as if not yet plainly understood, and relies on the clues that were given. I present those patterns of meaning in this 'dance' of study as close to the construction of the world as the participant grieving parents originally experienced it. I remained the participant-observer and the participant-manager throughout the therapeutic conversations without becoming the expert who took charge of the therapeutic conversations by influencing them in a particular direction or towards a certain outcome, or who analysed and diagnosed on the basis of what should and what should not. However, the grieving couples remained the experts of their own stories and meanings: they were

encouraged to accept responsibility for their own lives by acting on their own behalf according to their own capabilities, capacities, resources and strengths.

By means of Narrative Therapy, grieving parents were enabled through externalisation and deconstruction, to separate themselves from their problem-saturated dominant stories that had been constitutive of their lives and relationships after traumatic child death. Problems only survive and thrive when they are supported and backed by particular truths and beliefs from the dominant cultural discourses within the family of origin or within the broader social context such as gender specifications based on cultural stereotyped norms, or cultural specifications and expectations on how bereaved parents should grieve *appropriately*. However, these constraints within parents' marriage relationships were overcome.

Gradually, a new story was co-created and a new reality began to emerge. As an alternative dominant story became rooted in parents' imaginations, it took over and had no end. This new direction was built upon unique outcomes and was dependent on parents who assumed responsibility for *the problem*, for new choices in their lives and for pursuing new possibilities. The new alternative dominant story was also dependent on parents' ability to become engaged in emotional patterns and interactions that are based on the Biblical view of the 'dance' of marriage. In this 'dance' of study it was found that parents' new alternative dominant story after traumatic child death developed by means of Narrative Therapy towards a new emotional attachment between them as marriage partners. Thereby, as soon as gender differences were balanced, and parents were liberated from other taken-for-granted truths of the broader social culture and their families of origin, a meaningful and alternative marital discourse emerged. The pastoral trauma therapist, as a conversational artist, had to facilitate a therapeutic dialogue that had the ability to direct the 'dance' towards a happy ending.

OPSOMMING

Hierdie 'studiedans' gee vir beide die navorser en die leser die geleentheid om deel te wees van die 'dans'-bewegings wat pastorale terapie volg met ouerpare wat rou na die traumatiese dood van hul kinders. Die 'pastoraal-terapeutiese dans' word die eksistensiële deelname in ouerpare se lewenstryd waarin daar saam met hulle, in die lig van God se storie, gesoek word na uitweë uit die trauma as gevolg van die dood van hul kinders.

Die gesprekke wat as aanleiding tot hierdie studie in die terapeutiese prosesse plaasgevind het, het as bemiddeling tussen God en rouende ouers gedien. Deur middel van hierdie gesprekke het God ingegryp om rouende ouerpare se eksistensiële behoeftes te bevredig en het Hy nuwe hoop vir hulle gebring. In drie 'pastoraal-terapeutiese danse' het ek my, as pastorale terapeut, as ’n instrument van liefde in God se hande aangebied, wat die insluiting van ’n verskeidenheid handelinge gedurende die terapeutiese gesprek omvat het. Hierdie handelinge het alle aksies en reaksies, in woord en daad, ingesluit wat onderling tussen die terapeut, die rouende ouers en God plaasgevind het. God se liefde het my, binne so ’n persoongerigte terapeutiese raamwerk, ’n gespreksgenoot gemaak met ’n ruimer gesindheid, met ’n nederiger benadering, met meer sensitiwiteit vir misterie, wonderwerke en betekenis, en met meer respek vir rouende ouers.

So ’n terapeutiese benadering, wat die belangrikheid van taal en betekenis beklemtoon, en terselfdertyd wegbeweeg vanaf ’n meganistiese, verskraalde en deterministiese metode met ’n neiging om die sosiale *status quo* en magshierargië te versterk, heet Narratiewe Terapie.

