

**Abuse of alcohol by Brass Band men:
A challenge to pastoral care**

by

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Declaration

I, Modise Johannes Mapogoshe hereby declare that this dissertation which I submit for the degree of MA (Practical Theology) at the University of Pretoria is a product of my own original work, and has not being submitted by me for a degree at this or any other University. All sources I used have been indicated and duly acknowledged by means of complete references.

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My victory is yours.

DEO GLORIA

Dedication

I dedicate this work to the fond memory of my departed father and mentor; Nthoesane Azael Mapogoshe (departed 14. 02. 1993),

And my mother Mmamohloli
Annah Mapogoshe (departed 03. 09. 1975),

And my sister
Seipati Rose Seqhobane (departed 03. 03.1975).

And in memory of my grandparents:
Rantabi David Mapogoshe, and
Ntswaki Elizabeth Mapogoshe.

May the souls of the faithful departed
Through the mercies and merits of God
Rest in peace and rise in glory.

Amen

ABSTRACT

This study concerns itself with the task of creating a pastoral model in order to provide effective spiritual care to domestic violence victims by alcohol abusing brass band men. The African Independent Churches are experiencing a growing number of brass band men who abuse alcohol. I therefore undertook to do a study on the problem to ascertain whether the churches create alcoholics or the alcoholics are attracted to the brass band ministry.

The most important objective of this study is to:

- Help to develop a counselling model for the wounded women.
- Develop a pastoral care method that will empower and reconstruct the behaviour of the brass band men.
- Create a caring model of helping those affected congregants.

Questionnaires designed for men, women and congregants were given to them to find out if alcohol and alcoholism is a problem to the churches. Realizing that the questionnaires may not be sufficient, five case studies were used. These case studies are real stories from different women. They are more detailed and shed a light to the problem of alcoholism among brass band men.

Through the questionnaires and case studies, the researcher found that ministerial stress, family stress, financial problems, lack of recreational time and peer pressure contributes to men being alcoholics.

This study was not aimed at stopping the brass band men from using alcohol, but to help the brass band men to realize what alcohol do to their ministry, families, congregants and themselves so that they make wise choices when it comes to taking alcohol.

KEY WORDS

African Independent Churches

African independent churches described in this study are autonomous groups with an all-African membership and leadership. This is not the ideal term, as in some cases ‘independent’ is taken as having a negative connotation – meaning ‘independent from whites’ rather than stressing the positive connotation, the African nature of the churches. More importantly, it has been observed that very few of the independent churches use the word ‘independent’ when describing themselves in an African language. There the terms used would be in Zulu, *amabandla amaAfrika*, or in Sotho, *dikereketsa ma-Afrika*, both meaning ‘African’ churches. However, the term independent churches has become so rooted in the wealth of literature on the subject, that it will be used here to avoid further confusion.

Brass Band men

Brass Band men are Sons of Aaron, Levites and Priests who are playing various musical instruments in the church orchestras. They also minister as preachers, evangelists and pastors.

Townships

I have borrowed this terminology from the former South African regime to describe settlements and informal settlements used by the poorer communities, which mainly constitute the black and coloured population.

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GLOSSARY

Abstinence: To refrain from the usage of alcohol

Addiction: A state of dependence based on tolerance (a need for increased amounts of alcohol for intoxication to occur or lessened effect with the same amount of substance), withdrawal symptoms or using alcohol to avoid withdrawal symptoms, an inability to control use, and/or alcohol use that has a negative effect on one's social, occupational, or recreational life or on one's physical or psychological health.

Alcohol: The intoxicating chemical in beverages such as beer, wine, and distilled liquor. Alcohol is a colourless, volatile liquid also called ethanol or ethyl alcohol. It is a central nervous system depressant.

Alcohol abuse: The continued use of alcohol, despite the development of social, legal, or health problems.

Alcoholics Anonymous (AA): The organization that developed the twelve-step approach to recovery from alcohol addiction (alcoholism). Many groups have adopted this method to help people recover from addiction to other drugs, such as Narcotics Anonymous (NA) and Cocaine Anonymous (CA).

Alcoholism: A chronic disease characterized by a strong craving for alcohol, constant or periodic reliance on the use of alcohol despite adverse consequences, the inability to limit drinking, physical illness when drinking is stopped, and the need for increasing amounts of alcohol to feel its effects.

Binge drinking: A pattern of heavy drinking that occurs during a period of time set aside for drinking. It has been described as 5/4 drinking: five or more drinks in a row on a single occasion for a man or four or more for a woman.

Blackout: A period of memory loss for which there is no recall of activities as a result of alcohol consumption.

Coping: The process of using personal, spiritual, and/or social resources to manage stress.

Denial: Refusing to admit that a person is addicted or to accept the degree of harm caused by an addiction.

Depression: Emotional disturbance in which a person feels unhappy and often has trouble sleeping, eating, and/or concentrating.

Intoxication: The condition of being drunk. An abnormal state that is essentially alcohol poisoning. It is characterized by slurred speech and loss of coordination.

Parish nurse: A nurse working from a congregation, promoting all aspects of wellness. Parish nurses train and coordinate volunteers, develop support groups, liaison within the health care system, refer to community resources, and provide health education.

Problem drinking: One who experiences loss of control in his/her drinking pattern and results in identifiable problems for the problem drinker, his/her significant other or innocent strangers.

Self-help group: Therapeutic groups that function without the leadership of health professionals.

Wounded: The term “wounded” is a metaphor which points to a certain type of pain and trauma people predictable experience when involved with a problem drinker. Generally their pain is the result of being lied to, deceived, betrayed, cheated on, emotionally deprived, verbally and physically abused, threatened, exploited, or manipulated through repeated false and shallow promises, all of which often result in anger and rage, dashed hopes and broken dreams, a compelling sense of despair, sadness, helplessness, shame, embarrassment, loss of self-esteem, and spiritual deprivation.

CHAPTER ONE

INTRODUCTION

Background of study

It was early in the morning on the 11 May 2003 when the telephone rang. That cold Sunday was the tenth birthday of my only and last born daughter Andronica. My daughter was first on the telephone beaming with excitement and hoping to receive a birthday wish from families and friends. But instead she then called me, and said ke “Rangwane” which is Sesotho for your younger brother when translated into English, is on the line for you. The brother announced the death of the author’s sister *Seipati* (hidden story) when translated in English. Seipati was highly pregnant, when her drunken husband who was a member of the Church Brass Band Ministry accused her of carrying another man’s child. This resulted in abuse with him violently beating and assaulting her to an extent that she was ultimately admitted at the hospital with head injuries. She died the next day, but doctors managed to save the child. She was the eldest of the girls in the large family of three girls and five boys. My father named the new born girl *Kesentseng*, which is “what have I done wrong?” when translated into English. It was the result of drunkenness and alcohol abuse that caused this death.

From that sad day the pain of losing the beloved sister commenced to grow inside the author, and as he grew bigger so did the pain. The death of my sister haunted

mean reminded me of my father's speech on my sister's African wedding day saying while pointing at the chest referring to it as my sister's coffin that must never come back home. The above statement confirms the Sotho idiom that says: "*Lebitla la mosadi le bohadi*", meaning "the grave of a woman is at her in-laws" (Baloyi 2001:41). The author was extremely traumatized.

After burial, the author did not know how to take care of his niece. The new life with them challenged my pastoral way of caring for them. My sister's death troubled me, and several questions emerged as to whether there were other people who had experienced such a pain due to the problem of abusing alcohol, which had led to domestic violence and finally to the death of the wife?

The above story troubled me to such extend that I asked the following question, what went wrong in my sister's marriage? At home and at work she was a reliable, respected woman who never caused any problem. The author believes that men were supposed to be the protectors, caretakers, and nurturers of their families.

The family is the place where wife and children can feel safe and secure. The author's sister was an active member of the church choir and a member of the youth league. Her husband was a member of 'Sons of Aaron' or 'Levites' which was the name given to Church Brass Band Ministry. In this research work I will use the words "*Son of Aaron*" or "*Levite*" or "*Church Brass Band Member*" interchangeably and I will be talking of 'him' and not 'her' as the focus is on male brass band members and not female brass band members. I am aware that there

might be female band members who consume alcohol, but they are not the focus of the study. The reason being that, those brass band members that I have witnessed and heard of abusing alcohol were, and are, black males who come from township congregations.

Robinson says, “a priest is generally the conservator of tradition, the guide and example for his (sic) followers in precise replication of ritual in ways that please God. Drinking alcohol rarely goes with the priestly performance of ritual except in symbolic usage as in Mass.” (Robinson 1979:19). Levites are set apart; a lot of responsibility is placed on their shoulders. They have to walk and live the gospel with the community they lead.

The Old Testament puts this clear on the following scripture passages, Numbers 6:2-3 says, “When either men or women make a special vow, the vow of a Nazirite, to separate themselves to the Lord, they shall separate themselves from wine and strong drink”. Leviticus 10:9 says, “The high priests beginning with Aaron were particularly forbidden to drink neither wine nor strong drink when discharging their priestly duties in the Sanctuary”.

Sons of Aaron or Levites derive from the Old Testament members of the tribe of Levi who descended from Jacob’s third son by Leah. The fourth edition of the Applied Bible Dictionary defines Sons of Aaron and Levites as follows:

- During the Exodus, the tribe was set apart to serve God (Num. 3:39-51).
- To the family of Aaron was given the *priesthood*.

- Other Levite clans assisted them in
 - maintaining the worship centre (Num. 3,4);
 - preparing offerings (Num. 1:50; 1 Chr. 23: 28-32); and
 - As worship leaders (1 Chr. 15:16- 22).
- Temple duties assigned by David and later kings are described in (1 Chr. 23 and 2 Chr. 23, 29, 31).
- Later, the Levites were assigned roles of teaching and interpreting the Law (Deut. 33:10; 2 Chr. 17: 7-9; 35:3).
- In David's day, Levites filled important administrative as well as liturgical posts. They alone could carry the ark of covenant (2 Chr.15:11-15) and the Temple musicians led in worship.

These definitions make it clear that the Levites/Sons of Aaron are given the mandate by God to lead and heal God's people through worship services. McKenzie (1965: 504) says: "Moses and Aaron belonged to the tribe of Levi" (Ex. 2: 1ff).

The only NT references to Levites are

- as members of a delegation from Jerusalem that went to listen critically to John the Baptist (Jn.1:19);
- as a character in the Parable of the Good Samaritan (Lk.10:32); and
- as one of Barnabas's titles (Acts 4:36, 1984:635).

The author's entire family, and the brother in-law were all members of the Holy Apostolic First Church (not real name) founded by Mother Anna Maloka (not real name), a Ndebele prophetess. This Church is notable for the position that the founders has kept as overall leader, with members of (male) bishops, presidents and ministers under her. The Holy Apostolic First Church founded in 1963, is one of the African Independent Churches (AIC). The members of the Church usually wear special clothes (uniform) for services. The beliefs, practices and worship emphasis on healing and baptism by total immersion, the use of "*brass bands*", and dancing is part of worship. Mbiti writes that in their church services the independent groups tend to follow the pattern of mission churches from which they originally broke off. But they take more seriously items like singing and preaching, praying for the sick, exorcisms and giving of money or other goods to support their leaders and programmes (1969: 236).

There were three ecclesiastical alternatives for black Christians in South Africa at the beginning of the twentieth century:

- They could be members of mission churches whose membership was solely black but which were under the control of white missionaries and their mission boards in Europe, North America. The Dutch Reformed Church (DRC), falls under South Africa, as they now have an autonomous headquarter in the Republic.
- They could be members of multiracial denominations, those Churches (largely of British origin) where the line between settler (white) and mission (black) church had not been clearly drawn. But here also the black members were

dominated by white leadership. European customs, discrimination, and a great deal of paternalism, were part of the organizational structure. In some respects this was worse than belonging to the whole black mission Churches.

- The above problems caused them to leave the mission and the multiracial Churches and start a new Church of their own. Hence many black Christians in South Africa chose to leave the mission and the multiracial Churches and join or start a new Church of their own.

These Churches are known as the African Independent Churches (AIC). In 1970 the members of the African Independent Churches in South Africa numbered about 3 and half million (3, 500, 000). In the same year, about 2,901,000 South African Christians belonged to the various branches of the Dutch Reformed Church; 1,977,000 were Methodists; 1,836,400 were Romans Catholics; and 1,676,000 were Anglicans. Although this number of AIC members was made up of about 3,000 different church groups (some with only 20 members, some with many thousands), it made the African Independent Churches the largest group of Churches in South Africa, and so an important part of the Church in this country today (Church History 1B, Course 351B, Units 39-45: Theological Education by Extension College, 1991:90-91).

According to Wilson, African Independent Churches have been proliferating in South Africa for ninety years: they continue to increase in number and membership, and now include about 3 000 organizations. For the most part they are small, close-knit groups, which provide emotional support for those living in the

urban jungle of Soweto and other African towns in the Republic and, very often, link between town and country where members have relatives.

Religious and class differences within African society hinder understanding of the African independent churches, and the South African colour-bar ensures that nearly all whites have little or no knowledge of the movement. Despite criticism and opposition in some quarters, African independent churches have proliferated. Although it is impossible to obtain accurate figures, it was estimated in 1967 that there were approximately 6 000 independent churches on the African continent (Barrett 1978: 38). One of the most interesting features of the distribution of these churches was that half of them were to be found at the tip of the continent, in the Republic of South Africa.

One of the things mentioned again and again as an aim of certain independent churches has been a theological college for the training of its ministry. A 'Joint Council Representing the Native Churches' formed in 1922 stated this as an aim. (West 1975: 1198; Wilson and Mafeje 1963: 97). Finance presented a major hurdle, and this was the point at which the Christian Institute of South Africa, led by the Revd. Beyers Naude, with overseas support, sought to provide help. The churches emphasize certain norms such as proper marriage ceremonies, one wife, no smoking, drinking or dancing, and no dissension between members of the church. (West 1975: 198). But the challenge of drinking by sons of Aaron remains a serious concern. Alcohol abuse in the African Independent Churches especially by Brass Band members remains a serious problem in South Africa. For example,

conversion of national statistics into figures applicable to an average parish gives some ideas of the magnitude of problem drinking.

“A parish of about 262 families will have about 32 people or 12% who are heavy drinkers. There will be about 24 people in this group of heavy drinkers, or 9% of the total parish, who will have severe involvement with alcohol, resulting in job loss, or marital difficult, or illness, or a combination of those problems. Each of these 24 people will affect about four other people in his... individual family circle. Thus the total parish membership intimately influenced by alcohol problems will be approximately 100 people” (The Journal of Pastoral Care, March 1977, vol. xxxi, No. 1)

“A survey conducted by Yale University in cooperation with the National Council of Churches revealed that fifty to fifty-five thousand alcoholics a year are seen by ministers in the United States. More significant than the mere number is the fact that the minister, so the survey showed, is often the first person seen for help, outside the family of the alcoholics” (Clinebell 1985:180).

Because of its enormous impact on nearly all aspect of South African life, the problem of drinking presents a significant challenge for the church, the local pastor and the specialized pastoral counsellor. It would be hard to imagine any pastor or pastoral counsellor who has not encountered a person who has experienced problems related to drinking, or some person whom the problem of drinking behaviour has not pejoratively influenced. For every person with an alcohol

problem, it is estimated that four family members are directly affected (Jones 1999:3-4).

Having such a pervasive influence on so many aspects of South African life, one wonders: How, specifically, does the problem of drinking manifest itself in the life of congregations, especially among men and how do pastors and congregations deal with its effects in their midst? Generally speaking, the church has not been very effective in addressing the pervasive social ill of the problem of drinking, as the brass band men are exposed to temptations such as communion wines which are readily available to them and other alcohol at their thanksgiving feasts which occur on a regular basis. This promotes their use of alcohol and can turn into the beginning of their journey of alcoholism. Men who are alcoholics affect and harm wives and family a lot. This kind of violence takes different forms such as physical, sexual, emotional, verbal, psychological abuse, harassment, stalking and economical abuse. Women suffer silently with the hope that their husband would one day repent from this evil of abuse.

Mawande reported an incident of domestic violence, including the murders of women, which is on rise in South Africa, is affecting families (2011:3). Looking at the damage caused by alcohol abuse today, the author believes that the media will give us insight about what happens in homes. This was highlighted in the memorandum handed over by hundreds of woman who held a protest march in Port Elizabeth as they commemorated International Women's Day on 9 March 2011. Some of the woman said they were deeply affected by the abuse and

harassment of females, in spite of their organizational and religious affiliation. Alcohol and drug abuse by men seems to be playing a major part in this behaviour. (Mawande 2011: THE NEW AGE newspaper: Eastern Cape).

The author has the same experience of abuse and violence, which manifests itself in the life of his congregants who are traumatized daily by their partners. These are some of the cases reported by the women with whom the author came into contact.

The author was approached by *Tshidi*, (not her real name) a woman whose marriage ceremony he performed, and she reported that the previous night her problem drinking husband – a respected community figure and a “*marching bass drum*” player– pushed her down, and as a result she injured her arm. The following day he said he did not understand his actions because he was drunk. In another case a pregnant woman, *Vivienne* (not her real name) disclosed that her drunken husband “*Tuba*” baritone player kicked her in the groin.

The other incident is of the depressed wife of an alcohol abuser, who knocked on my door. *Dolly* (not her real name) was at her wits’ end because of abuse. Her husband a “*French Horn*” player would normally drink on weekends, and physically abuse his wife, and when confronted on Monday, he would apologize and promise to never do it again. She wanted to know what to do about his drinking but also worried about the effect of his behaviour on their eleven-year-old twin boys. Her story and similar stories of many others, helped me to realize how important it is, to create a pastoral care programme for individuals and families troubled by the

effects of excessive alcohol drinking. Other stories of Martha's husband a "*marching snare drum*" player who drinks too much and never eats, and the story of Maki's husband a "*trumpet*" player who stresses a lot about his work will be shared later on, especially ways of dealing with these issues. It is important to research how this aspect is prominent in churches and homes.

All the above stories and quotations indicate the seriousness of the problem of women abuse as a result of Sons of Aaron abusing alcohol. The reader may realize through the abuse statements shared by women that male dominance is a problem among Black African communities both in the church, and at home and in the society where women live.

A survey conducted by Yale University in cooperation with the National Council of Churches revealed that fifty-five thousand alcoholics a year are seen by ministers in the United States. More significant than the mere number is the fact that the ministers, so the survey showed, are often the first person seen for help, outside the family of the alcoholics (Clinebell 1995:180). The main question to ask is, are many of our pastors trained to address this social illness?

