CARING FOR TRAUMATIZED FAMILIES OF
‘CRUCIFIED’ CLERGY: A CHALLENGE TO
PASTORAL CARE

By

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>5</td>
</tr>
<tr>
<td>In Memoriam</td>
<td>7</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>7</td>
</tr>
<tr>
<td>Glossary</td>
<td>8</td>
</tr>
<tr>
<td><strong>CHAPTER 1:</strong></td>
<td>12</td>
</tr>
<tr>
<td>1.1 Introduction</td>
<td>12</td>
</tr>
<tr>
<td>1.2 Research problem (Problem Statement)</td>
<td>12</td>
</tr>
<tr>
<td>1.3 Objectives of the research (Aims &amp; Objectives)</td>
<td>13</td>
</tr>
<tr>
<td>1.4 Research gap</td>
<td>14</td>
</tr>
<tr>
<td>1.5 Significance of the research</td>
<td>15</td>
</tr>
<tr>
<td>1.6 Hypothesis of the research</td>
<td>16</td>
</tr>
<tr>
<td>1.7 Method and scope of the research</td>
<td>17</td>
</tr>
<tr>
<td>1.8 Conclusion</td>
<td>17</td>
</tr>
<tr>
<td><strong>CHAPTER 2: ‘CRUCIFIXION’</strong></td>
<td>20</td>
</tr>
<tr>
<td>2.1 Introduction</td>
<td>20</td>
</tr>
<tr>
<td>2.2 What does the ‘crucifixion’ of clergy mean?</td>
<td>22</td>
</tr>
<tr>
<td>2.3 The Family</td>
<td>24</td>
</tr>
<tr>
<td>2.4 Sharing personal story</td>
<td>25</td>
</tr>
<tr>
<td>2.5 Re-traumatization</td>
<td>33</td>
</tr>
<tr>
<td>2.6 Summary</td>
<td>35</td>
</tr>
</tbody>
</table>
CHAPTER 3: PASTORAL CARE METHODOLOGY (Narrative, Shepherding and Positive Deconstruction) 36
3.1 Introduction 36
3.2 Narrative Theory 36
3.3 Positive Deconstruction 38
3.4 Narrative Theory vs Positive Deconstruction 40
3.5 The Pastor As Shepherd 45
3.6 Pastor As Mediator And Reconciler 46
3.7 Pastor As Prophet 46
3.8 Ritual and Liturgy 48
3.9 Summary 49

CHAPTER 4: TRAUMA 51
4.1 Introduction 51
4.2 Definition of trauma 51
4.3 Post- Traumatic Stress Disorder (PTSD) 54
4.4 Families and Trauma 56
4.5 Children and trauma 59
4.6 Children, Trauma And Faith In God 61
4.7 Responses to Trauma 61
4.8 Dissociation 64
4.9 Trauma counseling 66
4.10 The Need For Clergy Counseling 67
4.11 Trauma Debriefing
4.12 Summary

CHAPTER 5: STORIES
5.1 Introduction
5.2 Sharing of stories
5.3 The Survey
5.4 The response of The Church
5.5 Summary

CHAPTER 6: TREATMENT TO VICTIMS OF TRAUMA
6.1 Introduction
6.2 The Church’s Challenge To Offer help
6.3 Treatment for trauma
6.4 Treatment for children
6.5 Support groups
6.6 Can anybody hear me?

CHAPTER 7: CONCLUSION
7.1 Can the research empower the church?
7.3 Bishops as Pastor- Pastorum
7.4 Establishment of Employee Assistance Programmes
7.5 Setting apart clergy couples/ supernumeraries
7.6 Bibliography
7.7  Appendix “A” Interview Questionnaires 110
7.8  Appendix “B” Informed Consent Form 112
EXECUTIVE SUMMARY

The research deals with trauma and violence as these affect women and children in the parsonage household when the clergy experience brutal attacks by parishioners. It focuses on the clergy households of the Methodist Church of Southern Africa especially within the black congregations.

So, the hypothesis to this research is that the clergy, within the Methodist Church Of Southern Africa, are ‘crucified’, but no one cares for their families during these ‘crucifixions’ - their well-being, feelings, anxiety and safety and security. No one listens to their stories. No one journeys with them. The only thing the church does, is to transfer the affected minister to another circuit wounded and unhealed.

The question dealt with in this research is, where do the clergy go when they go through crisis situations? Do they really need pastoral care? Who cares for their families when they the clergy are the direct victims of violence or emotional attacks? Where do they find healing and counseling? For, it is the children and spouse of the clergy that are adversely affected when the clergy go through crisis, because, when one member of the family suffers, the whole body is affected.
The research therefore investigates how the church, especially the MCSA has pastorally responded to the impact these ‘crucifixions’ have had on the emotions of the family members of the clergy; the extent and nature of the traumatic experiences of ministers’ families; the difficulties and problems faced by the church to address these problems and finally, make some personal recommendations to the church to effectively deal with these problems.

The research concludes by suggesting a model of pastoral care that will help the church to deal with traumatic experiences of its clergy, for the obligation of the church to concern itself with suffering stems from the Bible where prophets and Jesus teach about love. This therefore, is a demonstration that it is imperative for the church to involve itself through pastoral guidance in dealing with such conflicts and its effects in the lives of ministers’ families.
IN MEMORIAM

In loving memory of my late Grandmother Wilhemina, late mother Naniki, late brother Kersey and my late parents-in-law, Seth and Bellah Kalaote.

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2. Clergy families of the Methodist Church of Southern Africa who agreed to participate in the survey for this research and narrated their stories and shared their insights and suggestions

3. Finally, to my daughter Reagobaka as well as my two sons, Reitumetse and Kgalalelo for their support and patience.
GLOSSARY

CIRCUIT STEWARD:
They are the executive officers of the Circuit Quarterly Meeting.

They are members of the church and are elected by the Circuit Quarterly
meeting. They are officers through whom all communication affecting the
appointment of ministers are addressed to the connexional executive.(Laws
and Discipline 2000: 89)

CIRCUIT:
Districts are divided into circuits, which consist of societies (L & D 2000:
80)

SOCIETY:
Circuits are divided into societies, which is a local congregation. (L & D
2000: 93)

SOCIETY STEWARDS:
The executive officers of the leaders’ meeting of the society to which they
belong, and are ex officio members of the Circuit Quarterly Meeting (L & D
2000: 98)

METHODIST CONNEXIONAL OFFICE:
A body that administers the affairs of the Church under the direction of the
Conference and of the Connexional Executive.

INVITATION:
It is a system through which ministers are invited to labour in a Circuit in a
duly recognized appointment(L & D 2000:85)
CIRCUIT QUARTERLY MEETING: 
It administers the affairs of the church within the circuit. It is responsible especially for planning, promoting and monitoring the spiritual life and mission of the church in the circuit. (L & D 2000:80)

STATIONING COMMITTEE: 
It is a local church committee that facilitates the invitation and placement of ministers to labour in the circuit.

SUPERINTENDENT: 
The official head of the church in the circuit, who exercises authority and carries out duties as such subject to the directions of the connexional executive and the laws and discipline of the church, being responsible in the first instance to the bishop. (L & D 2000:87)

MANSE
It is a rent-free church house that accommodates the minister and his/her family in a particular society in which he/she serves.

MCSA: 
Acronym for the Methodist Church Of Southern Africa

SYNOD: 
It is a District body that is held annually whose chief function is to provide spiritual direction and inspiration for the District. (L & D 2000:70)
CONFERENCE:
The church’s governing authority and supreme legislative body that provides
direction and inspiration for the church, and is the sole and final authority in
respect of the doctrines of the church and their interpretations(L & D
2000:55)

THE PRESIDING BISHOP:
The official head and chief pastor of the church who exercises the powers,
privileges and authority of that office subject to the directions of that office
and to the directions of conference and the laws and usages of the church(L
& D 2000:59)

THE BISHOP:
An ordained minister who has been chosen by the Church to exercise a
ministry of oversight and to be the focus of unity for the church in a
particular area of the Connexion called a District. Thus, he is the official
head of the District, who is subject to the directions of conference and the
laws and usages of the church and is accountable to the Presiding Bishop,
the Connexional Executive and the District through the district Executive(L
& D 2000:77)

THE DISTRICT:
The area under the jurisdiction of Conference is divided into Districts which
are associations of local Societies(L & D 2000:70)

MCO:
An acronym for The Methodist Connexional Office, which is the
administrative body that administers the affairs of the church under the
direction of the Conference and of the Connexional Executive

**L & D:**
An acronym for The Laws and Discipline of The Methodist Church Of
Southern Africa
CHAPTER 1:
INTRODUCTION

Weaver argues that the clergy are the most often called upon people in
“crisis situations associated with grief, depression, or trauma reactions such
as personal illness or injury, death of spouse, death of a close family
member, divorce or marital separation, change in health of a family member
or death of a close friend’ (2003: 24-25).

While the author agrees fully with him, the question the author asks is where
do the clergy go when they go through crisis situations? Some congregations
have been affected by rebellious behaviour of the members against
ministers, but none have ever tried to deal with the trauma experienced by
the ministers’ families. Members of the congregation and the hierarchy seem
not to be aware of this growing problem or, if they are aware, then they are
apathetic towards the problem. This research will then explore the trauma
experienced by members of families of clergy who are suffering
‘crucifixion’ by their parishioners, stewards and the bishop and explore what
is it that the church can do to care for these families.

PROBLEM STATEMENT

When trauma strikes, parishioners go to the clergy, but what happens when
the clergy experience trauma? Where do they go for healing and counseling?
Conflicts exist within Methodist congregations, but they are not addressed from the caring viewpoint. It is also clear that the growing incidents of conflict are a result of various factors. These impact negatively on the families of ministers. Why does the church not give support or pastoral care to its clergy when they are crucified? If it does, what model does the church use to care pastorally for clergy families experiencing trauma?

McIntyre demonstrates how common these conflicts have become in his research and quotes from ‘Leadership’, a well-respected journal for pastors and leaders, that had devoted an entire issue to describing the problem. The statistics they present are startling: “According to the survey, 62 percent of forced-out pastors said the church that forced them out had done it before. Of those who said their church had pushed out their predecessors, 41 percent indicated the church had done it more than twice.” (1999: 80)

Like the author, there are many who have suffered this pain of ‘crucifixion’ and according to Balswick, the number seems to be growing. (1997: 111) This is true and therefore requires the attention of the church urgently to deal with this phenomenon

**OBJECTIVES OF THE RESEARCH**

The objective of the research is to investigate how the church has pastorally
responded to the impact these conflicts have on the emotions of the members of ministers’ families. The study will confine itself within the Methodist church of Southern Africa, especially the Limpopo District.

The objectives are:

I. To survey the extent and nature of traumatic experiences of ministers’ families during conflict in the church especially against the minister

II. To assess how the church is responding to these traumatic experiences

III. To examine the difficulties and problems faced by the church to address these problems

IV. To make pastoral recommendations to the church to effectively deal with these experiences.

THE RESEARCH GAP

From the painful stories narrated of families who have experienced this type of crucifixion, amazingly, during the crisis, no one cared for the family; for their feelings, anxiety, well-being and safety. They were ignored as though they did not exist. They had no one to listen to their problem. No one to journey with them. They were filled with fear, anger and frustration. The author is not aware of any research that focuses on this issue. The studies
done, concentrate on church and leadership. Nothing has been done towards women and children during conflict between minister and congregation. For instance, Steyn deals with the trauma experienced by the crucified clergy, and nothing about the experience of the family in such a situation. Some researchers are focusing on the traumatic experience of families during bereavement, but the author here focuses on the experience of the members of the family of the clergy when that clergy is going through “crucifixion”.

**SIGNIFICANCE OF THE STUDY**

Several incidents occurred within the church in which the clergy have been crucified in various ways that demanded a response from the church, however, the church has always played a reactionary role in matters of conflict. In the many instances that the author is aware of in which the clergy have been crucified, the only reaction of the church has been that of the removal of the minister from that circuit to another and his subsequent substitution in that circuit by another minister. This is how the church and its leadership deal with conflict situations. Nothing is been done to the family in the form of counseling and support, actually, the church fails to minister or care for them. The family goes from one place battered and bruised into a new situation with that baggage in their souls. They have never been pastured to. They are like sheep without shepherds
The research will therefore endeavour to create a model of pastoral care that will help the church to deal with traumatic experiences of its clergy families. How then can the church help and develop a pastoral plan towards members of the family? This study will attempt to inform the church about the trauma experienced by the ministers’ families in conflict situations and enrich it with information that will enable the church to care for such families. The obligation of the church to concern itself with suffering stems from the Bible where prophets and Jesus teach about love. This therefore indicates clearly that there is a need for the church’s involvement through pastoral guidance in dealing with such conflicts and its effects in the lives of ministers’ families.