Narratiewe Terapie is gebaseer op ’n postmoderne epistemologiese raamwerk van kwalitatiewe navorsing. Hierdie beskouing verteenwoordig ’n beweging weg van definitiewe konklusies en etikette wat gebaseer is op geykte veronderstellings. As ’n postmoderne navorser beskou ek dit as my hooftaak om betekenispatrone wat deur die waarneming van en ondersoek na rouende ouerpare se woorde, handelinge en herinneringe na vore gekom het, bloot te lê deur middel van interpretasie. Hierdie blootleggingsproses word gerig deur die leidrade wat gegee word en is altyd voorlopig – asof finale verstaan nog nie bereik is nie – dit wil sê steeds onderweg na ’n volledige verstaan.

Ek het die ontdekte betekenispatrone in hierdie 'studiedans' aangebied op ’n wyse wat soveel moontlik ooreenstem met die deelnemende en rouende ouerpare se konstruksie van die gebeure soos hulle dit oorspronklik beleef het. Sonder om die deskundige te probeer wees het wat beheer neem van die terapeutiese gesprekke deur dit te stuur in ’n bepaalde rigting of uitkoms, of wat iemand analiseer of diagnoseer op die basis van wat behoorlik is of nie, het ek die deelnemer-waarnemer en die deelnemer-bestuurder gebly. Dit was egter belangrik dat die ouerpare wat hul kinders traumaties verloor het, die deskundiges van hul eie storie en betekenis moes bly: hulle is aangemoedig om verantwoordelikheid te neem vir hul eie lewens deur, ter wille van hulleself, op te tree volgens hulle eie vermoëns, hulpbronne en sterkpunte.

Deur middel van Narratiewe Terapie is ouerpare, op grond van eie eksternaliserings- en dekonstruksieprosesse, in staat gestel om af te sien van die probleemdeurspekte dominante stories wat voorheen hulle lewens en verhoudings bepaal het ná die traumatiserende dood van hul kinders. Probleme leef net voort en floreer net as hulle gevoed word deur bepaalde persepsies en oortuigings wat voortspruit uit die kultuurdiskoerse wat domineer binne die familie van oorsprong of binne die wyer sosiale konteks, byvoorbeeld geslagspesifikasies wat gebaseer is op stereotipiese norme in die kultuur, of kultuurspesifikasies en -verwagtinge oor wat die gepaste wyses is waarop ouers behoort te rou. Hierdie stremmings binne ouers se huweliksverhouding is egter suksesvol oorkom.

Stelselmatig is saam-saam ’n nuwe storie geskep en het ’n ander werklikheid na vore getree. Sodra ’n alternatiewe dominante storie in ouers se verbeelding gevestig geraak het, het dít oorheersend geword. Hierdie nuwe rigting was op unieke uitweë gedoel en was afhanklik daarvan dat ouerpare self verantwoordelikheid aanvaar het vir *die probleem*, vir nuwe keuses in hulle lewe en om nuwe moontlikheid na te jaag. Die volhouing van die alternatiewe dominante stories was ook afhanklik van egpare se vermoëns om emosionele patrone en interaksies te volg wat gebaseer is op die Bybelse beskouing van ’n 'huweliksdans'. In hierdie 'studiedans' is bevind dat ouerpare se alternatiewe dominante stories ná die traumatiese dood van hul kinders deur middel van Narratiewe Terapie ontwikkel kan word in die rigting van ’n nuwe emosionele verbintenis tussen hulle as huweliksmaats. Sodra geslagsverskille uitgebalanseer is, en ouers bevry is van ander, geykte persepsies binne die groter sosiale kultuur en binne hulle families van oorsprong, is ’n betekenisvolle en alternatiewe

huweliksdiskoers ontdek of herontdek. As pastorale traumaterapeut, dit wil sê as ’n gesprekskunstenaar, het ek die verantwoordelikheid gehad om ’n terapeutiese dialoog te bemiddel met die potensiaal om die 'pastoraal-terapeutiese dans' in die rigting van ’n gelukkige slot te stuur.

KEY TERMS

Narrative Therapy

Traumatic child death

Emotional attachment

Gender and power

Culture and gender

Grief counseling

Intimacy

Communication

Expression of emotion

Trauma

Traumatic grief

Biblical partnership

Marriage partners

Postmodern epistemology

Pastoral therapy