

**A PRACTICAL THEOLOGICAL EXPLORATION INTO PASTORAL CARE
PROVIDED TO TRAUMATISED CONGREGANTS OF THE UNITING REFORMED
CHURCH IN SOUTHERN AFRICA (URCSA) IN THE BOTSHABELO AND
BLOEMFONTEIN PRESBYTERIES**

BY

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Rev. M.I Khambule.

25 October 2017.

Signed.

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CHAPTER 1: RESEARCH TOPIC

1.1. RESEARCH BACKGROUND

Our Lord Jesus Christ said, 'the Spirit of the Lord is on me, because he has anointed me to preach good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed, to proclaim the year of the Lord's favour

(Luke 4:18-20 NIV)

Hundreds of souls are still not enjoying the proclamation of the good news because they are depressed due to traumatic events that happened in their lives. They do not enjoy any freedom, because they are affected by trauma yet, the church remains silent; while they cannot afford to keep wounded souls in its shelters without attending to them. Hoeft et al. (1993:77), states that "the church exists to extend the experience of God's love and concern". It is with this background that this research is undertaken to make this statement concrete, because the church of today seems to be so silent in dealing with issues that are affecting congregants on daily basis. One of the issues at stake is trauma, it affects so many people on daily basis and the sad part of it is those that are suffering because of it but not being aware.

People are created in the image and likeness of God, as recorded in Genesis 1:26-28. The image and likeness of God in human beings make it quite appropriate for interpersonal relationships to exist between one another. As a matter of fact these relationships cannot be ignored or left to be destroyed. Through these relationships people should care for one another. Pastoral care then comes into play to nurture all these relationships, and to make people aware of the love and care of God to his entire creation. In this study trauma and pastoral care will be defined, and causes of trauma and its impact in the lives of our congregants discussed. Primarily the study will explore the involvement of Uniting Reformed Church in Southern Africa (URCSA) in providing pastoral care to traumatised congregants.

1.2. RESEARCH PROBLEM

The work of the ministers in the congregation is to look after the spiritual and social welfare of its members. Most ministers are not adequately trained to provide pastoral care and counselling. This has created a situation in which ministers are not tending to the welfare of congregants in trauma. The church has a spiritual and social responsibility to take care of its members, and this is the biblical mandate (Rom.15:1 and Gal.6:2). Our church is focusing much of its time on preaching. Many congregations in our churches are vacant and one minister is expected to pastor too many congregations. In my experience and capacity as minister and moderator of URCSA, many ministers have communicated that they feel overwhelmed and under-skilled in handling the many trauma cases in their contexts. .

As the minister of the Uniting Reformed Church in Southern Africa (URCSA), I became aware that our church is not doing enough to address the problem of trauma affecting its members. In my capacity as regional moderator of the Uniting Reformed Church in Southern Africa (URCSA) Free State and Lesotho synod, I visited many congregations. It is through these visitations that I became sensitised to the challenges facing both the church and congregants, affected by traumatic incidents. There are incidents that are easily observable in the congregation that are depicting the existence of trauma in the lives of the congregants. Incidents like deaths of loved ones, divorces, unemployment, crime that is affecting almost everyone due to gangsters, domestic violence, are the most recognised because they happen more frequently. The church is not doing enough to deal with congregants that are facing these traumatic life episodes. In my experience as the minister and moderator of this church, there are no informed programs or sessions that are conducted to help people who experienced trauma due to different life challenges, to deal with it.

Our church does not have tangible ways of dealing with trauma. Instead people are only being attended to through prayers and sometimes through sermons that do not sufficiently address these challenges. Most ministers and church council members are not adequately trained to administer pastoral care to congregants who have faced trauma. Due to this incapacity, some congregants live with painful experiences that are emanating from traumatic life incidents they are exposed to. The effectiveness of the church is based on its capacity to deal with life challenges affecting its members.

Lack of proper training to address incidents like trauma, results in a church that cannot effectively deal with its members' challenges.

1.3. RESEARCH QUESTIONS

The ministers and church councils of the Uniting Reformed Church in Southern Africa (URCSA) in Botshabelo and Bloemfontein presbyteries have the responsibility to care for traumatised congregants. The study will seek to provide answers to the following main question:

Do the ministers and church council members of the Uniting Reformed Church in Southern Africa, Botshabelo and Bloemfontein presbyteries have the capacity to offer trauma counselling to their congregants?

The primary question is divided into the following sub-questions:

- Do ministers and church councils offer pastoral care to congregants in trauma?
- Do the ministers and church councils have the capacity to care for congregants in trauma?
- What happens to congregants who have experienced trauma and do not receive pastoral care?

1.4. THEORETICAL VIEWPOINTS OF THE STUDY

The narrative hermeneutical model is used as point of departure in this study. This model is quite relevant to the study, people will be interviewed and they will be given a chance to talk about their experiences. Gerkin (1997:111) defines this model, by saying "...Its structure emphasizes both the human penchant for structuring life according to stories, and the power of interpretations to shape life and express care". Osmer's proposal of a model of practical theological interpretation with four tasks and the functions thereof Osmer (2008:4), is hereby discussed:

The descriptive –empirical tasks asks, "What is going on?" At this stage it is important to gather information from other disciplines when analysing human actions, local situations and the social context. This research is going to find out about what is going on concerning the handling of trauma by the Uniting Reformed Church in Southern Africa (URCSA) focussing on Botshabelo and Bloemfontein presbyteries.

Trauma is a reality that cannot be left unattended because it has the capacity to destroy people's lives if it is not addressed. Research will be done to find out what are the Ministers and church councils doing about trauma counselling.

According to Osmer (2008:4) said that Practical Theology is all about interpreting God to the people. Osmer (2008:4) is dividing the hermeneutical process of interpretation into four (04) tasks. These independent tasks operate separately, isolated, combined, or simultaneously. It also has four (04) functions, namely priestly listening; sagely wisdom; prophetic discernment; and servant leadership. Each task has a direct influence on the rest and assist in the hermeneutical process of interpretation. These are:

Descriptive –Empirical task: the practical theologian determines “what is going on?” It is important to gather information on the influence of other disciplines, when you are analysing human actions or incidents. It is also important to consider the local situations and the social context. This process engages what is called priestly listening as a function, whereby intensive attention is given to individuals to define or explain what is really going on. In this study an attempt will be made to uncover what the Uniting Reformed Church in Southern Africa (URCSA), Free State and Lesotho synod is doing about trauma .furthermore, a significant focus will be placed on the presbyteries of Botshabelo and Bloemfontein.

Priestly listening will be engaged in many different ways, for example: through narrative research, case studies, investigations on pastoral care administration, and information from other sciences and disciplines that are dealing with this specific subject. Priestly listening ought to aim at knowing what is actually going on.

The interpretive task asks, “Why is it going on?” Here a specific question has to be answered, “Why are things happening?” An answer to the question of hidden argument or truth is uncovered and the real meaning of the said context is fully interpreted. The main focus of this study is to uncover why are the role players in this church not doing anything to address trauma. It be will to this study to find out why? At this important phase, sagely wisdom and good judgement is needed: a person with an open mind to seek different sources in order to get the full picture and deeper meaning of why are things happening, the way they are happening is very much

important. Answers to the question at hand, of uncovering what the church is doing about trauma, and must be given in the process of interpretation.

The normative tasks asks, “What ought to be going on?” Here the proper interpretation of God’s Word is called to action. Here it is where it is going to be uncovered, or answering the question, “what are they supposed to be doing?” It is expected from the church to be playing an active role in journeying together with its members in all circumstances they are faced with in their life time. Here the prophetic discernment is highly required in order to ask the theological question properly: “What should be going on?” The Word of God should be interpreted theologically, keeping in mind the lessons from the past, in order to establish the norms of the situation that is being investigated. A practical theologian as a prophet needs to practice discernment. Osmer (2008:137) defines discernment as, “...to discern means to sift through and sort out, [...] also means to weigh the evidence before reaching a decision”.

The pragmatic task asks, “How might we respond?” Here specific focus is given to the question, “How things should be done?” planning and strategies are implemented in order to help re-think and re-shape the way we live and behave in particular as Christians. Here the practical theologian needs to practice servant leadership in starting with the Pragmatic task: the question of how should things be done. At this point people should be encouraged to live their lives according to Christian principles. The practical theologian needs to be a “servant leader” behaving as a transformation agent to influence positive behaviour to his people.

It is important to realise that the four (04) tasks of interpretation as cited by Osmer forms a continuous circle: all tasks are part of one process and each task is part of the whole process, always operating together towards a better hermeneutical interpretation of the Word of God in relation to mankind.

Brandell and Ringel (2012: viii-xi) discuss the important theoretical frameworks for the study and development of trauma throughout the ages. They mention the following:

Cognitive-Behavioural theory: a summary of cognitive-behavioural therapy and its application to clinical practice with traumatised individuals is addressed.

- Psychoanalytic theory (Part1), which examines the development of psychodynamic thinking in relation to trauma is addressed.

- Psychoanalytic theory (Part II), contemporary relational and intersubjective writers, including Benjamin, Ghent, Bromberg, and Bach, and their ideas regarding dissociation, mastery and submission, and “the third” are described.
- Attachment theory, infant research, and neurobiology. The study of trauma and disorganization are examined in detail.
- Art therapy with traumatically bereaved children has been used effectively in the treatment of traumatized client populations for many years. Specific techniques have been developed by art therapists, such as the instinctual trauma response to work with PTSD. Parental loss for children is considered traumatic, even when anticipated, due to the developmental stage of the child. When the death is sudden and violent, as in an accident, suicide, or murder, actual trauma intensifies and complicates the grieving process.
- Military bereavement and combat trauma. The stresses and traumas of combat and intervention paradigms have been studied intensively in the United States and Israel. In contrast, combat bereavement has not received due attention. The authors review post-traumatic stress in the military and current directions in intervention work. In particular, they distinguish between two main themes: PTSD due to life threat in combat and the experiences of interpersonal loss associated with the loss of valued “buddies” and commanding officers.
- The trauma of bullying experiences. They offer an overview of bullying among children and adolescents. Various forms and their effects are reviewed, including direct (e.g., physical and verbal bullying), indirect (e.g., rumours and exclusion), and cyber forms (e.g., use of electronic technology to threaten, harass, and damage reputations).
- Traumas of development in the homosexual male. They examine the theme of trauma as it relates to the experience of being homosexual male in contemporary American society. Themes include the specific issues associated with being homosexual gay and human immunodeficiency virus, homosexual gay identity formation, coming out, and the social oppression of homosexual men.
- Cultural and historical trauma among Native Americans. In this chapter they provide clinicians with information to enable them to recognize cultural and

historical trauma and to be sensitive to its effects when developing and implementing intervention plans with Native Americans.

- The effects of trauma treatment on the therapists. In exploring the impact that trauma has on the clinician, here they examine concepts of vicarious trauma, secondary trauma, and also associated constructs that seek to understand the deleterious effects of providing clinical services to traumatized individuals.

1.5. RESEARCH APPROACH

A qualitative approach was used. According to De Vos et al (2005:269), “the qualitative research design differs inherently from the quantitative research design...it does not provide a step-by-step plan or a fixed recipe to follow”. Semi-structured interviews were used and ministers, church council members and congregants were interviewed.