Given the magnitude of the problem, it is important that clergy be skilled in recognizing alcoholism and its related issues (Hatchett et al 2007). Pastors are often in long-term relationships with individuals and their families, which enables them to observe changes in behaviour that may indicate early signs of the problem of drinking and related problems. Furthermore, clergy are accessible helpers within

communities that have established patterns of responding to crises. Hatchett is helpful when addressing this issue. He says: “It is important for pastors to learn how to recognize alcoholism competently, identify when to make referrals, help persons find available community resources, and train members of their congregations to provide support to affected individuals and families” (Hatchett et al 2007).The author when dealing with this issue, realizes his weakness in addressing this problem, hence this research.

This problem raises so many questions that need answers.

Problem statement

The problem that arise from the background provided leads us to investigate whether the traumatized wives can be given pastoral care, treatment and the protection by the shepherd of the flock of God. As the minister in The Holy Apostolic First Church (known as one of the African Independent Churches) I became aware that there are congregants especially women who live in abusive marriages, but the author is not in a position to help them due to lack of a pastoral care model.

Pastors are not trained adequately to deal with abuse especially alcohol problems in marriage. These women continue to live under a lot of abuse, but they cannot speak out and share their painful stories. As a minister, it is expected that I should offer a meaningful pastoral care to such people. The main issue is that among

ministers, there are those who avoid the issue by praying for the women who are abused without attending to the abuse itself. This way of caring sends them back to the situation in which they are abused.

The main question to ask is, what role is the church leadership playing in enabling alcoholism, to continue and not be challenged as a pastoral issue? Can alcohol abuse by brass band members destroy the divine calling of their true worship? The author acknowledges that several questions come to mind as he seeks a pastoral model of caring to address this problem. Some of the questions posed as a way of researching this problem are:

- What is it that causes Church Brass Band Members (CBBM) to drink a lot to the extent of becoming alcoholics and then abuse their families?
- What pastoral model can be used in order to work therapeutically with the brass band members?
- What pastoral way can ministers use to work therapeutically with the wounded wives?
- Can a clergy work therapeutically with alcoholics with his/her congregation?
- Is it true that men do not understand their abusive actions while molesting their wives?

These are some of the questions that will guide this research in order to create a pastoral methodology of caring for the troubled souls.

Can the church find an appropriate way to minister to this population of people in a way that respects their dignity and privacy, and will those who have been wounded allow the church to care for them? Ultimately, fifteen persons, agreed to participate in this research. See appendix 'A' for interview questions.

Aims / Objective of study

The aim of this research is to unmask the evil of alcohol abuse by brass band members within the African Independent Churches. In their relationship they pretend that it does not exist and does not negatively affect ministry and their families. The issue of alcohol abuse by brass band members has been swept under the table by Arch Bishops, Bishops, ministers and church leadership, disguising and referring to beer as '*Tee ya Balevi*' which is Sesotho for Levites teaan undercover name given to alcohol. However many women are hurt and injured emotionally, physically and mentally through violence applied by brass band men who abuse alcohol. The most important objective of this research is to:

- Help to develop a counselling model for the wounded women.
- Develop a pastoral care method that will empower and reconstruct the behaviour of the brass band men.

The above two concepts are important when working pastorally with them. The main challenge is to create a caring model of helping those affected.

Significance / Purpose

The main objective of this thesis was to see whether pastoral counselling could assist a local church in developing a specialized, parish-based ministry to those wounded by men addicted to alcohol. This study attempts to show this can be done by providing a religious, spiritual, and therapeutic venue whereby those wounded by alcoholic men, could explore the dynamics of their pain and the possibilities of human forgiveness within their own community of faith.

The study seeks to develop the methodology that will empower the clergy to care for wives affected by domestic violence from brass band men who blame alcohol as the substance that causes abuse. Poling says that: The church, in this case represented mainly but not exclusively by the pastor, becomes the support system and for the author the embodiment of safety and security as well as a place where one could take one's pain and suffering. This is what God intended the church to be in the world (1999:21).

Assumption of study

In order to have carried out this study, the author proceeded from a number of assumptions. The first assumption of this study is with reference to the concept of a wife. For the purpose of this study a wife is defined as the woman to whom a man is married. A family is defined as a domestic unit where parents (husband and wife) and members of the family (children) reside together. The focus of this study is based on the nuclear family.

The second assumption acknowledges that the experience of trauma within a family, and its effects on the family, are at least partly known or obtainable by means of an interview. This assumption rests on the premise that the wife will be able to relate and verbally describe her experience. The wives descriptions of their experiences are assumed to be their localized and jointly constructed truth and perception of what happens, collectively giving the experience and their meaning of abuse within marriage relationship. Pastoral work and research on alcoholism that traumatizes family members will contribute to the development of the family systems, and also introduce coping methods for this type of situation.

Research gap

The author went through the available work on the subject of alcohol abuse, and discovered a PhD thesis by Vincentia Kgabe which addresses: “Abuse of alcohol by Anglican Clergy: A Challenge to Pastoral Care”. The author’s angle is different, and because of its enormous impact on nearly all African Independent Churches brass band’s members, excessive alcohol drinking presents a significant challenge for the church and the families. The author has discovered that nothing has been done yet in the AIC in South Africa. In short nothing has been researched on men who blame alcohol for their abuse on women especially those involved in a brass band ministry.

Research methodology

Qualitative analysis and questionnaires will be used in order to deal with the effects of alcoholism that traumatizes family members. A purely quantitative approach, at this stage of development of the research on the phenomenon of alcoholism that traumatizes family members might be inappropriate since the “severity of traumatic events cannot be measured on any single dimension, simplistic efforts to quantify trauma ultimately leads to meaningless comparisons of horror” (Herman,1992:33).

The study will focus on men who abuse the substances of drugs and alcohol.

Bogdan and Taylor restate this view; “The method by which we study people, is important and will help us enter their abusive situation. When we reduce people to statistical aggregates, we lose sight of the subjective nature of human behaviour” (1975: 23). One need to be careful not to see women as statistic’s caught in an abusive relationships. They should be treated as human beings hence qualitative research will be helpful in understanding the situation of brokenness which women are involved in.

The qualitative approach is an inquiry process best suited to the understanding of a social or human problem. The approach in methodology will aim at taking care of human beings. Its aim is to build a complex, holistic picture, by reporting the detailed views of information gathered in a natural setting (Leedy, 1997:67). Lester says, “Pastoral care and counselling has as one of its goals the nurture of hope,

one of its responsibilities is attending to the hoping process. Christian hope expects things to be different in the future. It anticipates transformation, redemption, reconciliation, healing, salvation and deliverance. These are some of the concepts by which Christians describe their expectations of what the future holds in store, what God's promises are about" (1995:70).

The research will contain both literary and empirical components. The empirical research will be done in the form of questionnaires conducting three different forms of research. The first questionnaires will be allocated to traumatized wives, and ten wives will be interviewed. The second questionnaire will be allocated to ten alcohol abusing Brass Band Members. The third questionnaire will be allocated to congregants that have been affected by behaviour of alcohol abusing men.

Two models of theories will be used as part of the methodology. The first one is, The Shepherding Model of Charles Gerkin. The Shepherding method will assist in providing an on-going pastoral care in a form of group and individual counselling and therapy. And the second is, Positive Deconstruction theory of Nick Pollard. The Positive Deconstruction theory points to the fact that if you need to reconstruct anything you need not to change everything, all you need to do is to take out the gearbox that is mal-functioning and replace it with one that will enhance the performance of the vehicle.

The first above approach will then help me in shepherding the flock in this case of men who abuse their wives. Gerkin in his book, *An Introduction to Pastoral*

Care, develops a model of a pastor or a leader as that of a caring shepherd who provides, protects, corrects and comforts the flock. The prophetic, priestly and wisdom models of the caring ministry we inherit from the Israelite community are not only biblical images with which we pastors have to identify.

According to Gerkin, shepherding motif originated as a metaphor for the role of the king during the monarchical period of Israelite history (1997: 27).

Accordingly, that method can empower ministers, brass band members and the congregants with special skills towards transformation and healing those who are abused. The author will apply a method of care of Gerkin not only to heal but also to restore, revive, and improve quality of life for the church and families affected by alcohol abuse by brass band members. Gerkin says, "Care in the Christian sense always involves both care of the community and care of persons involved in any situation with which the pastor is confronted. It involves the pastor as a *leader* of a community of faith and a symbolic representative of the Christian tradition in personal relationships"(1997: 115). This method will help pastors to enter into the space of the women, who are wounded and work with them towards healing. For example, according to the prophets, *"For this is what the Sovereign Lord says: I myself will search for my sheep and look after them. As a shepherd looks after his scattered flock when he is with them, so will I look after my sheep. I will rescue them from all the places where they were scattered on a day of clouds and darkness"* (Ezekiel 34: 11-12). Thus, shepherding is a biblical method of pastoral care which aims at helping those who are wounded by any kinds of issues, in my case it is abuse of alcohol that leads men to violate their wives.

Gerkin alludes that the motif of the shepherding leader is most clearly captured in the imagery of Psalm 23. Here, the Lord God is depicted as the good shepherd who leads the people in paths of righteousness; restore the souls of the people, and walks with the people among their enemies, and even into the valley of the shadow of death. (1997: 27)The author understands that the pastor/shepherd of our post- modern era, is holding different and huge responsibilities which pertain in helping families on moral issues. Therefore when men abuse their wives, the pastor must intervene as the shepherd. However, the New Testament depicts Jesus as the Good Shepherd who knows His sheep and who is also known by them. Jesus says, *“I am the Good Shepherd”* (John 10:14). Therefore, as pastors and care givers of Christ we are called to care for others as our Master did. Pastoral leadership in Theological reflection is all about care. Our God is a caring God. Jesus said to Simon Peter “feed my lambs, tender My sheep, feed My sheep” (John 21:15-17). African people can uniquely relate to this image of Jesus and the model of Gerkin because in our villages boys especially are being taught to be cattle, sheep and goats herders. Their task is precisely to do what Gerkin is arguing and Jesus is proclaiming and that is to care for the flock by walking, traveling and journeying with them at all times. This process will be followed by a method of positive deconstruction. In other words, shepherding will help pastors enter into the space of those who are violated, but are not able to reconstruct their world.

Pollard's theory of Positive Deconstruction will be used in order to deal with reconstruction of the lies of the abuse and the abused. The method is made up of two processes, the first process is *deconstruction* which means that it helps people to deconstruct what they believe in order to look carefully at that particular belief and analyse it. Secondly, the process is *positive*, which means that this deconstruction is done in a positive way, in order to replace it with something better.

Pollard says: "The process is called 'deconstruction, because I am helping people to deconstruct (that is, take apart) what they believe in order to look carefully at their believe and analyses it. The process is positive because this deconstruction is done in a positive way-in order to replace it with something better" (Pollard 1997:44). The author agrees in no lesser terms that the most helpful way out of the disappointments and frustrations presented by the effects of trauma which ultimately lead to the sense of worthlessness will be addressed by the proposed model of Pollard who is an advocate of positive deconstruction. The author also believes that Pollard's method will help pastoral care givers to empower and reconstruct the behaviour of the brass band men and traumatized women.

Definition of trauma

The author begins this research well aware of the complex nature and background of abusive relationships that traumatizes wives in South Africa and globally. Violence, in many of the cases, causes trauma and thus, inviting the author to

research on the issue of psychological trauma and its impact on wives. According to Herman, “To study psychological trauma is to come face to face both with human vulnerability in the natural world and with the capacity for evil in human nature. To study psychological trauma means bearing witness to horrible events” (1992:7). The psychiatric definition of “trauma” is “an event outside normal human experience. It is a Greek word meaning “wound” It affects you physically and psychologically, i.e. it involves bodily and psychological, emotional and spiritual injury. Trauma generally leaves you feeling powerless, helpless and paralysed. It tends to be sudden and overwhelming; it “owns” you. You cannot think clearly during and after a severe trauma; at the same time, you are forced to focus your consciousness in an attempt to deal with a situation that had just struck you (Yancey 2001:49).

The seventh edition of Oxford Dictionary defines trauma as, “A mental condition caused by severe shock, especially when the harmful effects last for a long time, an unpleasant experience that makes you feel upset and or anxious” (2005: 1575). That definition makes it clear that the traumatic event may change the personal behaviour because it affects the mental and spiritual conditions.

McCann and Pearlman’s definition explains better the situation. They say that an experience is traumatic when it is, “Sudden, unexpected or non-normative; exceeds the individual’s perceived ability to meet its demands, and disrupts the individual’s frame of reference and other central psychological needs and related schemas” (1990: 10). The author agrees with the above definitions and beliefs that

when joy, affection, desire, pride, humour, are all drained away , what makes life worth living disappears slowly, relentlessly until nothing seems to be left. It is the death of the spirit.

Preliminary conclusion

The church is facing a crisis where her credibility is damaged because of the behaviour and actions of alcohol abusing brass band members. Their action does not connect to Christian behaviour. Suspending the brass band members and prohibiting them to take part in worship services will not solve the problem. Punishing them by not allowing them to wear their uniform will also not help them or their families. The church should re-awake the brass band member's spirit again and reach out and care for those who have been so wounded by alcohol abusing brass band members. This research will propose to the African Independent Churches other pastoral interventions and methods of dealing and assisting alcohol abusing band members, their families and the affected congregations. Having dealt with the research problem, aims and objectives, chapter two will deal with the methodology of the research.

CHAPTER TWO

METHODOLOGY

Introduction

There are three concepts that will be used in order to enter the space of wives who are abused by men who use alcohol as an instrument of torture. Qualitative analysis will be used in order to interview women who have been in relationships with alcoholic men. Then the Shepherding method will help guide the author as to how he will journey with abused women. Then the Pollard Positive Deconstruction model will be used to deal with Sons of Aaron who abuse alcohol and are abusive to their partners.

Qualitative approach

The qualitative research methodology and questionnaires will give the respondents an opportunity to express and share their own experiences and innermost feelings about the abuse they had endured. It will be important to this research to listen to experiences that women, and members of the congregation have gone through.

A purely quantitative approach, at this stage of development of the research on the phenomenon of alcohol abuse that affect the wives and members of the congregation might be inappropriate since the “severity of traumatic events cannot

be measured on any single dimension, simplistic efforts to quantify trauma ultimately leads to meaningless comparisons of horror” (Herman 1992:33).

Thus, a qualitative conversational interview is more appropriate to amplify people’s stories that any other method, since one task of qualitative research is that the research should be beneficial to the participants (Denzin& Lincoln 1994:166). It is the author’s task to let the voices of wives and members of the congregation my “co-researchers” be alive and robust.

Masango says: “As we listen, we also need to hear how they have been treated, about their humiliation, degradation and about the abuses that violate and negate their human dignity” (1993:70). This way of doing therapy, helps you to shepherd the troubled souls.

According to Neuman the characteristics of qualitative style of research look at: the importance of the context, the case study method, the researcher’s integrity, grounded theory, process, and interpretations (1997: 331).

The Shepherding Model of Gerkin

Shepherding method of caring is familiar to the African way of life. Boys in Particular grow up herding the flock of their family. The author will explore and make use of Gerkin’s method of shepherding and caring for individuals as well as the community which is extremely important. Gerkin says: “From early Christian

times to the present the image of the pastoral leader as the shepherd of the flock has persisted as a prototypical image applied to both pastors and ecclesiastical leaders of the institutional church” (1997: 27).

The methods of caring is viewed as the central metaphor of the life in the Christian community. Thus, the pastor is regarded as the shepherd and the Christians are the flock of Christ which needs care and nurturing at all times. The shepherding metaphor is appropriate as a grounding metaphor for the care-giving pastor. Gerkin reminds us that “although the shepherding motif originated as a metaphor for the role of the king during the monarchical period of Israel’s history, it was never institutionalized as a designated role within the religions, as were the prophetic, priestly, and wisdom roles. It was first appropriated within the religious life of Israel as a metaphor with which to speak of the care of Yahweh’s people” (1997:27).

The above motif is clearly captured in the imagery of Psalm 23. “Here the Lord, God is depicted as the Good Shepherd who leads the people in the path of righteousness, restores the soul of the people, walk with the people among the enemies and even into the valley of the shadow of death” (Gerkin 1997:27).The author believes that this type of caring is extremely important especially when working with traumatized people. Remember that in most cases, the pastor or counsellor is often the only immediate available resource for the support and guidance at times of trouble. Therefore the pastors and counsellors must deal with the process of recovery and healing immediately and after a traumatic experience. “With the coming of Jesus, who, according to John’s Gospel identifies Himself as

the Good Shepherd, the shepherding image takes its pace as a primary grounding image for ministry” (Gerkin 1997: 27). So pastors and care givers are called to do the same as our Master, Jesus Christ did, caring for the flock in such a way that they are protected from wild animals.

Gerkin introduces four different ways we can care for the flock; priestly, prophetic, wisdom and shepherding:

- “The Priest means hereditary class, responsible for worship and ceremonial life of God’s People” (Gerkin1997:23). We find them doing things such as performing rituals and ministering educational processes to the people. A pastor as priest in the contemporary life, must perform rituals, by carefully administering the Christian symbolic acts of receiving of bread and wine, laying of hands, and administration of water baptism.
- “Prophets means those who spoke for Yahweh in relation to moral issues, sometimes rebuking community and its stated political leaders” (Gerkin 997:23). We expect pastors to be God’s mouth pieces and challenging all acts of domestic violence that traumatize women and the congregation.
- “The Wise Men and Women were those who offered counsel of all sorts concerning issues of good life and personal conduct” (1997: 23). The Wisdom tradition covers guidance, healing, reconciling, sustaining and shepherding.
- For Gerkin, “pastoral care of people became a process of facilitating the individual’s personal relationship with God. Reconciliation of the individual soul to God and guidance in the spiritual life if members of the community of faith

became the central pastoral task” (1997: 42). Gerkin indicates that: “Pastoral care involves not only the care of individuals, but also caring for the community itself” (1997:118). The author agrees with him because an alcoholic affects other people in the family and in the community. The above method of Gerkin gives us guidance on how to do therapy with women traumatized by an alcohol abusing partner. Thus, shepherding is indeed a demanding task which is an effective method that leads to healing spiritual well-being, wholeness and stability. This research on the effects of alcoholism that traumatizes family members and the church members does not only seek to empower people affected by this unnatural phenomenon, but it also affects the people who have to deal directly with this traumatic experience. The shepherding task challenges the role of the pastor on how the pastor can intervene in a caring way, while working with traumatized women.