**HYPOTHESIS OF THE RESEARCH**

The hypothesis to this research is that though quite a number of the clergy within the Methodist Church of Southern Africa have been ‘crucified’, however, during these crises, no one cares for their families; for their well-being, feelings, anxiety and safety. They are ignored as though they do not exist. No one listens to their problems. No one journeys with them. The only thing that the church does is to move that particular clergy to another station with that baggage.
METHOD AND SCOPE OF THE RESEARCH (Research Design)

The author acknowledges the fact that the scope is broad. He therefore wishes to limit himself and focus on the children and the spouses of the black Methodist clergy in the predominantly black circuits that are crucified, and not all the families of the clergy generally, for it is women and children who suffer emotional trauma because of the neglect they go through within the church during conflict times. Thus, the design will follow the pattern below:

a) Case Studies: Stories from selected families
b) The Organisation: The Methodist Church Of Southern Africa.
c) Target Population: Clergy families within the black churches of the MCSA who have experienced this type of crucifixion
d) The Sample: Ministers, their spouses and children
e) Data Collecting Methods: Interviews with the families
f) Data Collecting Instruments: Interview Questionnaires

CONCLUSION.

The author has described the problem to be studied in this research as that of trauma. It is an experience that affects the emotions and faith of the parsonage family. The question is how the church, specifically the Methodist church can address this problem. To study this problem, the author will
share stories of some clergy families who have experienced this pain. These stories have motivated the author to research and find out what has gone wrong with the church? What impact do these ‘crucifixions of the clergy’ have on their families? What is the church’s response to such incidents?

In order to elucidate the research problem well so that the reader can understand it clearly, the author will begin by defining and describing certain concepts that will be common in this research and finally relate these concepts to common phenomena through analysis. Thus, in chapter 2, The author will explore ‘crucifixion’ as understood by various authors, as well as the family and narrate his own personal experience of this type of ‘crucifixion’ and the impact it had on his family. In chapter 3, he will present the pastoral care methodology he envisages to employ for this research and explore narrative theory, positive deconstruction, shepherding as well as ritual and liturgy.

He will then in chapter 4 explore trauma, its impact and responses to it by family members of the clergy when the clergy go through physical, psychological and emotional torture inflicted on them by the church, either the congregation, the system (structure) or the hierarchy. In chapter 5 he will share various stories to understand the consequences of clergy crucifixion.
and the process of recovery. He will give particular attention to the consequences of neglect of family members and the spiritual and theological issues posed by such neglect during the persecution of the clergy. He will also focus on effective pastoral responses and on issues of religious leadership raised by the high incidents of clergy crucifixion.

He will also look for a biblical way of understanding such a situation. These conflicts greatly affect and influence our families, especially the children. These influences and effects could extend to their faith. We need to inspire and give them hope and point a way to a better life.

As the author has also experienced this type of crucifixion, and realizes that there are many who have suffered this pain and that the number seems to be growing, and that the church seems to be apathetic towards it, he wishes to bring this matter to the attention of the church so that it can direct some attention to it. So, in chapter 6, he will explore programmes for the treatment of trauma victims while chapter 7 will be concluding remarks with recommendations to the church.
CHAPTER 2: ‘CRUCIFIXION’

INTRODUCTION

In the introduction to his research, Steyn, says that Christians are often “crucified” by word and deed, and that their crucifixion often becomes messy and that to those who have never experienced this, would find this very strange, for “the general opinion is that Christians are victors in Christ, not victims of our circumstances” (Steyn 2003: 1) The author believes Steyn has hit the nail on the head. People do not really understand or believe that the parsonage family can really also be affected by such conflicts. That they are made of steel such that they don’t feel pain, hurt, anger or experience frustrations.

That is why when the congregation fights against the minister the battle against the minister becomes so ruthless. The people do everything in their power to break the clergy irrespective of the feeling of the children and the spouse of the clergy. The author can identify with this because in his case, the battle went to the extent that the Stewards even instructed the head office to stop paying his stipend. This they did knowing very well that the same clergy has a family and is a breadwinner in that family. The children were still in school and it was in the middle of the year. This is a demonstration how unscrupulous the people can be.
This is supported by McIntyre who has this to say about these conflicts: that churches today are “embroiled in petty controversies or even vicious conflicts. In the midst of this pain and confusion many ministers have searched to make sense of the disappointment they have experienced. A few have chosen to leave the ministry. Others have lowered their expectations. And still others have relinquished themselves to being puppets for the factious groups that run many churches.” (McIntyre 1999: 13)

To support this truth, recently, the author engaged himself in an exercise of counting the number of ministers who completed college training with who are still in active ministry in the church. The number was alarmingly low. Many have gone into government as employees, others as politicians while others have gone into non-governmental organizations and others into private business.

McIntyre continues to say that churches are not the only place where these conflicts occur. It can be found between one friend and another, between an employee and his boss, between a person and her spiritual mentor. But whatever the situation, everyone suffers when these occur. And the unresolved issues from the past continue to leave their mark on the present, affecting the person in particular and increasingly those with whom he or she comes into contact. (McIntyre 1999: 13-14) Imagine yourself being a
minister hurting inside, frustrated and suffering because of the torture you experienced from a congregation and you are sent to deliver a sermon in a strange place. Imagine the vernomous sermon you will spew on the innocent congregation and create more trauma for these very innocent people. This then turns into a vicious circle that has no ending.

**What Does The ‘Crucifixion’ Of Clergy Mean?**

Steyn describes “crucifixion” by using Rediger’s explanation thus: “*an emotional and spiritual abuse of traumatic proportions*” (2003: 28)

The “crucifiers” do not consider their victims’ feelings in any way. To them, their cause is so much bigger than the person. This kind of conflict is not aimed at settling differences between the two parties, because it has become a personal war against an enemy. The “crucifiers” will aim to do maximum harm to the opponent, without considering the consequences that will remain upon the enemy, the rest of the congregation, and most often, upon themselves. (Steyn 2003: 28) This truth was displayed when the stewards stopped the minister’s stipend. They never thought of the consequences that will remain on the family. Not even themselves, because as the process unfolded, gradually there were some members who began to sympathise with the minister. This therefore led to differences of opinion amongst the members themselves. Ultimately two camps were conceived.
The congregation was torn apart. Brother could no longer greet a brother from the opposite camp and so a lot of suspicion took place, for people were scared to be seen to be talking to people from the opposite camp.

In the same spirit, Edwards believes that being “crucified” can be more painful than the death of a loved one. He wrote this about being “crucified” in the church: “Few things, even the loss of a loved one, affect one’s life so profoundly or so painfully. The damaged is quite often unfathomable. I would dare say that a truly vicious attack on the part of one believer to another leaves most Christians so hurt they never fully recover” (Edwards 1994: 12)

The consequences of these persecutions are that they have the ability to destroy clergy and their families. Many “crucified” Christians have fallen by the wayside. Some, who have fallen into the hands of their own people, have become passive members of their congregations. Many others have left the church, hanging onto their faith by the skin of their teeth. A few have even left the faith, completely abandoning the God who allowed this terrible pain in their lives. (Steyn 2003: 55)

For the author to date, it is a struggle every Sunday to easily ask his children to go to church. Every Sunday when it is church time you can feel the mood changing in the house and their faces becoming sullen. Sunday is no longer
that pleasant day that the family used to look forward to. A day that was filled with joy traveling to church with the expectation of meeting their friends and making new friends. Seemingly they have even broken ties with their peers with whom they used to have friendship. The author suspects that his children are antagonistic toward their peers who used to be their friends, but now whose parents have been cruel to their father.

The Family

A question we are often asked as we talk about dealing with family pain is, “What do you mean by family?” There is no clear-cut response to this question, especially in these closing days of the twentieth century, when most families are spread out all over the country and sometimes all over the globe. It is rare these days to have the entire extended family, grandmothers and grandfathers included, living in the same area. No, it’s not always easy to know exactly who fits into your family. But certainly your family includes you, your parents and siblings, and your spouse and children. It may also include aunts, uncles, cousins and grandparents. (Balswick 1997: 22)

While in agreement with Balswick’s description of a family, however, for the purpose of this research, the author will limit himself to the immediate nuclear family, that is, the minister as husband and father as well as the wife and children that are living in the manse or parsonage.
For the reader to understand how crucifixion affects the above when conflict occurs within the congregation, the author will now share his personal story so that the reader can connect to the idea of crucifixion.

**SHARING THE PERSONAL STORY**

The author’s desire in researching this problem is to provide a kind of a manual that will help not only the church, but also the parsonage as well as parishioners in order that they may negotiate their way out of this type of agony when it comes their way.

So the author will, before engaging in the pastoral care methodology he intends to reflect on, to clarify his research, begin by giving an account of his experience that motivated him to research this problem. Other stories will follow later, and all the stories in this research are true, only names and places have been changed in order to protect innocent people. The following story will illustrate the crucifixion the clergy suffer and the subsequent trauma that affect the family, especially women and children within the manse.

**The Ga- Mathata story**

The author is an ordained minister of the Methodist Church Of Southern Africa, currently serving as a chaplain in a government institution. Prior to this appointment, he had served the church for twenty years, having
ministered at various circuits. It was while ministering in Ga-Mathata (meaning a place of problems) circuit that his ministry was severely challenged by problems and trauma.

The author was stationed in Ga-Mathata where he served as a Superintendent minister since January 1998. His initial appointment was for a period of five years which would end in 2002. There are two systems of placing ministers in the MCSA, through invitation and appointment by the conference.

The procedure is in this order:

1. Conference Appointment: This is the system through which the conference places ministers to labour in circuits.

2. Invitation: Through this system, the local congregation decides who they want to labour in their circuit. They then invite that particular minister to labour in their congregation for an initial period of five years. At the expiry of the five year tenure, the congregation, consults with the same minister to establish whether his tenure should be extended or terminated. After consultation the congregation will either extend the tenure or terminate it.

In the case of the author, it occurred differently. In 2001, he informed the Circuit Stewards that his tenure to labour in the circuit as the superintendent
expires at the end of 2002. Therefore as a matter of procedure he needed to know whether his tenure would be extended or not, so that in case it was not going to be extended, he should be free to accept invitations from circuits that had indicated their intentions to acquire his services. He did not get a clear response from them. As a result, he was left in the dark and anxious about his stay in the circuit. This reminder was announced in almost all the staff meetings he had with the circuit stewards, but every time they did not respond to his anxiety until the dawn of 2002.

Procedurally that was already late for invitations. However, he kept hoping that something positive would happen and that they would extend his invitation. So, one Friday afternoon in March 2002, he phoned one member of the congregation to come to the office the following day in order to help him with some office staff. To his surprise he was informed that a meeting had been scheduled by the circuit stewards on that day in one of the local churches to consider invitations of ministers. That sent shockwaves in his spirit. The author could see how conflict was being created and was beginning to gain momentum.

The author immediately phoned the bishop of the District to find out if he knew of the meeting. The bishop indicated that he knew and that he had
indicated to the circuit stewards that he won’t be able to attend that meeting due to some commitments. However, he had given them permission to proceed with the meeting and give him feedback after the meeting. That was a further shock to the author. The process of trauma had begun for the author’s family in Ga-Mathata.

What shocked the author was the procedure of how the meeting was convened, because the process is that, before such a meeting is convened, the current minister is consulted to determine whether he still wishes to stay on or move on. It is only after this consultation that the meeting is convened. If the invitation affects the superintendent of the circuit, the meeting is then chaired by the bishop of the district. So, as the author was the superintendent, this is the procedure he had expected. Because he was not informed nor invited to the meeting, he did not attend it. He just waited for the outcome.

A week after the meeting the author received a letter from the circuit stewards informing him that the meeting had decided to extend his invitation for the next five years. Before he could reply to the letter he then requested to be supplied with a copy of the minutes of the meeting. In the minutes he discovered a discrepancy. The discrepancy was that a list of names of
ministers for consideration for invitation in which his name had been deliberately excluded was presented to the meeting. His name was included due to the insistence of the members of the meeting, who finally proposed that he be invited.

This discrepancy set the author thinking a lot. He pondered, had the meeting not insisted that his name be included in the list, what would have happened to his stay in the circuit? He would have been caught napping and found himself without a station. He reckoned this as sabotage. For the following weeks he agonized on his next step concerning the invitation. He realized that he was working with unreliable committee members. So trust was destroyed, a recipe for conflict, because it is when people no longer trust each other that conflict starts. It was while he was meditating that he learnt of a post of a chaplain in the SAPS. He applied for the post which he subsequently acquired.