Semi-structured interviews were used to gather information. In my capacity as the moderator of the church, I liaised with ministers and parish council members to have interviews with them and their respective congregants. Elderly and matured congregants were targeted for these interviews and counselling sessions for those who were emotionally affected once again was organised.

The following are examples of open-ended questions that were asked the interviewees:

Ministers:

- What is your understanding of trauma?
- What are you doing to address/handle trauma in your congregation?
- Do you have enough knowledge/skills to handle trauma?

Church councils:

- What are the causes of trauma?
- What is the church council doing to handle trauma in the congregation?

Congregants:

- Do you understand and/or know anything about trauma?
- Did you ever in your life experience trauma?

- What did the church council and the minster do to help you?

Data analysis

The researcher wrote down the responses to the research questions. Responses were grouped in terms of each group interviewed viz. ministers, church councils and congregants. Findings of the study are based on the responses of the interviewees as per group. Where necessary, follow-up interviews were conducted.

1.6. RESEARCH CONTRIBUTION

In the long run the church will benefit positively from congregants that are being counselled, and spiritual and emotional healing will be promoted. Identified people from the church councils and from congregations, including Ministers, will be trained to handle trauma. The church will benefit immensely from this initiative. It will not be possible to have a problem free world or life, but when the church is working to address the effects and consequences of trauma affecting its members, it will be good in the eyes of the Lord, and the love of God will be expressed.

1.7. RESEARCH ETHICS

The University of the Free State granted me permission to conduct this research by approving my application for ethical clearance. According to Williams et al., (1995:30) in De Vos et al (2005:56), “for researchers in the social sciences, the ethical issues are pervasive and complex, since data should never be obtained at the expense of human beings”. Therefore the following ethical issues mentioned by De Vos et al (2005:57-66) are important and relevant to this study. These are:

- Avoidance of harm. Harm to the participants in the study will be minimized through asking properly thought questions.
- Informed consent. Permission of the participants will be sought for in advance.
- Participants will be treated with respect.
- During interviews participants will not be interrupted.
- Caution will be taken not to ask demeaning questions but questions that are strictly relevant to the study.
- Participants will take part in the study by own volition.

- The participants will be given an assurance that their identity will remain anonymous.
- The right of the participants to an opinion will also be upheld.
- Release of publication of the findings. The data collected will only be used for academic purposes.
- Debriefing of the respondents. Those participants who may require debriefing after the study has been conducted will be debriefed.
- Those participants who want to withdraw will be allowed.

CHAPTER 2: TRAUMA

The church members experience trauma in their lives. As Jesus spent most of His time helping the needy such as the hungry, the grieving, and the sick, He instructed His disciples to do the same. In Matthew 25, Jesus stated that during the Final Judgment Day, people will be judged in terms of what they have done for the unfortunate. The church has the responsibility to help members in trauma.

The leadership of the church needs to understand trauma. The leadership of the church should also be in a position to can identify church members affected by trauma have the capacity to assist church members affected by trauma. This chapter will focus on what is actually going on in the Uniting Reformed Church in Southern Africa (URCSA) with regard to assisting congregants affected by trauma. This chapter will also define trauma and discuss the possible reactions of people to trauma.

2.1. WHAT IS TRAUMA?

According to Brown (2008:96) "Trauma is a wound to the psyche, one that spills over the dams of people's coping strategies, flooding them with intolerable affect". Janoff Bulman in Brown, (2008:96), states that "...trauma happens when those assumptions about goodness, meaningfulness, and safety of the world are shattered by life events". Life is unpredictable - tragedy can strike at any moment in life leaving people with emotional scars that takes time to heal, this is trauma. Any incident that is posing to be dangerous to human life creates trauma and this is supported by Spiers (2001:13), "By definition trauma involves threat to life and very often in traumatic situations someone die".

Louw (2008:129) states that, "Trauma refers to the immediate impact of injuries and experiences.... Which are totally unexpected". Again, Louw (2008:129) further states that "... trauma indicates emotional shock and a state of extreme confusion and numbness". Rambo (2010: 4) is of the view that trauma is, "...often expressed in terms of what exceeds categories of comprehension, of what exceeds the human capacity to take in and process the external world". Rambo further goes on to say that, "... trauma is described as an encounter with death" (Rambo 2010: 4). Erikson (1999:220) also contributes to the definition of trauma when he said, "...trauma can

serve as a broad social concept...also as more narrowly clinical one, and that trauma extends not just to individuals but to whole communities”.

Erikson (1999) is more concerned about trauma caused by human beings as opposed to the one caused by natural disasters. Erikson (1999:221) therefore has this to say:

Can mean not only a loss of confidence in the self but a loss of confidence in the scaffolding of family and community, in the structures of human government, in the larger logic by which humankind lives, and in the ways of nature itself.

2.2 Types of trauma

Groen et al. (2012:236-246) gives the following detailed definitions of different kinds of trauma:

- **Secondary trauma**

This trauma is the emotional duress people experience after having close contact with a trauma survivor.

- **Vicarious trauma**

This trauma is defined as the permanent transformation of the counsellor’s inner experience as a result of empathic engagement with clients’ trauma experiences and responses.

- **Physical trauma**

This trauma encompasses both real and perceived harm, including threats, and finally.

- **Substantial personal trauma**

This trauma includes threats to the person that may be verbal, sexual and include stalking.

2.3 COMMON REACTIONS TO TRAUMA

People react differently to trauma. According to Rosenbloom et al (2010:13),

Trauma can affect the whole person, including changes in body, mind, emotions, and behaviour... but each person’s reactions depend on the particulars of the event and the person’s unique self and history.

Rosenbloom et al (2010:14) lists the following common reactions to trauma:

- Physical reactions: Nervous energy, jitters, muscle tension, upset stomach, rapid heart rate, dizziness, lack of energy, fatigue, teeth grinding, feeling out of touch with your body, and risk of health problems.
- Mental reactions: Changes in the way you think about yourself, changes in the way you think about the world, changes in the way you think about people, heightened awareness of your surroundings (hypervigilance), lessened awareness, disconnection from yourself (dissociation), difficulty concentrating, poor attention or memory problems, difficulty making decisions, intrusive images, and nightmares.
- Emotional reactions: Fear, inability to feel safe, sadness, grief, depression, guilt, anger, irritability, numbness, lack of feelings, inability to enjoy anything, loss of trust, loss of self-esteem, feeling helpless, emotional distance from others, intense or extreme feelings, feeling chronically empty, blunted, then extreme, feelings.
- Behavioural reactions: Becoming withdrawn or isolated from others, easily startled, avoiding places or situations, becoming confrontational and aggressive, change in eating habits, loss or gain in weight, restlessness, increase or decrease in sexual activity.

Trauma has the capacity to affect the whole person physically, mentally, emotionally and also in behaviour. Rosenbloom et al (2010:14) attests to the fact that "...traumatic events shake foundation of a person's life". A person experiencing trauma in his /her life is not his/ her actual self, but needs professional attention and assistance as soon as possible.

Louw (2008: 130), states that "... Trauma is therefore the antithesis of order, safety and security, because it challenges previously constructed assumptions. It highlights our experience of woundedness and vulnerability". Carll (2007: x) states that "...individuals experience variety of traumatic events, but response is a combination of many factors influenced by nature, duration, and support available for dealing with trauma". People are experiencing trauma in their lives due to numerous life incidents like the death of a loved one, unemployment, crime, sexual violence, domestic violence, and many more.

Retief (2004: 30-41), mentions the following phases of reaction after a traumatic experience:

Phase 1: Impact phase: The impact phase describes the reaction of a person immediately after a traumatic experience. At this juncture the life of the victim seems to stop and cannot comprehend what is happening around him/her. It is characterised by paralysis, not believing what has happened, distancing oneself and withdrawing completely.

Phase 2: Reaction phase: In this phase adrenaline is pumped into the brain. The victim demonstrates a fighting, fleeing and freezing behaviour. The victim behaves strangely and engages in inhuman behaviour. The victim is a danger to himself/ herself.

Phase 3: Withdrawal phase: This phase is characterised by avoidance and hyper-activeness. The victim avoids places and people that reminds him/her of what happened.

Phase 4: Integration phase: During this phase, the victim starts to accept his/her problems and starts showing symptoms of healing.

According to Brandell and Ringel (2012:iv) there is developmental trauma in the lives of gay men, cultural and historical trauma among Native Americans, and finally, the impact of combat trauma on Israeli soldiers and the link between traumatic experiences encountered in combat and the grief associated with the loss of comrades and commanders.

2.4 POST-TRAUMATIC STRESS DISORDER

If people experiencing trauma are not helped to heal, they can experience Post-Traumatic Stress Disorder. According to Danielle et al (2005:279), post-traumatic stress disorder "... appears to be a disorder related to the intensity or horror of a fear-provoking exposure". This explanation tells that Post traumatic stress disorder is the result of enduring trauma. People who have gone through traumatic life events in their lives and did not receive any form of therapy are the most probable candidates of this disorder. Louw (2008:131) mentions the following Post-traumatic stress disorder manifestations:

- Persistent avoidance of stimuli associated with the trauma;

- Persistent symptoms of arousal as indicated by difficulty in falling or staying asleep, irritability or outbursts of anger;
- Difficulty concentrating;
- Duration of the disturbance for more than a month, and
- When the disturbance causes clinical distress or impairment in social, occupational, or other important areas of functioning.

As indicated above, it is the testimony of the existence of Post-traumatic stress disorder. It is true that not all people are going through this phase but some may be exposed to it and therefore it must be acknowledged.

According to Bessel et al. (2007:117), the American Psychiatric Association (APA), in its 1994 publication of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), has voted unanimously to place PTSD in a new category, and remains to be classified as an anxiety disorder. Intense stress, depression, and anxiety are the great agents or causes of post-traumatic stress disorder if not handled or treated with care. It is a more common disorder than previously thought and is associated with a substantial level of disability (Bessel et al. 2007: ix). Post-traumatic stress disorder is responsible for major burden of disease associated with mental disorders (Bessel et al, 2007: ix). Bessel et al (2007: x) further state that “Post traumatic stress disorder should be considered an information-processing disorder that interferes with the processing and integration of current life experiences”.

Post-traumatic stress disorder symptoms include intrusive memories, numbing of emotions, hyper-arousal, occupational disabilities, dissociative phenomena, and interpersonal problems and alienation. All these may need different approaches (Bessel et al. (2007: xvi). Post-traumatic stress disorder is classified as an anxiety disorder (Bessel et al, 2007:117).

Post-traumatic stress disorder has the capacity to destroy a human life, if that life is not restored timeously through therapy and counselling sessions. Therefore the church is called to service of humanity to ensure that people in its care are well looked after. Supportive people are a good source for healing after traumatic

experiences, but trauma can challenge and change some or all in your existing relationships (Rosenbloom et al, 2010:17).