This pastoral model can be used to therapeutically work with these women. The main aim is to create a caring model that will empower these women in order to cope with this traumatic experience. “To reclaim the prophetic and priestly Hebrew ancestors as equally important to the wise involves us in a configuration of the primary images that shape our understanding of what is involved in the pastoral care of God’s people” (Gerkin1997: 25). With the above quotation in mind, the author has realized that there is a need of getting a method of addressing the trauma that women are exposed to in their families by alcoholic men. Pollard with his positive deconstruction will be used to unmask the evil of alcohol abuse by brass band members.

Positive deconstruction model of Nick Pollard

Ideas give birth to deeds. Conversely, we may say that deeds have “fathers”. Thoughts or ideas or convictions precede actions. How we think, determines what we do and how we live. Pollard’s theory of Positive Deconstruction emanates from a realization that almost everyone has a worldview and many people are entrenched in their worldviews.

Positive Deconstruction is made of two processes; the first one is ‘deconstruction’ this means that it helps people to deconstruct what they believe in order to look carefully at that particular belief and analyse it. Secondly, the process is ‘positive’, which means that this deconstruction is done in a positive way, in order to replace it with something better; this is a positive search for the truth. The process of positive deconstruction recognizes and affirms the elements of truth to which an individual already holds, but also helps them to discover for themselves the inadequacies of the underlying world views they have absorbed.

The process of positive deconstruction involves four elements and these includes; *Identifying the underlying worldview, analysing it, affirming the elements of truth which it contains* and finally *discovering its errors*. A brief explanation of these above four elements follows in this way.

Identifying the world view

Most people seem unaware of the worldview they have absorbed and which now underlines their beliefs and values. That is the reason most people find it difficult to articulate a worldview. Some express a belief or live in a certain way, without knowing or even thinking about the worldview from which their belief or behaviour derives.

Analysing the world view

Once we have identified a particular worldview, we can now move to the next process, which is to analyse it. The following questions are asked, “Is it true?”, “is it coherent?”, “does it correspond with reality?” and “does it work?” These questions will help the Levite therapeutically when the above questions are answered.

Affirming the truth

It is vitally important that we affirm the truth in other worldviews, even though we do not subscribe to them. Truth must be affirmed where it is and knowing that ultimately all truth is God’s truth and all worldviews contain elements of this truth.

Discovering the error

When analysing a worldview using the third criteria of truth, we are attempting not to affirm truth but also to discover those errors. It is a prerequisite that worldviews be identified; it is necessary to analyse it; it is valuable to affirm the truth it contains; but it is also vital for its errors to be discovered. It’s only then that we shall be able to help people see this error for themselves, so that they become

uncomfortable with their current view (1997:56). The above structure will be helpful in working with the Levites who are having alcohol problems.

Pollard adds: “The process is deconstruction because I am helping people to deconstruct (that is, take apart) what they believe in order to look carefully at the belief and analyse it. The process is positive because this deconstruction is done in a positive way – in order to replace it with something better (1997: 44). Nick Pollard in his theory of Positive Deconstruction talks about looking at an issue holistically and removing the part that is not working properly and replacing it with the same part that is working well and better (1997:45).

Pollard’s Positive Deconstruction theory will be fully employed in coming up with the comprehensive caring model. The author thinks that this method of evangelism can be helpful to men who abuse their wives and blame alcohol. The pastoral care givers can empower and reconstruct the behaviour of these men, by applying Pollard methodology of positive deconstruction.

Preliminary conclusion

The reason for doing this research is to investigate a confusing and problematic praxis implemented in the brass band members who abuse alcohol that traumatize family members and the church. A research design was formulated that indicated the steps the author would take in doing this research. Since the author will be doing qualitative research, it is important to note the steps tabulated which are only

treated as a guide and not a rigid formula that will be followed from start to finish. The in depth interviews would be conducted as part of the qualitative research process.

Gerkin is extremely helpful in proposing the shepherding model of care and concern out of love for traumatized family members and the church. To address the feeling of guilt, shame and anger in alcohol abusing men, the author will employ Nick Pollard's positive deconstruction model. Pollard's positive deconstruction model would be used to interrogate the concept of pastoral theology comprehensively. Since the context of this research is embedded in African Independent Churches, a great emphasis will be laid on African Shepherding which will attempt to suggest to the church how it cares for traumatized families and the congregants.

The next chapter will deal with several ways in which scholars have tackled the issues of alcohol effects on family, personal, financial, work related stress and spirituality. In the next chapter I will be analysing alcohol, and its impact on the family.

CHAPTER THREE

ALCOHOLISM

Introduction

This chapter concentrates on alcoholism, so that the reader can understand problems faced by Sons of Aaron. Since there is a lack of information concerning the extent to which alcoholism affects men and particularly those in the African Independent Churches, the author thoroughly explores in this study, the extent of this phenomenon. Stafford (1994:10) defines alcoholism as a dysfunctional condition, with negatively effects on the person's physical, social, emotional, psychological or mental and spiritual functioning. Furthermore the study focuses on the way alcoholism disturbs not only the life of the drinker, but also the functioning of the whole family system which has dramatic and detrimental effects on the development of children of these families.

Unfortunately, most families would prefer not to acknowledge that they are being faced with a detrimental situation of alcoholism. In these families talking about a member's alcohol problem would violate a cardinal rule which is 'we don't reveal secrets of the family'. It is as if acknowledging the drinking issues would threaten the family's existence (Stafford 1994:26). The alcohol problem will continue to

exist, for as long as the alcoholic problem in the family is protected by other family members as a way to protect the family from stigmatization (Stafford 1994: 2). The church management, particularly those of African Independent Churches has the same short coming when it comes to addressing the problem faced by alcohol abusing Levites.

The single greatest hurdle to bringing the effects of alcoholism into the open is the stigma attached to it in our society. People continue to isolate and castigate the alcoholic for his lack of self-control and blame him for exhibiting the symptoms of what we know to be an identifiable and treatable illness. We do not blame the diabetic for his failure to produce insulin in sufficient quantities, nor do we refuse him treatment until he does so. Yet, with alcoholics, we use a prime symptom of the illness(loss of control), as evidence of his untreatability and the alcoholic is blamed for his apparent weakness in character.

What is alcohol?

Alcohol is a chemical compound composed of varying parts of carbon, hydrogen, and oxygen. In certain combinations these elements will join to form methyl alcohol, the one commonly used in paint thinner or as an anti-freeze in automobile radiators. Other combinations will give us ethyl alcohol which is used in alcohol beverages. Ethyl is the one used mostly for alcoholic beverages for several reasons. First, it is easy to produce by fermentation. Although all alcohols are poisonous in varying degrees to the body, ethyl alcohol seems to have somewhat

lower toxicity than many of the others. Secondly, it has what people describe as a pleasant taste, and finally, it can be made easily in a concentrated form by distillation (Kendies, 1963: 23).

Understanding the composition and content of various alcohol beverages is of great importance so that we can properly reflect its presence. Kendies says: “The brewed beverages or beers are made by fermentation of grain, the wines by fermentation of fruits, and the distilled beverages by distilling beer or wine (distilling grain beverages gives whiskey, distilling fruit beverages gives brandy). There are other alcoholic beverages such as vodka, which is usually distilled from fermented potatoes” (Kendies, 1963: 25).

Overleaf is a table that will help the reader to know more about the alcohol volume contained in various beverages that are available in South Africa.

Table 1: Alcohol content of various beverages

Beverage	Alcohol %
Beers	
Cider	4.5
Lager	3 – 5
Ales and Porters	4 – 9
Sorghum	3 – 5
Wines	
White	9 – 11
Red	9.4 – 11.5
Champagne	8 – 13
Sherry	18 – 23
Port	16 – 23
Spirits	
Whiskey	40 – 53.3
Brandy	40 – 45
Rum	37.5 – 57
Gin	37.5
Liqueurs and Cordials	
	20-75

Source: Adapted from Alcoholcontent.com (2012/09/16).

Beker supposes that the ordinary interpretation of the deviation of the word “alcohol” (of Arabic origin), “hold” once referred to the drinker being made “whole” hence “holism” or one with the gods, imbued with his lost nature i.e. spirit (1977:16). The notion is developed by Welcomes and Pereverze, when they say that “in Africa generally, alcohol is used mostly during rituals, marriage ceremonies, clan/family activities. During rituals the intoxicating power of alcohol is associated sometimes with the supernatural power of the gods” (2010: 1295). And this is still true in many African cultures where a traditional beer will be brewed and offered to the ancestors by means of pouring it on the ground so that they too, can drink, be appeased and accept whatever form of customary ritual is performed.

The research done by Visser and Moleko points out that, with the exception of tobacco, other studies indicate that alcohol is South Africa’s first drug of choice (Goldstein 2002: 19). This is evident in the matter of alcoholic Levite’s that harms themselves and traumatizes their families as well as the church.

Alcohol abuse

Barker describes alcohol abuse as a consumption of alcohol, in such a way as to harm or endanger the well-being of the user or those with him who the user comes into contact with by causing accidents or being physically abusive (1991:9).

Such people can also encounter problems in their social relationships, and spiritual journey. Alcohol abuse can be described as the misuse of alcohol, resulting in one

or more problems for the drinker. This problem can be psychological and include depression, which can be either an acute or chronic illness. Problems may also be spiritually such as ignoring spiritual responsibilities and duties, or social, such as family or work problems.

Alcohol abuse does not necessarily involve alcoholism. For instance, a person's alcohol abuse can be of such nature that he can become destructive without necessarily developing the kind of dependency usually associated with alcoholism. The author believes that alcohol abuse can lead to alcoholism. This may contribute to a family breakdown. Stafford also refers to substance abuse, in particular alcohol abuse, that it will affect so many people in so many ways(1994: 22).

Understanding alcohol use in South African Black Townships

In this study we will be looking at alcohol use in South African black townships by men, who became Sons of Aaron. To understand who a people are, we have to look at their past, the history from which they arose. A man's character to some extent lies in the tradition in which he was brought up and the experiences he has undergone; but anyone can change, especially under the influence of outside pressures.

Waruta says: "What we mean by alcohol in an African context. Among Africa's wide range of alcoholic beverages and traditional drinks are, beers brewed from millet grain or maize" (1995: 126).

In order to understand the alcohol use in South African Black Townships, the author will look at what our Guru, Mbiti, has to say about African religious practices.

Mbiti says: “Much African religious practice is expressed in making of offerings and sacrifices. On their own, prayers which accompany a sacrifice do not lend exclusive support to any given theory of the meaning of offerings and sacrifices. They are primarily an expression of the purpose and occasion of the sacrifice, or a request that the spiritual realities accept what is offered or sacrificed (1975:115).

In African life gratitude is expressed more in action than in words. For this reason we do not find many prayers of thanksgiving either to God or to the living dead. Instead, people sacrifice or make offerings to the spiritual realities (Mbiti 1975: 148).

The sense of continuation of life after death is found in African people. Mbiti confirms that African peoples believe that death does not annihilate life and that the departed continue to exist in the hereafter (1970: 264). The above still operates a lot in African Independent Churches of South Africa and other parts of Africa.

Bourdillon also says: ‘The traditional Nguni and Sotho people of South Africa believe in life as a spirit after death, during which a dead person can continue to bear influence on the community he has left. The spirit of the deceased head of the family should be honoured regularly (perhaps annually) with millet beer, which is

ritually brewed for the occasion. The ceremony usually starts the evening before the beer is ready for drinking, when the adult members of the family gather with their seniors to inform the spirit of the ceremony of the morrow and to consecrate to the spirit a pot or two, or perhaps a small gourd container, of fermenting beer.

After sunset the people gather around the shrine in the principal room of the homestead, or in some areas, in the courtyard outside, and salute the spirits by rhythmic clapping of hands. The elder or family head then pours an offering of beer while formally addressing the spirit, announcing that this is the beer brewed in his (the spirit's) honour, and saying that he should not ask for more beer but should look after his grandchildren and should refrain from causing trouble in the family.

During the night, people may dance their gay dance through to the morning to keep the spirit happy. Early next morning a larger group of attendants gathers, including more relatives and most neighbours, who come to share the millet beer. The spirit's pot is consecrated with a smearing of meal around the top and the living head of the family may place a token offering of snuff tobacco by the beer. Further pots of millet beer are brought out and distributed to all who are present. When all the beer except the last consecrated pot is finished, the crowd usually disperses to gather again in the evening for the final ceremony. The primary symbolism of this ceremony is in honouring the spirit with millet beer.

Apart from religious occasions, millet beer may be brewed for a number of reasons:

- If a man has a big job of work to do, such as building a house, clearing or ploughing a field, he may brew beer for a party at which the attendants are all expected to do their share of the work.
- Beer may also be brewed simply for fun, to celebrate, for example, the completion of a homestead or to welcome some member of the family. On all such occasions, as at religious ceremonies, friends, relatives and other neighbours are expected to show their goodwill by their presence'(1991: 227-229)

Below is a method of preparing millet grain beer, which was the staple intoxicating beverage. The millet grain is put in a container like basin. They mix it with water to make the millet wet. After one day the millet starts germinating, after four days the germinating millet is dried. After drying, it is ground into flour. The flour is again mixed in enough water just to wet the flour. When you taste it smell is of beer. Then you dry it in the sun. After drying it you transfer it to a pot and mix it with water. You get more flour and add it on. After that it is already beer. To drink it, it is mixed with hot water and taken through a straw with filter (Willis 2002: 24).

The author will share also the context of township relation with alcohol. The shebeen has been a major venue for black people to partake in alcohol consumption and interaction. It has played a role in their lives. Mothibe notes that, the shebeens hardly existed within white Southern Africa communities and have always been cultural institution of the black people. The word "*shebeen*" originated from Ireland, meaning "bad ale", "little shop" or a "pot-house or unlicensed house

selling intoxicating drinks” (1989: 249). In South Africa it is presumed that the word was derived from a Zulu word *shibhile* meaning ‘cheap’. According to Ndabandaba and Schuick, mine workers bought brewed beer from vendors on their way home from work, these predominantly female vendors used to call out *obam bushibhile* meaning ‘mine is cheaper’(1990: 33).

Many shebeens sold traditional beer as it was low in alcohol content and found to be very relaxing and refreshing. It was usually a seasonal drink, brewed for the many celebrations which lightened the labours of the rural people – celebrations such as births, wedding, initiation ceremonies, harvesting and other seasonal festivals (Callinicos 1987: 206). The spirit of the ancestors was also offered beer; it was not just drinking the beer that was important, but rather the bonds between people that were strengthened through beer drinking.

Granting of township liquor licenses changed drinking patterns for black people. “In the 1940’s, envious of the pleasures their masters enjoyed in the white-only pubs, black people invented their own version of white suburbia’s drinking places. Prohibited by law from drinking white man’s liquor, many people in townships turned their homes into places where people could stop in for a drink, chat, dance at all hours of the day or night” (Goldstein 2002: 19).

Today, no one is certain about the exact number of shebeens in the country, but it is estimated that it runs into hundreds of thousands. “In May 1984, under immense pressure to recognize the existence of shebeens, and perhaps with the realization

that such places were here to stay, the National Party government granted the first ever liquor licenses to 27 Soweto shebeen operators (Makoe 1996:3). The author believes that the easy availability of alcohol promotes drunkenness. And the results thereof lead to this finding compiled by the Central Drugs-Authority (CDA). They reported that:

- SA's alcohol consumption counts under 10 in the world
- South Africa has 10,1 million drinkers
- 2,7 million people in SA uses drugs frequently
- SA has 2 million alcoholics
- Drinkers drink up to 1176 beer per year
- 220bottles of wine
- 62 bottles of strong alcohol
- 666 cartons sorghum beer (Eberlein 2008: 13).

Drinking alcohol has become a regular thing that is less and less frowned upon by society. You are easily accepted in certain circle when you drink alcohol than when you do not. Liebenberg describes alcohol as “the most widely used and abused drug in the United States” Yet, where the use of other drugs are condemned, modern society views drinking as sociably acceptable (1995:8). Sixty-one percent of trauma admissions are related to alcohol, as are 25 percent (or 1 in 4) hospital admissions.

Sixty-nine percent of conflict incidents leading to abuse and 74 percent of violent incidents are related to alcohol, which impacts on crime. Alcohol is a factor in 70 percent of incidents of crime, including car theft and house-breaking. Its misuse plays a role in the pathology of our society, and the cost to health services and the economy are astronomical. Alcohol is South Africa's drug of choice (Goldstein 2002:19).

The study's contribution to the church can bring a positive behavioural change by educating its people about the destruction and adverse health effects of alcohol. South African black people practice the culture that embrace the idea that you can't be feasting without alcohol and meat. This idea penetrated through to the church as well. At the church festivals beer and meat becomes part of the occasion. In this chapter we will be looking at alcohol, and how it affects brass band members, their families and the whole church.

The author also believes that the big challenge is in townships, where one sees extensive alcohol advertising billboards at almost every main road entrance, main streets, and next to schools. The attractive appearance of these billboards easily misleads weak minds. The author stands strong against all forms of liquor advertisements, as this promotes the false ideology that alcohol can fulfil the spiritual emptiness gap.

The alcohol-violence link

Looking at the damage caused by alcohol abuse in our society today, this report gives us the right reflection. The alcohol-violent link of “*Phoza Nation*” meaning drinking nation report compiled by Erna Van Wyk state cases of recent domestic violence as follows:

- 49% of all incidents involve alcohol
- 69% of abused women say alcohol and drugs are the main causes of the violence
- 47% of intentional injuries are linked to use of alcohol
- 35-45% of children have seen their mothers being beaten
- 15% of children say their parents are too drunk to care for them (2011: 9).

No wonder men abuse alcohol which then leads them to see women as object to be abused. The precise nature of the relationship between alcohol abuse and wife assault is an important question for this research. Johnson in his study investigates the importance of alcohol abuse as a predictive factor in causes of wife abuse, relative to other socio-demographic variables and proxy measure for male partner’s attitudes toward male control and devaluation of wives. He says “Heavy drinking on the part of male marital partners doubles the risk of violence against wives” (2000:725).

Mild abuse includes pushing, grabbing, shoving, or slapping a woman. More severe abuse includes kicking, choking, or beating her, or using a weapon on her.