He then went to the bishop to inform him of the post, and that the post was effective from January 2003. The bishop then advised him to inform the circuit stewards of the same. The very same evening the author convened a meeting with the circuit stewards to inform them of this post. They did not reply save to ask him to give them time to think about it and they would come back to him and discuss about the issue. To his surprise, a week later,
he received a letter from the circuit stewards asking him to write a formal letter to them terminating his services in the circuit with immediate effect.

This upset the author because he had never said that he was terminating his services in a meeting. Also since he had spoken to them personally face to face in a meeting, he had expected them to do the same as per their request to be given time to think about the matter. The interpretation to this was that this was now a declaration of war. For when people begin to communicate through letters, then something is not right.

While he was pondering over the letter, one morning he received a phone call from the district bishop who informed him that the circuit stewards were in his office and were complaining that he does not respond to their letters. He then requested the bishop to ask them to stay put in his office that he could also come and state his case, for he could not hold this conversation with him alone on the telephone. However, he refused to accede to the request. The author then requested an appointment with him, still he refused to meet with him. The process of conflict that leads to trauma was gathering speed.

By this time, the time for the April Quarterly meeting was approaching, which is the meeting that finally decides on invitations of ministers. There
was a lot of anxiety in the congregation as word had already reached their ears that the author was due to abandon them. Because of the prevailing misunderstanding, he requested the bishop to be present at that meeting in order to deal with the issue of his invitation, which he did.

On the day of the meeting, the bishop requested the author to give him priority to start first with the issue of invitation. He then requested the author to recuse himself from that part of the meeting, and he complied. On completion of that part of the meeting, he was recalled into the meeting to complete the agenda. The bishop then left and told the author that the circuit stewards would give him a report of the outcome of the meeting. The author was now being traumatized by the bishop as well as the circuit stewards.

After the meeting everybody left and nothing was said to the author. Few days later the author received a letter from the circuit stewards informing him of the decision of the meeting. In this letter he was informed that his services would terminate at the end of May 2002.

He objected to this and tried to get the bishop to redress this issue, but he refused. After this incident, relations between the circuit stewards, members of the congregation and the author became strained. Trauma was not only experienced from stewards, but also from the bishop— the one expected to care pastorally for the flock. There was a deafening silence save brutal
words that came from some members of the congregation to the author and his family. This was the beginning of crucifixion. The question asked was, who takes care of ministers and members of their families during difficult times when they experience trauma?

This silence continued till the sitting of the church's annual synod that was held in May. On the last day of the synod, during the reading of the stations, the bishop announced that as from the 01st of June 2002, the author was no longer a minister of Ga-Mathata circuit. When the house seemed surprised, he invited one of the circuit stewards to explain to the synod. He then stood up to read the correspondences they had written to the author without any response. The matter was then put to rest like that.

Few days after synod, the author received a call from the connexional office that they had received a letter from the circuit stewards instructing them to stop paying his stipend from the end of May 2002 and the MCO (Methodist Connexional Office) wanted some explanation from the author. After giving an explanation the caller advised him to take up the matter with the MCO and the bishop as there were some discrepancies. Unfortunately by this time the bishop was out of the country.

The May stipend was received without any hassles.
By this time, the author had already vacated the parsonage but was still using part of the house as an office. He however, kept reporting for duty at the office daily, hoping that something positive would happen and that he would continue in the circuit till the end of the year. Suddenly one morning in June, he received an order that he should vacate the premises as soon as possible, and he reluctantly complied. From then his life was very unpleasant and this affected members of his family as well. The family could no longer attend church as piercing comments were hurled at them. During this conflict and suffering by the author and his family, there was no care from the Bishop, the one who is supposed to be a shepherd for ministers.

The real pain came at the end of June when there was no longer any income as his stipend had been stopped. For the month of June he could scrape through and empty his little reserved resources. Being the head of the family the children were looking up to him. Things became tough. As he was occupying his own house, he could no longer pay his monthly bond, service charges and rates, various accounts. Children had to struggle to get to school. Various debtors called and sent him threatening letters. Trauma became part of the author’s life and that of his family.

RE-TRAUMATIZATION

Having survived the conflict, the author was challenged by a further
crucifixion. The dust had begun to settle and the author was transferred to labor in Mafikeng, from where he commuted weekly from his office in Mafikeng to his home in Ga- Mathata where his house was located and the family was staying. The author and the family continued to worship at Ga-Mathata. However, he was surprised one morning during the annual District synod. On arrival at this particular Synod, he received traumatizing news that his membership had been moved to Mafikeng circuit where he is labouring.

This was done without consultation with him. The problem this posed was that for years, the family has never worshipped separately at different churches. Now this created a problem for the family, for this looked like a separation of the family by the church. This was another devastating trauma which affected family members. As a result junior members of the family were extremely affected by this decision that they instantly stopped attending worship services at all.

The behaviour of those children of refusing to attend worship helps us to understand the consequence of trauma (PTSD) not attended to.

Children then experience the church as not safe or trustworthy place. Several questions arose such as: Is Jesus love? Why then the abuse? He led to our
crucifixion. Thus children quit the church and find it difficult to pray for some months. What emotions were evoked? Terror, pain, anger.

**SUMMARY**

McIntyre says when conflict becomes destructive to pastors, innocent bystanders are left without their shepherd- or with one who is too fearful to lead effectively. The ministers and their families can be deeply hurt. The church is thrown into confusion and even gossip, malice and deception. (McIntyre 1999: 14).

Such incidents are not myths, but are real. They are so common today that one does no longer get shocked when reading about them in the local tabloits. As a result, some committed Christians have even abandoned their faith. That is why there is a search for meaning by many Christians, for this phenomenon if unresolved it affects not only the direct victim, but even those who come in contact with the victim sooner or later. In the next chapter the author will now explore the pastoral care methodologies he envisages to employ to address these experiences caused by torture or crucifixion. The methodologies to be explored are narrative theory, positive deconstruction as well as shepherding.
CHAPTER 3: PASTORAL CARE METHODOLOGY

NARRATIVE THEORY, POSITIVE DECONSTRUCTION AND SHEPHERDING

INTRODUCTION

The core of counseling can be seen as a process in which the client comes to tell, and then re-author, an individual life-story or a personal narrative. So narrative theory or story-telling addresses the problem faced by traumatized ministers. The research therefore is of the opinion that all therapies are narrative therapies, and that the counseling experience can be understood in terms of telling and re-telling stories. If the story is not heard, then the therapist and the client are deprived of the most effective and mutually involving mode of discourse open to them.

The author wishes to emphasize the fact that this research explores the trauma with particular reference to women and children who make up families of ‘crucified’ clergy. So the author will in a sense appear to be biased. Thus, he will explore methodologies of authors dealing with traumatic experiences of women and children like Neuger, Glaz, Moessner, Weaver, Flannelly and Preston.

NARRATIVE THEORY

The word narrative is derived from the Latin word, ‘narrare’, meaning to
tell. So, just like Weaver on the victims of women abuse, the author believes that a lot of survivors of traumatic events feel the urge to think and talk about their traumatic experiences as this is an important element of emotional healing (Weaver, Flannelly, Preston 2003: 41) Unfortunately, many women, spouses of ‘crucified’ clergy feel the church has failed them in that it failed to enter into their stories of pain. He is supported by Glaz who argues that it is crucial to discover the way women have understood their experiences by carefully listening to their stories and believing them (Glaz, Moessner 1991: 116-117)

Weaver continues to say that when people have been traumatized, the terrifying images and memories must be confronted repeatedly. If done appropriately, the memories will gradually lose their power to overwhelm. Thus clients need to be encouraged to discuss events surrounding their trauma. (Weaver, Flannelly, Preston 2003: 41)

Thus, re-visitation of traumatic events leads survivors gradually to process their experiences, place things in perspective, and, most important, face painful realities without being completely overwhelmed. A counselor who is caring and emphatic, can serve as an anchor. This sturdy presence helps traumatized person feel safe while navigating through turbulent memories and emotions. (Weaver, Flannelly, Preston 2003: 41)
According to Neuger (2001: 43), narrative theory provides the framework for his model for pastoral counseling with women. The assumption is that people’s personal history consists of stories by means of which they make meaning out of the past, make sense of the present, and find directions for the future. The narrative concept can further enhance by positive deconstruction that help deal with trauma.

**POSITIVE DECONSTRUCTION**

Pollard describes positive deconstruction as the process of helping people who are currently comfortable with their non-Christian beliefs to think again about them— and possibly to become uncomfortable with them, so much so that they then want to find out about Jesus (Pollard 1997: 13) He continues to say that it is an attempt to help them discover the inadequacies of the ideas they’ve adopted (1997: 44)

He says that the process is ‘deconstruction’ because he helps people to deconstruct (that is, take apart) what they believe in order to look carefully at the belief and analyse it. It is ‘positive’ because this deconstruction is done in a positive way— in order to replace it with something better. It is a positive search for truth.(1997: 44)

This process recognizes and affirms the elements of truth to which
individuals already hold, but also helps them to discover for themselves the inadequacies of the underlying worldviews they have absorbed. The aim is to awaken a heart response that says, ‘I am not sure that what I believe is right after all. I want to find out more about Jesus.’ (1997: 44) When using this process, you could help a person deconstruct their trauma and start new way.

He says for many people in today’s culture, it is vital that they discover the inadequacies of the views they have adopted. But this must take place within the context of the whole gospel, which centres around God’s love for people. If we genuinely love people, we shall want to help them discover the inadequacies of the worldview they have adopted, but we shall also want to assist them and serve them in other ways too. Employing positive deconstruction is just one part of demonstrating god’s love for people (1997: 46)

This fact is demonstrated well by Seamands (1988: 9- 11) in the story of Mitzi who was a deep reservoir of pain. All her life, pastors and teachers had simply told her just to forget the past, claim victory in Christ and develop new skills for coping with the present and the future. Seamands then encouraged her to write her painful memories so she could share them with him and her husband and to also pray about them. She obliged. One by one
Mitzi visualized before the Lord some of her most hurtful and humiliating childhood and teenage experiences. She was not simply remembering the past, she was reliving and re-feeling incidents, often in remarkable detail, as if she were actually there at that moment. Finally, though it was a struggle, Mitzi was forgiving the many people who had hurt her, and, in turn, she was receiving God’s forgiveness for her long-held resentments against them.

So Mitzi saw how much this and other similar experiences had influenced her life. She had allowed deep bitterness to enter her heart. She had carried it against her parents and sister such that it became the pattern of her life.

The procedure is, because people are quite happy with what they believe, one must first set about understanding what it is that they believe. Only then shall one know what kinds of questions to raise with them. (1997: 47) This process of positive deconstruction involves four elements: identifying the underlying worldview, analyzing it, affirming the elements of truth which it contains and, finally, discovering its errors. (1997: 48)

**NARRATIVE THEORY AS POSITIVE DECONSTRUCTION**

As a deconstructive method, narrative theory works to understand the sources of the beliefs and assumptions built into any person’s narrative. This means that narrative theory always has cultural analysis built into it and that
cultural analysis is shared between counselor and counselee as they work to co-author a preferred narrative. (Neuger 2001: 120-121) Therapeutically, as the therapist works with traumatized members of the family, healing begins as they deconstruct world of pain.

It is a process of helping people deconstruct oppressive and debilitating perspectives, replace them with liberating and legitimizing stories, and develop a framework of meaning and direction for more intentional, more fulfilling lives.

The author wishes to borrow from Seamands on the healing of memories the fact that in many instances, there can be no true healing and spiritual growth until we are released from painful memories and unhealthy patterns which now interfere with our present attitudes and behaviour. This is where narrative theory and positive deconstruction play a big role. (1988: 24)

These painful memories are integrated into life and invested with new meaning. During this time the counselee and the counselor work together to reprogram wrong attitudes and behaviour patterns so as to ensure permanent changes (Seamands 1988: 30)

The work of deconstructive listening has the capacity to help the counselor
to assist the counselee to externalize aspects of the story that have been unhelpfully internalized. (Neuger 2001: 122-123)

He continues to say that the primary starting place for this care-giving work is in listening deeply to a care-receiver’s story and joining her in giving it voice. This is the process of co-authoring. For so many women who have been either childhood or adult victims of intimate violence, there have been no words and no story for this experience. (Neuger 2001: 121)

The care-giver is to help the story to be told and, in the process of its telling, help the person to explore the assumptions and frameworks that have made this story-with its negative implications about her worth, goodness, and a potential-truth for her. The story needs to be told, in its fullness, while being heard by both care-giver and care-receiver in a nondeterminative way. She needs to wonder about who taught her that the abuse is her fault. She will need to look at why she was unable to get help. That is part of the deconstructive process of the story which then makes room for her to look at parts of her story that hold the potential for finding a self that is not overwhelmed by fear and powerlessness. She will be able to find what parts of her were able to resist and survive the violence being done to her and how those aspects are still available to her in her current story. (Neuger 2001:122)
Women who have been victims of intimate violence generally are not in distress (even years later) because they have characterological behavioural deficits. They are in distress because (1) they have had minimal opportunity to process and integrate a traumatic history into the rest of their lives and (2) they have skills and strengths that were of great help to them in surviving the violence but that now get in their way. Thus it is important for the care-giver to find ways to best hear the story of the violence, believing and supporting the story fully, and helping the care-receiver to make sense of it and meaning out of it for her ongoing life narrative. Also the care-giver needs to assist the care-receiver in discovering ways that her strengths can be used appropriately for their current context so that they do not cause further distress. Narrative theory is helpful for both of these goals. (Neuger 2001: 120) this process will help women and children who are experiencing trauma from congregation, circuit stewards and bishop.