A person experiencing Post-traumatic stress disorder is vulnerable, and needs more support and help. Rosenbloom et al (2010:18) gives a list of suggestions for how others can help (how family and close friends can help trauma survivors):

- If your loved one has been threatened with physical harm or death, you can experience that as a trauma. Hearing about or seeing what your loved one survived can be very distressing to you. Take care of yourself or you will not be able to help the survivor. Get support for yourself from others, not the survivor. It is important for you to keep in touch with other friends, or supportive people.
- Get as much information as you can about trauma and its impact. Read or talk to a professional to gain a better understanding of the survivor's reactions.
- Ask the survivor how you can be helpful, and then really try to do it. Everyone's response to trauma is different. Everyone's needs following trauma are different. Do not assume that you know what the survivor needs.
- Try to stay available to the person. Follow their lead in conversation. Sometimes just making small talk about the "normal" things in life can be a great comfort. Listen should they want to talk about painful experiences; being able to just listen is a tremendous gift you can offer. Trauma survivors can feel isolated; having even one person who can be there with them significantly helps the healing.
- Don't try to fix the person's problems, or make the feelings go away. The survivor is likely to think you cannot tolerate those feelings. He or she may then try to conceal them. This may create more distance in your relationship.
- Help the survivor find other resources, such as a support group, psychotherapy, or relevant professionals in the community. If you know someone who has had a similar experience, you might suggest the survivor speak with that person. There might be other supportive people in the survivor's existing social network with whom it might be helpful to talk (for example, a trusted friend or family member). Provide suggestions and offer to assist in any way you can, but don't push them. Remember number 3 above, and don't assume you know better than the survivor what is needed.

- If you do not live with the survivor, try to maintain some connection, even if it's just an occasional supportive phone call or note.
- Try to be patient. Healing from trauma takes time.

2.5 IMPLICATIONS OF TRAUMA ON A PERSON IN PASTORAL CARE

Not everyone experiencing traumatic experiences attends professional trauma counselling programs. This can be attributed to culture which prescribes that a person must be strong so that he/she can be accepted (Retief 2004: 22). The way people handle trauma is highly influenced by society. There is a Sesotho proverb that states that a man cannot express his emotions no matter how he may be hurting - he is likened to a sheep. People who find themselves in such a society will do everything to show that they are strong. The pain will not go away and will remain in them for years. This is the beginning of unstable life filled with unstable emotions because of trauma that is not addressed, and the pain remains unattended.

According to Retief (2004: 26), one of the consequences of serious trauma is that a person will live his/her life with a distorted image of God and his being, being changed drastically. The existence of God is sometimes questioned when a person is going through the challenges of life which put that person in a traumatic situation. The task of the church through pastoral care is to restore the trust of the victim in God through healing. The essence of life also becomes vague. The role of pastoral care "... is to help another to develop consciously his/her relationship with God and to live the consequences of that developing relationship" (Evans 2000: 390). The person who might be affected by trauma to such an extent that he/she begins to doubt the existence of God, needs pastoral counselling. According to Evans (2000: 391), pastoral counselling "... aims to assist a person to become a more 'whole' human being through a practical application of insights derived from the Christian tradition".

Retief (2004: 26) mentions the following perceptions that a person in trauma normally develops:

- 'I thought I was still young and thought I am still going to live long. Now you realise that you are close to death; young or otherwise'.
- 'I thought I was safe when I am in my house and have closed my doors'.

- 'I thought the world is not a rational place'.
- 'I thought I am the child of God and that He will always protect me'.
- 'I thought I am strong and can handle all that brings emptiness in my life'.

The effect of emotional trauma cannot be underestimated. Bodily injury can be seen by the naked eye and can be treated. Psychological injury, however, is difficult to detect and by the time it is detected it is already at an advanced state. According to Yoder (2005: 25), "...trauma creates needs. People who have been traumatized need to know and understand what happened. They often desire information, they also need opportunities to tell their stories". The platform that can be made available to people to access this information, and to tell their stories in confidence, is through pastoral care sessions. If not assisted, the victim will suffer from post-traumatic stress disorder.

Rosenbloom et al (2010:26) is talking about ways of coping after trauma. First they make a definition of the word to "cope", saying... "Coping we mean any effort that makes a hardship easier to bear"...

People can cope by withdrawing, reaching out, blaming themselves or others, getting information, cleaning, exercising, relaxing, spending time in nature, drinking or using drugs, working, hurting themselves in some way, eating, sleeping, reading, or writing. Some of these coping efforts are clearly helpful; others have drawbacks or are clearly harmful. Some may barely work, if they work now at all, but they continue to be used because at least one time in some context they worked and made sense. Coping strategies, however, can outlive their usefulness as a situation changes.

2.6 Unacknowledged trauma: Between silence and disclosure

According to Gobodo-Madikizela and Van der Merwe (2007:24) there is another kind of trauma that is not taken into consideration, and they refer to it as "unacknowledged trauma": between silence and disclosure. They mention that wars, genocide and crimes against humanity have not subsided since the atrocities of World War II. They further acknowledge that human misery that has resulted from human rights abuses across the globe is on the rise, the effects of trauma on individuals and communities, particularly human-induced trauma such as mass political violence-can be profound, (Gobodo-Madikizela and Van der Merwe, 2007:24).

In making the issue of unacknowledged trauma, Gododo-Madikizela and Van der Merwe (2007:24) furthermore, they state that, "... many of the people fleeing from extreme conditions of violence and abuse in their home countries bear indelible psychological scars of the traumas they experienced there". These can be interpreted as experiences that threaten one's sense of emotional, physical, and social integrity (2007:24).

Gobodo-Madikizela and Van der Merwe (2007:59-63) acknowledges the existence of trauma, and further encourage people to talk about it and be given enough chance to do so. This will go hand in hand in answering the question Osmer is asking, "What is going on?" They hereby list five possible literary narratives which make it extremely useful as a vehicle for the expression and discussion of trauma:

- Indirect confrontation and expression of trauma. It is when trauma victims find it too painful to confront their own traumas, they discover a literary character or characters with which they can identify and thus indirectly confront their own trauma. The fact that the character traits and the traumatic situation are not quite the same as the reader's, but show some similarity, makes the painful identification more bearable. Once identification has taken place, trauma of the reader can be vicariously expressed through the narrative, and the reading can bring about catharsis of suppressed emotions. Healing possibilities are thus linked to an increase in insight and an expression of pain. Furthermore, literary narratives may give traumatised readers, isolated by overwhelming trauma, some validation of their own experience.
- From chaos to structure, turning trauma into literary narrative means turning chaos into structure. A narrative has a topic, and normally keeps to that point; the plot of the story usually creates a causal link between different events; characters act according to their identities, and their actions show some kind of continuity; and patterns are created and repeated to indicate central themes. In all these ways, the shattering effect of the trauma is transformed by the author into (relative) coherence and unity. Even in a novel where the identity of the characters and the continuity of the plot are deliberately undermined to suggest a loss of coherence, this "disorderly" pattern is, paradoxically, also a pattern, appropriate for the specific theme. A reader whose life has lost all meaning, whose narrative has been shattered, may thus find

a story that fits her situation. In the writer's appropriate expression of the theme, a meaningful language structure is created that can be appropriated by the reader. The form thus given to the formlessness of trauma, is an antidote to despair, and suggests that some meaning is still to be found, even in desperate situations. The beauty of literature lies in the unity of theme and structure; it is a beauty that possesses healing potential within itself, regardless of the content of the narrative.

- Imagining new possibilities, literary narratives may contain suggestions of how to respond meaningfully to trauma. Literary characters typically meet with challenges and catastrophes which do not leave them unchanged. Often a literary character develops through his trauma into (in Coleridge's words) "a sadder and a wiser man". His old identity, his conventional assumptions and expectations, may have been shattered and he has to adapt to new circumstances. In the imagining of new ways of survival and in the rewriting of identities, the literary writer is often a pioneer; and the traumatised reader, suffering from a shattered identity, may find guidance in the literary narrative.
- Healing a divided society, in a traumatised society, scarred by divisions, collective anger and animosity, writers have a vital role to play. South African writers could be expected to act almost as their own Truth and Reconciliation Commission, creating written texts that are relevant to the needs of their own recently traumatised society and working towards the reconciliation of their people. People should listen carefully to what such writers have to say. Writers could help with the search for truth and reconciliation in various ways:
 - (a). The writer has to make a "diagnosis" of the country, revealing not only what is good, but also what is lacking. Writers long for a better world, and this desire tends to lead their focus to wrongs that should be rectified: to violence and rape, to suffering and a lack of empathy, to poverty, and to the lust for power. Readers often do not like this and blame the messenger when the news is bad; they want their writers to praise the country and glorify its people. However, the first step to the healing of a society is to take literary writers seriously when they reveal misery and evil; readers should try to link what is suggested in the writer's texts to everyday life, and move towards making right what is being shown wrong.

(b). Marginalised people are often the focus of the writer's attention. The writer acts as representative of the silent and the oppressed; those who are powerless are often found at the centre of novels, and those who are silenced by society are heard in literature, providing more privileged readers with an opportunity to expand their consciousness and deepen their sympathy. The writer calls our attention to "shadow figures" who need to be integrated into society; this forms, on a macro scale, a parallel to the individual healing process whereby the suppressed parts of the subconscious are integrates into consciousness.

(c). Our natural tendency is to feel threatened by what is different, and to form negative stereotypes of those who belong to another group- racial, cultural or religious. In short we like to believe that we are right and that everything that deviates from our norms is wrong. Literature frequently destroys these stereotypes and challenges the reader's imagination and empathy, stimulating them to discover a shared humanity in characters who are "different". In divided societies, people from different narratives of the past and the present; literature often combines these opposing narratives into one story, and introduces readers to the "other side" of society.

- The specific and the universal, in literary narratives, we find a unique combination of the specific and the universal. In this respect, literature differs from historiography. The difference lies not so much in the factuality of history and the fictionality of literature, but in the ways in which they narrate about the outside world. Like Ricoeur, we believe in "the referential claims of both history and fiction...the claim to be about something" (Ricoeur 1983:5). Historical and literary narratives are both stories about the world, but they are narrated in different ways: historiography needs historical evidence, whereas "fictional narratives...ignore the burden of providing evidences of that kind". Similar to Aristotle, Ricoeur believes that literature, "not being the slave of the real event, can address itself directly to the universal, i.e., to what a certain kind of person would likely or necessarily do".

Trauma needs to be attended to, and people exposed to it also need attention. The church, as a societal organ has the capacity to deal with a number of people each and every Sunday, has to take to itself to find ways and means to deal with it. Spires (2001: 99) is therefore makes a reference to Mitchell (1993), who in turn, makes an important

assertion about seven a stage-model which forms part of a comprehensive approach working with people following a traumatic incident. The seven stages of Mitchell are:

- Introduction – boundaries and introductions.
- Facts – each person describes his or her role and experience of the incident.
- Thoughts – each person describes his or her thoughts as the incident took place.
- Reactions – integrating thoughts and feelings with a focus on the perceived worst part of the experience.
- Symptoms – people describe what they have been experiencing since the Incident.
- Teaching – the group is advised on how to manage their symptoms, and how to find support.
- Re-entry – including consideration of the future, a focus on positives, summarising the debriefing, reminding about boundaries, and allowing for individual contact after the group ending.