Injury may range from feeling mistreated to experiencing minor to severe physical pain. Physical injury may include bruises, black eyes, burns, broken bones loss of limbs, or damage to (or loss of) organs (Stets 1988: 3).

Most men hide under alcohol when carrying out evil missions, so the day after heavy drinking becomes *sorry I was drunk at that moment*. Hampton reports that there is “a strong association between substance abuse, especially alcohol, and marital violence”. He goes further and cites that “abusive men with the history of alcohol or drug problems are apt to abuse their spouses both when drunk and when sober. They tend to be violent more frequently and more severely when under the influence” (1993:127).

Thus, alcohol and substance abuse has in most circumstances devastating effects on marital life as a whole and can lead to abuse. They can also be used as a way of avoiding responsibility within the family. Thus blaming substance abuse for example “I was drunk and do not recall what actually happened”. For women who live with alcoholics, life can be a stressful merry-go-round of promises broken and hopes unrealized (Dittrich in O’Farrell1993: 78).

What is an alcoholic?

According to Clinebell, “An alcoholic is anyone whose drinking interferes frequently or continuously with any of his important life adjustments and interpersonal relationships” (1985:19). The author agrees with this definition which point to the

essential nature of alcoholic drinking which distinguishes it from other kinds of drinking behaviour. If a drinker who is not an alcoholic finds that his drinking is interfering with his work, for instant, he will reduce his consumption. In contrast, the alcoholic will usually not even recognize the causal relation between his drinking and his job trouble; rather he will project the blame for his trouble on others.

This traumatic situation occurs because his drinking is gradually becoming compulsive. He is driven by forces beyond his rational control. For reasons not completely known, he is losing the power of choice when alcohol is involved (Clinebell 1985: 20).

The Old Testament puts the danger of wine clear on the following scripture passages, Proverbs point to the drinkers own deliberate abuse of the privilege of drinking. "Wine is a mocker and beer is a brawler, whoever is led astray by them is not wise" (Pro. 20: 1). Young men needed then, as today, to be warned against the dangers of over-indulgence in wine. The wise man's disapproval of strong drink was not moral but prudential. Wine used in excess is likely to lead to carousing and brawling, which are inimical to a successful career. "He who loves pleasure will become poor; whoever loves wine and oil will never be rich" (Pro. 21: 17).

Habakkuk warns us about an impaired condition caused by alcoholic beverages by saying: "*Indeed, wine betrays him; he is arrogant and never at rest. Because he is greedy as the grave and like death is never satisfied*" (Hab. 2: 5). Again men are warned against alcoholism. "*Woe to him who gives drink to his neighbours, pouring*

it from the wineskin till they are drunk, so that he can gaze on their naked bodies” (Hab. 2: 15). The Bible expresses its negative view of drunkenness in various ways. Those who drink are likely to forget what the law decrees stipulate.

Proverbs discourages the advertisements of alcohol by saying: *“Do not gaze at wine when it is red, when it sparkles in the cup, when it goes down smoothly! In the end it bites like a snake and poisons like a viper”* (Pro. 23: 31-32). The alert to the dangers of wine: It dulls the senses; it limits clear judgment; it lowers capacity for control; it destroys a person’s efficiency. To make wine an end in itself, a means of self-indulgences of the drunkard.

The message of Isaiah is relevant and appropriate to the Sons of Aaron with the sound of musical instruments around their services. *“Woe to those who rise early in the morning to run after their drinks, who stay up late at night till they are inflamed with wine. They have harps and lyres at the banquets, tambourines and flutes and wine, but they have no regard for the deeds of the Lord, no respect for the work of his hands”*(Isaiah 5: 11-12).

However wine is never forbidden, but drunkenness is condemned as pagan. *“ Do not get drunk on wine, which leads to debauchery. Instead, be filled with the Spirit”* (Eph.5:18). Peter also couches with these words: *“For you have spent enough time in the past doing what pagans choose to do-living in debauchery, lust, drunkenness, orgies, carousing and detestable idolatry”* (1Pet. 4: 3).

Those considered for Christian leadership must *“not be given to drunkenness, not violent but gentle, not quarrelsome, not a lover of money”* (1Tim. 3:3). Titus reinforces the importance of non-drunkenness. *“Since an overseer is entrusted with God’s work, he must be blameless-not overbearing, not quick-tempered, not given to drunkenness, not violent, not pursuing dishonest gain”*(Titus 1:7).

Paul calls on Christians to expect the Holy Spirit to lift their life out of the ordinary, so they will have no need for the artificial “high” produced by wine and other alcohol drinks. *“Do not get drunk on wine, which leads to debauchery. Instead, be filled with the Spirit”* (Eph. 5:18). While neither Testament forbids the use of intoxicants, each makes it clear we are not to drink to excess. Christians are to surrender control of their lives to god’s Spirit not to alcohol.

Leviticus cautions the discharging of priestly duties by saying *“The high priests beginning with Aaron were particularly forbidden to drink neither wine nor strong drink when discharging their priestly duties in the sanctuary”* (Lev. 10: 9). The priests were not to drink wine or other alcoholic beverages before going into tabernacle. If their senses were dulled by alcohol, they might repeat Aaron’s son’s sin and bring something unholy into the worship ceremony. In addition, drinking would disqualify them to teach the people God’s requirements of self-discipline.

The above scripture challenged the author’s ministry in the midst of the effects of alcoholism that traumatizes family members and destroys the institution of marriage as instituted by God. The author suggests that, since the alcoholic

himself is often the last person to recognize that his drinking is a problem, we can use the alcoholic checklist of psychiatrist Robert V. Seliger. See Appendix B alcoholic's checklist (Clinebell 1985: 21).

Recognizing the problem

Clinebell pointed out that it is often difficult or even impossible to be absolutely certain that a given person is afflicted with the alcohol sickness, but that there is a useful *rule of thumb* which often gives one a valid clue. Put in the form of a question, it is: *Does the person's drinking frequently or continuously interferes with his social relations, his role in the family, his job, his finances, or his health?* If so, the chances are that that person is an alcoholic or on the verge of becoming one. "An alcoholic is anyone whose drinking interferes frequently or continuously with any of his important life adjustments and interpersonal relationships (1985: 19).

Whatever the problem, effective treatment depends on accurate recognition and diagnosis. For this reason the first concern of those who would help alcoholics is to recognize and understand the problem. It is often difficult or even impossible to be absolutely certain that a given person is afflicted with the alcoholic sickness, but that there is a useful *rule of thumb* which often gives one a valid clue. Put in the form of a question, it is this: "Does the person's drinking frequently or continuously interferes with his social relationships, his role in the family, his job, his finances, or his health? If so, the chances are that the person is a problem drinker or on the verge of becoming one (Clinebell 1985:19).

Types of alcoholics

One important reason why alcoholism is frequently difficult to recognize is that every case is different. There is a baffling variety of types and degrees of the disorder, so that if one uses any generalization as an infallible touchstone, he will be led astray in dealing with individuals. Of the various classifications of alcoholics by types, the best-known is that devised by the late E. M. Jellinek, father of scientific alcoholism research. Acquaintance with this typology will help alert the clergyman to the multiple forms in which the illness can occur. He then went on to identify five types:

Alpha alcoholism is a purely psychological dependence on alcohol to relieve pain—emotional or bodily. Drinking damages interpersonal relationships, but there is no loss of control or other evidence of physiological addiction. Some students prefer to use “problem drinking” rather than alcoholism in describing this non-addicted excessive, drinking, since there is apparently no loss of the ability to control the intake of alcohol. (Clinebell 1985: 25). The study takes note of such problem drinking in those marital difficulties in which excessive (but non-compulsive) drinking both reflects and intensifies the pain in the relationships. If the marital conflict can be reduced, this type of drinking usually diminishes and comes within non-destructive limits.

There are several ways alcohol has an impact on alcoholic's namely Beta alcoholism, Gamma alcoholism, Delta alcoholism, Epsilon alcoholism.

Beta alcoholism is characterized by such nutritional deficiency diseases as gastritis, cirrhosis of the liver, and polyneuropathy, within loss of control, withdrawal, or other addictive manifestations. It tends to occur in certain hard-drinking social groups in which there are poor nutritional habits. Damage is primarily physiological, with reduction life expectancy, reduced earning capacity, and reduced family stability resulting. (Clinebell 1985: 25). Apart from abusive structures that alcohol develops in their relationships alcohol also damage the body, mind and soul.

Gamma alcoholism is synonymous with "steady alcoholism". Loss of control, craving, increased tissue tolerance to alcohol, withdrawal symptoms are present. It is the most destructive type, progressively impairing all areas of the person's functioning, including his health (Clinebell 1985:25).

Delta alcoholism, often called "plateau alcoholism" is identified by the need to maintain a certain minimum level of inebriation much of the time rather than consistently seeking the maximum impact of alcohol on the central nervous system, as the Gamma tends to do. The person "nips" on alcohol a considerable part of the day, he maintains an "all-day glow" but may seldom become obviously intoxicated (Clinebell1985: 26).

Epsilon alcoholism is the “periodic” form of problem, in which the person is usually abstinent between binges. Although relatively little is known scientifically about this type, it is probably that it occurs in persons subject to manic-depressive mood swings. The individual may begin a binge when feels skid into depression beginning (Clinebell 1985: 26).

The author is aware of the fact that there might be other types or patterns of alcoholism not yet identified. The value of this typology for the pastor is that of emphasizing the existence of alcoholism and identifying those forms which he may encounter in his work. The word “alcoholic” will be used in this research to refer only to three addictive types: steady, plateau, and periodic (Gamma, Delta, and Epsilon) in which loss of control is a crucial factor which be faced in counselling.

Definition of alcoholism

Biggs (1994:84) describes alcoholism as a primary, chronic, hereditary and eventually fatal disease that progress from early physiological susceptibility into an addiction characterized by tolerance changes, physiological dependence and loss of control over drinking.

Deutsch in De Beer (2000: 43) defines alcoholism as follows: Alcoholism is an illness characterized by loss of control over drinking, which results in serious problems in any of the following areas: job, school, or financial affairs; relationships with family or friends; or physical health.

Beck identifies alcoholism as an impaired control of use and that is considered more serious than alcohol use(1993: 2). On the other hand, Lewis defines substance abuse as the intake of mood-altering drugs such as alcohol, which has undesired effects on the person's life or on the lives of others(1994:2). The negative effects of alcohol abuse may involve the impairment of physiological, psychological, social, spiritual, financial or occupational functioning. The abuse of alcohol does not necessarily imply that the person is an alcoholic. A person might drink too much at a time, but still have control over his behaviour. A person reaches the stage of alcoholism when he is totally addicted or dependent on a substance such as alcohol. At such stage, physical and psychological symptoms of withdrawal or tolerance to the substance are present.

Different authors have provided a wide range of definitions of alcoholism. Most of the literature refers to alcoholism as an illness, not a character defect or weakness (Stafford 1994: 2). Most of the literature refers to alcoholism as an illness, not a character defect. Mostly, it is believed that if an alcoholic practised self- restraint and controlled his drinking habit, then all would be well. The alcoholic then does not need to understand the reason for his drinking pattern.

Although alcoholics are mostly stigmatized, the truth is, they come from all social classes and races and are usually in the employment sector and can also become members of the churches. According to Lewis they are just drinking too much, often neglect their responsibilities and their drinking pattern and the resultant

behaviour from it, can be successfully treated(1994: 2). Alcoholics need only encouragement and patience from those who are supposed to provide support. That might act as a catalyst for alcoholics to acknowledging that they have a problem. Those responsible for support could be their families, immediate friends, employers, or the other church members.

Alcohol abuse is mostly known to have major effects on the physical health and social functioning of the drinker. In addition, it plays a role in many society's most pressing concerns, including accidents, violence, criminal behaviour, family problems and productivity loss in the workplace. Lewis (1994: 2) agrees that alcohol abuse affects so many people in many ways that no study can overlook.

According to the E.M Jellinik's theory of alcoholism, there are various phases, which alcoholics go through before they reach the stage of dependency, which will be dealt with at the later stage. Stafford describes the phases of dependency as follows:

- **Pre-alcoholic phase**

This phase is normally referred to a stage characterized by a social drinking pattern, which means that the person only drinks to relax. The latter does not concern other people, as the person is still in control of his intake of alcohol.

- **Early alcoholic phase**

During this stage, heavy and more frequent drinking is experienced. The drinker may experience his/her first blackouts and may become defensive about his

drinking pattern and may even feel guilty about it. During this stage, the characteristic of sneaking of drinks may emanate (1994: 22).

In the author's experience, alcoholism is a behavioural disorder, with severe medical, psychological, spiritual and social implications. The use of alcoholic beverages will inevitably interfere with the successful life of a person. That person will either not be able to realize or recognize this effect or will not be able to control his alcohol consumption, even when he knows its negative effects.

Alcoholism is also noticed when a person starts to use defence mechanisms such as withdrawal, denial, arrogance, rage and perfectionism. By doing this, alcoholics are trying to escape from reality, while at the same time telling themselves that they have nothing to be ashamed of. The alcoholic personal, spiritual, financial and emotional well-being will always be negatively affected by the alcohol abuse.

What are the causes of alcoholism?

When you ask people what makes one an alcoholic, they give varied reasons. Nobody knows in any complete or final sense. Alcoholism is, at least to a degree, a "cryptogenic" disease – a disease of which the basic root or causes are hidden. A great deal is known, however. It behoves us to take advantage of available knowledge to form a working hypothesis for dealing realistically with the problem.

At the same time the spirit of tentativeness is indicated since tomorrow's findings may easily render today's conceptions obsolete. At the present stage of research it is impossible to point to any single or simple causes of alcoholism. On the contrary, research findings indicate forcefully that alcoholism is a complex disease in which a variety of factors play a role. It is assumed that a particular thing or person or circumstance can be the cause, and if this could be removed, normal drinking would follow or normal drinking can be perceived. And one can drink not to get drunk and embarrass himself and those around to enjoy the drink and company.

Mann in Clinebell (1985: 175) concludes by saying that modern scientific research has not found the cause of alcoholism, though he suggested that the cause of alcoholism lies not in the agent that brings it about, but in the individual who drinks to excess. At the present stage of research it is impossible to point to any single or simple causes of alcoholism. On the contrary, research findings indicate forcefully that alcoholism is a complex disease in which a variety of factors play a role. In Clinebell (1985: 42).

The late Carney Landis, from the perspective of research psychologist, wrote: "If there is any human disorder which can be truly said to be of multiple aetiology, it is alcoholism in all its diverse forms"

Clinebell says that, the following types of causative factors seem to be involved in alcoholism: physiological, psychological, cultural, philosophical, and religious.

While all of these factors will not operate equally on every level, a combination of one or more will be found at work on each of the three levels:

- Factors which makes one vulnerable to alcoholism;
- Factors which determines the selection of alcoholism as a symptom, as against other types of psycho-pathological symptoms; and
- Factors which causes alcoholism to be self-perpetuating once it has reached a certain point (Clinebell 1985:43)

“The last of these is particularly important because it deals with the problem of why the alcoholic is usually unable to accept help early in the development of his sickness” (Clinebell 1985:43).

Soil of addiction

Fundamentally, the alcoholic is not sick because he drinks but ...he drinks because he is sick, and then becomes double sick. Alcoholism cannot be considered simply a property of alcohol. There must, therefore be some “soil of addiction” which is receptive to the seed of the problem (Clinebell 1985: 43). There those who deny that any special soil of addiction is necessary. One writer quotes Robert Fleming as saying. “Any normal human being can get caught in the vicious downwards spiral of alcohol addiction, if he drinks enough liquor over a long enough period of time” (Clinebell1985: 43). It falls into oversimplification which leads to the fallacious identification of one factor as the sole cause of alcoholism. According to this school of thought the process by which one becomes an alcoholic is simple and direct.

The weight of evidence seems to be that a high percentage of alcoholics are emotionally disturbed even before they begin drinking. The soil of addiction is prepared by the inadequacies of their lives. Numerous psychological tests have shown that, although many alcoholics are able to function with remarkable social adequacy when they are not drinking, they make their social adjustment in spite of their inner conflicts. In the case of those who do not adjust well, the effects of the inner conflict is quite obvious. The inner conflicts, which are a carry-over from unsatisfactory childhood, constitute an essential part of the soil of addiction (Clinebell1985: 53).

The author believes that knowledge of the psychological problem and attributes which are typical of many alcoholics can be of tremendous practical importance to anyone who wishes to help them. "The following have been repeated in reports of psychological studies of alcoholics: (1) a high level of anxiety in inter-personal relationships, (2) emotional immaturity, (3) ambivalence toward authority, (4) low frustration tolerance, (5) grandiosity, (6) low self- esteem, (7) feeling of isolation, (8) perfectionism, (9) guilt, (10) compulsiveness (Clinebell1985: 53).

The author wonders if the above have some psychological impact on abuser in order to abuse the other. Clinebell says: "If a person with a strong need for anxiety reduction lives in a setting which imposes heavy social penalties (loss of social standing) on drunkenness, he will probably turn to non-alcoholic escapes. If on the other hand, a person who, in spite of inner conflicts, can manage his interpersonal

relations with fair adequacy without alcohol is played in a group which encourages habits of excess, he may come to employ alcohol addictively (Clinebell 1985: 68). This may lead to abuse in relationship. The author believes that the most important factors in the selection of the alcoholic symptom seem to be the availability and attractiveness of alcohol in a particular cultural group.

Factors which perpetuate the addiction

The author asks himself why is it that once a person crosses a certain line in his drinking he is caught in a vicious cycle from which he cannot extricate himself unaided. Clinebell says: “depletion of chlorides in the blood, faulty elimination of certain waste products produced in the metabolism of the alcoholic, lack of vitamins in the brain, or some upsetting of the enzyme balance” (Clinebell 1985: 69). The author agrees with these findings of Clinebell that craving which helps perpetuate a binge may be caused by one or more of the above X actors of a physiological nature. By the time he reaches the stage of addiction, he has come to regard alcohol as a solution rather than a problem. He has organized his personality around alcohol. This factor makes the alcoholic hold on to alcohol long after the solution has brought its own destruction. The craving for this infantile comfort may be an important factor in the “craving phenomenon” and therefore in the perpetuation of addiction. The question to ask is, can the above lead a person to be self-centred and thus abuse the other, because the latter is viewed by the former as an object?