As survivors are listened to, the opportunity opens up for them to grieve as their many losses are re-membered in the telling of stories and memories long split-off in seeming oblivion. This process involves more than the recounting, recalling, or retelling that can occur repeatedly with no accompanying grief, because, re-membering involves feeling the pain of suffering and loss. This grieving, or the active experiencing of the breadth of
those reactions touched off by re-membering, carries with it the potential to transform suffering into hope for reconnection and wholeness. (Means 2000: 148)

From this perspective, the actual work of grief begins as a survivor starts the process of re-membering. This involves the painful, frightening, and agonizing process of reconnection with those aspects of herself that were defensively and/or traumatically split-off and kept separated within her. While this journey eventually leads to hope, it first takes one through suffering. A major turning point in healing is achieved by survivors when they are able to truly grieve. The first time a survivor moves beyond the anger and rage associated with her violation and into the more vulnerable feelings associated with grief and loss. (Means 2000: 148)

So, through such engagements, pastors then help people to discover their own stories, discern the shape and direction of those stories, and move constructively to find new understandings or more hopeful possibilities in their life situations. When used properly, this process could have addressed the problem the author faced at Ga-Mathata.

This time is commonly marked by the shedding of tears. It is also often the first time in the healing process she has been able to cry with herself and about herself. The willingness to allow oneself to connect with the
vulnerable feelings associated with grief, especially in the presence of another person, in itself represents a major shift in the direction of increased internal strength and healing of the divisions within herself. (Means 2000: 149)

As we follow Pollard’s method of deconstruction, one sees that the start of the grieving process marks a transition that takes one on a journey from being stuck in the hurt of the past, into the reality of the present, and eventually into the promise and hope for the future. In many respects, survivors are prisoners of a past that constantly taints the present in ways that make the possibility of a different future extremely remote. (Means 2000: 150)

Healing occurs most naturally and fully over time and in the context of restorative relationships, which offer comfort, support and protection. (Means 2000: 151)

The Pastor As Shepherd

Gerkin gives a good image of pastor as shepherd of the flock as utilized by Jesus. He continues to explain that this image originated in a time and place in which the shepherd was a common-place figure, while we live in a social situation in which shepherding is a scarcely known, even marginalized vocation. (1997: 80),
He regards the New Testament’s depiction of Jesus as the good shepherd who knows His sheep and is known by His sheep (John 10: 14) as a meaningful, normative portrait of the pastor of God’s people. “Reflections on the actions and words of Jesus as He related to people at all levels of social life gives us the model sine qua non for pastoral relationships with those immediately within our care and those strangers we meet along the way” (Gerkin 1997: 80). This is what is expected as a method of caring from the bishop. He compares these shepherds to our ancestors “who exercised their shepherding authority to empower the people and offer care for those who were being neglected by the powerful of their communities.” (Gerkin 1997: 81)

**The Pastor As Mediator And Reconciler**

The other model he presents is that of a pastor as mediator and reconciler between individual believers and the community of Christians moored in the ministry of the apostle Paul, who in a majority of his pastoral letters, sought to reconcile people to one another, to the gospel as he Paul had received it, and most of all, to Christ, the head of the church. (Gerkin 1997: 81) This therefore, our skill of listening as well as invitation to consider.

**Pastor as Prophet**

The other image used by Gerkin and Means (2000: 159) is that of pastor as
prophet. Means therefore sums it up well when he says “Human life is communal. We are all so interconnected that our individual singleness becomes overshadowed by our intimate connections with one another and the whole of life.” (Means 2000: 159) This prophetic tradition, he says, emphasizes the importance of communal responsibility and ethical accountability for all persons at all levels of the Therefore, called their communities of faith to shared responsibility to one another and their God. Pastoral care is a function of the prophetic community. (Means 2000: 165) There is a seamless movement from counseling to prophetic response when we remain person- focused rather than merely symptom- and problem- focused. It becomes clear that people bring not just problems to be solved, but messages about the wider world in which we all live. In the case of clergy family, they bring conflict within the congregation. As we listen to the ‘messenger’ side of their stories, people will tell us about all the forces in life with which they had to cope with, which subsequently shaped them and their problems and sometimes have drained them of their spirit. (Means 2000: 166) Being in a position that graces us daily with the sacred life stories of countless people in pain, caregivers are constantly confronted with the destructive forces, policies, and realities that exist within their particular
culture. Out of our healing work with individuals, we are called to be prophets within the various communities, personal and professional, in which we live and work (Means 2000: 167-169)

Evil actively works to divide people from one another and themselves. Persons suffering the aftermath of human-induced trauma also feel isolated and in need of mutuality and equality. In order to commit ourselves to naming evil and confronting it when and where we see it rather than shrinking from the weight of this responsibility, it is important to ground ourselves in the faith resources we have. The particular faith perspectives each of us brings to our work can also function as vital resources for us. These resources nurture us and remind us that we stand united with others in a long tradition of the care of souls. Our own particular faith perspectives have evolved out of our lifelong involvement in the Christian faith traditions within our country. (Means 2000: 170-171)

**Ritual And Liturgy**

“Human existence is structured in time and narrative. We comprehend our lives not as disconnected actions and isolated events, but in terms of a narrative. We conceive of our lives as a web of stories” Ritual and liturgy are powerful avenues the church has for facilitating the lifting up of split-off parts of persons for healing and reconciliation, for connecting persons to one
another, and for creating and expressing meaning where it has not previously existed. Rituals and liturgy help us maintain an intimate connection to our propensity for evil and our hope in faith. They are symbolic ways of keeping stories central to our faith and alive and constantly before us so, as in the words of Anderson and Foley (1998), human and divine narratives can intersect. (Means 2000: 174)

The consulting room is a privileged space dedicated to memory. Within that space, survivors gain the freedom to know and tell their stories. Even the most private and confidential disclosure of past abuses increases the likelihood of eventual public disclosure. And public disclosure is something that perpetrators are determined to prevent. Perpetrators will fight tenaciously to ensure that their abuses remain unseen, unacknowledged, and consigned to oblivion. (Herman 1992: 246)

**SUMMARY**

The author discussed the following theories as his methodology: narrative, positive deconstruction and shepherding. Narrative theory as a process in which the client comes to share his story, thereby addressing the problem he faces. This is seen as an important element of emotional healing to those traumatized. This, used jointly with positive deconstruction, helps people to discover for themselves the inadequacies of their worldviews and start a new
way of life. Finally, through Gerkin’s theory of shepherding, to help people who feel isolated and neglected due to traumatic experiences to receive care and be empowered. Creating a protected space where survivors can speak their truth is an act of liberation. Bearing witness, even in the confines of that sanctuary, is an act of solidarity. Moral neutrality in the conflict between victim and perpetrator is not an option. Like all other bystanders, therapists are sometimes forced to take sides. (Herman 1992: 247)

In the following chapter, the author will now extensively explore trauma.
CHAPTER 4: TRAUMA

INTRODUCTION

As this research explores the trauma experience of families of ‘crucified’ clergy, the author will now explore what trauma is.

DEFINITION OF TRAUMA

Weaver et al define trauma thus: “the word trauma is derived from the Greek word meaning ‘wound’. Just as a physical trauma can cause suffering by wounding and disabling the body, a psychological trauma can cause suffering by overwhelming the thoughts and feelings. To be profoundly traumatized and victimized is to have your faith in humanity tested, sometimes broken. Recovery from trauma- wounds to flesh and feeling and spirit, requires more than individual effort” (Weaver, Flanelly, Preston 2003:19) The author agrees with the above authors as trauma actually paralyses. It throws one into a state of paralysis. One is so overwhelmed by the event that caused trauma and feels he is powerless. He is unable to help himself out of the situation. He thus needs a neutral person not affected by the traumatic experience to give a helping hand and interpret the story so the victim can understand what is actually happening around him.

Root describes three kinds of trauma that may overlap in women’s experience of intimate violence.
1. First, there is **Direct trauma**. This is the kind we are most familiar with and for which victims are most likely to get some kind of care or support. Direct trauma occurs when there is an observable experience of harm that occurs to a person as a result of intentional aggression, a natural disaster, and accident and so on. This one is experienced by clergy especially when crucifixion is on in a congregation.

2. Second, there is **Indirect trauma**. This experience of trauma occurs when a person is affected by a direct trauma against someone else. This kind of secondary trauma may occur when, for example, a child watches her mother being battered or even when a woman hears the stories of other women being harmed by family members, or is experienced by clergy families whose partner is being crucified.

3. Finally, there is **Insidious Trauma**. This is trauma experienced by people because of a bias against them for reasons of their social status or identity, which isn’t valued by the dominant culture. (Neuger 2001: 107) A good example is of those members who support the clergy and members of his family.
Some events are so intensely frightening, horrible, or disturbing that anyone would feel overwhelmed - rape, assault, kidnapping, or witnessing the murder of a family member, to mention a few. Beyond this are a number of life experiences that do not make newspaper headlines but are traumatic and not infrequent” (Weaver, Flanelly, Preston 2003: 33)

“The following factors must also be evaluated in understanding psychological trauma:

- Is it an ongoing trauma versus a single event (eg. Ongoing child abuse versus surviving a house fire)?
- Is the trauma caused by humans versus an unavoidable, natural event (rape or attempted murder versus tornado or flood)?
- If the trauma occurs at the hand of another person, is that person a stranger or someone on whom one depends (injury by a drunk driver versus domestic violence or child abuse by a parent)?
- Was the event anticipated? The more unexpected an experience, generally the less prepared a person is, and that can contribute to a greater sense of vulnerability or powerlessness” (Weaver et al 2003: 33-34)

“Maria P. P. Root suggests that trauma permanently changes its victim’s personal construction of reality. Those principles by which one has lived and
organized experiences, what we have called one’s narratives, have been radically challenged by the trauma. In order to heal from trauma, it is necessary somehow to integrate this alien and fragmenting experience and rebuild a narrative that allows meaning to be built out of it. It is also necessary to rebuild the narrative in such a way that hope is present—hope in a life of meaning and purpose, not just survival.” (Neuger 2001: 106-107)

The truth is the victim of trauma is overwhelmed. He feels powerless and his perception of reality has been challenged. He is in a state of vulnerability. That is why he needs someone to help interpret his situation and give him hope.

“The traumatic event is re-experienced in specific ways, such as in recurrent and intrusive distressing recollections or dreams of the event. Additionally, The person often persistently avoids situations associated with the trauma and has emotional numbness in general. Often there is hyper-vigilance and irritability. PTSD becomes the diagnosis when these symptoms persist for more than one month.” (Weaver, Flanelly, Preston 2003: 19)

**POST-TRAUMATIC STRESS DISORDER (PTSD)**

The fundamental question of the existence of PTSD is no longer in dispute. Some of the most recent advances in the field derive from highly technical
laboratory studies of the biologic aspects of PTSD. It has become clear that traumatic exposure can produce lasting alterations in the endocrine, autonomic, and central nervous systems. Abnormalities have been found particularly in the amygdale and the hippocampus, brain structures that create a link between fear and memory. (Herman 1992: 238)

The strongest single predictor of PTSD is the severity of the traumatic experience. Generally, the greater the exposure to the traumatic event, or events, the greater the degree of PTSD.” Suffering from PTSD is more pronounced when the trauma is intentionally inflicted by another person, rather than when it is accidental. (Weaver, Flannelly, Preston 2003: 22) One can clearly see symptoms on clergy who have been crucified by circuit stewards, congregation or the bishop.