What is important here to realise is that psychological debriefing has the power to assist in helping a person in trauma to regain his or her own self. The church has to seek professional help elsewhere so that what the church cannot offer, can be provided by other trained professionals rather than leaving trauma unattended. Spiers (2001:101) continues to talk about the trauma aftercare model, and has this to say, “The trauma aftercare model is designed to be used by counsellors who have had professional counsellor training, as advanced counselling skills are needed”. This statement brings to the attention that even the churches need trained and specialised people to deal with trauma that is affecting its congregants. He further attests that “the trauma aftercare model involves searching for therapeutic explanation, but will not necessarily involve retelling the story of what happened to the client” (Spiers, 2001:101).

This trauma aftercare model has a framework, and it is designed to consider the fact that people do not respond the same way to the same incident. Spiers (2001:102) further outlines that no two clients are the same and that their needs are different. For

the purpose of group traumatic stress reactions, people involved in a traumatic incident will experience no stress at all:

- Normal short-term acute reaction, this group includes clients who are shocked and upset by their experience, but are fundamentally stable. These may be clients who have good support, good self-esteem, with no additional current difficulties in their life. They probably have no previous major trauma to be triggered, and no psychiatric history. They may feel satisfied with the way that they respond during the incident and maybe the event did not feel too personal. These clients may only need assessment, normalisation and advice. Many clients just need to be reassured, to know that some distress is normal, given the situation, and to be given advice on how best to cope until the symptoms subside. Some clients, however, will need a bit more support and help to manage their symptoms – there may be aspects of the incident or their reaction to it that need to be worked through and made sense of, for example.
- A strong reaction is evident – may develop into post-traumatic stress disorder, the second group are those who are clearly very distressed and finding it hard to bear. These clients may be having trouble functioning on a day-to-day basis, it may feel that life has been turned upside down by what has happened, their beliefs about life and their way of being 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 clients are more likely to develop post-traumatic stress disorder and will need intensive support in the first few weeks, and preparation for longer-term post-traumatic disorder counselling.
- Trauma is not the real issue, sometimes a small number of clients are present for counselling following a traumatic incident, even though post-traumatic stress is not the real issue. It can be an acceptable way of receiving help. This can be an unconscious process – the traumatic incident may trigger other issues that are not fundamentally linked to it. For example, one client attended counselling after an incident at work, believing that this was the cause of his stress. When we explored his reaction it became apparent that the incident had highlighted the fact that he had little support, and was lonely. Having discovered this, we agreed to work on this issue instead for a couple of sessions.

Finally, the traumatic aftercare model as highlighted here above by Spiers (2001:102-103), is taking into cognisance of the possibilities and offers ways of working with all of them inclusively.

The church leaders can learn much out of all these, and can come up with a working mechanism that can inform our pastoral care to be more sensitive and more professional in addressing trauma that is affecting our members on daily basis. Most of us the pastors/ ministers are dealing with traumatised congregants almost every weekend due to senseless killings and deaths due to diseases like HIV/ Aids, sugar diabetes, and high cholesterols. To be more precise and accurate in attending to the physical and spiritual needs of our congregants, it is wise to listen carefully to what Spiers (2001:103-130) has to offer:

There are three important sessions that Spiers is inviting our attention to: making contact; assessment and the way forward; resourcing and moving forward; and finally ending or preparation for post-traumatic stress disorder work.

- **Session 1: Making contact, establishing the working alliance: creating safety.** In the first session, establishing a therapeutic alliance, creating an environment for the client that feels safe, and beginning to build up the client's resources are the priorities. Assessment – finding out what happened to the client and what impact it has on him may be the stated aim of the session. Calculating what is going through the mind of the client will be an ongoing process beginning from the very first contact, maybe even before the first session has begun. If the contact is by telephone, for example, the counsellor will begin to pick up clues how the client is reacting and coping. It is important that the counsellor is attuned to the client from the very beginning, as the first session may be crucial in demonstrating to the possibly very distressed client that they can cope with coming for counselling, and that it might be helpful. Most clients are, at the very least, apprehensive about coming for counselling for the first time. They do not know what you will be like, or what you will be 'doing to them'. A client who is in severe distress and having trouble functioning may be terrified about coming for counselling and confronting the cause of his distress and difficulty, and, ultimately, his own vulnerability. If clients are to come back, it is crucial that the counsellor's approach is responsive to their needs, and is sensitive and accepting, encouraging them to return for further sessions. The importance of a safe therapeutic environment

has already been discussed. So many things can make clients feel unsure about reaching out that establishing a sense of safety a sense of safety is essential. Confidentiality is of course of crucial importance. The client needs to know how your confidentiality policy works in practice, who might you have contact with in what circumstances and what will you say. Duty of care makes complete confidentiality impossible for most counsellors, and I find that most clients seem to understand that.

Beginning work: reassurance, resourcing and exposure

Part of the task of this first session is to assess how the client reacts, in response to the traumatic incident. This information can be accessed in different ways. Initial clues may include the client's appearance, manner of dress, etc. If asking about symptoms, encourage the client to go into detail, for example, if the client reports experiencing nightmares, ask about the content of the dreams. A useful question to ask is: 'What's different about you that people around you have noticed?' other useful questions include: 'How does it feel to be here?', The information gathered will already be contributing to your sense of what is going on for the client – whether there is a particularly strong reaction for example.

An early task of the session is to normalise the client's reaction to the trauma and the symptoms they are experiencing. Clients get anxious about the fact that they are experiencing symptoms that are distressing and that they do not understand, exacerbating the problem. Many clients are very reassured to hear that what they are experiencing is entirely normal given the circumstances. It is important to explain that stress symptoms are a normal (even healthy) reaction to a traumatic incident, and that they generally fade within four to six weeks.

Consolidating your assessment: process analysis

After the session, you might want to spend some time reflecting on what took place, and what you have learned about your client that might guide your ongoing work with him. Think about some or all of the following issues: the nature of the interaction between you and your client, the apparent impact of his past experiences, the nature of his present reaction, and anything else that strikes you as significant.

Initially, ask yourself how you responded to your client in the session and what was going on with you when you were with them? Your client's communication with you will probably have provided some useful clues. If he is talking well, for example, this could indicate good coping skills. It could also be a defence. What do you think? Your client is probably also communicating a lot on an unconscious level – what might this be? Are you being told something else as your clients speaks, for example, is there something that keeps coming up or is said repeatedly? A client who witnessed an accident in which a young girl was killed kept telling me how many children he had. This suggested to me that the incident had brought into question his role as a father and as protector of his children.

Session 2: Assessment and the way forward

The second time you meet your client, you will probably find that you are developing a real sense of the nature and severity of his reaction, and how you can begin to move forward with him. You may also be beginning to get a sense of his character style and coping strategies, and how effective these are.

Assessment

- Symptoms are considerably reduced, the client appears quite well. This client will be making a noticeable recovery. Symptom reduction techniques are proving to be effective in reducing symptoms, and normalisation has enabled some cognitive shift to take place. This doesn't happen often, but it has happened occasionally in my experience. As counsellors, we may question whether a 'flight into health' has taken place, and it is probably worth checking this out by exploring symptoms and the impact of the event. In my experience, however, it is not easy for traumatised clients to fake a recovery. Instead, they are more likely to drop out of counselling if they no longer wish to continue.
- A short- term post-traumatic stress reaction seems likely. This client has made some movement forward since the first session – the normalisation and advice was helpful, but more help is needed. This may take the form of working with the client to make some sense of what has happened, helping him to reconstruct his belief systems in a way that takes account of the traumatic incident, but is appropriate to the client and his life.

- A strong reaction is evident which may develop into post-traumatic stress disorder. This client is still in considerable distress, and normalisation and advice given in the first session have not noticeably eased it. His feelings may appear to be overwhelming, and you may find yourself wondering if there is previous unresolved trauma. These clients are likely to need preparation for longer- term post-traumatic stress disorder work.
- Trauma is not the issue. You may get a sense of this if there is a lack of feeling when your client talks about the incident (although you need to consider carefully whether this could also indicate dissociation) or by the fact that the feelings expressed seem to be linked to something else. If you have a strong sense that trauma is not the real issue, you need to explore this sensation and the observations on which it is based with your client in order to work out whether something else is going on. Your decisions on how best to move forward will be informed by what comes up. Some traumatised clients use the opportunity for trauma counselling to rebuild their defences sufficiently in order that they are able to move on and begin coping again, in the way that they know best. These clients tend not to resolve the incident or their response to it.

Work in the session

In this session, you need to begin to adapt your approach to your sense of what is happening for your client. Stay within a person- centred framework and be guided by your client. It is worth remembering at this stage that the need to do something is a common counter- transference response to a distressed, traumatised client, and it may not be helpful. Sometimes, less is more, and your client may just need you to stay with their distress, to hold them.

Session 3: resourcing and moving forward

In this session, it might be useful to ask your client about his experience in counselling, and whether this has changed since you started. Does anticipating the session feel any different, does it feel different within the session? This is always a useful area to explore, and may tell you something about how or whether your client is moving forward. Continue to observe your client, what seems to be happening for him, are there further clues in what he is saying? How do these come across in the session

and what is your reaction to them? Does all of this information fit together, or are there discrepancies?

Continue to respect your client's choice not to look at the incident if this persists, but consider exploring the feelings and the thoughts underlying this choice, if you haven't already done so. Can the client think of a way in which these could be managed, what might help him? Support the defence until the client is ready to let go of it.

Different directions

There will be three possible ways forward, emerging from the previous session:

- Clients who are moving forward very quickly. Those whose symptoms have largely abated will be working towards ending. The client may be reflecting on what he learned from the experience, together with finding ways of integrating it and moving forward.
- Clients who are working through their reaction but still need more help. Work may focus on helping your client to find meaning in what has happened, to rebuild his beliefs and the world. He may be searching for the right way to move forward in his life. There may be decisions to take, particularly concerning the area of his life in which the incident took place. Something symbolic may need to be done, in order to mark what has happened and enable moving on.
- Clients who appear to be developing post-traumatic stress disorder. This may be a point at which you stop and consider how your client's needs can best be met in the long term, so that you can begin to prepare him for the next step. You could consider the following factors:
 - Single or multiple trauma. Clients with a history of multiple trauma are likely to need long-term therapy. It may be possible to work with single incidents in a short-term focussed way.
 - Psychiatric history, does your client have a psychiatric history? If so what sort of problems has he had? What kinds of medication have been prescribed? Clients with a history of severe mental health problems, especially personality disorder, may need to be referred to the medical system so that they can access the long-term support that is needed.
 - Alcohol and drugs, how is the client using these? Clients who are using alcohol or drugs to self-medicate will probably find it difficult to engage with in-depth trauma

work, and this issue may need to be addressed first. Is this a long- standing coping strategy?

- Fragility, is your client likely to be able to cope with exposure- based work? Most therapies for post-traumatic stress disorder are exposed exposure- based to some degree. How does he cope with telling the story? What happens when he talks about it, for example, are there physical signs of discomfort such as sweating, broken eye contact, restlessness, etc.? If so, time should be taken to develop the relationship, and in – depth support will be necessary to create the sense of safety needed to underpin future trauma work.
- Ego strength, what defences is the client using? How well developed is his sense of self? Observe the style and the content of your client's speech: projection and self – criticism may indicate ego fragility. These clients may need more support to help build their internal resources before undertaking in- depth trauma work.
- Co- morbidity, Post-traumatic stress disorder reactions can be accompanied by depression, anxiety, phobic disorder, substance misuse, borderline personality disorder. These clients may benefit from specialist assessment – for example by a clinical psychologist – in order to determine the most appropriate and effective form of help, setting and locally.