Factors in the aetiology of alcoholism

An understanding of the distinctive contribution of this approach to alcoholism is dependent on insight into what can be called the vertical dimension of the alcoholic's problem. For in addition to disturbances in the interpersonal plane, the horizontal, the alcoholic also suffers from disturbances in his relationship to the ultimate (Clinebell 1985: 71). "There are three kinds of anxiety involved in the aetiology of alcoholism: neurotic, historical, and existential. Much of alcoholic's anxiety is pathological or neurotic, result of inner conflict and repression which threaten his sense of worth, because of feeling low self-esteem, he is capable of abusing his own self-worth. The author believes that an anxiety is an unspecific feeling of uncertainty and helplessness, this way lead to people abusing others. The alcoholic's burden is not simply fear, but also free-floating anxiety. "Neurotic anxiety is intermixed and increased by historical anxiety that arises from the crisis of our times" (Clinebell1985:71). One wonders if the sons of Aaron are affected in the same way Clinebell explains. The author fully agrees with this theory since modern man has had many of his philosophical props knocked from under him. Traditional and comfortable certainties about God, man and the universe have been threatened or destroyed for many by the impact of two world wars and the scientific revolution.

Both historical and existential anxiety contributes to all three levels of the causation of alcoholism. "On the existential level these forms of anxiety contribute to the perpetuation of the addiction in the sense that they become more and more

pronounced as the alcoholic continues to try to satisfy his religious need by means of alcohol” (Clinebell 1985:73).The author labels someone like this as having “repetition compulsion” because the more he drinks the more he wants more, this leads to the more hopeless and meaningless life seems to him. The finding stated above, that alcohol provides a pseudo-satisfaction for the alcoholic’s religious needs, is so fundamental to an understanding of both alcoholism and any religious approach to it will be discussed at some length in Chapter 5. Suffice it to say here alcohol seems to have the capacity to allay temporarily the alcoholic’s existential anxiety. It gives him a feeling of transcending his finitude, participating in the larger life. The alcoholic thus seeks to satisfy his religious need by non-religious means. “The tragedy of this is that by so doing he only magnifies his religious needs in the long run” (Clinebell 1985: 73).

What is a family?

Goldenberg and Goldenburg define a family system as more than only a collection of individuals, but instead, a whole larger than the sum of its parts. This means that an individual’s behaviour needs to be understood within the context of the family system. They refer further to the following regarding the behaviour problems of the individual in the family system: Within such a family framework, the individual’s disturbed or troubled behaviour (anxiety, depression, alcoholism, an eating disorder) is seen as representative of a system that is faulty, not due to individual deficit or deficiency. That person’s current difficulties might then be viewed more accurately as signalling a social system in disequilibrium (2002: 24).

The above statement supports the study's view that the behaviours of the alcoholic need to be understood within the context of his family system.

The effects of alcoholism on the family

According to the author, an alcoholic person cannot be seen and treated in isolation. Members of the family influence each other and are also influenced by the events taking place in their social context. When one member of the family develops a substance abuse problem, it is not only limited to him alone, but affects the entire family system (Benshoff & Janikowski 2000: 148). At the same time, the family system has a reciprocal effect on its stability and change towards the problems experienced. The system that tends to be most widely recognized as closely associated with addictive behaviours is the family Lewis et al 1994: 143). There are a variety of factors which upset the structure of the alcoholic family. According to De Wit in De Beer (2000: 75) such factors can be discussed as follows:

- **Long-term conflict between parents**

In families where alcohol abuse is present, parents might end up getting involved in constant conflict situations and children might intervene and this can contribute negatively towards the developing process of these children. Furthermore, these children might identify themselves with the aggressive behaviour of their parents and constantly get themselves into similar behavioural patterns.

- **Parental non-involvement with the children**

Some parents do not show interest in the activities in which their children are involved, either being educational or social activities. Owing to their alcohol behaviour, most of their time is spent on feeding such a behaviour rather than getting involved in their children's lives. They would rarely bother to find out more about their children's emotional, social, psychological and spiritual well-being.

- **Parental un-predictableness**

While under the influence of alcohol, parents become unpredictable in their behaviour. They may behave with aggression which would be the opposite of what they will do when they are sober. On the one hand, they may be more calmed down while under the influence of alcohol. As a result, they set double standards through this type of behaviour and confuse their children.

- **Lack of discipline**

In alcoholic families, there is often inadequate supervision and discipline. When parents are under the influence of alcohol most of the time, children tend to take advantage of the situation. They think that they may do whatever they wish, because their parents don't see them or do not care about them. If only one parent is constantly under the influence and the disciplining and supervising of children is the responsibility of only one parent, this can be a frustrating and exhausting exercise. Therefore, it is most likely that children end up making wrong choices of friends and becoming involved in criminal activities due to lack of proper supervision and discipline.

- **Tension mounting circumstances in family ties as a result of financial pressure**

A family system may undergo a phase of economic tension due to unemployment, resulting in poverty. When parents experience financial pressure, they may alienate their parental responsibilities by resorting to substance abuse, alcohol in particular, and finally develop a lack of cohesion within the family structure including the spouses and children. Levy & Rutter (1992: 57) support the latter statement by indicating that children including newborn and infants, are very often abandoned by their alcoholic parent(s). They further state that grandparents, especially grandmothers, have to care for their grandchildren after their parents abandoned them because of alcohol and drug dependency. This can result in children starving and families disintegrating because parents spend all their money to support their addictions (Lewis et al. 1994: 59). Abuses of alcohol by Sons of Aaron who are fathers to their children, do not only affect them negatively, but their behaviour traumatizes their wives as well.

Regardless of the family system, alcoholism is a major stress on individual members and the family system. Alcoholism affects and drains the family economically, to such an extent it may cause people to lose their jobs. In brief, alcoholism creates a series of escalating crises in family structure and function that may bring the family system to a crisis.

Kaufman and Pattison (1982: 664) report that:

- 97% of wives indicated that alcoholism is an *economical drain* on family resources.
- 75% of wives said alcoholism threatens husband's *job security*, and demand adjusting and adaptive responses from family members who do not know how to appropriately respond.
- 72% of wives pointed to the failing husband to perform *normal family tasks*, and causes conflict, that creates a series of escalating crises in family structure and function that may bring the family system to a system crisis.
- 69% of wives showed concern about partner's chronic physical diseases and *sexual dysfunction*.
- 85% of wives say excessive drinking occurs when *family anxiety* is high, the one who gives in the most becomes *deselfed* and is vulnerable to a drinking problem.
- 87% of wives said drinking contributes significantly to *provocation, verbal abuse, and physical violence*.
- 90% of wives say the alcoholic leaves them starved for *attention and affection*. They further pointed to earlier times in marriage that the spouse used to express love through sex and material possessions. Spouses then withhold affection because it leads to sex; an act the alcoholic believes forgives all the past transgressions, particularly drinking. The author realizes that the above can lead to abusive relationship.

- 50% non-alcoholic wives encourage the older son to *take over responsibilities* abdicated by father, placing the son in overt competition with the father in both behaviour and drinking. Daughters in such families feel that the alcoholic father prefers them to the mother and that, if mother were more loving, father would not drink. They believe the ills of weak men can be cured by love and tend to marry alcoholics, and repeat this pattern in multiple marriages (Kaufman & Pattison 1982: 664).

The precise nature of the relationship between alcohol abuse men and wife assault is an important question for this research. Holly Johnson in his study investigate the importance of alcohol abuse as a predictive factor in causes of wife abuse, relative to other socio-demographic variables and proxy measures for male partner's attitudes toward male control and devaluation of wives. He says: " heavy drinking on the part of male marital partners doubled the risk of violence against wives" (Johnson 2000: 725). He further says: "Heavy drinking can increase the probability of misinterpretation of social cues and can reduce the actor's ability to cope with stressful situations, sometimes resulting in a violent reaction" (2000: 726).

Stark and Flitcraft say that women battering, spouse abuse, or domestic violence is not just about being hit. Rather to recognize domestic violence means to understand the dynamics of violent intimate relationships – particularly gendered relationships (1996: 194). The author believes that a lot of men blame alcohol after violent acts of abuse that traumatizes wives. This issue affects sons of Aaron a lot.

Hampton reports that there is “a strong association between substance abuse, especially alcohol, and marital violence.” He goes further and cites that “abusive men with a history of alcohol or drug problems are apt to abuse their spouse both when drunk and when sober. They tend to be violent more frequently and more severely when under the influence” (Hampton 1993: 127). The author agrees with Hampton's findings that indicate the devastating effect which alcohol and substance have in domestic violence and how this conduct in the end leads to family trauma. They can also be used as a way of avoiding responsibility within the family. Thus blaming alcohol abuse and says for example” *I was drunk and do not recall what actually happened*”. Having understood alcoholism and alcohol use, the author thinks it is necessary to look at alcoholic family dynamics.

Typical family dynamics

Like most symptoms of family dysfunction, alcoholism is a systems-maintaining and a systems-maintained device. Drinking may serve as a symptom or expression of stress created by conflicts within the family system. “The one who gives in the most becomes “deselfed” and is vulnerable to a drinking problem” (Kaufman & Pattison 1982). Excessive drinking usually occurs when family anxiety is high. Drinking stirs up higher anxiety in those dependants on the one who drinks. The anxiety causes everyone to do more of what they are already doing. Drinking to relieve anxiety many infect increase family anxiety in response to the drinking thus causing a spiral into crisis which may lead to collapse or establish a chronic

pattern. Drinking frequently triggers anger in the drinker and provocation in others, which then triggers further anger and provocation despite attempts by the alcoholic to absorb the anger with alcohol. “Drinking contributes significantly to provocation, verbal abuse and physical abuse” (Kaufman & Pattison 1982: 664).

The alcoholic leaves the spouse starved for attention and affection. Early in the marriage, he or she expresses love through sex and marital possessions. Spouses then withhold affection because it leads to sex; an act the alcoholic believes forgives any past transgressions, particularly drinking. Alcoholism breeds alcoholism and drug abuse in the children of the marriages. The non-alcoholic wife may encourage the older son to take over responsibilities abdicated by the father, placing the son in overt competition with the father in both behaviour and drinking. Daughters in such families feel that the alcoholic father prefers them to their mother and that if the mother were more loving their father would not drink. They believe the ills of weak men can be cured by love and tend to marry alcoholics, and repeat this pattern in multiple marriages. As non-alcoholic members take over full management of the family, the alcoholic is neglected to child status which perpetuates drinking.

Preliminary conclusion

This chapter stresses the importance of understanding and taking into consideration the effects of alcohol in Western and African practices that influence the behaviour of Levites in the African Independent Churches. It presents insights

and differences between the Western and the African context, and their attitude and use of alcohol differs at all times.

Moreover, on why people become alcoholics, and the impact on an individual, family and community, and how Sons of Aaron not been immune from these effects. The church has always had a yes-no relationship with alcohol.

The next chapter presents the interviews and case studies on alcohol abuse by Sons of Aaron and how it damages them and traumatizes families and the church.

CHAPTER 4

INTERVIEWS AND CASE STUDIES

Interviews

The following questions were used as the way of entering in understanding of broken relationships due to men who abuse alcohol. Answer with *Yes* or *No*.

1. Share your understanding of marriage.
2. Did you receive marriage pre counselling?
3. Was the relationship experience same as your understanding of marriage?
4. At what point did your partner start abusing you?
5. Did your partner use alcohol as the problem that caused him to abuse you?
6. Did you experience economic drain on family resources?
7. Did you know how to respond to him when he was drunk?
8. What impact did it had on the family?
9. Did he cause conflicts when under the influence of liquor?
10. What was your relationship like when he was drunk?
11. Did you withhold affection because it leads to sex when he was drunk?
12. Did he express love through sex when he was drunk?
13. Did you experience sexual dysfunction when he is drunk?
14. Did he accuse you of making him angry when drunk?
15. Was there verbal abuse when he was drunk?
16. Was there physical violence when he was drunk?

17. Did you take over financially management of the family?

18. Did you relegate the alcoholic to child status?

19. Did you experience communication break down?

The author interviewed ten women who are in abusive relationships. Appendix A has questions which were asked in interviews. For the kind of study that the research is aiming at; an in-depth interviewing is the most appropriate, especially with the stated interest of wanting to create a model to heal the traumatized women. In depth interviews are also an appropriate data collection technique for doing qualitative research following a grounded theory method. It is believed that in-depth interviews are also called “semi- structured or “informal” interviews.

Academics agree that no specific order is followed when in-depth interviews are conducted. For the purpose of this research, in depth interviews are crucial because no literature has previously been produced on abuse of alcohol by sons of Aaron or Levites. To formulate much needed literature, this research will rely heavily on information shared by participants in interviews.

Qualitative interviews constitute a method most suited for one to one interactions. This research will follow a face to face approach that will be informal, but a formal, question and answer format. This is what Marshall and Rossman term “a conversation with a purpose” (1989: 82). Unlike survey interviewing, in depth interviewing does not claim to obtain results that can be generalized for a whole population. It is recommended that ten to twenty participants be regarded as

enough, as long as they differ largely from each other on the basis of gender, age, education, experience and the like. Qualitative researchers believe that knowledge is situational and contextual; in other words, the social context of the participants is important and should be respected. Therefore the task of the interview is to ensure that the relevant contexts are brought into focus, so that situated knowledge can be produced. This means that data and knowledge are constructed or generated through interviews. Academics also believe that through interviewing process, it is knowledge that is reconstructed, and not simply facts reported in narratives. Concerning this Mason says, “Meanings and understandings are created in an interaction, which is effectively a co-production involving researcher and interviewees” (2009: 63). Out of the interviews, the author formulated case studies which will help us analyse the level of abuse imposed in the above relationships.

Case studies

Five case studies will be presented and used to show how Sons of Aaron’s abuse of alcohol traumatize their families especially wives, and its effect and consequences on the church. Many women have experienced and continue to be traumatized by the behaviour of their alcohol abusing partners. A few case studies that represent the general ideas of the people interviewed will be shared and will closely describe and summarize the general responses received by the author. Therefore this section will share stories of women who have experience pain and hurt in their relationships. Only five (5) case studies have been looked into because they represent the general views of the respondents in the study. The names that

will be used throughout this chapter are not their real names to protect their identity and confidentiality. Certain questions were asked to enter into the lives of traumatized wives see Appendix A.

Case Study 1: Tshidi's story

Tshidi, a fifty-eight year old homemaker, is one of the most dedicated people in her church. The individual everyone count on. Everyone affectionately calls her "Mom". Outgoing and nurturing. Her husband Solomon a pastor and a *Marching Bass Drum* player normally drinks on weekends, and physically abuse his wife, and when confronted on Monday's, He will apologize and promise to never do it again. She wanted to know what to do about his drinking but also worried about the effect on their sixteen-year-old twin boys who are abusing alcohol too, and engage in criminal activities. Tshidi fears that they will end up in the serious wrong side of the law, since they have been picked up by police several times. The interview went like this:

Tshidi: "I am tired of being called names; I was told that I am useless because I do not contribute financially in our household since I am unemployed. He went on and said that I am good at nothing, what I know is to run around with men during the day when he is at work. He started asking me about a certain man I did not know. He was suspecting that I had an affair with this man. I denied the accusation, then he called me a liar and a prostitute. (*Kebo madi- mabe baeng! Kebo madi- mabe baeng!*) What a bad luck! What a bad luck!" Then she took a deep breath and kept quiet. (*Tears rolled down*

her eyes, she wiped them off) “This kind of verbal abuse really hurt me and I pleaded with him not to insult me, because I did not know the man he was talking about.”

Pastor: “What I hear you saying is that he called you names to put you down and make you feel bad, and what followed?”

Tshidi: “He slapped me on the face as usual and beat me up. Whenever he was drunk, he would come home in an angry mood that I knew that he will not go and sleep that night without me being beaten.”

Pastor: “Tshidi, what did your husband use when beating you up?”

Tshidi: “He used a belt, but not on the metal part of the belt. I remember being burnt by cigarette. On other times he would kick, and hit me with fists. I recall that at one time, I had a swollen face and went to the clinic. Upon reaching the clinic, when the doctor asked what happened, my response was that my husband accidentally hit me with a door as he was opening it, and I fell on the chair.”

Pastor: “Why couldn’t you tell the doctor exactly what happened to you, rather than protecting the abusing husband by covering up the real story?”

Tshidi: “Then who would support me, and take care of all my needs? I forgave him because I love him, and did not want him to be arrested for assaulting me. I thought by keeping things to myself I will be saving my marriage.”

Pastor: “What did you think about all this beatings?”

Tshidi: “I have always thought that it is natural for certain men to beat their wives. My worry is that he became more violent towards me these days.”

This is the story of a wife who could not cope any more, she went to see the pastor and pleaded with him to intervene as their marriage was in trouble, and the major reason was his excessive drinking.

Reflection on the case study

Solomon’s evil behaviour of alcohol abusing leads to economic domestic violence, verbal abuse, physical and psychological abuse. The study corroborates that there is a relationship between alcohol abuse by Sons of Aaron and traumatized wives and children in their family system. Tshidi is trapped in a violent relationship and due to economic pressure finds it difficult to leave, for she does not know how to support herself and their children. Some women stoop very low and expose themselves to abusive men. Such women get into relationships hoping that men will provide for them. They have no dreams, let alone goals to achieve. This makes a psychopath think that if he is a breadwinner, he owns his women. That is when he starts to beat her like a *Marching Bass Drum*. The days when a women’s place was in the kitchen are over.

There are no jobs for all of us. But just like men, women must also stand up and try to create something for themselves. Instead of unemployed women gathering at street corners to gossip and play cards, it’s better to come up with plans to start

their own projects. Vegetable gardens and crafts top the list of things women can do themselves. Women must show their men that they can stand up for themselves. Although nothing justifies the abuse of women.

Alcohol abuse by men within the family system has been identified as also having a negative effect on the lives of young people in the family system which can result in clashes with the law and finally imprisonment (Bartollas 1993:268). Many factors in the family system which can lead to the fact that children in that system may identify with an alcoholic pattern, are identified and discussed in this study. It also highlighted that not all children that grew up in a family where alcohol abuse took place, will become delinquents, but will definitely have one or another effect on that child's life. According to Waruta *"the weakening of parental guidance and authority has created a generation without genuine value systems"* (2007: 113). In agreement with the quote, this is why a lot of problems arise in the families. When men abuse alcohol, it is clear that it will influence their parenting skills, especially those, which are needed to nurture their children to experience emotional security.