“Post- traumatic stress should usually be considered a normal reaction to an abnormally stressful situation. PTSD is not a sign of being ‘emotionally weak’ or ‘mentally ill’. Virtually anyone exposed to the ‘shock effect’ of extreme stress will find ordinary coping processes are overwhelmed. PTSD is diagnosed when a person responds with intense fear, helplessness, or horror to a traumatic experience that involves actual or threatened death, serious injury or a threat to the physical well-being of self or others”(Weaver, Flannelly, Preston 2003:19) This will be clearly seen in the
story of the Moseleti story in which the children were gripped by intense fear, helplessness and horror on hearing what was happening in the meeting in which their father was a target and victim by the members. Questions such as; what is going to happen to us? Will the people come for us also? For them death seemed imminent. That is the reason why they were so terrified and felt the urge to run away from the parsonage.

FAMILIES AND TRAUMA

Family pain powerfully impacts each of us and our families, and when left unattended, it continues to pass down from one generation to the next in even more painful scenarios. Many of our stories illustrate that we do not exist- feel, think, behave- in isolation from others. (Balswick 1997: 9)

The above process can also be seen in families of clergy who have seen their member being crucified by the congregation, stewards or the Bishop.

Three Ways Of Handling Family Pain

Death- whether of a child, a spouse, a parent, or a sibling- is one of the worst types of painful experiences that can attack the family; but it is not the only type. Family life is full of all sorts of pain. That’s not to say that there is more pain than joy in family life, but pain is there nevertheless, and it can be handled in several ways.
1. You can deny it by pasting a happy smile on your face and pretending that everything’s fine when it is not.

2. You can try to walk away from it, thinking it will go away if you ignore it.

3. You can learn how to deal with it in a godly, courageous way, strengthening yourself and your family in the process. (Balswick 1997: 15)

Obviously, the third response is the best one. It is a response born out of the recognition that pain can be a stimulus to personal and family growth. The family that works together to overcome or deal with the problems of life is sure to grow stronger and closer as the years go by. Unfortunately, it’s not always easy to know how to handle the stresses and pains of family life. (Balswick 1997: 15) Clergy will be so affected so much that they are not able to care for others. At certain times they would not trust anyone.

Not all family trauma comes from major disasters like fire or car accident. Much of the pain that overtakes us simply arises out of the “usual” occurrences of day-to-day life. Pain comes from dozens of situations and circumstances (Balswick 1997: 16)
When One Suffers, All Suffer

Whether you realize it or not, the problems that affect you also affect your family. In 1 Cor 12: 26, Paul says that all believers are part of the body of Christ, so much so that “if one part suffers, every part suffers with it.” That’s an apt description of the way things work within the human family too. (Balswick 1997: 19) In the same spirit, within the congregation there are those who will support the clergy and his family. When crucifixion occurs, they are also affected because of the nature and connection to the clergy family.

When one member of the family or community suffers, all the other members share in and are affected by that pain. (Balswick 1997: 19- 20) In fact, family pain is so powerful that, left unnoticed, or unattended, it can become part of a family’s heritage, passed down from one generation to the next. (Balswick 1997: 20)

Why is it that when one member of the family hurts all the members hurt? Because that’s the way God designed us to live- within the context of community. Human beings operate at their optimum level when they are in proper relationships with other human beings. God built us in such a way that we need to support one another, to be empathetic, to share one another’s burdens. (Balswick 1997: 20) Trauma is part of us and we need to deal with
it by addressing the pain affecting those in crisis—especially children who are usually neglected overlooking their pain at that time.

**CHILDREN AND TRAUMA**

Traumatic events can induce stress in anyone, especially children. Children often show symptoms related to a disaster. A basic method for assessing the extent to which children have been affected is to ask their Sunday School teachers and parents about such things as—changes in sleep patterns, lack of motivation, changes in relationships with family members or peers (clingy and dependant or withdrawn and isolated), hostile behaviour, changes in grades at school. Along with fears and worries. (Weaver 2003: 58)

When a severe psychological trauma occurs, such as a life-threatening assault, it is not unusual for a survivor to feel shaken, unsafe and insecure for some time. Emotional injury is essentially a normal response to an extreme event. (Weaver 2003: 73) One can see the effects of this among clergy families who have been traumatized as will be shown in the stories in the later chapter.

“Children also suffer from psychological trauma and can have the full constellation of PTSD symptoms. Children and, as a result, their family members often experience psychological trauma from serious injury such as
a motor vehicle accident. PTSD is also common among children who are abused or neglected or who are put in grave danger. These children can have much the same set of PTSD features as adults, although expressed in somewhat different ways,” (Weaver, Flannelly, Preston 2003: 21)

“One of the primary researchers in the area of childhood trauma, Dr. Lenore Terr, suggests that four characteristics are often seen in traumatized children: ‘Visualised or otherwise repeatedly perceived memories of the traumatic event, repetitive behaviours, trauma- specific fears, and changed attitudes about people, life and the future’” (Weaver, Flannelly, Preston 2003 : 21)

Though PTSD can appear at any age, it is most prevalent among young adults as a result of the higher incidental rate of precipitating stressors. In general, children and older adults have difficulty coping with traumatic stress than persons in midlife. Young children have not developed adequate skills, and older people may be physically frail and less able to maintain coping strategies. A lack of adequate social support and additional stress will make a person more vulnerable to PTSD. (Weaver, Flannelly, Preston 2003: 22) It is therefore important that clergy be cared for after such an event. If they are transferred to another circuit, they must attend therapy in order to be ready to minister in the next congregation.
CHILDREN, TRAUMA AND FAITH IN GOD

A child’s capacity for belief and her/his images of God emerge from her early interactions with parental figures. Disturbances in these relationships distort not only the formation of her identity, but also the possibilities for her experience of religious faith. As Erik Erikson’s famous phrase suggests, “trust born of care” is central for the possibility of religious belief. Caring that engenders the ability to trust in God’s care involves how one was held and honored as well as verbal expressions of affection and experiences of trustworthiness and love (Glaz & Moessner 1991:114)

RESPONSES TO TRAUMA

“With psychological trauma, an individual’s sense of order and continuity of life is shattered. Questions of meaning and purpose arise as a person experiences a loss of control over his or her destiny. (Weaver, Flanelly 2003: 24) In addition to emotions of fear, sadness and loss, there are other associated feelings- guilt, shame, anger, and existential anxiety. (Weaver, Flanelly 2003: 43)

When a severe psychological trauma occurs, such as a life- threatening assault, it is not unusual for a survivor to feel shaken, unsafe and insecure for some time. Emotional injury is essentially a normal response to an extreme event. When a person’s basic sense of safety is altered, she may
have trouble concentrating and falling or staying asleep. She may feel
detached and numb and her ability to trust others may be compromised.
Many teens who experience a psychological trauma self-medicate with such
substances as alcohol or drugs. (Weaver, Flanelly 2003:73-74)

Other reactions can include irritability, difficulty sleeping, fatigue,
palpitations, headaches and intensified reactions. Survivors may also
experience avoidance response, which can include moving out of their home
security, and adding further safety precautions for themselves and their
families. Many victims stay away from community activities that previously
were a part of their lives. Others may seek revenge for their victimization.
(Weaver, Flanelly 2003: 130) It is important to note that clergy, once they
serve, they no longer belong to themselves, but they are owned by their
congregations. As a result, they are expected to be angels with no faults
Anger and the experience of forgiveness with God are also painfully
intertwined. God rarely escapes the survivor’s rage. Recovery often requires
a period of travail and of deep ambivalence and anger with God for leaving
them unprotected. Pastors must listen non-defensively to such expressions
of anger and abandonment and acknowledge them as understandable. For
anger with God has a valuable place in the recovery of faith (Glaz &
Moessner 1991:119) Ordinary members get surprised when clergy and their
family get angry and upset. They do not expect them to behave like others.

Anger can be triggered by numerous sources including god for having created a world that can be dangerous or unfair. It is important for survivors to find a voice for their rage. If not expressed, honored and understood, anger can poison; it can result in bitterness, erupt into violence or chronic irritability and cause serious health problems (eg high blood pressure)

One common pathway for the resolution of anger is through forgiveness, but not ‘cheap forgiveness’. According to Dr. Peck, individuals must first find someone guilty before they can be pardoned. The heart of forgiveness may be the letting go of rage in such a way that it does not continue to dominate and contaminate one’s inner emotional life. (Weaver et al 2003:44) One must go through the process of confession, repentance, then forgiveness which will lead to reconciliation

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**DISSOCIATION**

Biological, clinical and social investigations have continued to converge on the fascinating phenomenon of dissociation. It has become clear that, as Janet observed one hundred years ago, dissociation lies at the heart of the traumatic stress disorder. Studies of survivors of disasters, terrorist attacks, and combat, have demonstrated that people who enter a dissociative state at the time of the traumatic event are among those most likely to develop long-lasting PTSD.

Though dissociation offers a means of mental escape at the moment when no other escape is possible, it may be that this respite from terror is purchased at far too high a price. People who reported having dissociative symptoms were also quite likely to develop persistent somatic symptoms for which no physical cause could be found. They also frequently engaged in self-destructive attacks on their bodies. Traumatized people relive in their bodies the moments of terror that they can not describe in words. Dissociation appears to be the mechanism by which intense sensory and emotional
experiences are disconnected from the social domain of language and memory, in the internal mechanism by which terrorized people are silenced. (Herman 1992: 239)

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The pain and destruction that one inflicts upon himself takes various forms. In the case of the author this was played out by his son who it was discovered later that he had gone into drugs. By the time the author discovered this, the boy was unpopular at his school as he was even the supplier of these drugs to his fellow students at his school.

However, this process, when handled properly can help a person to cope for a moment with trauma experienced within the congregation. It is one of the stages that one has to go through. If handled therapeutically, one can move
to the next stage of depression.

**TRAUMA COUNSELLING**

In spite of trauma, members of the congregation expect clergy to care and give support even though they are traumatized. “Clergy are most often called upon in crisis situations associated with grief, depression, or trauma reactions such as personal illness or injury, death of spouse, death of a close family member, divorce or marital separation, change in health of a family member or death of a close friend’(Weaver et al 2003: 24- 25) “Research over several decades has demonstrated that millions of Americans call upon clergy for help in times of crisis” (Weaver, Flanelly 2003: 22) The above is also true in Africa.

However, not everyone who experiences these crises situations ends up with harmful effects. Some people are able to go through them without being significantly traumatized(Neuger 2001:105)

Therefore, Pastors and congregations have the opportunity self- consciously to model community in which care is genuine, commitments are reliable, and each person’s dignity and worth are affirmed (Glaz & Moessner 1991:117) Gerkin is correct when he shares a method of shepherding which is never exercised on clergy during traumatic times.
THE NEED FOR CLERGY COUNSELING

Howard Stone says: “Part of the pastoral care and counseling of clergy is offered to those who survive traumatic events” (Weaver, Flannelly and Preston: 2003). In the Foreword of the same book, Charles R. Figley says: “Counseling survivors of traumatic events is a beckoning to help and be helped by those who have experienced something unforgettable. Being helped ourselves through our helping others is bearing witness to the wonder of the human spirit. This is the paradox of helping the traumatized”. (Weaver, Flannelly and Preston 2003: 11).

He continues: “There is no genuine peace until a survivor is able to address with satisfaction at least three universal questions:

- Why did this happen?
- Why did this happen to me?
- How can I ever put my life back together again and feel okay after knowing what I know “It is at this point that a person is face- to- face with a counselor, seeking the answers to these fundamental questions. The answers must come from the survivor’s own spirituality and faith. There is no one better prepared to enable those persons to search and find the answers than clergy?”( Weaver, Flannelly and Preston 2003: 12)
Though the above is true, the challenge for the clergy family is who is the clergy to turn to at this moment, because the minister they know and trust is the one affected in this conflict? This reality was highlighted when one of the women whose family had gone through this pain said that she did not know to which minister she could turn to because she had lost trust in the clergy because, according to her, the bishop is representative of the clergy. So, if the Bishop, who should be exemplary treats other ministers like this, so there is no one to turn to.

**People Use Faith To Cope With PTSD**

“With psychological trauma, an individual’s sense of order and continuity of life is shattered. Questions of meaning and purpose arise as a person experiences a loss of control over his or her destiny. Religious faith is a primary coping strategy for many people suffering from psychological trauma, with one-half of three quarters of PTSD sufferers indicating that their faith helps them cope” (Weaver, Flanelly 2003: 24)

This is one process some of the clergy utilize to help them cope with traumatic experiences. These use theological issues such as ‘the glorification of suffering’, that is sometimes called from our theologies of atonement. They regard the crisis as salvific or a means to deeper spirituality and thus
accept this type of suffering. Thus, to them, mandates like humility, forgiveness, submission, sacrificial love, passive acceptance of suffering and meekness are regarded as redemptive (Neuger 2001:98-99) At this point, clergy are encouraged to endure suffering because it purifies them and makesd them holy.