Work in the session

Continue observing what is happening to your client – other aspects to his reaction may still be emerging. You will probably be aware which cluster of symptoms are causing your client the most distress, and work in the session can focus on this in order to help alleviate them.

Arousal symptoms

Consider resourcing your client in order to increase his sense of safety in the session. Ways in which you can do this include:

- Relaxation exercises, for example deep muscle relaxation
- Light and dark exercise (the client imagines that they are breathing out thick dark smoke and as they breathe out the tension leaves their body and gradually lightens to a mist, they then imagine filling their body with pure white light as they breathe in, filling their bodies with relaxation, calm and tranquillity)
- Breathing exercises

- Grounding work as discussed in Session 2
- Body- centred work as in Session 2

There after follows the following in complementing the whole circle: intrusion symptoms, avoidance, the counselling relationship, and finally a genuine reaction to trauma.

Session 4: ending or preparation for post-traumatic stress disorder work,

In this section the methods for working with Post-traumatic stress disorder are highlighted. Factors like traumatic incident reduction, eye movement desensitisation and reprocessing, are the key features to take into consideration.

Finally, if you take the first letter of each stage of the trauma aftercare model presented in this chapter – Contact, Assessment, Resourcing and Ending – you get the word ‘care’ which seems to be an appropriate acronym. The field of trauma counselling is a relatively new one and to work within it is challenging – a continuous learning experience. Being involved in developing the model and in writing this chapter has made me think hard about what impact trauma has on people, and what I do with clients who are traumatised and why. I have come to the conclusion that while I have some knowledge about traumas and their impact, the only traumas I can truly hope to understand are my own.

The task of counsellor and client together is to know about working with them, and they will know – on some level – what they need to do in order to heal. Most clients find something positive to take forward from their traumatic experience. In the same way, I learn something from every client I work with, and I find this an enriching experience that adds something to my ability to work with future clients.

2.7 Pastoral care and Trauma

The concept pastoral care can be understood very well if we take into consideration what McClure (2010:19) has to say when defining pastoral theology, “Pastoral theology is the branch of theology that is concerned with the basic principles, theories, and practices of the caring and counselling offices of ministry”. This statement is recalled because it contains the two definitions that are relevant to pastoral care and trauma. Trauma is the cause of many illnesses that are both physical and psychological. Therefore pastoral theology embraces a study of the methods of care

and healing, and also the studies of moral and religious life and development, personality theory, interpersonal and family relationships, and actual problems such as illness, grief and guilt (Mc Clure, 2010:19). This is exactly a formidable foundation and basis for a sound and effective relationship between pastoral care and trauma.

The relationship between pastoral care and trauma exists because a person created in the image of God is the special focus and concern. Pastoral care is like a medicine to a wound (trauma) that has to be treated. Pastoral theology as engaged by Mc Clure is addressing the important aspect of what has to be done in relation to the pain and suffering of human beings. It is the responsibility of the church through its agents, that is, ministers and church council members, to seek ways and mechanism to develop an effective pattern in handling the healing process of its congregants. In support of this statement, McClure (2010: 19-20) has this to say, "Pastoral theology is a reflection on concrete human goal with explicit goal...dealing with problems or crises that be used in the context of ministry".

There is a definite relationship between pastoral care and trauma, and this relationship cannot be left unattended by the church in this age, because research and studies have made it clear that trauma is a serious challenge to humanity. It is on this knowledge and understanding McClure (2010:20) had this to say, "Pastoral theology seeks to bring religious and moral meanings to bear on the needs, problems, and activities of everyday human experience...and guide appropriate and healing interventions".

Members of the congregation experience lots of trauma and expect the church to assist them. One of the roles of pastoral care is to assist trauma members to heal and to return to normal life. Trauma counselling is a challenge for pastoral care. Most of the churches are not doing enough to assist members who are experiencing some sort of trauma. When there is a death in the congregation or a member of the congregation had been robbed or involved in a serious accident, the usual behaviour of the church is to go and pray for the person to heal. Nothing is done to assist the person to cope with the situation. Prayers can sometimes be a once off thing and after that everything is taken as normal. This is an indication that pastoral care in

congregations are inadequate. The challenge facing the church is to provide trauma counselling to affected members and the community.

CHAPTER 3: PASTORAL CARE

The third task of interpretation of Osmer (2008: 4) is the guiding principle in this chapter. This chapter will provide information as to 'What ought to be going on?' in the congregations under study in helping congregants who are experiencing trauma. The chapter will explore the role the Uniting Reformed Church in Southern Africa (URCSA) in the presbyteries of Botshabelo and Bloemfontein ought to be doing to address trauma affecting its congregants. The role of ministers and church councils will be put under scrutiny. Their roles will be used to determine the extent pastoral care is being administered to help these congregants.

3.1 WHAT IS PASTORAL CARE?

Congregations today are in need of leaders who are guiding them to make sense of the circumstances of their lives and the world around them, therefore Osmer (2008:82), in support of this statement, said "the Spirituality of such leaders is characterized by three qualities: thoughtfulness, theoretical interpretation, and wise judgement." It will be highly beneficial for this study to discuss these three qualities mentioned by Osmer (2008:82 – 84). These are:

- **Thoughtfulness:** when we describe people as thoughtful, we usually mean one of two things: they are considerate in the ways they treat others or they are insightful about matters in everyday life. Both qualities are important to leaders' interactions with others. Treating others with consideration and kindness often involves pausing to reflect on their circumstances.
- **Theoretical Interpretation:** this is the ability to draw on theories of the arts and sciences to understand and respond to particular episodes, situations, or contexts. Theories are fallible and always subject to future reconsideration. By perspectival I mean that theories construct knowledge from particular perspective, or position. Today, especially, we are deeply aware that not one perspective captures the fullness of truth and that, often, many perspectives are needed to understand complex, multidimensional phenomena.
- **Wise judgement.** This is crucial to good leadership. It is the capacity to interpret episodes, situations, and contexts in three interrelated ways: 1. Recognition of the relevant particulars of specific events and circumstances; 2. Discernment of the moral ends at stake; 3. Determination of the most effective means to achieve these ends in

light of the constraints and possibilities of a particular time and place. The concept of wise judgement has a long history in moral philosophy and theology, largely under the influence of Aristotle on western Christianity. His concept of phronesis – translated as both “practical wisdom” and “prudence”- is practical reasoning about action, about things that change. It involves discerning the right course of action in particular circumstances through understanding the circumstances correctly, the moral ends of action, and the effective means to achieve these ends.

According to McClure (2012:269) “...pastoral care is religious attention towards one another”. There is no person in this world that is an island. No one can rightly say he or she can approach life without a support or assistance from other people. Life is better when it is shared, especially with Christians it is imperative to look out for one another in times of happiness and in times of sorrow.

Pastoral care functions through counselling, visiting the sick, and through many other interventions. People are always exposed to life’s events that are stressful and hurting, and as a result of this they need a shoulder to cry on. This shoulder is best offered to them by their spiritual leadership and fellow believers. Collins (2007: 8), supports this statement by saying “To care for one another is to actively respond to and engage each other in life’s journey in ways that lead to increased love and justice in the world”.

According to Mc Clure (2012: 269), the term pastoral

Comes from the Latin Pastorem, meaning shepherd, and includes in its deep etymology the notion of tending the needs of the vulnerable (and) in the early history of the church, Christian leaders took on the role and identity of the shepherd, caring for the members of their congregations as a shepherd tends its sheep.

To understand the clear meaning of pastoral care, one needs to understand the role played by the shepherds in the biblical era. The shepherd had the responsibility of protecting sheep from wild animals and also looking for greener pastures for them. It will go to the extremes of sacrificing one’s life in favour of the sheep, like Jesus did when He died for all of us, because God’s punishment was lingering over our heads.

According to Mc Clure (2012: 270), pastoral care

Can thus be defined as a form of practical theology specified as an intentional enacting and embodying of a theology of presence, particularly in response to suffering or need, as a way to increase among people the love of God and of neighbour

Collins (2007: 36) refers to pastoral care "... as the church's overall ministries of healing, sustaining, guiding, and reconciling people to God and to one another" and to the "care of souls", which includes preaching and teaching, but more often refers to shepherding people, to nurturing, caring in in times of need, sometimes disciplining and administering the sacraments. In support of this statement, Evans (2000:385), is talking about pastoral care as

Any form of personal ministry to individuals and to family and community relationships by representative religious persons (ordained and lay) and their communities of faith, who understand and guide their caring efforts out of a theological perspective rooted in a tradition of faith.

Believers need to be taken care of and it is the responsibility of the church to do so, and so they will be taken care of.

According to Pattison (2000:13), pastoral care

Is that activity, undertaken especially by representative Christian persons, directed towards the elimination and relief of sin and sorrow and the presentation of all people perfect in Christ to God?

Other theologians understand pastoral care as a ministry of cure of the souls. Clebsch and Jaekle (1964: 4) in Underwood (1993: 3), state that

The ministry of the cure of souls, or pastoral care, consists of helping acts done by representative Christian persons, directed toward the healing, sustaining, guiding, and reconciling of troubled persons whose troubles arise in the context of ultimate meanings and concerns.

If the church of today could live according to this statement here above, South Africa could have been a better place to live in, because incidents of crime and violence will be minimised. Today it is difficult to live in this country because everything is happening in an abnormal way, even the Christians are caught in this situation whereby "my rights" are overriding the Word of God. It is important to take into consideration what Stone (1991:26-27) has to offer regarding the foundation of pastoral care. He mentions nine points which can serve as a foundation. These points are:

- Our ministry of loving and caring for others is based on our prior acceptance and love by God. God welcomes us back into a right relationship (reconciles us) and frees us to serve. All care for others flows out from God's love for us.
- In this new relationship the old law is replaced by the law of love. Caring for God and neighbour becomes the criterion by which our actions are assessed. This does not mean that the old law has no significance but that it must be weighed against the law of love. Luther explains, "In all his works he should be guided by this thought and look to this one thing alone, that he may serve and benefit others in all that he does, having regard to nothing except the need and advantage of his neighbour".
- One way to love God is to love one's neighbour. God would sooner have us invest our time and energy in serving our neighbour than in spending extensive amounts of time on acts of worship or scrupulous introspection. To quote Luther again: "God would much rather be deprived of his service than of the service you owe your neighbour". This in no way demeans the worship, honor, and "enjoyment" of God or the Christian's sense of awe and wonder in God's presence; but it recognizes that the service to our sisters and brothers is a central feature of our life "in Christ".
- The love and care we address to others is given to other Christians (especially as seen in John), to those who are not members of the Christian community "whether Jew or Greek", and even to our enemies. Kierkegaard, discussing love of others, defined neighbour by saying that if there are only two people, the other person is the neighbour; "If there are millions, each one of these is the neighbour".
- Luther's analogy of the love of God channelled through us as through a fountain emphasizes that we can be used to carry God's love to others. (It is not something we control but is dependent on the Spirit). On such occasions our care is transformed and we become Christ for the other.
- Each member of the Christian community has a different configuration of gifts. (The "affirming your own gifts" exercise in the first meeting of the training program will clarify this. All of us have a responsibility to use those particular

talents that we have been given. We are not to covet but rather enhance and use our own unique talents to their fullest extent.