The hidden consequences of parental alcoholism are found in the chaotic emotional lives of children, and the dependable supply of emotional nutrition which children need to grow strong, resilient personalities are not available in Tshidi's alcoholic family. The children's dependency desires receive both the inadequate and erratic satisfaction. The absence of a suitable role specification also plays a part in the development of these children. The frustration of basic needs created by these conflicts can find unconscious resolution through a "life script". At some point

in adulthood, this type of person learns that alcohol may provide a compromise solution to his conscious or unconscious dilemma. Here it would seem that alcoholism is self-perpetuating through the obvious or hidden family dynamics.

The family system stays the most important context in which a child can identify with healthy socialization skills. If this system does not function in a healthy way, one can expect that this can create emotional obstacles for the child in his adult life, which will allow the circle of trauma to continue.

In many cases when help is offered it is received mainly by adults and children are not necessary included. Alteen is a self-help group for adolescents with an alcoholic parent. It is open to all adolescents whether or not the alcoholic parent is a member of AA. The adolescent only need to want to understand the problem and get help. As in Al-Anon, the group provides information on alcoholism to the teenager and offers help for the young person to live his or her life.

Case Study 2: Vivienne's story

Vivienne, age twenty-five, has been attending worship services for the past eleven months. Never one to draw attention to herself, she sits alone every Sunday morning in an out-of-the-way spot nears the back of the sanctuary. Her smile is warm, but always brief. She respectfully declines all invitations to church functions like picnics, or study groups. After worship Vivienne hurries home, seldom stopping in the podium to receive a greeting from anyone.

She had suffered a measurable amount of abuse by problematic family relationships with her own siblings. The family where she was raised was completely dysfunctional, in terms of relationships. The final straw was the behaviour of her sisters by excluding her in preparations for and burial of her mother. She was very angry that she was not notified about her mother's death, and did not attend her own mother's funeral. The funeral arrangement was made by her two sisters who were not in good terms with her. Furthermore she cannot visit her mother's grave because the mother is buried on top of her father, and she was on bad terms with the father until his death. So she wants to visit the final resting place of her mother, but not when she shares the grave with a father who never communicated with her over the dispute caused by the two sisters.

The reason the author is sharing this history with you is because this woman was very emotional, and continuously broke in tears to an extent that we break and pause during the interview. Her maiden story was the fore-runner of her past, and she proceeded and told me the present story of her alcoholic husband.

Her husband Edward an evangelist and a *Tuba* (Baritone) player used his power in abusive ways in his attempt to control her. He would try to isolate her from other people, monitoring her phone conversations, limiting her ability to leave the house or prohibiting her from inviting others into their home. At one occasion he grabbed the phone from her hands, at another time he ripped the phone from the wall. He sought to control her actions and monitor her every movement. For example, she

had to turn in receipts for everything she spent, down to the cent. He was also verbally abusive, calling her names like “stupid bastard”. One of my most painful memories is of the time he taught our three-year-old son to say, “Mommy is a bastard”. Her husband laughed with joy when he got our son to repeat the phrase.

Reflection on the case study

In counselling Vivienne we had to offer emotional support to her because her hurt was so deep rooted that we were forced to acknowledge the brokenness in her. Edward was hiding behind the bottle, whenever he wanted to control and abuse his wife. Alcoholism is one of the most severe social problems in the church of which the effect of it, is currently under-estimated. While an alcoholic person receives healing, families of an alcoholic person, need support and healing too. Alcoholics Anonymous offers support for family members of an alcoholic. They call themselves Al-Anon Family Groups. Alcoholism is a cancer that eats away family life.

Case Study 3: Dolly’s story

Dolly describes her husband John a welder an *Alto-Horn Player* in the church brass band, as a “weekender.” He would bring his whole pay home on Fridays and would immediately give it to her, asking for fifty rand for himself. But around midnight he would return home drunk, demanding the she give him more money. There were times when she would refuse his request. That is when the abuse would start. Dolly’s husband was a big man, two meter’s tall. He was a street

fighter. He would curse her out, beat her at times, and would then usually take all the salary money for the week, drinking and gambling it away. In addition to being a drunk and a gambler, her husband was also a womanizer.

Dolly said: “He would grab my breast in front of other people and say he has a license to do that.” She told her husband that she was uncomfortable with this behaviour, but he continued to do it. “He would even deep kiss me in public.” He’d tell people she was insatiable and tell them also about certain sexual acts she liked. “He would stare, point at, and comment about teenage girls, those in our church youth group and in the general public.” Her husband always liked pornography, too. He wanted her to perform acts that she did not feel comfortable doing.

Dolly’s husband used mostly emotional and verbal abuse against her. If he didn’t get his way, he would yell and scream and rant and rave. He’d talk about how she was a “bitch,” that she was “fucking insane, “fucking crazy,” that kind of stuff. And he would leave without telling her where he was going. He’d be gone all night, maybe come home the next day, but he wouldn’t talk with her for several days. Then he’d start acting normal after that, never discussing where he had been, what he had been doing, never discussing his abusive behaviour. It would be like “let’s pretend that it never happened, that everything between us is okay.” And we would go on from there.

Dolly had reached the lowest point of her life, emotionally and spiritually. Having lived for almost nine years with John with a man who had constantly abused her physically, psychologically, and verbally, she realized that if she didn't get a divorce, she'd end up in prison for murdering him. "I was sick and tired of being battered by John," confessed Dolly. "He'd taken away my dignity, pride, self-esteem, and all my money". She continued and said: "I was a good Christian woman, so I couldn't understand why the abuse was happening to me. I do remember thinking that maybe I was being punished for some unknown sin. I felt forsaken by God".

Reflection on the case study

Dolly's husband would rather spend his money impressing friends or lovers rather than buying food for his children. He gambles most of his salary away. That leaves them with little money to buy groceries for the month. The family's basic needs are not priorities when spending the income.

John cannot expect to have a happy woman when he comes home drunk every night. Another problem is that men often neglect their woman by having affairs on the side but still come home drunk. You have men going to traditional healers and prophets in search of portions to protect their families from splitting. They forget that they are the main problem. The abuse does not only happen to woman, but to the entire family. John failed to fulfil his obligations as husband and parent. This adds to the problem faced by society every day.

Family is the back bone of our society, and if we allow alcohol to destroy it, we will be faced with a high rate of divorce. Marriage is a sacred bond, but only when both husband and wife commit to the biblical virtues of love and respect will such a union be sustained and grow. Divorce is a devastating event but, in cases of domestic violence, we must always remember that the bond of marriage covenant was broken not by victimized wife, but by the perpetrating husband. In essence, John was both “unfaithful” and “deserting” of his female intimate partner by his criminal and sinful behaviour.

Embracing the doctrine of male headship and female submission is wrong. These teachings set up an imbalance of power in a marriage or other intimate partnerships, making it much easier for men to abuse women and to then claim divine privilege. Sons of Aaron who blame alcohol as the substance that causes them to abuse women should be helped to change the behaviour.

Alcohol abuse by Sons of Aaron is a problem that breaks families and destroys lives. Violent quarrels with much noise and the physical effects of alcoholism are a disease that destroys the happiness in many communities. At the moment some of the proposals in the South African Government Gazette appear to follow the trend of adding more red tape and hard-to-enforce laws, such as prohibiting the sale of alcohol to a person who is already drunk and raising the legal age to twenty-one.

The burden here is on the reseller, but it must be asked: how will these two interventions stop an endemic alcohol culture? If a child wants alcohol, they will

find it. If a drunken man wants a drink, he will get it. Laws alone will not change men who abuse alcohol to stop their drinking.

The solution lies more in a community of faith intervention than simply adding laws. The church must change the thinking of men towards alcohol abuse that leads to domestic violence.

Case Study 4: Martha's story

For thirteen years, a woman named Martha aged forty-five, endured emotional and physical abuse from her husband, Peter, who is an evangelist and a *Marching Snare Drum* player in the church brass band. Peter was a master manipulator. He had real a gift of finding out both the strengths and weaknesses of other people, and then using them to his advantage.

Martha gives the example of a man named Bishop Mokwena. He was the minister who served as pastor at the church where she and Peter attended. Bishop Mokwena loved braai meat and beer. Within a matter of a few weeks, Peter was able to discover the exact type of meat and beer the minister preferred. Peter then began showering Bishop Mokwena with expensive meats and beer. They began to drink together. The minister called him, his dream congregant. This made it difficult for him to remain neutral when Martha finally disclosed some of the episodes of abuse Peter had been perpetrating against her for years.

Like a spoiled kid left alone in a candy store, Peter was used to getting what he wanted whenever he wanted it, whether it was a new car, a new bicycle, or sex. Her husband's desire was all that mattered to him. When Martha did not consent immediately to Peter's demands, he would throw a temper tantrum. He'd call her vile names and would also accuse her of not being a "loving Christian wife" because she wasn't willing to "please" him. Martha felt guilty for not being a better wife to her husband. So, usually, she'd end up giving him whatever he was demanding at the time. However, there were times that Martha refused to give in.

It was then that Peter began using physical force to get his way. Martha said that initially, her husband focused his physical outbursts on objects. He'd punch walls, kick doors, and occasionally break a dish. If he didn't like what I cooked, He would throw the food and plate against the wall. If he didn't like the way she ironed his shirt, he'd just rip all the buttons off and throw the shirt on the floor. Then he'd scream profanities, calling me a "dump cunt," "fucking bitch," "stupid," and whatever else came to his mind. I felt so worthless as a Christian, as a wife, and as a woman.

But, over time, Peter started battering Martha as well. Martha said: "My husband broke many of the bones in my body. This self-proclaimed man of God never once took responsibility for violence he perpetrated. Instead, he would tell her that she was to be blamed for the abuse. If she would only submit to his will, he would not have to discipline her. What real man of God would actually discipline his wife or treat her in such cruel ways? Depressed and demoralized, Martha finally turned to

her minister for help. But the minister's response made matters worse. The minister had always loved both her husband and herself. However, when she told him about all the degrading ways Peter had treated her over the years, the first phrase out of the minister's mouth was, 'You must be mistaken.' He then proceeded to tell her that no Christian man, especially one with Peter's moral character, would ever treat his wife in the terrible ways she described. So in her minister's eyes, she guessed she was a liar.

Reflection on the case study

Martha and many survivors interviewed were angered, disappointed, and hurt by the ways in which clergy people responded to their reports of abuse. Bishop Mokwena's response demonstrate the common expression of denial, often encounter by wives when they disclose abuse to pastors and other members of their congregations. When we deny that sons of Aaron violate their wives, we do a great injustice to victimized women. Refusal to face the truth reinforces churchgoers' belief that they can blame abused women for the violence they suffer. Denial also makes it impossible for us to lead male perpetrators to the help they need. Perpetrators of domestic abuse cannot be identified by the manner in which they present themselves in public. They are often charming and master manipulators. They attract a vast amount of praise from people who know them outside their homes.

Clergy are reluctant to get involved in situations of adult intimate partner abuse owing to denial; a sense of fear and helplessness; a lack of appropriate training;

sexist attitudes; and the fact that some male clergy are themselves perpetrators of domestic violence and alcohol abusers.

Case Study 5: Maki's story

Maki and her husband Joseph, a preacher and a *Trumpet* player, grew up in strict religious households. Their relationship began more than thirty-two years ago. Their parent's home allowed no drinking, smoking, going to movies, card playing and absolutely no activities on Sundays except for attending church. Maki was nine-teen when she began dating, Joseph who was twenty. Joseph was attentive and nice. They took long drives and communicated well together. There was no indication he was an abuser, at least not when they were dating.

Within two weeks after they were married, however, Maki began to realize that Joseph had some serious problems. He came home for supper after work and then would leave the house, with no explanation, and not return until three in the morning, drunk. She now realized that he was an alcoholic. When Maki asked Joseph where he went every night, he'd always reply with an onslaught of vile words. Joseph would shout, 'You have no right to question me, bitch! Who the hell do you think you are? I can do whatever the hell I want, you dumb cunt!' Maki couldn't believe such cruelty was coming out of the mouth of the Christian man who was supposed to love her.

Joseph began to physically abuse Maki a few weeks later. He would slap her across the face, punch her in the stomach, and throw her on the floor or against the wall. After nearly every attack, Maki's husband expressed remorse and promised never to hit her again. He also bought her expensive gifts.

Reflection on the case study

What Maki had been through was been terribly unfair and wrong. She did not have full control of her life. Joseph wasted her purpose of life. The emotional scarring was evident as she narrates her story. Alcoholism in the family system is a problem that is more serious than is realized. It affects family members and prevents, especially a wife, from growing up in an atmosphere that can contribute to the best interest of herself and her family.

Preliminary conclusion

Alcohol abuse is a growing problem that is poisoning the church in South Africa's black communities. Easy access to alcohol and affordable drugs, together with high levels of unemployment, and the deterioration of social support by family members, friends and the community, are causing the steady increase in addiction. Also many teens are affected by watching their parents ruled by their own addictive behaviours. In South Africa people have accepted excessive alcohol consumption as normal. This teaches the next generation how to relate to alcohol – usually in a destructive manner and without moderation.

The survey and the interviews revealed the following problems within the context of an intimate relationship: physical battering of wives when drunk, sexual battering of wives when drunk, property or pet destruction when drunk, emotional abuse and psychological battering when drunk.

Physical battering was the one most commonly issue identified by the survey and interviews. It was also the type that was easiest to describe. There were severe beatings, burnings, and chokings of wives by drunken men. In addition to those acts the study identified grabbing, pushing, shoving, slapping, one's partner. The goal these alcoholic men want to achieve is to establish control. The acts induce fear in victims. Even if the physical battering is not severe, it still allows abusers to maintain control over their partners.

The survey and interviews also identified sexual battering as a form of physical assault against a victim's body, but it's more specialized in that it involves some kind of sexual contact. Unwanted fondling and touching to force sexual intercourse was also identified. Those sexual contacts have an extremely powerful and negative effect upon women being abused. The acts are designed to control and degrade victims.

Property or pet destruction was another manifestation of and included hitting or kicking doors and walls, and killing or threatening to kill the cat or dog. The survey and interviews revealed that a traumatized wife interpret this acts as nonverbal communication that send a strong message about the power of barterer to destroy

anything. It shows the destructive force the abuser has, and that there is no safe place for the wife to hide. Even if these messages of terror are not spoken by a barterer, they are still clearly communicated non-verbally to a victim.

Hidden deep within the community of believers' alcohol abuse by sons of Aaron, that traumatizes wives is an ugly secret that is occurring among Christian couples just as it does among couples in every other corner of society. There are men who identify themselves as followers of Jesus Christ who beat, curse, and rape and violate their wives. There are Christian women who live not in God's peace, but under the constant horror of being tortured emotionally, physically, psychologically, and sexually by men calling themselves Sons of Aaron and "men of God". The question one asks is whether the church is to be blamed for tolerating alcohol abuse by Sons of Aaron that traumatize wives. Alcohol abuse by Sons of Aaron is a problem that breaks families and destroys lives. The effects of alcoholism are a blight to many African Independent Churches.

Domestic violence among Christian couples is rife and the church continues to deny its existence or blame women for their own victimization. Women in no way ask for or cause men to violate them. One of the primary reasons so many men assault their female intimate partners with impunity is that, in both the religious and secular worlds, we do not hold men accountable for their inappropriate actions. If Christians are to help victims and perpetrators of domestic violence, we must first acknowledge that the problem exists among us. Second, we must seek on-going education and training in domestic violence intervention. Third we must work

collaboratively with service providers within our communities, while also always being aware of how much we can help and the point at which we need to rely on others for assistance.

The interviews helped reveal the golden opportunity in the recognition of the relationship between alcoholism and the family. In keeping with the observation of alcoholism as a system problem, attitude, structure, and function of a family system have shown perhaps that the one most important factor in the successful outcome of alcoholism treatment is the family member's participation. The alcoholic person enters treatment coming out of a family system, and returns to that family system. If the family is dysfunctional, it may destroy any gain from the individual treatment, whereas, if the family changes or adapts more appropriate functions, it may sustain improvement in the alcoholic member.

CHAPTER FIVE

POSSIBILITIES FOR HEALING

Therapeutic model of healing

As pastoral counsellors and caregivers, our task is to assist persons to form sacred identities. It has been established by this study that within the church's system there is no model of caring for sons of Aaron who are alcoholics, and not only for sons of Aaron, but also their families especially wives, and congregants who have been affected by the sons of Aarons abuse of alcohol.

The author will seek to do the following:

- To therapeutically work with women in such a way that they break the silence;
- To encourage women to support to one another;
- To build self-esteem and confidence in women;
- To form joint partnerships with real men in addressing this barbaric behaviour of violence against wives;
- To help women to create groups so that women can come together and share experiences, as a way of educating others;
- To raise awareness of the dimensions that violence against wives takes in our society;

- To establish educational programmes of society against patriarchy that leads to sexism which may promote violence against women by their alcoholic partners; and
- To equip women with knowledge of their rights, otherwise women will not be able to stand up against the ill treatment meted out by alcohol abusing men against them.

It is not enough for the church to talk about these things; it must be seen by its actions as being in solidarity with women, aiming to treat women with justice and thus upholding their dignity. The church has to openly and consciously work towards the eradication of sexism implicit in its own structures to actively support the victims of violence, by offering protection. The church should also discourage the idea of remaining in an abusive relationship on the pretext that marriage is a sacrament which cannot be dissolved. It is important that the church takes action by

- starting a programme of offering shelter to battered wives, and children who are victims of domestic violence;
- becoming a watch dog by establishing standing committees which are properly structured, mandated and empowered to pre-empt violence against wives, while helping to find redress, when abuse occurs;
- using therapeutic models, starting with one to one, and group therapy.

Assessment of the situation

Assessment is the process of figuring out the problem that a client is involved in. Knowing how to quickly and accurately assess the situation is an important skill in counselling particularly in the area of chemical dependency.

Karaffa in Waruta says:

“With African clients, asking many questions can be threatening or intrusive, particularly if the client has very little formal education. Therefore, it is important for the counsellor to be able to get information in a non-threatening way. One way to do this, which is less time consuming, is to tell their story of how they came to have this problem of drug use and how it developed. This can provide much helpful information especially about how they view their own use of chemicals. The goal here is to get an accurate and complete history of their first drink or other drug and how they have continued up to the present. Writing this history as the client is speaking may help keep the facts straight as well as notice any inconsistencies, which may be part of their denial system” (1995: 129).