Weaver, Flanelly summarise by saying that:

- Religious faith is a primary way people cope with its negative effects
- Faith communities can offer both the social support and a healing means of addressing a traumatic experience.

“How devastating a particular experience is must be understood from a person’s own perspective. For a number of years, only life- threatening events were considered to be traumatic by psychological literature. However, recent studies have made it clear that a wide array of experiences can be traumatic, depending on the individual. (Weaver et al 2003: 24-25)

In conclusion, clergy are human beings who also need to be cared for and loved by others.

**TRAUMA Debriefing**

Reconstructing of the trauma story begins with a review of the patient’s life before the trauma and the circumstances that led up to the event. Yael
Danieli speaks of the importance of reclaiming the patient’s earlier history in order to “re-create the flow” of the patient’s life and restore a sense of continuity with the past. The patient should be encouraged to talk about her important relationships, her ideas and dreams, and her struggles and conflicts prior to the traumatic event. This exploration provides a context within which the particular meaning of the trauma can be understood. (Herman: 1992: 176)

The next step is to reconstruct the traumatic event as a recitation of fact. Out of the fragmented components of frozen imagery and sensation, patient and therapist slowly reassemble an organized, detailed, verbal account in time and historical context. The narrative includes not only the event itself, but also the survivor’s response to it and the responses of the important people in her life. The completed narrative must include a full and vivid description of the traumatic imagery. Jessica Wolfe describes her approach to the trauma narrative with combat veterans: “We have them reel it off in great detail, as though they were watching a movie, and with all the senses included. We ask them what they are seeing, what they are hearing, what they are smelling, what they are feeling and what they are thinking.” (Herman: 1992: 177) This process of reconstruction helps them to face the reality and deal with the traumatic events that affect them.
A narrative that does not include the traumatic imagery and bodily sensations is barren and incomplete. The ultimate goal, however, is to put the story, including its imagery, into words. The patient’s first attempts to develop a narrative language may be partially dissociated. The recitation of facts without the accompanying emotions is a sterile exercise, without therapeutic effect. At each point in the narrative, therefore, the patient must reconstruct not only what happened, but also what she felt. The description of emotional states must be as painstakingly detailed as the description of facts. As the patient explores her feelings, she may become either agitated or withdrawn. (Herman: 1992: 177)

She is not simply describing what she felt in the past, but is reliving those feelings in the present. The therapist must help the patient move back and forth in time, from her protected anchorage in the present to immersion in the past, so that she can simultaneously experience the feelings in all their intensity while holding on to the sense of safe connection that was destroyed in the traumatic moment. Reconstructing the trauma story also includes a systematic review of the meaning of the event, both to the patient and to the important people in her life. The traumatic event challenges an ordinary person to become a theologian, a philosopher and a jurist. The survivor is
called upon to articulate the values and believes that she once held and that the trauma destroyed. She stands mute before the emptiness of evil, feeling the insufficiency of any known system of explanation. (Herman: 1992: 177-178) As one handles this process with honesty, the person is able to deal with wounds that have been buried within.

Survivors of atrocity of every age and every culture come to a point in their testimony where all questions are reduced to one, spoken more in bewilderment than in outrage: WHY? The answer is beyond human understanding. Beyond this unfathomable question, the survivor confronts another equally incomprehensible question: WHY ME? (1992: 178)

In the telling, the trauma story becomes a testimony. Inger Agger and Soren Jensen, in their work with refugee survivors of political persecution, note the universality of testimony as a ritual of healing. Testimony has both a private dimension, which is confessional and spiritual, and a public aspect, which is political and judicial. The use of the word “Testimony” links both meanings, giving a new and larger dimension to the patient’s individual experience.

Richard Mollica describes the transformed trauma story as simply a “new story”, which is “no longer about shame and humiliation”, but rather, “about dignity and virtue.” Through their storytelling, his refugee patients “regain the world they have lost.” (Herman: 1992: 181)
It appears, then, that the “action of telling a story” in the safety of a protected relationship can actually produce a change in the abnormal processing of the traumatic memory. With this transformation of memory comes relief of many of the major symptoms of post-traumatic stress disorder. The physioneurosis induced by terror can apparently be reversed through the use of words. (Herman: 1992: 183)

From the outset, the therapist should place great emphasis on the importance of truth-telling and full disclosure, since the patient is likely to have many secrets, including secrets from herself. The therapist should make clear that the truth is a goal constantly to be striven for, and that while difficult to achieve at first, it will be attained more fully in the course of time. Patients are often very clear about the fundamental importance of a commitment to telling the truth. To facilitate therapy, one survivor advises therapists: “Make the truth known. Don’t participate in the cover-up. When they get that clear, don’t let them sit down. It is like being a good coach. Push them to run and then run their best time. It’s OK to relax at appropriate times but it’s always good to let people see what their potential is.” (Herman: 1992: 148)

**Restoring Control**

Trauma robs the victim of a sense of power and control; the guiding
principle of recovery is to restore power and control to the survivor. The first task of recovery is to establish the survivor’s safety. This task takes precedence over all others, for no other therapeutic work can possibly succeed if safety has not been adequately secured. (Herman: 1992: 159) One is able to see clergy who are not able to function once traumatized.

Survivors feel unsafe in their bodies. Their emotions and their thinking feel out of control. They also feel unsafe in relation to other people. They are not able to communicate with congregants. Establishing safety begins by focusing on control of the body and gradually moves outward toward control of the environment. Issues of bodily integrity include attention to basic needs, regulation of bodily functions such as sleep, eating, and exercise, management of post-traumatic symptoms, and control of self-destructive behaviors. Environmental issues include the establishment of a safe living situation, financial security, mobility, and a plan for self-protection that encompasses the full range of the patient’s daily life. Because no one can establish a safe environment alone, the task of developing an adequate safety plan always includes a component of social support. (Herman: 1992: 160)

The survivor may want to seclude herself in her home, or she may not be able to go home at all. If the perpetrator of the trauma is a family member,
home may be the most unsafe place she can choose. Crisis intervention may require a literal flight to shelter. A good example is of a number of clergies who are no longer enthusiastic about ministry and no longer function properly in ministry because the body is dysfunctional. Once the traumatic person has established a refuge, she can gradually progress toward a widening sphere of engagement in the world. It may take weeks to feel safe in resuming such ordinary activities as driving, shopping, visiting friends or going to work. The survivor’s relationships with other people tend to oscillate between extremes as she attempts to establish a sense of safety. She may seek to surround herself with people at all times, or she may isolate herself completely. In general, she should be encouraged to turn to others for support, but considerable care must be taken to ensure that she chooses people whom she can trust. (Herman: 1992: 162)

Having come to terms with the traumatic past, the survivor faces the task of creating a future. She has mourned the old self that the trauma destroyed; now she must develop a new self. Her relationships have been tested and forever changed by the trauma; now she must develop new relationships. The old beliefs that gave meaning to her life have been challenged; now she must find anew a sustaining faith. These are the tasks of the third stage of recovery. In accomplishing this work, the survivor reclaims her world.
This can be clearly seen in the story of Mrs. Ramagata. She was a very active member of the women’s prayer union of our church. Very good in starting poverty alleviation projects with members of this union. A good leader and popular in the community. When her husband was accused of misappropriating the church’s money and was forcefully removed from the congregation she was so devastated as this also affected her daily involvement in the women’s union. The most unfortunate thing is that her husband was assaulted while on suspension and died.

She struggled with these two tragic incidents for quite some time till she joined another non-governmental organization in the township. This group helped her in rebuilding her life to such an extent that she later came back to the very same church that had crucified her husband and she offered for the ministry. As of now she is an ordained minister of the same church.

Now from her newly created safe base she can now venture forth. She can establish an agenda. She can recover some of her aspirations from the time before the trauma, or perhaps for the first time she can discover her own ambitions. She is now ready to incorporate the lessons of her traumatic experience into her life. She is ready to take concrete steps to increase her sense of power and control, to protect herself against future danger, and to
deepen her alliances with those whom she has learned to trust. (Herman: 1992: 197)

**Reconnecting With Others**

By the third stage of recovery, the survivor has regained some capacity for appropriate trust. She can once again feel trust in others when that trust is warranted, she can withhold her trust when it is not warranted, and she knows how to distinguish between the two situations. She has also regained the ability to feel autonomous while remaining connected to others; she can maintain her own point of view and her boundaries while respecting those of others. With others, she is now ready to risk deepening her relationships. With peers, she can now seek mutual friendships that are not based on performance, image, or maintenance of false self. (Herman: 1992: 205)

Resolution of the trauma is never final; recovery is never complete. The impact of a traumatic event continues to reverberate throughout the survivor’s lifecycle. Issues that were sufficiently resolved at one stage of recovery may be reawakened as the survivor reaches new milestones in her development. Though resolution is never complete, it is often sufficient for the survivor to turn her attention from the tasks of recovery to the tasks of ordinary life. The best indices of resolution are the survivor’s restored capacity to take pleasure in her life and to engage fully in relationships with
others. She has become more interested in the present and the future than in the past, more apt to approach the world with praise and awe than with fear. (Herman: 1992: 211-212)

Traumatic events destroy the sustaining bonds between individual and Community, clergy and congregation, stewards and the Bishop. Those who have survived learn that their sense of self, of worth, of humanity, depends upon a feeling of connection to others. The solidarity of a group provides the strongest protection against terror and despair, and the strongest antidote to traumatic experience.

I. Trauma isolates; the group re-creates a sense of belonging.
II. Trauma shames and stigmatizes; the group bears witness and affirms.
III. Trauma degrades the victim; the group exalts her.
IV. Trauma dehumanizes the victim; the group restores her humanity. (Herman: 1992: 214)

Repeatedly in the testimony of survivors there comes a moment when a sense of connection is restored by another person’s unaffected display of generosity. Something in herself that the victim believes to be irretrievably destroyed—faith, decency, courage—is reawakened by an example of common altruism. Mirrored in the actions of others, the survivor recognizes and reclaims a lost part of herself. At that moment, the survivor begins to rejoin the human commonality. (Herman: 1992: 214)
SUMMARY

So trauma does not select. It affects every one. It does not have age or gender. So no one is immune from trauma, laity or the parsonage family. And when it does occur, it overwhelms, paralyses and confuses one. It changes the victim’s personal construction of reality.

“To transform the lives of people affected by trauma, faith and pastoral care matter. Religion and spirituality can provide the necessary stepping stones for the traumatized struggling to answer the haunting questions that, if left unaddressed, will be major stumbling blocks to peace of mind and expressing God’s presence”( Weaver, Flanelly 2003:13)

Having explored trauma in this chapter, the author will now consider some of the stories he gathered from his interview subjects in the next chapter.
CHAPTER 5: STORIES

INTRODUCTION

The author will briefly consider some of the stories he gathered from the families he interviewed. The author declares that all the stories in this research are true, only names and places have been changed in order to protect innocent people. The following story will illustrate the crucifixion the clergy suffer and the subsequent trauma that affect the family, especially women and children within the manse. While sharing these stories, the author acknowledges that there are various causes to these conflicts, but will not deal with these. He is aware that some conflicts in some instances are without reason willfully caused by congregants while in some instances it is the clergy themselves who have brought these upon themselves by committing certain mistakes. So, pastors are not necessarily innocent victims. Some of the pastors are troublesome and lead the parishioners to react in destructive ways. Hence they have a part they have played that led to their crucifixion.

Sharing The Stories

When an earthquake or a fire or a flood hit, the disaster indiscriminately touches all who happen to be standing in its path, including children (Balswick 1997: 195) Four stories of trauma are going to be shared in order
to indicate the effects of it, and how it affects caring and ministry to congr egants. The first story to illustrate this truth follows below.

The Moseleti Family

The author had payed his colleague in the ministry, Rev. Moseleti a visit at his manse. On his arrival at the manse, a serious conversation was taking place in the manse between Rev. Moseleti’s wife and some members of the congregation. The minister’s children were listening curiously to the conversation. As the wife was giving details of what had happened, the author realized that she was trembling and in tears. Suddenly one child interjected and asked the mother: “So what’s going to happen to us? Will the people come for us as well? Is it still safe for us to continues staying here? Where is dad? Is he safe where he is? These questions summarise the way of trauma as it affects the family, especially the children.

The background to this story is that one of the societies that was under the Pastoral care of Rev. Moseleti had received an enormous amount of money from the previous government when they were forcefully removed from their previous township. This money was then put into a trust account and has been there for some time. The unfortunate part was that some of church members that belonged to this congregation had refused to move, and they
continued using the church building even after some of the members had already moved. Years later, the other halve of the congregation that had moved to a new place had grown in number and wanted to use this money to build themselves a church. On hearing this, the group that had remained at the old township also came up with a proposal to renovate the old church building they were still occupying as it had started showing signs of dilapidation.