- Love of neighbour is not just the correct attitude or the right belief. It is not simply knowing what to do or feeling affection and compassion. It is all of these, but it is also action – faith, active in love.
- Pastoral care is a task to which we have been charged; we are commanded to love others, no matter how difficult that might be. Although we love each other freely, spontaneously, and in gratitude to God for God's grace toward us, our Christian freedom does not allow us to sit down on the job.
- The law of love, to serve our neighbour, is a responsibility of the whole community of faith. Pastoral care as an expression of love for the neighbour is not reserved for the ordained but is the duty of all who have been transformed by God's redemptive love. Although there may be other distinctions between professional clergy and laity, in this respect we are all "professionals" in Christ.

3.2 IMPORTANT APPROACHES IN PASTORAL CARE

The research done in practical theology and pastoral care has brought to the fore different understanding in the meaning of practical theology and pastoral care, and their relation to each other and to theory and praxis. The research resulted in new developments in both practical theology and pastoral care. Louw (1990: 3) defines pastoral care as "... an act of hermeneutical encounter". Ministers in the church of God, especially in our reformed tradition, are using these approaches in their daily activities in administering pastoral care to their congregants. There are three important approaches that developed through the existence of pastoral care recently. They are kerugmatic, therapeutic and hermeneutic approaches. The kerygmatic and hermeneutic approaches are explained below as they are relevant to pastoral work.

- **Kerugmatic approach**

The basis of the kerugmatic approach is the use of the Bible or the Word of God in pastoral care. The approach suggests that during counselling sessions, the pastor should use the Scripture to counsel members. Louw (2010: 75), in his article *Care to the human Soul*, states that the kerugmatic paradigm focusses

On the human predicament of sinfulness and the quest for forgiveness and redemption. The tendency in this model is to reduce most of human and life problems to our being sinners. Healing is then God's grace as incarnated in Christology, and communicated within the mode of proclamation.

- **Hermeneutic approach**

According to Browning (1991:38-39), the hermeneutic process is

Aimed at understanding any kind of human- a- classic text, work of art, letter, sermon, or political act- is like a moral conversation, when the word moral is understood in the broadest sense

Louw (2010: 78) states that hermeneutic approach is systematic and the caregiver is seen as a spiritual guide (soul friend), a co-interpreter of life. The Bible is used in an organic way by connecting the promises of God to the reality of real life issues.

3.3 EFFECTIVE PASTORAL CARE

According to Pattison (2000:5), "Pastoral care is a matter of doing not thinking". This statement is correctly saying that pastoral care is more of rolling our sleeves and get into action. This is what the church must be seen doing with challenges facing its members on daily basis. Be there for them, with them, at any given time will undoubtedly symbolise what is effective pastoral care. He further states that pastoral care needs to be flexible, variegated and able to respond at different levels of existence, according to human need (Pattison, 2000:15).

Pastoral care today should employ elements of all three paradigms, they are:

- i. Being attentive to the message,
- ii. The persons communicating it and receiving it, and
- iii. The contexts that affect its meaning.

All these mentioned above are according to Paton (1993:5) in supporting the effectiveness of pastoral care. Pastoral caregivers are the people who are expected to implement in their approach the three paradigms to be able to effectively administer pastoral care to congregants in need. To care for one another is to actively respond to

and engage or rather involve each other in life's journey, care is happening in the context of Christian friendship (Hoeft et al, page 8,21).

Pastoral care as an important discipline under practical theology gives more credence to the way the church is dealing with its congregants on a daily basis. It is the responsibility of every minister to administer pastoral care to his/her congregants, and this must be done with a great sense of dignity and respect. The individual congregants are going through rough patches in life, therefore church leadership should ensure that pastoral care is at the centre of its agenda.

According to Pattison (2000: 17-18), when referring to effective pastoral care, he said:

Nurturing was largely ignored in the pastoral care exercised in North America under the aegis of problem-centred pastoral counselling. It is appropriate that pastoral care should have a somewhat chameleon-like character so that it can be related to a particular human needs at different times and in different places.

The church should follow the example that was made by Jesus Christ as the good shepherd and the church as his folk (Mc Clure 2012:267). This model gives a church a clear picture of the importance of taking care of one another in times of sorrow, and times of happiness. Christian leaders play an important role and should have an identity as a shepherd in caring for the members of their congregation.

Mc Clure (2012: 272) states that in order to be effective, pastoral caregivers needs to "... know how to give attention, how to make a diagnosis, and how to intervene". These skills are referred to as elements of effective pastoral care.

Effective pastoral care assumes that good relationships are at the heart of good care, and also to practice strategic knowledge (Mc Clure 2012: 273). Thornton in Mc Clure (2012: 273) said

Good pastoral care has always attended first to flesh and blood relationships and then reflected on the meaning of the encounter, often allowing human experience to challenge and inform accepted theological understandings.

According to Hoeft et al (2013: 55), "...the natural rhythm of church members caring for one another suggests.... They become everyday companions". This is giving more

value to effective pastoral care that is being administered to congregants in their different life situations. When the congregation is supporting one another during funerals it becomes the concrete acts of care that is extended, and this eventually becomes the congregation's public witness of pastoral commitments (Hoeft et al, 2013:58).

The other effective element of pastoral care is the person – to –person conversation which can also occur in the midst of congregational activities like fellowship suppers and meetings, as well as in areas related to other theological sub disciplines, such as preaching, liturgy and ritual, worship, and prayer (McClure 2012: 273). People are relational beings and their lives always depend on healthy and proper relationships.

Based on McClure (2012:273) for pastoral care givers to be effective, they need to use the following skills:

a) Observe and listen

The pastor busy with pastoral care, should avoid putting words in the mouth of the afflicted. The afflicted is the one who should open up and tell the caregiver how he or she feels. What the caregiver should be doing is to give an attentive ear. When listening he or she should observe or pay attention to things like body language and gestures of the afflicted as they will help him or her to understand how the afflicted is feeling. What the caregiver should do is to encourage the afflicted to open up. He or she should avoid interruptions and interjections of the caregiver that can make the afflicted not to open up, or to lose confidence. The caregiver should always have good listening skills.

- **Interpreting theologically the cause of pain and suffering**

After the afflicted has opened up, and has finished telling the caregiver everything, the caregiver should co-interpret theologically with the afflicted the cause of pain and suffering of the afflicted. The caregiver should avoid interpreting the cause of pain of the afflicted alone. The afflicted should be part of the solution. The caregiver and the afflicted should move together towards the solution.

- **Offering accompaniment , guidance and support**

Pastoral care is not a once-off event but a process. The pastor needs to support the afflicted during the healing process. The kind of support needed will be determined by what caused the pain and the solution jointly agreed upon.

According to Louw (2008:237), in concluding the effectiveness of pastoral care in dealing with congregants had this to say “the intention of pastoral care is the creation of a positive environment of peace and love in order to help people to anticipate the future in a positive manner”.

The congregations that were visited, ministers and church council members that were interviewed showed that pastoral care is happening but not as it should be. The reason for this statement is that most things that are informing a proper administration of pastoral care in a congregation are just happening unplanned. When visiting these congregations, in the consistories there is no planned schedule or time table that shows exactly what is the minister and the church council are doing to deal or address the social issues that are affecting members on daily basis. The argument here is, practical theology is an important discipline and the life of every congregation, and it must be treated as such. Yes, it is true that no one is capable to plan for members’ deaths ahead, but informed sessions that are addressing human challenges must be tackled by inviting experts, or rather having workshops about them.

The church is the place where the human soul is cared for. Sharing this sentiment is Stone (1991: 14), when saying, “Pastoral care is a task of the total Christian community – a task of ministering to one another and reaching out beyond ourselves”.

In caring for the congregants, the ministers should ensure that they attend to them as individuals. Looking after congregants should not be confined to praying only. Ministers should do all they can to ensure that congregants who have had bad experiences are attended to and are helped to heal physically, psychologically and spiritually. Pastoral care is very important as it indicates how the ministers and church council members should care for their fellow congregants.

CHAPTER 4: STRUCTURED INTERVIEWS

The Uniting Reformed Church in Southern Africa (URCSA) in the Botshabelo and Bloemfontein has ten congregations. It has nine ministers of which only three of them are full time and the rest are tent makers.

All ministers of URCSA are well trained and have good theological qualifications. In the theological syllabus there is a specific subject/course called Practical Theology, and all these ministers studied it in their different colleges and universities.

The Church councils of the Uniting Reformed Church in Southern Africa are chosen by the congregants in their different wards. The criteria that is being used to select men and women to serve on the church councils is the Scriptural mandate that is written by Apostle Paul in 1 Timothy 3:1-16 (dealing with the positions of Overseers and Deacons in the church).

URCSA is a reformed church and is using the Presbyterian system in its ranks, which allows congregants to have a say in the running and management of the local congregation. The church council members are chosen by mainly focusing on the qualities mentioned by Apostle Paul in 1 Timothy 3:1-16, but the educational standard or qualifications of the candidates for these positions are not taken into consideration, but rather their availability is the primary criteria.

Congregants of the Uniting Reformed Church in Southern Africa voluntarily joins this church. They are expected to attend Sunday school classes at a young age, and to proceed to catechism class preferably at the age of fourteen. Thereafter they are confirmed as the full members of the congregation with all rights to participate in the Holy Sacraments.

Ministers, church council members, and congregants of the two (02) presbyteries of the Uniting Reformed Church in Southern Africa were consulted, and special visits were made to them at their different places on Sundays. Fortunately as the Moderator of the church in the synod of Free State and Lesotho, I was given platform to hold the services before I could start with the purpose of my visit. The three groups as mentioned here above were asked questions. Here are the questions that were asked:

Ministers were responding to the following questions:

- What is your understanding of trauma?
- What are you doing to address/ handle trauma in your congregation?
- Do you have enough knowledge/ skills to handle trauma?
- What is your plan to improve the situation of traumatised members in your congregation?
- Do you have enough time to counsel people that who are exposed to traumatic incidents?
- Which incidents of trauma are the most prevalent/ common in your congregation/
- Which approach/es do you use to handle trauma in your congregation?
- How do you conscientise your congregants about trauma?
- What do you recommend to your church in general about handling trauma affecting its congregants?

The church council members were asked the following questions:

- What are the causes of trauma?
- What is the church council doing to handle trauma in the congregation?
- How the congregants are made aware of the existence of trauma in their lives?
- Which programs or projects are in place to address trauma?

The final group was the congregants who voluntarily decided to be interviewed because of traumatic incidents they were exposed to in their lives. They were asked the following questions:

- Do you understand or know anything about trauma?
- Did you ever in your life experience trauma?
- What did the Minister and the church council do to help you?
- What do you suggest to the church to do about trauma affecting congregants?

4.1. INTERVIEW QUESTIONS AND RESPONSES

Three ministers of the two presbyteries were individually consulted and interviewed. They were asked the following questions:

4.1.1. QUESTIONS TO URCSA MINISTERS

The three (03) Ministers who participated in this research were physically visited at their congregations on specific Sundays. Rev M. Nkgome of the Uniting Reformed Church in Southern Africa (URCSA) Bloemfontein South was visited on Sunday 30th July 2017, and Rev.L. Fokase of Bloemfontein West was visited on Sunday 13th August 2017, and finally Rev. S. Mohokare on Sunday 7th August 2017.

Ministers of the Uniting Reformed Church in Southern Africa, Botshabelo and Bloemfontein presbyteries were asked the following questions:

- **What is your understanding of trauma?**

Both three interviewed responded in the following manner: Both Ministers show to have little understanding of trauma, which is largely influenced by their experience as local ministers and their dealings with different episodes relating to trauma affecting their congregants. Also their theological background sheds some light helping them to have a fair deal in understanding trauma. They all know that trauma is an indication of something bad that has happened to another person.

All the Reverends interviewed shows that they don't have formal training in handling trauma in their congregations.

- **What are you doing to address/ handle trauma in your congregation?**

Reverend 1 said he calls the people in front of the pulpit after every sermon, while the other two Reverends seems to be using more or less the same method of preaching, counselling and praying to the affected congregants.

- **Do you have enough knowledge/ skills to handle trauma?**

Reverend 1 said he has partial skills in dealing with trauma situations due to his exposure received as a Prison chaplain. The other two Reverends made it clear that they only have little knowledge and skills to handle trauma.

- **What is your plan to improve the situation of traumatised members in your congregation?**

All the ministers agree in principle that talking to the congregants about trauma, holding and organising workshops is the way to address the situation of traumatised congregants in their respective congregations.

- **Do you have enough time to counsel congregants who are exposed to traumatic incidents?**

All the ministers interviewed do not serve full-time in their congregations, they are all tent-makers, and therefore they all lack enough time to focus more on counselling traumatised congregants.

- **Which incidents of trauma are the most prevalent/common in your congregation?**

They all mentioned more or less the same incidents like deaths, domestic violence and crime.

- **Which approach/es do you use to handle trauma in your congregation?**

Two of the three ministers said they are using preaching as the only way to handle trauma in their congregations. The other one said he isn't doing a lot about trauma in his congregation.

- **How do you conscientise your congregation about trauma?**

As mentioned above, the two ministers have informal discussions with their congregants, and the other one as indicated above does not have many dealings with trauma.

- **What do you recommend to your church in general about handling trauma affecting its congregants?**

They all suggest that it will be an ideal thing for the church to appoint trained ministers in psychology and counselling. The appointment of ministers will help train the whole congregations about issues related to trauma, and have relevant programs and projects that are directly talking about trauma.

4.1.2. QUESTIONS ASKED THE CHURCH COUNCILS AND THEIR RESPONSES:

The six (06) visited were Bloemfontein South, Bloemfontein West, Tokoloho, all these in Bloemfontein presbytery. The other three were from Botshabelo presbytery and they are the following: Botshabelo west, Rethabile and Sedibeng congregations. Bloemfontein South was visited on Sunday the 30th July 2017, Bloemfontein west on the 13th August 2017, and Tokoloho congregation on the 10th September 2017.

Botshabelo West was visited on the 27th August 2017, Rethabile on the 01st September 2017, and finally Sedibeng congregation was visited 23rd July 2017.

Does the church council have any knowledge or insight about trauma?

All the eight (08) church councils interviewed in the Botshabelo and Bloemfontein presbyteries under the leadership of three (03) Ministers interviewed earlier responded to this question. They all indicated that they know what trauma is after it was explained to them. They have insight pertaining to it because it is also happening in their individual lives.

- **What are the causes of trauma?**

All of them gave similar answers regarding the causes of trauma. They cited common issues like death and violence in the families as the major causes.

- **What is the church council doing to handle trauma in the congregation?**

The church council answered in more or less the same about what they are doing to handle trauma, which is through prayers and preaching.

- **How are the congregants made aware of the existence of trauma in their lives?**

All church councils are making congregants aware of trauma through preaching and through informal talks.

- **Which programs or projects are in place to address trauma?**

There are no specific programs or projects. It happens sporadically during prayer sessions that are organised during bereavements and sermons on Sundays.

4.1.3. QUESTIONS ASKED TO CONGREGANTS AND THEIR RESPONSES

Seven (07) congregants were interviewed from the congregations in the two (02) presbyteries identified for this study. They were visited on Sundays as it happened with the Ministers and church councils, so as to make informed sessions for the congregations visited. Bloemfontein west was visited on the 30th July 2017, Bloemfontein west on Sunday the 13th August 2017, and Tokollo congregation was visited on Sunday the 10th September 2017. Botshabelo west was visited on Sunday

the 27th August 2017, Rethabile on Sunday the 01st September 2017, and finally Sedibeng congregation was visited on Sunday 23rd July 2017.

- **Do you understand or know anything about trauma?**

All the congregants who were interviewed have relative knowledge about trauma. Relative because they only understood it more deeply after an explanation. One of the interviewees exclaimed positively and remember an incident that traumatised her family for quite a considerable period.

- **Did you ever in your life experience trauma?**

Yes, we experienced trauma in many situations caused by physical and spiritual pains. Incidents like deaths of the loved ones, domestic violence, rapes, and crime are the more prevalent experiences of trauma that lives with us.

- **What did the Minister and the church council do to help you?**

Normally when we are encountering deaths in our families, our Ministers and church council members including different ministries in the congregation have a schedule to visit bereaved families and hold prayer sessions throughout the week till the deceased is buried over the weekend.

- **What do you suggest the church should do about trauma affecting congregants?**

All the congregants interviewed suggested more or less the same things like, to organise workshops, and to invite specialist in this field to address congregants.

4.1.4. A CASE STUDY

This is the true story of one lady from URCSA Bloemfontein South, whose name cannot be disclosed to protect her. She is a married woman, married to a Police Officer for twelve years and has two children. At first they were happily married, but things started to take another shape immediately after the birth of their second born. The husband started to come home late and always claiming to be working overtime due to cases that he has to investigate. She accepted the explanation at first, but things changed as the husband started accusing her also of having an extra-marital affair

with his colleague. The situation at home became so bad to such an extent that abuse became the norm.

Even the children became the victims of abuse, both verbal and physical from their father whom was always angry and always coming home late after work. The lady thought the situation will become better as time goes on and after her husband realised that she is not involved with any man as he suspected. Unfortunately it became worse up to the point where she had to involve their parents. This also did not bring any desired change but instead things got out of hand. Due to this unbearable situation at home she started to develop severe depression and she relied on prescription medication to help her ease her mind, and to have courage to face the challenges of life.

She became addicted to this medication because she depended more on it to help calm her nerves. Her situation was aggravated by the fact that her husband was stalking her physically and emotionally. He tracked her car to monitor her movements around and also bugged her cell phone and listened to every call she made and received. She was under surveillance for twenty four hours a day.

She decided to divorce her husband because of the broken trust and the relationship that is totally shattered between him and the children. She feels utterly helpless and her world has crumbled. She has completely lost trust in men and does not have any desire to be in a relationship anymore.

4.1.5. OBSERVATIONS AND FINDINGS

The lady interviewed here above came to me in the consistory after I have addressed the congregation about my visit on that particular Sunday. She was in tears and shaking due to emotions that were running high because of her ordeal. She did not hesitate to talk to me even though it was our first encounter but one could see in her eyes that she built up enough courage and decided to confront her demons head on.

It is always helpful to give people a chance to be addressed by different people in a congregation. Sometimes people get used to us their local ministers to such an extent that personal interaction is compromised due to the obvious. This encounter did exactly that with this lady who was bleeding internally and no one could have realised

had it not be because of this visit. It tells a lot that so many congregants are seated on the church pews with broken hearts and wondering emotions almost every Sunday.

Talking to congregants and not preaching to them is always important. Not discrediting the preaching of the Word, but typical sermons is also a way to go in order to reach the inner man who cannot be seen by the naked eye. People are coming to the church on Sunday with the hope of being healed spiritually, but it becomes a concern as to what happens to them when the sermon was not addressing the expected? Needless to say the church is the spiritual custodian of humanity. People of God are expecting to find healing and closure when visiting the house of the Lord.

CHAPTER 5

5. RECOMMENDATIONS AND CONCLUSION

5.1 Conclusion

Most findings that I got from ministers, Church councils members, and congregants made it clear that the Uniting Reformed Church in Southern Africa (URCSA) in particular the Presbyteries where the study was conducted, do not have informed programs to handle trauma. The church addresses the issue of trauma in a general way, and every congregation has its own approach because there is no written manual or procedures in place that are guiding whoever as to how to handle trauma.

It is also clear from the interviews conducted that the Uniting reformed Church in southern Africa (URCSA) in the Presbyteries of Botshabelo and Bloemfontein does not administer pastoral care as it is expected. Its ministers are well trained and in their theological training they did pastoral care as an academic discipline. Because of ignorance trauma is not taken seriously even though it appears to be a serious threat to congregants' wellbeing. The majority of the congregants live with symptoms of being traumatised but the church is not doing enough to address this scourge. In practical terms, the church is doing nothing to help members that are exposed to trauma, and it goes without saying that even the ministers themselves are living under the spell of it.

A church which does not have specific programs that are informed by its administration of pastoral care duties is equivalent to a social club. People of God are exposed to life challenges that eventually leave them with emotional scars. The church remains to be the only social institute that is capable to address human challenges in totality. This capacity cannot be delegated elsewhere but stays to be the cornerstone of church's spiritual agenda. The Uniting Reformed Church in Southern Africa (URCSA) is a big church with a massive membership which cannot be left to be destroyed, or rather be consumed by the rampaging effects of trauma that is not handled properly and effectively.

It is the task of this church to include procedures in its ministry to handle trauma affecting its congregants. Once this objective is addressed, the benefits will be so astronomical that the financial muscle of the church will be strengthened, and its social

role within the community will be strengthened. The church has an Integrated Ministry Model whereby it can accommodate teachings and trainings about trauma under **Core Ministry, Service and Witness** (see attached Annexure B). The church is an organisation that is given mandate by God, to make disciples out of all the people (Matthew 28:19), but this tells more clearly that the church cannot make disciples out of people that are physically and psychologically not well.

It challenges the Uniting Reformed Church in Southern Africa (URCSA) to revisit its theological curriculum to in ministry to consider introducing psychology and trauma counselling as modules. The following questions were the basis of this research, and all interviewed responded accordingly. The main question this study seeks to provide answers to is:

Do the ministers and church council members of the Uniting Reformed Church in Southern Africa, Botshabelo and Bloemfontein presbyteries have the capacity to offer trauma counselling to their congregants?

The primary question is divided into the following sub-questions:

- Do ministers and church councils members offer pastoral care to congregants in trauma?
- Do the ministers and church councils members have the capacity to care for congregants in trauma?
- What happens to congregants who have experienced trauma and did not receive pastoral care?

It became clear from the interviews held with the Ministers and the church councils of the congregations in the presbyteries of Botshabelo and Bloemfontein of the Uniting Reformed Church in Southern Africa (URCSA), that the church is not doing much to address the problem of trauma affecting its members. This is attributed to no formal education received by the Ministers in dealing with trauma, and the lack of enough educational qualifications of many church council members who are just elected not considering their educational level, but their availability is the determining factor.

Therefore, from the sessions held with the church leadership in this presbyteries, it is confirmed that the church is lacking capacity to address the problem of trauma affecting its congregants effectively. There are pastoral care activities that takes place

because most Ministers received good theological background and in their curriculum they all enrolled Practical theology as a module whereby they received informed knowledge about pastoral care.

Congregants are exposed to traumatic incidents on daily basis because it happens more frequently. The serious part or challenge facing the whole church is that trauma is there, but it is partially and unconsciously addressed. The reasons for this statement is that, traumatic incidents like deaths of the loved ones are receiving the most attention from the church leadership and congregants through established ministries. This is happening as a routine, not as something planned because it happens anyway.

It is common knowledge that people will eventually die because it is natural, but to have programs or projects that are designed to minimise the impact of traumatic incidents in the lives of the congregants is something else. All these tells a story that the Uniting Reformed Church in Southern Africa (URCSA) does not have the capacity to deal or handle trauma. Members who are not receiving a specific attention in this regard are suffering in silence. It sounds reckless to say the church is contributing to the frustrations of its members by not implementing informed pastoral care and counselling.

According to Osmer's four tasks of interpretation, the notion of servant leadership is receiving an upper hand here. The church as an organisation is depending on the type of leadership its Ministers and church council members has to offer. A leadership that is action orientated will be the only solution. Engaging the priestly listening task, coupled with the notions of transformational leadership an answer to what is going on can be provided by the church. A strategy has to be developed by the church leadership to lead the whole organisation to meet the necessary changes as they are imposed by the changing world and times. The church lives in a corporate world and its members are part and parcel of this world. They cannot afford to be left behind as if their church is living on a different planet.

Keenan et al (1999:212), when talking about church leadership, said "...that is oriented towards meeting people's needs and employing their gifts - providing intrinsic fulfilment and meaning – rather than appealing to Christian duty". They further said, "...an empowering or transforming style would engage clergy and laity in building

community, nurturing discipleship, maintaining church buildings, fundraising, and doing evangelism together”.

The congregants are affected by the physical, social, psychological, economical, spiritual, and moral needs which are to be catered for on daily basis. Therefore, the church is duty bound to provide answers to its congregants where they feel challenged. It is only the church that has the capacity to address the needs of human being holistically, and this competency cannot be delegated elsewhere, or be totally ignored. On this basis, Keenan et al (1999: 213) further endorses that, “a leadership style that expands the base of participation and involves participants in decision making will appeal to a wider range of peoples and to multiple generations”.

It is true, a church must in its ministry have strategic leadership that is focusing at bringing a desired change in the life of a congregation. In complementing this statement, Keenan et al (1999: 213) said, “...to be effective, leadership needs increasingly to empower others to use their gifts and talents in ministry”. This is very important for the church to be an entity that is contributing to the initiatives of improving the quality of life to benefit its congregants. Keenan et al (1999:213) continues to say, “the church is portrayed as an organism that calls on the talents and abilities of all disciples”.

If the church can listen carefully to what Keenan et al are saying, and adding to its agenda, the forms of leadership as suggested by Osmer (2008:176-178), it will surely have the capacity to address the challenge of trauma in its scope of administering pastoral care, the following forms cited by Osmer are:

- Task competence – the ability to excel in performing the tasks of a leadership role in an organisation in most congregations. For example, leaders carry out tasks like teaching, preaching, running committees, leading worship, and visiting the sick. Carrying out these tasks with competence is an important part of leadership.
- Transactional leadership – is the ability to influence others a process of trade-offs. It takes the form of reciprocity and mutual exchange: I will do this for you, and in return you will do that for me. In the leadership of organisations, this takes place in two basic ways: i. meeting the needs of those involved in an organisation, and ii. Making political trade-offs to deal with competing agendas of different coalitions in an organisation so it can best accomplish its purpose.

- Transforming leadership – involves “deep change”, to borrow Quinn’s apt phrase. It is leading an organisation through a process in which its identity, mission, culture, and operating procedures are fundamentally altered.

Finally, trauma is there and it cannot be ignored anymore. There are many diseases today that are labelled as silent killers. Diseases like sugar diabetes and high blood pressure are the ones that are coming on top of the list. Trauma cannot be underestimated, it fits the category. It therefore goes without saying that the Uniting Reformed Church in Southern Africa (URCSA) is morally and spiritually bound to respond to the challenges of trauma within its ranks. Structures like the Integrated Ministry Model as adopted by the General synod must be enforced by the relevant bodies. Presbytery commission must capacitate church councils and congregations to be fully involved in programs that are developed to address societal challenges including the effects and consequences of trauma.

God made life to be lived and enjoyed to the fullest. It is on this basis our Lord Jesus Christ said in John 10: 10 “I have come that they may have life, and have it to the full” (NIV). Pastoral care is about making these words of Jesus Christ a reality. There are millions of people both young and old who are living on the peripheries of Scriptural mandate. The promises contained in the word of God are to be made practical and possible to all, because we are created in the image and likeness of God the Creator as revealed in Genesis 1:26-26”

Then God said, “Let us make man in our image and likeness, and let them rule over the rule over the fish of the sea and the birds of the air, over the livestock, over all the earth, and over all the creatures that move along the ground”. So God created man in his own image, in the image of God he created him; male and female he created them. God blessed them and said to them, “Be fruitful and increase in number; fill the earth and subdue it. Rule over the fish of the sea and the birds of the air and over every living creature that moves on the ground.

Genesis 1:26 – 28 NIV.

There isn’t a problem that is bigger than what God has already done for humankind, He gave the world his only begotten Son, so that the world might be saved through him, (John 3:16). This is an assurance to the church to start doing something in relation to trauma that is frustrating so many souls, some of them are innocent. The church must always put first in its agenda, the programs that are enhancing a quality of life as God intended it for his people. God is love; God is good, all the time.

The focus of this study was to determine whether the ministers and church councils of the Uniting Reformed Church in Southern Africa within the presbyteries of Botshabelo and Bloemfontein are offering counselling to their congregants in trauma. A further study is required to check the numbers of congregants affected by trauma in the congregations under study. The study should also determine the extent to which these congregants are affected by trauma and how they are coping. Trauma is a reality that happens to each and every person living in this world. The only danger with it is when it is left unattended or ignored. From the answers and findings that are made by the ministers, church councils and individual congregants of the Uniting Reformed Church in Southern Africa (URCSA) Free State and Lesotho Regional Synod focussing on the two Presbyteries of Botshabelo and Bloemfontein, the following recommendations were made:

5.1. RECOMMENDATIONS

5.1.1. Theological Education

The Uniting Reformed Church in Southern Africa (URCSA) has a duty bound to introduce in its theological curriculum pastoral care counselling and basic counselling skills for its minister candidates. People are always exposed to trauma because of many life incidents that happens on daily basis, therefore the church must always be prepared by educating candidates of ministry and all ministers who are already in the service. The leadership of any organisation has to be trained and be capacitated on regular basis because so many trends in life are changing, including theology is always evolving.

It goes without mentioning that capacity building is a must for the church leadership. Taking into consideration that Ministers are interacting with people who are exposed to a diversity of social settings outside the church parameters on daily basis. Therefore the Minister is expected to be an informed person who can give relevant and reliable information to his congregants. It is imperative for the church leaders to be upgrading and updating their level of competency on regular basis.

5.1.2. Workshops for church councils

Church councils play an important role in the life of Uniting Reformed Church in Southern Africa (URCSA) because of its Presbyterian system. Because of this tradition

people who are elected to serve in this structure cannot be left untrained. The church has a challenge of keeping up with the corporate world because its congregants are from the very same entity. Therefore for the church to remain relevant and contextual workshops, seminars and trainings are a must.

The uniting Reformed Church in Southern Africa (URCSA) has in its Church order Integrated Ministry Model which is a good tool intended to promote participation of all members at a local congregation. This tool is highly recommended and all the church councils must be instructed to implement this strategy with immediate effect. It is the answer to all challenges that have been hampering the church to be a force to be reckoned in this new age. It is also an appealing sentiment to the Uniting Reformed Church in Southern Africa (URCSA) to change its recruitment policy and strategy of electing church council members, they must be elected on the basis of knowledge, reputation and Christian principles, and not only on the basis of availability as it is currently the case and ignoring their educational status.

5.1.3. Awareness campaigns and sessions

The social context wherein the church lives today has drastically changed. This transformation requires the church to update its programs to meet the expectations of its members. Awareness campaigns and sessions that are talking about trauma and its consequences must be organised on regular basis so as to keep the people informed and updated by this problem. A silent church is equal to an ignorant and non-existent church. The current societal incidents like rapes, domestic violence, gangs, drug abuse, and killings are forcing the church to pronounce itself.

Uniting Reformed Church in Southern Africa (URCSA) does not function on a different planet, but in this world infested by sin, therefore it is morally obligated to make an impact in the lives of its congregants. Each and every congregation must be motivated to play a meaningful role in its social context, and be encouraged to be an embodiment of the transformation agenda.

5.1.4. Trauma counselling centres

Once the ministers and church council members are trained, a centre has to be established where congregants and the communities around the church can be accommodated for better services, both spiritually and psychologically. It is common

knowledge that most churches struggle financially, but an initiative of this nature if started in partnership with community structures can benefit all. There are so many people living in the vicinity of the local congregation who can be of great assistance in advancing the code of good practice as emulated by the church. Currently, the theological faculties are emphasising an approach which is aimed at making a church at a local level a useful communal entity, and this initiative is called a missional church. The missionaries planted the church in the past, today us is to make the church a viable entity in the hands of people to change one another's life for better.

ANNEXURE A

INTEGRATED MINISTRY MODEL

A. Core Ministries

1. Service and Witness
2. Proclamation and Worship
3. Congregational Ministries

B. Support Ministries

1. Finance and Administration
2. Archives, Communication and Publications
3. Ecumenical relations

C. Duties and Responsibilities of Core Ministries

Service and Witness	Proclamation and Worship	Congregational Ministries
<ul style="list-style-type: none"> • Mutual and Support • Institutional care • Witness/ Mission • Violence and Crime Prevention • Hiv/Aids • People who are in need/ children homes; Orphans/Old Age Homes • Sick • Inventory 	<ul style="list-style-type: none"> • Preaching: Listening to God's Word • Instruction in Faith • Confessions • Prayer, Liturgy • Theological education • Doctrine • Funerals 	<ul style="list-style-type: none"> • Congregational life • Sacraments • Sunday school and Catechism • Adult education • Evangelism • Family life • Parenthood • Men. Women and Youth Ministries • Ecumenism

ANNEXURE B

Letter for asking permission for interviews



URCSA RETHABILE
UNITING REFORMED CHURCH IN SOUTHERN AFRICA



2467 Section C2
BOTSHABELO
9781
23 July 2017

REV.: MI Khambule V/CHAIR: TM Mohome

SCRIBE: TJ Litlhakanyane

TO:

THE CHAIRPERSONS OF URCSA PRESBYTERIES OF BOTSHABELO & BLOEMFONTEIN

RE: PERMISSION TO INTERVIEW CONGREGANTS

I am hereby requesting your permission to be permitted to conduct interviews with ministers, church council members and the congregants of URCSA Presbyteries of Botshabelo and Bloemfontein for my research proposal in trauma.

The University of the Free State has granted me permission to continue with this research.

Hope you will accept my request

Kind Regards

REV .M.I Khambule

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