If the client has had adequate formal education, the counsellor may obtain this information by him filling out a questionnaire regarding the history of their chemical use, possibly as some type of “homework” or assignment. Because dishonesty, lying and stealing are often a part of behaviour of a drug addict, a counsellor needs

to be fast in noticing inconsistencies in the client's story. In the beginning of counselling, it is best to establish a relationship of trust by listening carefully to the client, and reserving challenges and confrontations for later sessions in the counselling process. Simply be aware that this type of thinking and behaviour is often part of an alcoholic or addict especially of their denial system, and that they may be doing this automatically with the counsellor. Learning to point this out in a way helpful to clients is an important skill for a chemical dependency counsellor.

In listening to a client story, getting their history of chemical use or asking the client directly, there are certain questions for the counsellor to keep in mind in order to get essential information. These are discussed below.

The counsellor should try to learn as much history as possible of the client. Additional areas of client history which can be helpful include: family, medical, employment, education, psychological, legal, recovery, religious, recreational, social, etc. The Waruta questionnaire may be a helpful tool in identifying how far the disease has progressed in any particular client. Being able to accurately assess the situation of a drug user requires that the person can drink large quantities of alcohol without changing his behaviour. As the disease progresses, the alcohol seeks to recapture the good feelings that he had during the early stages:

- Do you occasionally drink heavily after a disappointment, a quarrel, or when the boss gives you hard time?

- When you have trouble or you are under pressure, do you always drink more heavily than usual?
- Have you notice that you are able to take more liquor than you did when you started drinking?
- Did you ever wake up on the morning after and discover that you could not remember part of what happened in the evening before, even though your friends tell you that you did not pass out?
- When drinking with other people, do you try to have a few extra drinks secretly?
- Are there certain occasions when you feel uncomfortable if you haven't taken alcohol?
- Have you recently noticed that when you begin drinking you are more in a hurry to get the first drink than you used to be?
- Do you sometimes feel guilty about your drinking habit?

In the middle stage, there is progressive loss over one's drinking habit because of increasing dependence. Loss of control is accompanied by other problems related to drinking. The following are some questions to help you determine whether the person is in the middle stage of alcoholism:

- Are you secretly irritated when your family or friends discuss your drinking habit?
- Have you ever noticed an increase in the frequency of your memory blackouts?
- Do you often wish to continue drinking after your friends have had enough?
- When you are sober, do you often regret things you did or said while drinking?

- Have you ever tried switching brands of beer or following different plans in order to control your drinking?
- Have you ever tried to control your drinking by making a change in jobs or moving to a new location?
- Do you try to avoid family or close friends when you are drinking?
- Are you having an increasing number of financial and work problems?
- Do more people seem to be treating you in a manner you consider unfair without any good reason?
- Do you eat very little or irregularly after drinking?
- Do you sometimes experience the shakes in the morning and do you have to take another drink to control the shakes?

In the late or chronic stage of alcoholism, there is deterioration, which is mainly physical, but includes psychological, behavioural, social, and spiritual deterioration as well. In this stage, there is decreased tolerance because the body has been damaged by taking much alcohol, and possibly other drugs, that it can no longer tolerate such a high level of drugs. Moreover, there is loss of pleasure in drinking, other than a brief moment of relief just before losing control. In this chronic stage, eventually all areas of life of an alcoholic become mismanaged. The following are some questions to help you know if the person has progressed to the late stage of alcoholism.

- Have you recently noticed that you cannot drink as much as you once did?
- Do you sometimes stay drunk for several days after drinking?

- Do you sometimes feel very depressed and wonder whether life is worth living?
- Sometimes after periods of drinking, do you see or hear things that are not there?
- Do you get frightened after drinking heavily?

In using the guide questions after each stage, you should realize that if the person has answered "Yes" to any of the questions, then he has some of the symptoms of alcoholism. If they answer Yes to several of the questions within any of the stages, then they are within that stage of the progression of the disease. (1995: 129-132).

Intervention

Once the pastoral counsellor has assessed the problem as thoroughly and as accurately as possible, the next step is to help the client take the best possible action to deal with the problem. Intervention means taking action and is the practical side of what a pastoral counsellor can do to help someone having the disease of chemical dependence.

Karaffa in Waruta further says: "Just as the disease is progressive, recovery takes place through stages. One who is chemically dependent is either in the process of getting the disease or in the process of recovery. Dealing with addictive behaviour requires on-going efforts, therefore, people in the Alcoholics Anonymous (AA) association refer to themselves as "recovering alcoholics" or even as "recovered alcoholics" but not as having been" cured".

One way of viewing the recovery process is in terms of pre-treatment, treatment and maintenance. Pre-treatment is the period in which the chemically dependent person is actively using drugs and at the same time learning the consequences of the disease. It may involve the client's feeling so much pain from his drug-using behaviour that he thinks of changing or getting some help (1995: 136)

In the Pre-treatment period, one way in which a counsellor can be particularly helpful to the client is through increasing awareness of the problem in order to motivate the client. This may involve techniques such as letting the client hear the concerns of others; listing reasons for and against changing; having the client describe the negative things that have happened due to their use of chemicals and what could happen if the drug use continues; and having the client keep a record or diary of the drug use. If the counsellor is in recovery, he may, share some of his own experience with the client.

Karaffa in Waruta recommends sometimes user's friends and relatives (possibly including employer, minister, counsellor, elders and chief) to hold a meeting called an intervention to express their concern and make suggestions to the user, with or without the user's prior knowledge. It may also involve sending the user immediately for treatment. This can be a risky procedure therefore needs to be carefully planned and carried out, preferably by a trained professional. Otherwise, the user's denial system may be strengthened to an extent of resisting any help or change (1995: 136).

Karaffa in Waruta also mentions that it is also important during this pre-treatment time to express acceptance of the user but not the behaviour. For the pastoral counsellor, it is a matter of loving the person, but not the disease. In addition, reflective listening, as well as positive support when the client is at the point of being ready to change, to take action, is important.

Recognizing this determination point, starting to plan change, considering the possible options available and getting started straight away can truly help the client. Helping a client to choose the best intervention in the first instance is one of the best services a pastor can give.

In choosing an intervention, one refers to the treatment period of the recovery process. For the chemically-dependent person, this begins with a period of stabilization, including detoxification and the beginning of abstinence. Detoxification means “getting rid of the drug from the body”. If the client has been using a drug which caused physical dependence and suffers from major withdrawal symptoms, it is important to involve a medical person (doctor, nurse, etc.) in order to observe the client for some time while his body re-adapts to living without the drug. For example, a late-stage alcoholic, due to possible seizures, detoxification and other symptoms of acute withdrawal, may need to be observed for at least three days in a hospital or clinic. For the pastoral counsellor working with chemically-dependent clients in Africa, getting to know a doctor, hospital or clinic that is willing to assist in detoxification is important.

The next phase of treatment begins after stabilization. Typical treatment within a live-in (inpatient) treatment centres involves education about alcoholism, drug abuse, recovery, disease concept, relapse prevention, individual and group therapy; and starting to build a support network. Typical length of stay is one to three months, depending on the programme and the client's condition.

A further phase of treatment involves being in a live-in centres or "half-way house" which provide a client with a drug free environment while they go out to seek employment or do their job. Some type of seminaries, parishes, and even monasteries may be willing to provide such drug-free living environments. The typical length of stay for such programs is from a few months to one year, and can involve some therapy such as meeting with a counsellor and/or participating in group therapy regularly.

An important part of treatment is beginning to build a support network for oneself. This is a group of people, mostly who are in recovery themselves who can share experiences and support the client for the client beginning recovery (1995:135).

Counselling an African family today

Counselling an African family today is a very challenging task. There are serious challenges, issues, and trends which call for counselling procedures and goals which take cognizance of the unique situation in Africa.

Most Africans are experiencing rapid social changes which affect their lives one way or the other. They face challenges, issues and trends which are beyond their control but affect their lives and institutions including the family. The situation of rapid social change should not be ignored by a caring Church and the situation which presents opportunities for the service to God and mankind. This chapter attempts to highlight the challenges, issues, and societal trends which affect the Levites family and suggests counselling approaches which may facilitate achievement of conventional counselling goals.

Christian counsellors in South Africa today need adequate theological, professional and spiritual preparation to minister in context. Christian counsellors also need information from social sciences to help them understand the dynamics which accompany developmental problems in the context of their ministry. The following selected changes and developments causes instability in African marriage and family.

Tension between the old and the young

The situation in Africa today may create what we may call a “dilemma”. Many Africans, especially the young ones, find themselves caught in what Trobisch describes as “ the backward pull of tribal traditions and the forward pressures of cultural change”. This depiction by Trobisch throws light on the stresses that accompany situations of this nature. Instead of throwing this out or burying heads in the sand like the proverbial ostrich, it is essential for the Christian counsellors to

tackle this situation and find ways of helping traumatized women to cope and heal. Several decades ago, delegates of the All Africa Churches Conference recognized that the old and the new will continue to bump against each other with the old passing away but not fully past and the new having already come but not fully come (Trobisch 1971:43).

The traditional family system which used to be quite common in traditional Africa may no longer be satisfactory while the nuclear family common in the west is not a viable option. Some elements of the extended family must never be abandoned because they focus on basic human needs. The nuclear family has little support and few Africans can survive in this kind of family, hence it is not a viable option. The minister as a care-giver needs to understand both the old and the new ways in Africa (Trobisch 1971:43).

There is a need for a counselling approach which is creatively eclectic. While the African world-view must be brought into the picture, it should be realized that Africans are also changing. A counselling approach based on one philosophical theory and technique cannot meet all the needs of the African families today.

A helpful school of thought on counselling has been developed by Clinebell and others. Although developed in the West, its principles are applicable to an African situation as well. This school of counselling does not focus on pathology, but on how to make good things better. Growth counselling as it is called aims at helping

people grow fully to their God-given potential. The focus is not on what is wrong with people but on what is right and possible.

Clinebell in Waruta (1995: 69) also recommends three working principles which may be applied to any system of intimate relationship like the family. The principles are *growth, intentionality and generativity*. Growth means potentializing on individual level and “actualizing of more and more of one’s particular life stage”. In a potentializing relationship the one who relates grows and encourages others to grow as well.

Intentionality means choosing one’s life goals and relationships and working to achieve them. This entails claiming and using one’s God-given power of choice and a better future for himself and his family. With this mere drifting and blaming circumstances “like I was too drunk” or other external forces are eliminated. By the grace of God human beings should be helped in being pilots of their lives and refusing to be prisoners of the inevitable changes whether coming within or outside.

Family members in Africa must be helped to make decisions, act on them and achieve together as a family in spite of the turbulences around. Pastoral counsellors should see themselves as growth enablers and facilitators but not as paternalistically hovering over the people.

The third principle which Clinebell advances is that of generativity which means self-investment for others. Erikson in Waruta (1995: 69) saw generativity as a central life task and challenge in the middle adulthood. It “involves generating and nurturing life by caring for children (one’s own and others), the earth, people serving institutions, culture, art, or people in need. A person who grows normally helps the world become a better place for children”.

It is believed that good things do not just happen but are made to happen. African family members need to know that they cannot just play victim and allow their members to self-destruct in the sociological turbulences of these days. The changes which have been highlighted should not be allowed to make people feel power-less and confused to do anything about their lives. Parents should be helped to seek creative ways of keeping the family intact and nurtured adequately. The survival of meaningful human life, even in Africa, still depends on families which shape people. Africans should not neglect the key institutions which shapes human beings.

The aim of the treatment process is to foster the recovery of the total person as well as the restoration of the person’s joy of living. As pastoral counsellors and caregivers, our task is to assist persons to form sacred identities. We partner with what God is doing and with what our faith communities are doing to promote sacred identity formation. Our goal is to find most appropriate intervention methods. Wimberly says “The harassed wife needs care and support from the church.” (2003: 122). The above statement is true, as it has been established by

research that within the church's system there is no model of caring for traumatized women, and also their families and congregants who have been affected by the Sons of Aaron abuse of alcohol.

Alcoholics Anonymous provides the test; this test was prepared by John Hopkins at the University Hospital for use in determining whether or not a person is suffering from alcoholism. They continue to say if you answer yes to any of the following questions there is a definite warning one may be at the beginning of becoming an alcoholic, if one answered yes to any two, chances are that you are developing a behaviour of an alcoholic. If you answer yes to three or more, you are definitely an alcoholic. The following questions were used in order to test the hypothesis.

1. Do you lose time from work due to drinking?
2. Is drinking making your home life unhappy?
3. Do you drink because you are shy with other people?
4. Is drinking affecting your reputation?
5. Have you ever felt remorse after drinking?
6. Have you gotten into financial difficulties as a result of drinking?
7. Do you turn to lower companions and an inferior environment when drinking?
8. Does your drinking make you careless for your family's welfare?
9. Has your ambition decreased since drinking?
10. Do you crave a drinking at a definite time daily?
11. Do you want a drink the next morning?
12. Does drinking cause you to have difficulty in sleeping?
13. Has your efficiency decreased since drinking?

14. Has your drinking jeopardized your job or business?
15. Do you drink in order to escape from worries or trouble?
16. Do you drink alone?
17. Have you ever had a complete loss of memory as a result of drinking?
18. Has your doctor ever treated you for drinking?
19. Do you drink to build self-confidence?
20. Have you ever been to a hospital or institution on account of drinking?

The author explores and makes use of Gerkin's method of shepherding and caring for individual as well as the community. Gerkin refers to the pastor as a caring shepherd of the flock of Christ (1997: 27). The methods of caring is viewed as "the central metaphor" of the life in the Christian community. Thus the pastor is regarded as the shepherd and the Christians are the flock of Christ which need care and nurture all the time.

As a Mosotho by birth , my parents owned a small holding in "*daring*" (as mentioned and called by Africans) meaning 'dairy outlet' at Mphatlatsane district of QwaQwa, the past homeland of the Basotho people of South Africa. The home land of QwaQwa is situated and surrounded by mountains in the eastern part of Free State Province. Because of the poor economic position of the country, most of the Basotho people earn their living through livestock and farming. My parents were earning their living through livestock and subsistence farming as well. The majority of boys in the rural area become herd boys at an early age.

The author became a herd boy at the age of eleven, and had to be taught rules, and duties of caring for the livestock by the older herd boys. That is:

- To have a thorough knowledge of the livestock that one is in charge of.
- To have a zeal and special love for the flock.
- To grow in strength so as to face the hardships and problems one encounters in the process of shepherding.
- To be ready to sacrifice one's own life against adversaries that might come to devour the flock.
- To be able to explore the terrain for good green pastures for the flock.
- To be a real man who is able to keep shepherding secrets which are not supposed to be disclosed to anybody in the village, especially women.
- To learn to eat twice a day, in the morning and late in the evening.
- To learn to overcome and solve your problems by yourself without seeking any advice or assistance from anybody, especially women.

These are some of the skills taught, which help one to have the necessary ability to care for the flock. Gerkin speaks of the expected leadership qualities, which the good shepherd should have in Pastoral Care as a ministry. "We will want to keep before us the ancient function of pastor as a mediator and reconciler between individual believers and the community of Christians" Gerkin 1997: 81). Gerkin indeed touches on past memories of all that I have learnt in the mid-sixties as a herd boy. *My father once punished me for not bringing the flock back home at the set time.* Being the shepherd (priest) of God's flock now challenges my pastoral

ministry even more, but also helps me to understand better the way of caring for the people of God, by being a mediator and reconciler for individuals and the entire community entrusted in pastoral care ministry.

The Wisdom tradition covers *guidance, healing, reconciling, sustaining and shepherding*. Pastoral care of the people becomes a process of facilitating the individual soul to God. The Wise Men and Women were those who offered “counsel of all sort concerning issues of good life and personal conduct” (Gerkin 1997: 23).

Reconciliation of the individual soul to God and guidance in spiritual life of members of the community of faith became the central pastoral task. Gerkin indicates that: Pastoral care involves not only the care of individual, but also caring for the community itself’ (Gerkin 1997:118). The abuse of alcohol by men affects other people in the family and in the community of faith to such an extent they are not able to function properly.

The above method of Gerkin gives us guidance on how to do narrative care and counselling with wives traumatized by alcohol abusing partner. Thus shepherding is indeed a demanding task which is an effective method that leads to healing, spirituality well-being, wholeness and stability. This pastoral model will be used to therapeutically work with the wives, as they seek to recapture their identity and self-esteem.

Although Gerkin is extremely helpful in proposing the shepherding model of care and concern out of love. Unfortunately this does not fully address the correctional steps to be taken in helping the brass band member. To address the brokenness, the author will employ Nick Pollard's positive deconstruction model. The inspiration to create such a model came to him after he had reconstructed his old car into a new one. When he was still an undergraduate student, he bought his first car which was an old vehicle. The bodywork was still good but other parts were worn out. Then he discovered another car of the same make and model which he bought. By taking apart both cars completely, he was able to use only the good parts of both. What could not be used, he threw away. In his own words, "this wasn't the negative deconstruction of a vandal but rather the positive deconstruction of a mechanic" (Pollard, N; 1997:45).

Pollard's Positive Deconstruction theory will be fully employed in coming up with the comprehensive caring model. The author would like to achieve these outcomes;

- Identify the signs that lead one into being an alcoholic
- Recommend a healing process for:
 - Traumatized wives and children
 - Alcohol abusing Brass Band Member
 - Congregation that have been affected by the behaviour of an alcoholic man
- Spiritual recovery
- Empower the leadership to deal with alcohol abusing member.

Pollard's theory of Positive Deconstruction talks about looking at an issue holistically and to take out the part that is not working properly and replaces it with the same sample that functions better. (1997: 45). The author as a qualified motor mechanic expands Pollard's theory of Positive Deconstruction by introducing a motor car care maintenance plan. It entails preventive maintenance, service maintenance, and repair maintenance. The above maintenance plans will be helpful when viewed through lenses of alcohol abuse.

Hence the behaviour of men who abuse alcohol and beat, degrade, rape, or torture women must be deconstructed, and be reconstructed by "4 T's" that must rule in a healthy relationship. The first T stands for trust, men must learn to **trust** their wives. The second T stands for **time**, men must spend quality time with their wives. The third T stand for **talking**, men must learn to communicate more with their wives. The fourth T stands for **touching**, to touch is a nonverbal token of saying "I love you".

These are the things that men must do to their wives every day. The therapeutic way of dealing with these men will be shared in the following way.

The most important faith maintenance is:

- daily service maintenance: *Pray and read your bible daily.*
- weekly service maintenance: *observe the day of rest.*
- monthly service maintenance: *tithe accordingly.*

- yearly repair maintenance: *observe annual Christian calendar activities.*

To be our best self we need to listen to the Spirit because the Spirit does not lie.