This issue was discussed hotly in quite a number of meetings without any progress. Finally, the minister, in an attempt to resolve this matter, came up with a middle course suggestion that since the money was a reimbursement for the old church, and that the previous government had not demolished it as they had intended, and that the new government has promised that the people still occupying that place will no longer be removed from the area, so the money should, in a Christian spirit and honesty be returned to the government. He should not have said this. Now the two opposing groups clubbed together and opposed him vehemently. He was astonished the following Monday to see the conflict on a front page of a local newspaper. An emergency meeting was convened the following Saturday. It was on this same Saturday that the author had visited the minister.
In that meeting, the two groups had mobilized more people to support them against the minister. At that meeting, the congregants held the minister hostage and said he could not chair the meeting saying they want the minister to invite the Bishop who was 300 kilometres away to come chair the meeting, failing which he, together with his family was going to be forcefully removed from their manse. It was at this moment that the wife managed to sneak out of the meeting and rushed home where on arrival she met some members of the women’s group that had come for their weekly prayer meeting and she told them of this fracas. The trauma began spreading among family and those members who were supporting the minister.

**The Ramakala Family**

Another story is that of one family that I interviewed and they told me that their son Ramakala, not his real name, is a drug addict. Ramakala grew up loving the church his father was serving. He grew up very active and highly committed to a number of projects led by the youth in his church. Then, how come she hates the church’s youth so much?

The crisis here started when his father, Rev. Motaung, was moved by conference to a new circuit. Seemingly his predecessor had bad-mouthed him in the congregation. So, even before his arrival in his new appointment,
the congregation was already against him, to such an extent that when the removal truck arrived with his goods at the new manse, the youth had been so much influenced against him that they refused the truck entry into the manse to offload the furniture. By that time the minister had already made arrangements for his children schooling in that area. On hearing this, the children pleaded with the father not to take them along to his new appointment. So he later made arrangements for them to remain with a friendly family at his previous station and continue their schooling in that area. Though this crisis did not last long, it left a deep scar in Ramakala.

**The Modise Family**

Mrs. Modise is not a very nice person. She is very aggressive and always hurts other people. She is the wife to Rev. Modise. Rev. Modise is no longer in the ministry. As a result, his wife continues to act like a minister’s wife and making life difficult for those ministering. When I went to interview him I found him in greasy overalls at his home, with a yard full of motor vehicles that had been brought to him for repairs. It is because of his wife’s behaviour that he finds himself in such a situation. Because of this behaviour, many congregations refused to accept him as their minister. Thus, he could not be placed in the ministry.
Prior to this behaviour, she used to be a soft-spoken, well-mannered lady from a Christian background. The trouble started when he was moved by conference to a new station much against the congregation that had extended his invitation for an extra period of three years. He was however, forcibly removed by conference to a new station. At the very new station he was unfortunately not welcomed as word had reached them that he was reluctant to come serve them. So they also retaliated but refusing him entry into their manse and church premises. And because by then, he had not yet started building himself his own house, he ended up having had to request one family in the area to accommodate him and his family in their own backyard. That year was a bitter year for the family. No home. No job. No income. They had to live on hand-outs from good Samaritans. That was the beginning of the wife’s bitter attitude towards the church and parishioners-Hence her aggression towards them

Later the conference tried to offer him another station. Unfortunately, the congregation had already heard of the wife’s behaviour and they also took up arms and refused his services. Since then it has been a domino principle, hence his situation of being without a station. Some of the reactions are caused by the action from the clergy family. The main question to ask is, who cares for the clergy and their families when they are traumatized?
The Raborifi Family

Though Mrs Raborifi had earlier in life had very painful experiences, according to her however, these experiences helped her to become a very good mother to her children, a supportive wife to his husband as well as good counselor to members of the congregation as well as an excellent advisor to the young and recently married minister’s wives. According to her, she did not need any healing of those past hurts. She was fortunate that her first church was very loving and carrying to her during her crisis. This therefore empowered her to make peace with any traumatic experience she had in the ministry.

THE SURVEY

For the author to acquire this information, he had to conduct a survey by means of the structured questionnaire in appendix “A”. This interview questionnaire was first sent either electronically, by fax or mail to willing participants after having discussed the research with them telephonically. The author was surprised to discover what a great number of people have been awaiting such a research. It was unbelievable how quick with excitement these subjects responded and returned the questionnaires the same way I did. From the submitted questionnaires, the author then selected few to be personally visited at their residences and extensively interviewed.
What came out of these responses and interviews was that most of the stories were easily associated with the stories mentioned in this research. Most people who experienced traumatic stress received no professional treatment and little real help from friends and family. They are cast adrift in emotional turmoil that often feels unending. Thus they suffered alone.

**The Response Of The Church**

From the inferences drawn from the above narratives, the author therefore surmises the following:

The stories of these subjects were never heard. They were therefore deprived of opportunities to help them heal. Though they had the urge and desire to talk, nevertheless, no one invited them to share their experiences. No one came near to help them make sense out of their traumatic experiences so that they could find direction for their future lives.

They lacked someone who could help them to deconstruct oppressive and hurtful memories they held. As a result, they are still held captive by their painful memories and unhealthy patterns which play themselves out in their current attitudes and behaviours.

They never got somebody to help them grieve such that they could not transform their sufferings into hope. They are still stuck in their hurts of the
past that continues to affect their current attitudes

In other words, they had no pastor to journey with in their trial and tribulations. No one cared so as to empower them. They were just left alone, hence many of them secluded themselves and never desired to go back to the places that caused their pain or minister because they were wounded.

**SUMMARY**
Survivors of terrible events are often motivated to volunteer as research subjects in the hope that helping others may give meaning and dignity to their suffering. (Herman 1992: 240)

This fact was demonstrated clearly during the survey. Therefore, from the stories above, the author can make the following conclusions.

He ha learnt that in those persons who responded so positively to the interview, there has been a desire for them to narrate their stories to people who were ready to listen, care and willing to help. So, the author agrees with Weaver who say that the presence of a caring pastor in difficult times as well as the solidarity of the church with survivors of violence is very important. (Weaver et al 2003:131). But because the people affected here are family members of a ‘crucified’ pastor, then another pastor is needed to care for them. The author here thinks of the Bishop as the chief pastor who should be the one journeying with these people therapeutically, helping them to get in touch with trauma and reality.
CHAPTER 6: RECOMMENDATIONS TO THE CLERGY AND THE CHURCH

INTRODUCTION

In each case, one realized how clergy and family were seeking healing and recovery but could not find any.

The first principle of recovery is the empowerment of the survivor. She must be the author and arbiter of her own recovery. Others may offer advice, support, assistance, affection and care, but not cure. No intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in her immediate best interest. The survivor should be consulted about her wishes and offered as much choice as is compatible with the preservation of safety. (Herman: 1992: 133-134)

The overriding expectation of the clergy for their wives is that she be supportive. This support takes different forms. One is emotional support. It is to their wives that ministers turn for a catharsis of resentment, disappointment, and hurt, making their wives combination confessors and wailing walls. Such support is obviously to be accessible, non-judgmental and very partisan. Many times this assignment leads to strain and difficulty for the wife in her relationship with persons in the congregation or community. She must silently bury the knowledge of some individual’s
effect upon her husband’s being and work. In some ways she is, in her husband’s eyes, a burden-bearer upon whom he can load all the baggage that accumulates as he relates to those in the congregation. (Ross 1980: 38-39) One of the greatest mistakes is for clergy to offload problems on their spouses. This causes problems because they become emotionally blinded by the issue.

**The Church’s Challenge To Offer Help?**

The Italians have a phrase, “la bella figura,” which means in essence-‘putting the best face forward’. Clergy and their spouses have become masters in the art. They hide all manner of conflict and trauma with an air of self-control and optimism. This incorporates a high degree of conflict and failure denial which seems a part of clergy self-perception. (Ross, 1980:108) One of the expectations from the congregation is for clergy family to be strong.

For the clergy couple, the wife becomes the lone outlet for her husband’s emotions and is in the nearly impossible position of being her husband’s only “close” friend. It is a great burden for a woman to bear the pressure of being the sole object of a man’s humanity- This places a hardship on the love relationship of marriage. (Ross 1980:52-53)

One of the most poignant questions to be answered by the clergy wife is this
one: “Upon whom would you call for pastoral care?”

A significant number indicated that either they did not know or there was no one to whom they could turn. Another pastor was named as a likely resource, but this was viewed, even by those giving this answer, as less than ideal. (Ross 1980:92)

The majority indicated that they would turn to their husbands. (Ross 1980:93)

The problem of confidentiality is a very real one and reflects the dread felt about disclosure of conflict in the minister’s life. The perception of themselves as expected to “have it all together” inhibits efforts to seek help. (Ross 1980:93)

In terms of the need to be listened to and advised on the basis of intimate friendship, the clergy wife is very much alone. (Ross 1980:94)

The very lack of friends by the great majority of clergy wives makes celebration or grieving a difficult and very private occurrence. (Ross 1980:95)

Pastoral care should be the hallmark of the Christian church- that institution which is not the message of the gospel, but, its vehicle. A relationship to that body is an important ingredient for the life of the believer in Christ. Worship
and learning are a part of the fellowship. The clergy wife needs this education and discipline as fully as anyone else and yet her affiliation is vastly different from the experience of others. (Ross 1980:98)

It is a classic irony of the life of the clergy wife that the people who strive in every way to attract and please members in the church take her for granted. (Ross 1980:98-99)

During the years of my husband’s ministry, I have never been asked by a lay-person or an officer to affiliate with the congregation. I have a feeling that I was part of the moving, like all the boxes of books deposited in the study. (Ross 1980:99)

Where did we ever get the notion that ministers can’t be ministered to? We didn’t get it from Jesus. He washed His disciples’ feet, but He also allowed them to wash His feet (John 12, 13). Could it be that we are so busy washing other people’s feet that we fail to see the need for letting other people wash our feet; that we see ourselves only as ministers and not as those to whom someone else can minister; that we wrap our cloak of loneliness more tightly around us by not allowing ourselves to need people? (Senter, 1979:87)

Truth is, the direct victim of a crime or an abusive act is not the only one who suffer. There are other silent victims as well. These are the family
members of the perpetrator, as well as the victim. (Balswick, 1997: 203)
If you are a victim of a traumatic incident, you carry a great responsibility toward your children. They turn to you to make some sense out of what happened, for reassurance that the world isn’t really bad, and for directions as to how to pick up the pieces and continue with their lives. (Balswick, 1997: 211)

**Treatment For Trauma**
Create Safety And reduce Demands: For many with PTSD, the world is now experienced as highly unpredictable. Those things once counted upon for reassurance and protection seem no longer reliable. Existential anchors (such as beliefs that the world is fair) are shaken(Weaver et al 2003:39)
Survivors need someone who cares and is trying to understand.( Weaver et al 2003:40)
Another way to help create safety is to explore with persons whether they are currently exposed to experiences that foster ongoing fear or stress. For example, soldiers with PTSD are taken from the battlefront and removed from the sights and sounds of war to prevent retraumatization.( Weaver et al

In addition to emotions of fear, sadness and loss, there are other associated feelings- guilt, shame, anger, and existential anxiety. (Weaver et al 2003:43)
Existential anxieties are almost never alleviated by platitudes (such as, life will go on, time heals all wounds, just trust in God and you’ll be okay). In the wake of traumatic events, survivors do not need advice, but they do benefit from experiencing genuine support and a human connection. Thus, patience, care, love and continued availability are the responses that afford the greatest chance of reducing the suffering of survivors facing existential crises. (Weaver et al 2003:44)

Thus, social support from friends, family and church members is necessary to help survivors. Thus support from family and church members and friends is vital(Weaver et al 2003: 52)

**Treatment For Children**

Traumatic events can induce stress in anyone, especially children. Children often show symptoms related to a disaster. A basic method for assessing the extent to which children have been affected is to ask their Sunday School teachers and parents about such things as- changes in sleep patterns, lack of motivation, changes in relationships with family members or peers (clingy and dependant or withdrawn and isolated), hostile behaviour, changes in grades at school. Along with fears and worries. (Weaver et al 2003:58)

School- age children and adolescents are able to talk about sadness and
should be strongly encouraged to do so. The intensity of their grief will usually be at its peak shortly after the disaster and decrease during the next few weeks. Thus, the provision of emotional support by family and the community for children’s grief reactions is important. Unfortunately, a family’s response may not always be helpful. However, the primary goals are to keep the family together, to provide support and encourage family communication. (Weaver et al 2003:60)

For children experiencing symptoms of PTSD, it is important to listen and to emphasise their strength and abilities to cope with difficulties as demonstrated in the past. It is also helpful to reinforce a child’s courage during the disaster. The goal is to decrease stress for a child and facilitate working through loss by listening and emphasizing youngster and family. Sometimes encouraging children to make drawings help them express their fears. Observing them at play can help adults sort out children’s emotional stress. (Weaver et al 2003:60)

Many teens who experience a psychological trauma self-medicate with such substances as alcohol or drugs. Faith communities can be helpful in preventing this torture. Programmes in conflict resolution and anger management can be introduced. (Weaver et al 2003:74)

“Hate Crime”: Victims of such violence are more likely to sustain severe
physical and psychological injury than are victims of other forms of violent crime. Survivors of hate crime are often left with strong emotional reactions, which can include terror, rage, or anger at the perpetrators; intense fear for themselves; a deep suspicion of others and diminished self-confidence. (Weaver et al 2003:129-130)

**Support Groups.**

We are hurt by other people, and we depend on others for healing. “The crucial fact of life is this; we are hurt by other persons, we are made sick through our relationships with other persons. We are also cured through other persons. The healing process is a process of relationships”. When a member of the community is hurt, it is the responsibility of other members to offer shelter, care, and assistance. To stem the tide of evil, we must continue to search for effective ways to respond to the hurts of others and to heal the divisions evil creates and magnifies within persons and within systems, rather than use these divisions to further divisiveness, antagonism and retaliation. (Means 2000: 129)

The emotional support that traumatized people seek from family, lovers and close friends takes many forms, and it changes during the course of resolution of the trauma. In the immediate aftermath of the trauma, rebuilding of some minimal form of trust is the primary task. Assurances of
safety and protection are of the greatest importance. The survivor who is often in terror of being left alone craves the simple presence of a sympathetic person. If by contrast, the survivor is lucky enough to have supportive family, lovers or friends, their care and protection can have a strong healing influence. Once a sense of basic safety has been reestablished, the survivor needs the help of others in rebuilding a positive view of the self. (Herman: 1992: 61-63)

The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections. Recovery can take place only within the context of relationships; it cannot occur in isolation. In her renewed connections with other people, the survivor recreates the psychological faculties that were damaged or deformed by the traumatic experience. These faculties include the basic capacities for trust, autonomy, initiative, competence, identity and intimacy. Just as these capabilities are originally formed in relationships with other people, they must be formed in such relationships. (Herman: 1992: 133)

Supportive networks, such as faith communities, are crucial resources for survivors of psychological trauma. They help people in the ongoing recovery process, both by the sharing of resources and practical assistance and
through the emotional support they provide to deal with the disaster and its aftermath. Faith can help give interpretive meaning to life events that are harsh and unfair. (Weaver et al 2003:68)

Because traumatic life events invariably cause damage to relationships, people in the survivor’s social world have the power to influence the eventual outcome of the trauma. A supportive response from other people may mitigate the impact of the event, while hostile or negative response may compound the damage and aggravate the traumatic syndrome. In the aftermath of traumatic life events, survivors are highly vulnerable. Their sense of self has been shattered. That sense can be rebuilt only as it was built initially, in connection with others. (Herman: 1992: 61)

The hiring of a clergy couple to serve the pastoral-care needs of ministers and families is more complicated. It certainly would be within the realm of possibility for a denomination, through an administrative unit, to do so. (Ross, 1980:127)

**Can Anybody Out There Hear Me?**

Walter Brueggemann says grief and trauma are like different sides of the same coin. They are different, yet they go together, and where you find one, you find the other. The felt loss that leads to bereavement and grief is a form of trauma. The work involved in healing from trauma is similar in ways to
the work involved in complicated grief. As in the case of trauma, when loss occurs, we have no control or power to stop it. (Means 2000: 141)

He further continues to say that grieving is a means of bringing private hurt to public expression. Such public grieving breaks the silence of years of intimidation and abuse and is a manifestation of survivors taking a stand on behalf of themselves. When it is finally heard by someone outside themselves, this expression has the potential of further empowering survivors. Such public expression of grief may also get the attention of caregivers and the public who may otherwise remain defensively oblivious to the fact that someone in fact needs help. Equally important, however, is the fact that it is only through such public expression that hope can be kindled. (Means 2000: 147)
CHAPTER 7: CONCLUSION

Can The Research Empower The Church?

Ross on divorce says that since there is no pastor for the clergy couple, they must often deal with their feelings in a “do- it- yourself” mode. (Ross, 1980:107)

Most support needs, however, must be supplied by human contact. The provision of social activities for clergy couples is a way to bridge the chasm of loneliness and isolation. These, in the past, have been both denominational and ecumenical in scope. (Ross, 1980:127)

The provision for a counseling service or persons to supply compassionate listening would be helpful. (Ross, 1980:127)

A local church council or association in larger communities could undertake such a ministry as an ecumenical venture. This position could be filled by a retired pastor. It also might be filled by a clergy couple team, thus meeting two needs- pastoral- care for ministers’ families and an additional opportunity for employment for a clergy couple team. (Ross, 1980:127- 128)

“When one member of the family suffers, all the other members share and are affected by the pain.” (1 Cor 12: 26)

(Weaver 2003: 176) In addition, pastors have one another, a support system with the potential to help maintain perspective and find understanding.
during difficult times. And, most of all, they have their faith that fosters resilience and sustains community.

One of the primary sources of support for clergy is a professional peer group. A clergy peer group has the power to buffer the impact of traumatic stress, to normalize the disturbing reactions, and to help pastors maintain connections with those they serve, despite their personal upheaval. The author suggests the creation of a group that will help clergy deal with their problems.

Consulting with colleagues can help in determining whether one’s perspective has become distorted. Pastors who do not have the opportunity to consult with peers, run the risk of losing their sense of perspective.

In a national survey of United Methodist clergy, 85% believed that religious bodies should provide opportunities for clergy and their families to receive private, confidential and low-cost counseling.

(Weaver: 177) One excellent model of how this can be implemented is found in the East Ohio Conference of the United Methodist Church. Since 1968, the Conference has provided pastoral counselors whose services are available as a resource to clergy, full-time church professionals and their families. The Conference recognizes that because of their position, clergy
are frequently asked to be caregivers by those facing spiritual and personal crisis. The Pastoral Care Programme has counselors with training to integrate the resources of faith and behavioral sciences.

The above methods will help the MCSA in ways of caring for its ministers.

**BISHOPS AS PASTOR PASTORUM**

Let the bishops be true to their calling as chief pastors to their clergy. This is where Gerkin’s theory of shepherding is very important. That is also how the position of bishop is designed within the MCSA, and one of the reasons why this church adopted titles of bishops was precisely for this reason, that they be separated from congregations to enable them to take care of their flock, the clergy and their households.

Thus, a call is made for bishops to be equipped so as to be able to rise to the occasion and offer pastoral care to their clergy and their households. For pastoral care is the hallmark of the Christian church, though recently this important ministry has been put aside in favour of office administration.
ESTABLISHMENT OF EMPLOYEE ASSISTANCE PROGRAMMES.

Government institutions, secular business and corporate companies have discovered the need for caring for their employees to maximize service delivery on the one hand and minimize sicknesses in their employees on the other as well as lower medical expenditure. Thus, they have established programmes to deal with these matters. These programmes are called Helping Professions, Employee Assistance Programmes as well as Integrated Employee Health And Wellness Services.

These programmes vary in composition from one company to the other according to the needs of these institutions. For instance, in the Law Enforcement Agencies and State Security Forces they comprise of social workers for members going through social crisis and stressful workplace conditions; psychologists for members experiencing emotional and psychological problems as well as the clergy for members in need of spiritual guidance and counseling.

These programmes are intended to help employees and members of their households deal with their personal problems that might adversely impact their work performance, health and well-being.
These programmes deal with issues ranging from substance abuse, emotional stress, major life events such as births, accidents and deaths, health issues and/or legal issues to family/personal relationship issues.

These services are usually free to the employees and members of their households. For these professionals are already in the payroll of these institutions. Thus, these are prepaid services for the benefit of the employer and employee equally.

If the secular world has realized the significance of the well-being of their employees, what stops the church from establishing similar programmes for the benefit of the church, its clergy and members of the parsonage family and decrease the expenses on the medical aid scheme of the church?

**SETTING APART CLERGY COUPLES/SUPERNUMERARIES**

Acknowledging the financial constraints of the church and also in an attempt of cost-containment, cheaper ways of doing this would be to either set apart a mature, trustworthy and experienced clergy couple to run with this programme or utilize the services of the retired parsonage couple within the church. Such couples would then come I handy for the bishops during hectic
periods to set them free to attend to other matters of the church, while these couples would the take over the position of shepherding the affected parsonage family.

These couples would be present at the scene of action and their presence in the parsonage during these attacks would act as shock absorbers to the affected family and assure them of the omnipresence of God. It will also positively help them deconstruct this long-held believe that once one is ordained in the ministry of the MCSA, you are now on your own. No one will ever have any interest in your ministry, well-being or your family as it used to be during probation.
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“Appendix A”

INTERVIEW QUESTIONNAIRE

1. NAME______________________________________________________

2. DATE______________________________________________________

3. RELATIONSHIP TO THE CLERGY_____________________________

4. TELL ME YOUR STORY______________________________________

5. WHAT DID YOU THINK?
   a. BEFORE THE INCIDENT____________________________________
   b. DURING THE INCIDENT ___________________________________
   c. AFTER THE INCIDENT _____________________________________

6. HOW DID YOU FEEL?
   a. BEFORE THE INCIDENT____________________________________
   b. DURING THE INCIDENT ___________________________________
   c. AFTER THE INCIDENT _____________________________________

7. CURRENTLY WHAT DO YOU THINK?____________________________

8. HOW DID THIS AFFECT OTHER MEMBERS OF YOUR FAMILY?
9. HOW DO YOU FEEL NOW?_______________________________________

10. WHAT IS THE OVERALL THINKING AND FEELING OF
    MEMBERS OF YOUR FAMILY?_____________________________________

11. WHAT IS THE DEGREE OF YOUR CURRENT INVOLVEMENT IN
    CHURCH ACTIVITIES?___________________________________________

12. GIVEN ANY OPPORTUNITY, WHERE WOULD YOU LIKE TO SEE
    YOURSELF IN FUTURE?_________________________________________
INFORMED CONSENT FORM

FACULTY : THEOLOGY
DEPARTMENT : PRACTICAL THEOLOGY
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TITLE : Caring For Traumatized families Of “Crucified” Clergy: A challenge to pastoral care.

PURPOSE : To survey the extent of traumatic experiences of clergy families when the clergy go through emotional torture, how the church has responded to such and to finally make pastoral recommendations for the church to address such problems.

PROCEDURE

1. COMPETENCY: After having identified a prospective subject, the researcher shall, prior to entering into the consent with the subject, consider the ability of the subject to participate in the entire process starting from signing a binding agreement to participation in an interview, having regard at least to the following:
• Literacy
• Age
• Mental capacity
• General health status

2. DISCLOSURE:
• The researcher shall use standard written agreements, containing all the terms and conditions of the agreement and clearly reflect the rights and obligations of the subject and the researcher.
• The researcher shall, in a language understood by the subject, before the conclusion of the agreement, explain the essential terms of the agreement to the subject so as to ensure that the meaning and consequences of the agreement are understood.
• In the same spirit, the researcher shall inform the subject of all the possible risks and discomforts that may emanate during the interview.
• That the possible risks and discomforts are psychological in that the past will be resurrected as well as physiological that may lead to fatigue.
• That there are no financial benefits by participation other than a possible healing process if subject have not consulted any caregiver before.
• The researcher shall inform the subject that there is no filling of forms, save the signing of the consent form.
• The participants shall be the clergy as well as members of his/ her family
• Depending on the extent of the traumatic event and the size of the family, the duration of the interview will range from between one hour to three
hours per session. Where necessary, a second session shall be arranged for another day.

- The subject has the right to decline to sign the consent form, to participate in the interview as well as to deny any member of his/her family to participate in the interview.

3. **CONFIDENTIALITY**: The researcher shall promise not to disclose, without the express consent of the subject, any confidential information obtained in the course of the interview and the research.

**THE DECLARATION**

a) A copy of this signed consent is provided to the subject and the researcher undertakes to comply with the obligations stated therein.

b) The subject declares that he/she is presently of healthy mind and able to sign an agreement.

c) The Researcher agrees that in the event that an input of a minor child is needed, he shall discuss the matter with the parent and request permission to interview the child. If the parent disagrees, the interview shall not take place.

I, the undersigned interview subject, confirm that I hereby consent to the interview as per agreements stated above.

Signed at_______________ this_______ day of _____________ 200

____________________  ____________________  ______________
SUBJECT                 RESEARCHER            DATE

114