Continued re-alignment is necessary. The author believes that pro-active measures will save us many troubles. Family violence in various forms; emotional, sexual, verbal, and physical must be deconstructed.

The family as a determinant of rehabilitation

In keeping with the observations of alcoholism as a symptom problem, the attitudes, structures and functions of the family system have been shown perhaps as the one most important variable in the successful outcome of alcoholism treatment. The alcoholic person enters treatment from a family system and returns to that family system. If the family is dysfunctional, it may vitiate any individual treatment gains, whereas, if the family changes or adapts more appropriate functions, it may sustain improvement and change the alcoholic men's behaviour.

Referral intervention methods

Intervention can be done by an individual, who recognizes that he needs help; or it can be done by other concerned parties such as family members, church elders or friends. Those in the know tell us that you cannot force anyone to receive alcohol treatment and that it has to be a personal choice with a willingness to recover from

the disease. Many alcoholics have tried on their own to stop drinking, and did not succeed, and the next step is seeking help at an alcoholic treatment centre.

The contemporary enlightened concept is that alcoholism is a problem of chemical dependency that should not be handled by an ecclesiastical tribunal to mete out penalties according to the seriousness of the “offence.” Alcoholics differ as individuals; they may be at different stages of alcoholism, or suffering from different species of alcoholism. The question then arises concerning the kind of therapy required and whether an alcohol abusing man really needs extended, in-patient treatment. The general pattern is to try out the Alcoholics Anonymous (AA) meetings for a specified period of time (Kgabe 2011:144).

Fichter states that, there’s no solid data on clergy who regained sobriety on the AA programme without having gone to a treatment centre. The quick assumption is that the easy cases, those who are younger and less impaired, can succeed on the AA program. However the hard cases, those who have a long history of compulsive drinking, have the special care of a treatment centre. Regaining sobriety through AA means that the programme is working for them to that extent, but we do not know how many clerics have tried it and failed (1982:69). Fichter comments that, “Priesthood doesn’t set a priest apart in other illness, association with lay alcoholic’s makes priests realize that they are clergy with a problem, but sick men, no matter their profession or occupation.” (1982:72).

The author suggests that referrals be made to Alcoholics Anonymous (AA) as a secondary attempt to help the alcohol abusing men. Kgabe contacted Alcoholics Anonymous (AA) regional office and they shared the following about the patients who seek to find help in their facility:

“We who are in Alcoholics Anonymous came because we finally gave up trying to control our drinking. We still hate to admit that we could never drink safely. Then we heard from other AA members that we were sick (*we thought so for years*) we found out that many people suffered from the same feelings of guilt and loneliness and hopelessness that we did. We found out that we had these feelings because we had the disease of alcoholism. We decided to try and face up to what alcohol had done to us. Here are some of the questions we tried to answer honestly, if we answered yes to four or more questions, we were in deep trouble with our drinking.”

The following questions are pertinent:

- a) Have you ever decided to stop drinking for a week or so, but only lasted for a couple of days?
- b) Do you wish people would mind their own business about your drinking and stop telling you what to do?
- c) Have you ever switched from one kind of drinking to another in the hope that this would keep you from getting drunk?
- d) Have you had to have an eye-opener upon awakening during the past year?
- e) Do you envy people who can drink without getting into trouble?

- f) Have you had problems connected with drinking during the past year?
- g) Has your drinking caused trouble at home?
- h) Do you ever try to get extra drinks at a party because you do not get enough?
- i) Do you tell yourself you can stop drinking any time you want to, even though you keep getting drunk when you don't mean to?
- j) Have you missed days of work or school because of drinking?
- k) Do you have 'blackouts'?
- l) Have you ever felt that your life would be better if you did not drink?

www.aasouthafrica.ca.za (2012/09/03).

The above process is helpful when analysing men who are alcoholics as they will help the researcher enter into the world of shame that surrounds alcohol abusing men (Kgabe, 2011:146-147).

Answering most of these questions yes mean that it's time to receive help.

Tonigan says that the prescribed behaviours in the AA program are most succinctly stated in the 12 steps, and 11 of these steps explicitly refer to the importance of God or a higher power for recovery (2007: 437).

Every rehabilitation or treatment centre has it's time frames on how long one stays in its facilities to receive help as an in- patient. The stay can range from four to six weeks. It has been said that the minimum stay is partly because of financial restriction. Another factor for time limitation is the notion that any institution

arrangement of day-to-day living is an artificial social setting and that the patient should get back to his job and family as soon as possible. If they stay too long, it becomes non-productive, says one therapist. They get itchy, it is not normal living, it is too protective a world, it's unreal. Yet, there are instances in which patients are advised to stay in treatment longer than required (Kgabe, 2011: 148).

AL-ANON

While an alcoholic person receives healing, families of an alcoholic person, need support and healing too. The Alcohol Anonymous offers support for family members of an alcoholic. They call themselves Al-Anon Family Groups.

The Al-Anon members admit that they cannot control the alcoholic and, with the support of friends, work on their own self-understanding and growth. Al-Anon also helps members develop a plan of action for dealing with the alcoholic and his or her behaviour, a process that helps break down denial of the disease and help to open the door for discussion about alcoholism with children (Millgram 1990:127).

They offer understanding, help and support to the families of the problem drinkers.

This is what they say about themselves:

“We are a fellowship of relatives and friends who share our experience, strength and hope in order to solve common problems. We believe that alcoholism is a family illness and that changed attitudes can aid recovery... Al-Anon is not allied with any sect, denomination, political

entity, organization or institution; does not engage in any controversy neither endorses nor opposes any cause. There are no dues for membership. Al-Anon is self-supporting through its own voluntary contributions. Meetings are free, anonymous and confidential. Our primary purpose is to help families of problem drinkers” (www.aasouthafrica.co.za.(2012/09/03).

ALTEEN

In many cases when help is offered it is received mainly by adults and children are not necessary included. Alteen is a self-help group for adolescents with an alcoholic parent. It is open to all adolescents whether or not the alcoholic parent is a member of AA. The adolescent only need to want to understand the problem and get help. As in Al-Anon, the group provides information on alcoholism to the teenager and offers help for the young person to live his or her life. Alteen also gives young people a safe space to talk about feelings and concerns. As children in alcoholic home, they have had to cover up most of their feelings and have learned to actively participate in family’s denial of alcoholism. Alteen provides guidance and support to enable these adolescents to break some of the destructive behaviour patterns that they have developed due to alcoholism and to take responsibility for themselves. The group helps its members understand that alcoholism is not their fault and, although they cannot control the alcoholism, they can help themselves.

CHAPTER SIX

CONCLUSION

Recommendation/findings

The creation of more structured pastoral programmes is suggested, to prevent double victimization of victims during counselling. This is said in the light of the fact that the priest, pastors and counsellors are not really immune as perpetrators of violence and they are often the least suspected as they are in the position of trust, and they may not be exposed for fear of scandalizing the man of God. This can be achieved by training more women counsellors to deal with female victims of violence in the church. The women themselves as comprising the majority in the church are to be proactive in the eradication of violence in the church. They should consciously develop an attitude that they are their own pastors. This will undermine the dependency and inferiority complexes from which they suffer and render them vulnerable in the first place. They are encouraged to be responsible for their education to enhance retaliation, by creating institutions and avenues that enhance their self-esteem and confidence. In earnest women are encouraged to stand on their own where violence is concerned and support one another.

Re-education which women are asked to spearhead, aims at sensitizing the church as well as the society about the need to delineate itself from patriarchy and its values, what has done a lot of damage to humanity, and to be steered towards

societal values that are in keeping with the value of the Kingdom of God as spelt out by Jesus in his teaching, values which he put into practice which had the effect of liberating and healing women.

The church, as “the body of Christ”, is called to be a “community of care,” offering the compassion, empathy, and love of Christ, especially to those who have been stigmatized and marginalized for any reason. The church should, therefore, provide pastoral care and counselling to those who have been wounded by problem drinking because they represent one example of the “lost sheep”. This thesis asserts that pastoral theology has something unique to offer both to the church and those wounded by alcohol abusing men. A distinctive clinical and theological perspective which understands the problem of human forgiveness, especially as it relate to those wounded by problem drinking better than secular models.

Those wounded by problem drinking can be aided in the forgiveness process by exploring the dynamics of hurt and the possibilities of Christian forgiveness in a context of human “spiritual openness” where they can examine their own underlying need and issues which contributes to being wounded, as well as the humanity of those who hurt them. This opportunity was offered so as to rise to a place of mature empathy instead of needy and clingy dependency – a healthy differentiation of emotional fusion.

In summing up the author argues that it is these values that the church is called to entrench in society, if its response to violence will have any meaning. It is only

through the rediscovery and implementation of these values, in solidarity with women that, the church pastor and society can move towards a more humane treatment of women. I finally invite the women to attend meetings, workshops, seminars, and conferences on domestic violence. The new ministry which is in charge of organizing and implementing this programme is called 'House of Reconciliation'. I have also suggested that the church should build a centre for abused children and that project be called 'Child hope Centre'.

The clergy and other pastoral workers must provide effective spiritual care to domestic violence victims of alcohol abusing brass band men. They cannot leave abused women to the mercy of husbands who abuse alcohol and beat, degrade, rape, or torture them. There are battered women worshipping in our congregations. No church is "abuse free". Christian survivors need much more than faith, prayer, a positive attitude, and God to be freed from domestic violence. They also need us to stop blaming them for the abuse perpetrated upon them by their husbands.

Perpetrators of domestic violence can change, but few can do so without a long-term commitment to work on their issues. Clergy and other pastoral ministers can assist abusers in this difficult but necessary process. For us to be effective in our efforts, however, we must obtain domestic violence training and learn the various dynamics that compel men to abuse and batter their wives. Ministers must also be willing to work closely with professionals from a variety of other disciplines. Taking these vital steps, clergy people will be helpful to victims and to the men who abuse them. Steps need to be taken to avoid the many pitfalls an abuser will place before

us, such as blaming his victim, manipulation, slick talk, and early proclamation of being changed by God. Here are some approaches for ministers to consider:

- *Seek training.* There is no substitute for proper education. Domestic violence training, taken in conferences, workshops, and videos and by reading articles, pamphlets, and books on the subject will greatly reduce the temptation of spiritual caregivers to offer poor or quick-fix advice.
- *Know your limits.* No single person, not even those who have worked against domestic violence for decades, has the knowledge and training to deal with all the complexities associated with caring for perpetrators. As ministers, we must not go beyond our level of training. Otherwise, we will end up causing more harm than good and might even make a victim's situation more dangerous, even lethal. Clergy members must be willing to work in collaboration with other professionals. We must share our spiritual expertise with attorneys, advocacy workers, group facilitators, law enforcement officers, psychologists, social workers, and other caregivers, and make referrals to these professionals.
- *Avoid bringing the abuser together with the victim to "get at the truth".* Remember, perpetrators are often deceitful and manipulative. They may behave appropriately (even charmingly) in the pastor's office, but then further punish their wives when they get home.

Concluding remarks

The case studies shared are just some of the evidence that there is an alcohol problem in the church, and that the most challenging factor for a number of brass

band members is how or what the church leadership is doing to stop or even assist in healing their lives.

In this matter look at the early signs of band member who show the early signs of being an alcoholic and work on those areas, be it family, personal, financial, work related stress or boredom, and assist the band member in working the issues and the problem out. Without proper intervention just hoping that one will stop abusing alcohol has never worked- out and when intervention comes, then is too late for many including those affected by drinking.

The task of the pastor today is most complex. He has to have multitudinous skills for a mountain of responsibilities. If he accepts alcoholism as an illness and if he sees family illness as being directed 6 to 10 percent of the time by alcohol, he can arm himself to take part in the fight. To ignore the problem or to refuse to become involved is to neglect not only his duty, but also a most exciting opportunity to change a “mission impossible” to one of hope and promise.

The study has revealed the problem of alcoholism by the problematic Brass Band men that affect wives, children and congregants. The church is in a position to understand and offer help through spiritual orientation and caring, through spiritual fellowship, through acceptance, and through stability. Schminder in Sandhu says: “In Christian marriages husband and wife are asked to love, honor and cherish each other. Portions of the Bible, such as Ephesians, point to the need for mutual respect (2001: 391).

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APPENDIXES

Appendix A – Questionnaire for wives

Questionnaire for wives who are traumatized by violence husbands who abuse alcohol. This questionnaire is part of the research being carried out for a M.A. (Theology) at the University of Pretoria and will be used exclusively for this purpose. Your participation in this questionnaire would be greatly appreciated.

Should you have any comments, concerns etc. Please contact
 Rev. Johannes Mapogoshe at 083 589 9568 Telephone (018) 298 1244.

Please answer all the questions by means of ticking the appropriate column.

	YES	NO
1. Has your husband ever threatened to hit you with his fist or anything else that could hurt you?		
2. Has he ever thrown anything at you that could hurt you?		
3. Has he ever pushed, grabbed or shoved you?		
4. Has he ever slapped you?		
5. Kicked, bit or hit you with his fist?		
6. Hit you with something that could hurt you?		
7. Beat you up?		
8. Choked you?		
9. Threatened to or used a gun or knife on you?		
10. Forced you into any sexual activity when you did not want to by threatening you, holding you down, or hurting you in some way?		
11. Does he call you names to put you down or make you feel bad?		
12. Is he jealous and tries to keep you away from other men?		
13. Does he try to limit your contacts with family and friends?		

14. Does he insist on knowing who you are with and where you are at all times?		
15. Does he prevent you from knowing about or access to the family income, even if you ask?		
16. Has he ever threatened you, if you intend to leave him?		
17. Has he ever threatened to divorce you?		

Appendix B – Questionnaire for men

The late Robert V. Selinger, a psychiatrist who worked extensively with alcoholics, offered this checklist:

To answer these questions, ask yourself the following questions and answer them as honestly as you can.

	YES	NO
1. Do you lose time from work due to drinking?		
2. Is drinking making your home life unhappy?		
3. Do you drink because you are shy with other people?		
4. Is drinking affecting your reputation?		
5. Have you ever felt remorse after drinking?		
6. Have you gotten into financial difficulties as a result of drinking?		
7. Do you turn to lower companions and an inferior environment when drinking?		
8. Does your drinking make you careless for your family's welfare?		
9. Has your ambition decreased since drinking?		
10. Do you crave a drinking at a definite time daily?		
11. Do you want a drink the next morning?		
12. Does drinking cause you to have difficulty in sleeping?		
13. Has your efficiency decreased since drinking?		
14. Have your drinking jeopardizing your job or business?		
15. Do you drink in order to escape from worries or trouble?		
16. Do you drink alone?		
17. Have you ever had a complete loss of memory as a result of drinking?		
18. Has your doctor ever treated you for drinking?		
19. Do you drink to build self-confidence?		
20. Have you ever been to a hospital or institution on account of drinking?		

“Yes” answers to even a few questions such as these constitute a warning that trouble may be ahead. There are two weaknesses to any scheme of self-recognition such as this. For one thing the alcoholic is often a master in self-deception and, as such, he does not recognize alcohol as the cause of the troubles listed (Clinebell 1985: 21).

Appendix C – Congregational survey

The following questionnaire is a congregational survey sample which has been conducted by the American Reverend, Lee Jones for the purpose of his Doctoral Research Project. However, changes have been made to the original sample of questions so as to properly adapt the questionnaire for its use in the South African Master's Degree research project.

QUESTIONS	YES	NO
1. Do you think the church should offer pastoral care to people who are affected by the abuse of alcohol?		
2. In your opinion, do Apostolic churches engage in such ministry?		
3. Has the abuse of alcohol ever been a cause of concern or trouble in either your family of origin or your current family?		
4. Have you ever worried about the drinking pattern of your spouse?		
5. Have you in your lifetime ever suffered physical, psychological, emotional or social harm as a result of your spouse's or your parent's abuse of alcohol?		
6. Do you still have a relationship with your spouse or parent who still actively abuses alcohol?		
7. Have you ever thought of getting help for how you been hurt or wounded but did not do it at the time?		
8. Have you ever in fact sought help for this problem?		
9. Have you ever had trouble forgiving some of the things which were done to you by your family member who abused alcohol?		
10. Have you ever wished that the church understood your pain and had some specific Christian programs to help you heal?		
11. If the church offered a healing group for those like you, would you go?		

12. If confidentiality is important to you, would you still attend these healing groups if they were held in a location other than the church?		
13. Would you want there to be scripture readings to be part of the healing experience offered by the group?		
14. Would finances play a role in you being able to attend these healing groups?		
15. Would you keep your attendance of the healing groups a secret from the person who is/has inflicted harm upon because of their abuse of alcohol?		

Appendix D – Consent letter from University

FACULTY OF THEOLOGY

DEGREE: MA PRACTICAL THEOLOGY

Modise Johannes Mapogoshe
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Faculty: Theology
Department: Practical Theology

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Research Topic: Abuse of alcohol by Brass Band men: A challenge to pastoral care.

Purpose of Study: The primary focus of this study is to present the township African Independent Churches with a culturally appropriate model in handling the issues of alcohol abuse by Sons of Aaron. To help to develop an effective counselling model for the wounded women. To develop a pastoral care methodology that will empower and reconstruct the behaviour of the alcohol and substance abuse brass band men. Create a caring model of helping those congregants affected by alcohol abusing brass band men.

Procedures: The following are expected of you:

- To relate verbatim (in your own words) the extent of the church's support or lack thereof at a time when you were traumatized by alcohol abusing partner.
- In the re – telling of your story, guiding questions will be put to you that will enable you to re – live that experience.
- The researcher will afterwards analyse and interpret your report. The outcomes thereof will be made available to you if you so wish.

Risks and Discomforts: The reflection on your painful experiences may be an emotionally draining process as you revisit them. In that case, the researcher and his supervisor will arrange a group session therapy to effect healing.

Benefits: No promise is made of remuneration or reward in any form. The aim of your participation is to contribute solely towards research and academics.

Participant's rights: your participation is voluntary and may withdraw at any time.

- Under no circumstances will your participation lead to sell – denigration, embarrassment, victimization or a violation of any ethical or moral principles or beliefs.

Confidentiality: Your anonymity as co – researcher or interviewee is guaranteed.

- All information given will be treated in strict confidence by the author and his supervisor.
- All original reports will be destroyed after completion of the thesis and therefore, under no circumstances can the University of Pretoria be held liable because of neglect by the researcher.

Signature of participant:

Date:

Place:

Signature of researcher:

Date:

Place: