

**LOSS AND GRIEF IN AFRICAN FAMILIES:  
A NARRATIVE PASTORAL COUNSELING APPROACH**

**BY**

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**Submitted in fulfillment of the requirement for degree of  
MA (Theol.) Practical Theology**

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**OCTOBER 2010**

## DECLARATION

I. Solomzi Ferguson Sotobe hereby declare that this dissertation is my own original work and that this research has never been submitted to any other University.

Signature \_\_\_\_\_ Date \_\_\_\_\_ 2010

## ACKNOWLEDGEMENTS

In the Name of our Lord Jesus Christ of Nazareth, I thank God Almighty for allowing the following persons and the institution whose sacrifices and skills made it possible for this study to succeed:

- First and foremost, I acknowledge my debt to Professor Maake Masango and Professor Yolanda Dryer to them I owe my education and training in Practical Theology. The theory I have in Practical Theology I gratefully acknowledge it to them. I would like to express my sincere gratitude to them without their assistance and cooperation this study would not have been possible.
- To Professor Dryer I owe much of the theoretical trauma research skills in class. To Professor Masango I owe both theoretical and practical narrative pastoral counselling and stages of research writing. I am, therefore, expressing my sincere for the teaching, training, and guidance you have made to me and your sacrifices which resulted to the completion of this dissertation. God bless you.
- Secondly, I have a long list of my class mates to whom I am also indebted but it is impossible to mention them all here, but with their permission I can mention the name of Rev. Gift Baloyi who was my partner in this dissertation and I am also indebted to him. The fellow travellers, I attended classes with them in Pretoria, Rev. Lunga Mangqishi and Rev Boko, I owe them a lot in attending classes.
- Thirdly, I would like also to express my sincere thankfulness to the University of Pretoria for giving me a bursary to pursue this study and for permission to use the following material book s listed in Bibliography and to the following persons in the University to Daleen Kotze and T Hailer the Liberian without whose assistance this study would not have been possible.
- Finally, I am also indebted to my wife Theresa Nonceba Sotobe and children for their sacrifices and moral support during my study period.

## **SUMMARY OF THE RESEARCH**

This research case was divided into five facets (amacala) and was carried out in Mthatha at the Eastern Cape Province and in the University of Pretoria in Gauteng Province. The first phase of this project was aimed at introducing a general introductory chapter to this study, the second phase was a research methodology, the third phase was literature review of the related publications, the fourth phase was the pastoral therapeutic process and interviews, the fifth phase was the final phase that cycled off this dissertation with the summary of findings and the conclusions of the research project with recommendations.

The uniting factor to help these weak three grouping families would be the theocentric family based on Trinitarian unconditional love covenant, grace, empowering and intimacy. The pastoral care narrative counseling should be based on narrative therapy supported by the Word of God basically in Acts 4.10 & 12, John 1: 12-13. The marriage question seemed to be source or relationship counselling which also needed theocentric approach to return to family origin of God. The Eurocentric, Africentric and Asiatic approaches are not the answers to the infected and affected African families experiencing loss and grief and both European and Asian families have the same origin as that of African family, the theocentric family of God. This need further investigate especially to the extended family in Africa and Asia and Asiatic family on Asiatic side. Polygamy also would need much attention since it could be a source of traumatic event to both African and Asian families. Church involvement to counselling was not yet clear how parishioners were trained to help the pastor in the therapeutic activities.

## ACRONYMS

**ABCD:** Formal definition of traumatized person:

A = the person has been exposed to a traumatic event in which both the following were present:

The person witnessed, experienced was confronted with an event that involved threatened death

The person's response involved intense fear, helplessness, or horror

B= Intrusive Symptoms: The traumatic event is persistently re-experienced in one or more of the following: Recurring dreams of the event

Recurrent and intrusive distressing recollections of the event

C= Avoidance Symptoms: persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness: The behaviour of the responding person is shown as being in effort to avoid thoughts, feelings, or conversations

D= Arousal Symptoms: were: Difficulty in falling asleep, outburst of anger, difficulty in concentrating

DSM= Is diagnostic and statistical manual of mental disorder used as a guide by the American Psychiatric Association et al. A sign showing that the authors of the book were more than two.

DSM-IV= The fourth edition of the diagnostic and Statistical Manual of Mental

Disorder, a diagnostic guide used by the American Psychiatric association

DSM-R=This is showing that DSM was revised and was different from the original one

HIV/AIDS: =Human Immune Deficiency virus; Acquired Immune Deficiency Syndrome

NT= New Testament

OT= Old Testament

PHD= Doctor of Philosophy

PTISA=Practical Theology in South Africa

PTS= Post-Traumatic Stress

PTSD= Post –Traumatic Stress Disorder

RAP= Recurrent Arousal and Reaction

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## CHAPTER ONE

### INTRODUCTION TO THE RESEARCH

#### 1.1 Introduction

This chapter is an introductory to narrative therapy dealing with traumatized African family who experienced loss and grief before and after the burial of its loved ones, in Mthatha area of the O R Tambo District Municipality, in the Transkei. The approach to this study is based on the definition of terminology, historical background of this study, the significance of this study, the aim, objectives and relevance of this research, how does narrative therapy deal effectively with the traumatized African family experiencing loss and grief before and after the burial of its loved ones? Research gap, the problem statement, summary of what is in the rest of the proposal; research deign question/hypothesis and limitations; research methodology; proposed chapters or outline of this dissertation; summary and conclusion and existing knowledge or bibliography.

#### 1.2 Background to the Research

Three decades ago, in 1976, the Silolo family, coming from Idutywa, settled in Ngangelizwe Township at Mthatha. If you want to know the two couples, namely, Themba (Hope) and UNommangaliso (Marvel) [not real names], who were the victims of post-traumatic stress disorders (PTSD), you must first know their family background story and their stories defining who they were? The question is: Where had they come from? Where were they going? What challenges they had to face? How would they get there? What help did they need? How would it be when they get there? The view point, in describing Silolo's life map (story) and his wife Nomangaliso, is in a narrative report which unites events and people in an understandable pattern. Muller defines life stories as narrative reports (1996:21). Narrative therapy constitutes the main approach to personal healing and social transformation with which this research takes place (Morgan, 2000:2). According to Anon et al, in Herbst and de la Porte, "telling stories, in terms of memories, identity, emotions, relationships, attitudes towards life, in general and present difficulties, is to give meaning to life and social experiences" (2004; 2006:19).

The narrative therapy will constitute the main approach to personal healing of individuals within the families. The family members will tell stories in terms of memories, identity, emotions, relationships, attitudes towards their lives to

give meaning to life and social experiences. According to Herbst & de la Porte "Within the transactional analysis as theoretical foundation, the starting point when writing one's own life script is the following philosophical question: "What is a person like me doing with the people like you in a place like this? The aim of this question is to guide the individual to make decisions on the following:

- Who am I? - What are other people like?
- What is the world like?" (Herbst & de la Porte, 2006:19).

According to Chaitin (2004), "this question focuses on the concept of identity, described, in map one as the sets of meanings the people hold for themselves that define what it means to be who they were as persons, as role occupants, and as group members or a consistent set of attitudes that define who you are" (Johnson 1990:63).

### **1.3 The Two Couples**

The historical situation of Themba and NoNommangaliso (*Marvel*) Silolo as husband and wife with two children came from Idutywa, in 1976, and settled in Matolweni streets at Ngangelizwe Township, in Mthatha. Silolo, as a boy, grew up in Idutywa village rural area his parents were Christians and were educated.

Themba passed his matriculation examination in Heal town Institution of learning at Keiskammahoek and did his Bachelor of Law through the University of South Africa (UNISA) in late 1960s and in the process of his course study, he was appointed as assistant magistrate in Ngqeleni and thereafter, he was transferred to Mthatha as an assistant magistrate, early in 1980s. Nommangaliso Themba's wife grew up in Butterworth rural area, at Zazulwana administrative area, and she was a beautiful woman and born of educated Christian parents who were both professional teachers. She also did her Matric at Heal town Institution of learning in Keiskammahoek. She did her Nursing Profession in Butterworth Provincial Training Hospital. After her training in early 1960s, she was employed at Mthatha General Hospital during mid 1960s. She married to Themba Silolo and God blessed them with two children, a boy and a girl. The two couples became father and mother of the two children. They built a house in Matolweni Street at Ngangelizwe Township. The two couples were committed Christians and were highly educated. They both occupied high positions in the Transkei Government. A wife occupied a high post in the Department of Health in Mthatha and she was employed as an administrator. The husband was an assistant magistrate in the Department of Justice in Mthatha Magistrate Office.

The two couples were highly educated, and occupied high positions in the Transkei Government service, both were respected people in the community and became helpful to Mthatha community. They were popular and were well known in the area of Mthatha. Unfortunately, with the wife she got ill and was suffering from the breast cancer, in 1983-1985. She then died thereafter, in 1985. The husband and the two children were left behind mourning for her loss. The father continued to grieve for the death of his wife indefinitely until himself died of post-traumatic stress disorder, leaving the two children behind as orphans.

### **1.3.1 What were other People like?**

According to Waruta and Kinoti "The provision of integrative approach to health care is necessary so that a doctor, pastor and social worker may provide healing to patients in family community context. We have seen in traditional African society the healer combined all these roles and mediated healing within a family - community context" (2005:89).

The provision of integrative approach to health care, in South Africa, is based on psychologists, neurologists, psychiatrists, ministers, and amagqira (witch doctors) are included as counsellors to the victims of HIV/AIDS and cancer. To me the combination of all concerned people must be the physicians, nurses, psychologists, psychiatrists, ministers and nutritionists. Amagqira in integrated approach will not help the patient since their acknowledgement of their sickness always accuse people as the cause of death or illness of the sick person.

The igqira or sorcerer attending Mampise, states: "The reason that we are now amagqira (witch doctors) treating you is that we acknowledge our sickness. Now we are helping you who are sick. This sick person (Mampise) has been made ill by her husband's sisters who want to see her dead, but uThixo (God) did not wish her to die. Now I am to speak to these women here (Manjingiza, and her novice) to thank them for having come" (Monica Hunter, 1979:326). The accusation of the husband of Mampise as the cause of her sickness does not show an evidence of the integrated approach. Ngangelizwe Township is being inhabited by Xhosa people who some of them would provide integrative approach to Marvel's health care, such as physicians, psychologists, ministers and witch doctor to attend to the healing of Marvel in family context. Or use the African healer to combine all the above roles and mediate healing within the family context.

The Amagqira (sorcerers), in the acknowledgment of their sicknesses, would accuse Marvel's in laws for her sickness. The two couples were westernized

and being committed to Christian faith and could neither believe in ancestor worship nor use of amagqira (witch doctors) to attend to the sickness of Marvel. I agree with Waruta and Kinoti that, in health care, that Churches, in South Africa, should have integrative approach that includes a doctor, a nurse, psychologist, pastor, social worker, and nutritionist to provide the integrated healing to the sick. In the Assemblies of God church, the sick person is allowed to see the doctor to attend to a physical body, and the psychologist to attend to emotional problems while the pastor would attend to both spiritual and physical body by laying hands on the sick person, in the name of Jesus of Nazareth to heal the sick spiritually and physically. For emotional problems, the pastor/church member will use the Word of God in the Bible to rebuke the evil spirits to come out, or if there is no response, the victim would be sent to psychologist or psychiatrists for attention.

### **1.3.2 What was the World like, in Xhosa Areas?**

In Xhosa areas, such as in the Eastern Cape Province, the influence of the ancestor cult (a devotion to a person) in the community is a concern of the whole kinship (blood relationship group). The whole kinship of the family would be summoned for every ritual killing to take part in the ritual killings (ukuxhelela izinyanya, okanye ukwenza idini). The time Marvel got sick, the narrative approach as followed by the post-modern society was unknown.

According to Morgan concerning to the therapy process, the main assertion of narrative therapy is that the problems that affect people are the results of complications in the stories that people live by, and through which they interpret the world around them and their experiences in it. Resolution of such problems calls for a 're-storing' or 're-authoring' of the problematic stories affecting people's lives (2000:2). Therapy process such as narrative therapy was unknown to us during the time Marvel was infected with cancer and her husband children affected with it both before and after Marvel's burial. The husband continued to grieve for her indefinitely until he also died. The question of PTSD was not known to us as pastors in the area. Counselling was only based on the second-order cybernetics. The second-order cybernetics was the next jump thinking from the first-order cybernetics. During the first-order cybernetic, the -therapists were outside - of -and -guiding the system idea, but an executing idea nonetheless. This was the old individualistic, cause- and -effect thinking. The therapist was known as the expert who intervened from the outside with clever interventions to bring about change (Freedman & Combs, 1996: 6; Muller 19999: 1). Counselling based on second- order cybernetics phase of development was named second - order cybernetics. This



system included the realisation that a person cannot objectively analyse and observe a person from outside. As soon as you attempt to do so, you become part of the system. According to Freedman & Combs at about the same time, the authors of that second-order cybernetics ideas were beginning to supplant first-order cybernetics in literature. During this time, the system of the first - order cybernetics changed, the therapists then had to operate as members of the family but retained their positions as experts guiding the family to change (Muller, 1999:1; Freedman and Combs, 1996: 5).

During the second-order cybernetics (body or structure of knowledge) the systematic family therapist had also continued to find him/herself in a powerful position with three healthy dogs at his/her disposal, namely: (a) psycho-analysis to make a diagnosis of a person's psychological condition, with the purpose of prescribing the right medicine; (b) a hypothesis (ingcinga ethathwa njengenyano engekakinisekiswa) was then formed with the aid of systems thinking; (c) different perceptions (understandings) were given in the form of homework and rituals (amatiletile/iinkqubo eziqhutywa njalo qho) (Muller, 1999). It was during this period of modern society, that the Silolo family was infected and affected with cancer and PTSD. We could not help it because we knew nothing about post-modern world and narrative therapy. We intervened as experts guiding the Silolo family using the scriptures as our guide in the second-order cybernetics. Norbert Wiener (1950) "coined the word "cybernetics" to refer to an emerging body of knowledge about structure and flow information -processing systems. He derived it from Greek root (kubernetes), which signifies the pilot of a boat. Thus cybernetics in his mind is was a science of guidance, of control through the kind of successive cycles of error correction that are involved in keeping a boat on course" (Freedman & Combs, 1996:3).

As we were the body structure of knowledge guiding and controlling this family through the Word of God, we failed to help the Silolo family through the ignorance of narrative approach. According to Muller, "The narrative approach has made the discovery that people do not tell stories only for interest's sake or for entertainment, but that life's grain is exposed these stories (1999:1). Unfortunately both Marvel and Themba passed away leaving their children behind as orphans without their storytelling. That narrative therapy during that time of modern society was not there to help the two victims and make them as the expert of their lives stories and the therapist as their adviser and guidance. It is now the right time, in this dissertation, to educate my colleagues to move away from modern society and second-order cybernetics to third -order cybernetics, in the post-modern society, which uses narrative therapy. According to Muller the narrative approach has linked with

constructionism, it was only the next wave, the so-called Third-Order Cybernetics or Social Constructionism, which exposed the stories character of human life. .. These insights, namely: that we build our realities in a social constructionistic manner, open the way for the narrative approach. We sometimes describe someone who is somewhat eccentric as "living in his own world. Now we know that it is not possible to live in your own world. Together we are continuously constructing our world by stories we are telling. Through our telling of stories, we test our perceptions against each other and refine, not only our core stories, but the micro-stories of our families and culture (1999:2-3).

The narrative approach I am pursuing, in this study, is linked with the third-order cybernetics which exposes the stories character of the victims of cancer and PTSD. This opens a way to narrative approach and together with the people to be interviewed we will construct our world by stories we will be telling for our families and culture. In our culture there is ancestor worshipping which is believed that our ancestors are living and can be called upon to protect us against the evil forces. The belief is that our ancestors do control what is good and evil.

According to Hunter "The ancestor cult is a sanction for the respect for seniors upon which the social and political system is based. The ancestors are believed to be powerful in sending good or evil to their descendants. The prosperity (success/boom) of the living depends upon the goodwill of the dead and a man would hesitate before quarrelling with someone who after death would be isinyanya (ancestor spirit) to him. Majola, the owner of umzi (home) or huts in which they live and an intelligent informant, stated that, when a man had quarreled with his father and heard that his father was ill, he would make haste to see him and make peace with him before he died, lest his father should be a bad isinyanya (ancestor spirit) to him (1979:266).

In the Eastern Cape Province where I live, the ancestors (izinyanya) are believed to be powerful in sending good or bad things to their descendants if they fail to recognise them as their protectors. For example, the Amamvulana's family, in the year 1958, went to Sangoma or a witch doctor because one of their sons was sick. The witch doctor informed them that their ancestors were angry because they neglected them or failed to slaughter an ox for them to eat and they slaughtered one and their son was healed.

The belief was that the success of the living depended on the goodwill of the dead and the failure or bad luck was caused by the wrath of the dead (abaphantsi). The practice I observed from the present descendants of their fathers was that they avoid quarreling with their fathers but starve them in their homes by not financially supporting them and when they die, they buy

expensive caskets to show that they respected them. This means that izinyanya (ancestor spirits) are with God and are not powerful to revenge against the starvation they experienced when they were alive. Silolo family was freed from the ancestor worship and there was no quarrel with his ancestor spirits, they were also Christians and believed that their ancestors were with Christ in heavenly places and that worshipping God through Christ pacified them with their ancestors.

What is a cult? According to Oxford Concise Dictionary "A cult is a system of religious worship", Hornby defines a cult as "a religious worship or a religious devotion to a person" (1990:282; 1974:210). In this work, a cult is system of religious worship to a dead person known as ancestor.

According to Monica Hunter "The cult is a force making for family solidarity. A ritual killing is not the concern of an individual or even the members of an umzi (home) but of the whole kinship (blood relationship) group. Brothers and sisters of the head of a umzi are summoned for every ritual killing (ukuxhelela izinyanya) and they take part in the ritual killing (ukwenza idini) and share special meat (unosikrotyana okanye usikrobana) of which no stranger may eat" (1979:266).

It is the custom of the non-Christians in our area when there is death people had to go to a witch doctor to inform them of the person who caused the deceased person to die. Sometimes the witch doctor would point to one of the family members as the bewitcher on one hand. On the other hand the witch doctor would tell them that the ancestor spirit is angry (uqumbile) for not being remembered as person who protects them. The whole kinship would come together to ask for a pardon by slaughtering an ox or temporally a goat. Marvel's (Nomangaliso's) husband (Mr. Silolo) never appealed to his ancestor spirits, when his wife got ill suffering from the cancer of the breast. He believed that God would help heal his wife until she died. Despite constant counselling by church members, it was obvious that Silolo was suffering from post-traumatic stress disorder because he did not want to speak with people after the death of his wife. He appeared to look powerless and helpless in the conducting of his affairs (see Weaver, et al., 2003:31). The death situation of Themba's wife caused him to be unable to control his emotions and spiritual life and was unable to maintain a meaningful life. He continued to mourn or grieve for the death his wife until he himself experienced a sense of fatality and serious inability to cope with normal life mechanisms. During this time, he would go to his wife wall drop and take out all her clothes and put them on the bed and slept while these clothes were on the bed. He would sometimes take them of the wall drop and hang them outside it so that they should remain visible within his view as a token of his remembrance.

This happened to continue indefinitely until he himself died in the process of grieving for his wife. He then left behind his two children as orphans. A lady teacher who had two children was requested by the church to stay with the two children in that home to look after them, until their relatives come to fetch them as they were schooling in the middle of the year.

Edward P Wimberly (1999:89) for clergy conversations, states that he will present two models to help clergy grow in responsible grace. The first was introduced in his book "Recalling our own Stories: Spiritual Renewal for Religious Caregivers. The Second is based on Michael White's concept of definitional ceremony. Both models are based on the premise that exploring the nature of externalized conversations as fundamental to our growth and development. More precisely, internalized conversations form the convictions, values, beliefs we have about ourselves, our relationships with others, and the world in general.

Recalling Our Own Stories is intended to help religious leaders explore their internalized beliefs and conversations. Learning to connect with our internalized conversation is the systematic of examining those beliefs and conversations we develop over the years and determining the impact that these beliefs and conversations have on our current behaviour".

I agree with Edward Wimberly that my intention is also to help the clergy who internalized conversations, and beliefs that have impact in his live. The aim is to externalize these negative conversations and beliefs and internalized conversations that are positive to God's Word. This would make the minister to help a traumatized family that is experiencing loss and grief before and after the death of its love one. The clergy who himself is experiencing the same loss and grief cannot help a family experiencing the same problem, therefore this research will deal with both the family and clergy who experiencing loss and grief. The purpose is to show that a minister who never learned to connect with his/her negative internalized conversations and belief and have them externalized will not succeed in narrative counselling of families with loss and grief.

## **1.4 Aims, Objectives and Relevance of the study**

### **1.4.1 Aim of the study**

The aim of this study has been described as a question whether the narrative therapy can deal effectively with traumatized family and clergy experiencing loss and grief. This study concentrates on the last aspect of the problem, namely: how does a minister deal therapeutically with family and clergy

experiencing loss and grief before and after the death of loved one? The research deals with the infected and affected people with cancer and is also exposing the dangers of PTSD before and after the burial of their loved ones.

### **1.4.2 The Objectives of this Study**

The objectives of this study are the direct help and education of the African clergy to understand that a holistic approach to meeting the needs of the dying individual and his/her family is valuable to all people concerned (such as interdisciplinary teams (physicians, nurses, psychiatrists, psychologists, social workers, pastors/ministers and nutritionists). The support must be given to meet each of these categories of needs. According to Cook & Oltjenbruns, "This approach is known as a holistic perspective" (1998:38). To address in team work: the PTSD problems caused by cancer or HIV/AIDS infections and affections, before and after the funeral of their loved ones, to the relatives. To empower caregivers to give support to narrative counselling to help people infected and affected with cancer and HIV/AIDS (see Cook & Oltjenbruns, 1998:99). The externalisation of the problem is a tool to narrative informed way of healing the victims.

### **1.4.3 Relevancy**

According to Treece and Treece (1977) "The problems needing research are to be found in every area of life -personal, professional, social, and institutional. . . In almost any research situation: there is a general problem that can be redefined into a specific problem" (1977:56).

For the victims with cancer and HIV/AIDS, the general problem is concerned that all people in the society have life stories to tell and must be given an opportunity. The general problem is a question that: Can the narrative therapy deal effectively with the traumatized family and clergy who are experiencing loss and grief? The specific problem is also a question: How does a minister deal therapeutically with traumatized family and clergy who are experiencing loss and grief before and after the burial of their loved ones? In order to have specific problem, an attempt to narrow the scope of the general problem further, the researcher will ponder several questions: What is the context or action that I want to do research on? How would I describe the relationship between counsellor and counselee? Who will be the people I am going to listen to and on what basis am I going to decide whom to listen? Am I going to make sure people are not exploited? What method am I going to use in order to be effective and remain true to my own theological position? How

will I move effectively from "listening to experiences" to describing the experiences (narratives) of the people"? How am I going to my scientific community to influence me in my decisions about literature to study? In narrative approach problems are problems only when they are perceived as separate from the people.

A problem and a purpose are different. Problems are the what! Of research, and purposes are the why of research (Treece & Treece, 1977:56). The aim of this study is to directly assist the minister/pastor to address the problems arising from the traumatized family and clergy who are experiencing loss and grief within their families and to reduce long-term effects and hidden emotional damages which are caused by post-traumatic stress disorders originating from cancer and HIV/AIDS and to show him how can, persons infected and affected with cancer, be help to recover from the influences of PTSD (post-traumatic stress disorder).

## **1.5 Research GAP**

Has the question of helping African clergy to understand that a holistic approach to meeting the needs of the victims of cancer and HIV/AIDS within the family, before and after the burial of their loved ones, is valuable to all those concerned, such as physicians, nurses, psychiatrists, psychologists, social workers, ministers/pastors, and nutritionists, been researched?

Cook & Oltjenbruns (1998) deal with dying and grieving life span and family as well as grief and loss. My research deals with loss and grief not grief and loss. Examples of worldwide web sites related to death, dying, and grief are grief chat, in memoriam, the National Cancer Institute's Cancer Net: WEBster's Death, Dying and Grief site includes a variety of resources related to dying and grieving (1998:15 & 18). Luzuko Luntu Qina also wrote about "Examining how African Pastors deal with death and grief within their families". This also deals with death and grief, but my proposal deals with the minister therapeutically dealing with one who has lost a wife and is about to lose his own life whilst still in grief.

The researchers like Dr Ilse Gravett (2008) wrote about narrative counselling with chronically ill patient and dealt with patients suffering from cancer: their communication crisis. She dealt this under her handout with a heading "Advanced Course: Counsel and Spiritual Care in Healthcare module 2. Main heading is Illness, hospitalization, dying, and bereavement.

Research by Herbst and de la Porte (2006:59-63) dealt with loss: companion, care and comfort, they aimed at making the reader to understand the dynamics

and impact of loss in a person's life, describing grief as a reaction to loss, understanding bereavement process and facilitating journey through loss.

What do I bring new? The holistic approach as new values to African clergy, the loss and grief before and after the burial of the loved one, new values such as physicians, nurses, psychiatrists, psychologists, social workers, nutritionists and ministers working together to achieve holistic approach and the importance of the identification of all who are concerned to meet the needs of cancer victims within the family, before and after the burial of their loved ones and to empower the African clergy to use the said holistic approach within the narrative therapy.

My topic is different from the above quoted research cases which deal with the similar cases of loss, grief, and bereavement in different angles. My case deals with traumatized family and clergy experiencing loss and grief and the narrative therapy (healing) will address them before and after the burial of their victims and to answer the questions: can narrative therapy deal effectively with traumatized family and clergy experiencing loss and grief before and the burial their loved ones? How does a minister deal therapeutically with such family and clergy who are experiencing such loss and grief before and after the burial of the victims?

## **1.6 Problem Statement**

Is trauma regarded as the disrupter of belief systems in spiritual stress disorder? Can the narrative therapy deal effectively with traumatized family and clergy who are experiencing loss and grief? Has PTSD a severely negative impact on personal spirituality and religious faith?

The following problems shall be explored throughout the research project:

- ❖ Is there a narrative therapy that can deal effectively with traumatized African family?
- ❖ Can the very same therapy deal effectively with family of clergy who are experiencing loss and Grief?
- ❖ How does the minister him/herself deal therapeutically with traumatized families and clergy who are experiencing loss and grief before and after the death of their loved ones?

These questions are helpful in understanding different method of care.

## 1.7 The Research Method

The research design refers to the plan and structure of the investigation used to obtain evidence to answer research questions (McMillan & Schumacher, 1993:31). The research design in this study is defined as the plan and structure of the investigation to obtain evidence to answer the following two questions:

- Can the narrative therapy deal effectively with the traumatized family and clergy who are experiencing loss and grief?
- How does a minister deal therapeutically with traumatized family and clergy who have lost their loved ones before and after their death?

The type of research design to be followed is qualitative methodology which is less structured than quantitative design. In chapter one we introduced common qualitative methodologies, focusing first on qualitative designs and then on qualitative data collection techniques (McMillan & Schumacher 1993:37).

### 1.7.1 The Qualitative Designs

"In qualitative design the specific procedures are identified during the research rather than specified ahead of time. Each step depends on prior information collected during the study. The traditional qualitative research is also distinguished by using a case study design, in which a single "case" is studied in depth. This could be an individual, one group of students, a school, a program, or a concept. The purpose is to understand the person (s) or phenomena. In this qualitative design I will first study the secondary literature step by step to obtain or collect prior information for a single case of Silolo family being in depth study. This case has already been designed on the basis of individual and not groups. The purpose is to understand the question: how does minister deal therapeutically with family and clergy who are experiencing loss and grief? Qualitative Designs Typically Investigate Behaviour as it occurs naturally

According to McMillan & Schumacher "Qualitative designs typically investigate behaviour as it occurs naturally in noncontrived situations. In this sense qualitative designs are nonexperimental. Finally: the data consist of words in the form of rich verbal descriptions, rather than numbers" (1993: 37). According to McMillan and Schumacher the features of the qualitative designs are ethnographic designs and analytical designs. In an ethnographic study the researcher relies on observation, interviewing, and document analysis or a combination. The ethnographic study begins with a planning



phase, in which general research questions, and types of participants needed are identified. Analytical designs investigate problems through analyses of documents. The researcher identifies, and studies [and analyses the contents] (1993:428). Our research will rely on interviews of the people to narrate their stories, and investigate the cancer problem in the Silolo family through the analysis of the relevant documents. The question is how? The qualitative designs, in this study, will investigate the behaviour of those infected and affected with cancer. The investigation will be based on the narrative approach. The model of practice will identify with the cognitive (knowing) model of crisis intervention to help people to become aware of and to change their views and beliefs about their crisis events concerning with those infected affected with cancer.

According to Morgan "In narrative therapy approach, we use the long-term six steps systematic counselling model, namely: active listening, defining, examination of alternative, ensuring clients safety, making plans, provide support and obtain commitment" 2000:119). Narrative therapy approach in counselling, in this task, will use long -term six steps systematic counselling model as stated above. But I will use the life maps which stretch backward into the individual's past and forward into the future by linking important events and aspects of life to the potential that may be realized in the future as Mulligan put it (1988:12). To Mulligan "This technique guides the individual on a journey through his life by drawing a map (plan) for each on the following seven questions:

➤Who am I? - Where have I come from? - How will I get there? - What help do I need?

➤What will it be like when I get there? (1988:12).

The interviews and questions as they appear above and more will be non-structured and will focus on individuals. The question is, Can narrative therapy deal effectively with family and clergy who are experiencing loss and Grief? Another question is why did a minister fail to rescue the Silolo family from its infection and affection with the cancer of the breast and PTSD? Descriptive research questions typically ask "what is" and imply a survey research design. Relationship questions ask, what is the relationship between two or more variables? Different questions typically ask, "Is there a difference between two groups or two or more groups. These are illustrations made by McMillan & Schumacher, 1993:86). The interviews and questions in this study had been shown in setiatum qualitative designs. This study would not follow an individual counselling which would take at least 15 sessions.

## **1.7.2 Delimitations and Implications**

According to Treece and Treece (1977) “Limitations and delimitations are special important in researcher’s search for truth.” . . .” Delimitations are restrictions that the researcher place on the study priority to gathering data.” In this study delimitations are restrictions that the author places in the topic. The clergy is supposed to first attend to his being a traumatized clergy experiencing loss and grief, but because he wanted to address the problem he saw and experienced the problem of the Silolo family as his priority. The implication is that he should also search for the truth himself of what is happening to him since the death of his friend and his child.

Treece and Treece (1977) refer to Implications as “concerned with the anticipated meaning or value that can be derived from data. Through them, the researcher can explain the findings, potential influence on the future research and knowledge and can give suggestions for using knowledge.” In this study, the researcher is concerned with the anticipated meaning that can be derived from data, that all nations of the world are from the house of Noah (Genesis 6: 9,; 7:7). Reading about Africa family systems and the Western world family systems, it seems there is a potential influence on future research and knowledge. . Therefore, using knowledge gained in this study,

## **1.7.3 Paradigmatic positioning**

The research is carried out, in this dissertation, within the qualitative research design. According to Denizen & Lincoln (1994:1-2) it is a field of inquiry that often cuts across disciplines, fields of study and subject matter, that often uses multiple methods and that involve an interpretive, naturalistic approach to its subject matter. Its ultimate aim is the development of a change enhancing, interactive approach to knowledge -building (Polson, 2001). I plan to observe, discover, describe, compare, and analyze the characteristic attributes, themes, and the underlying dimensions of a particular unit of a family, such as bereavement of family and clergy in grief, for example, Silolo family in grief because of the death of the wife and clergy because of loss of his parents and never received proper counseling.

The design will include features such as (a) the method of reasoning which is usually in inductive; (b) method of data collection which includes, storytelling as the qualitative design, participant observation, the narrative approach which regards the story narrators as experts, the content analysis and the imitation; (c) types of designs that are purely qualitative include all those designs that

seek to collect and describe new observations where little or no prior information exists.

## **1.8 Hermeneutics Interpretive Paradigm**

The qualitative research will begin to answer questions and develop theories during data collection process. The research will use grounded theories to make qualitative research flexible and to let data and theory interact.

The methods of analyzing data obtained by qualitative design (plan) will deal with the content analysis, cross- cultural comparison or narrative storytelling, the identification of new concepts and if possible, the use of storytelling to create an empirical generalization that states the relationship between the two concepts, the individuals and Christian Community. The cross-cultural analysis as a procedure, in which, the researcher uses data from more groups or cultures as basis for comparative analysis.

## **1.9 Research methodology**

The methodology to be followed, in this study, is informed by the practical theology deemed to be relevant to the topic under researched. The study focuses on applied research in trying to solve cancer problems in Silolo family in a descriptive form, "its [solution] can be applied immediately after having obtained the results" (Neuman, 1997:22). The approach is qualitative based on description involving life narrative stories, explanation, and evaluation of the results. In other words, the designed qualitative research will produce narrative therapy through storytelling to resolve cancer/HIV/AIDS problems.

The scientific methodological aspect of this study is qualitative research carried out by means of a systematic literature review that has a well defined objective. The research is carried out, in terms of its basic approach, namely, applied research falling with the area of qualitative research and the methodology will be implemented in two aspects, namely: (i) the moment is critical review of relevant literature as described above, with the aim of using secondary sources to expose the problem under investigation and to map out narratively informed pastoral therapeutic practices, that may facilitate change in both individuals and groups. The first moment consisted of critical review of relevant literature as explained above, with the purpose of constructing a guiding map for narratively informed pastoral therapeutic practices that may facilitate personal healing and social transformation regarding the identified problem (Mouton, 2001:52). The research is theoretical and I am going to explore the topic through the books.

(ii) The moment in this process consists, in conducting interviews, with select individuals of participants. This second moment in the process consists, in conducting interviews, with select participants of individuals regarding the matter under investigation and the analysis thereof. The purpose behind the interviews was not to engage in participative action research, but was aimed to construct change-inducing actions together with the participants. In other words, the purpose was to provide a background that illustrates the grounding the general theoretical reflection to follow in and its direct relevance for the concrete life of real people in the real world (Mouton, 2001:52). At this moment I will interview human beings and the methodologies I intend to follow are those of Hugo (2004), Gerkin's stories of our lives and the Christian story that uses schematized narrative hermeneutics pastoral care model (1997) and Freedman & Combs (1996) a discourse in narrative therapy to our underlying belief system of statements, practices and institutional structures that share our values (1998:42-43) and also adopt the memory work telling your story through life maps of Herbst & de la Porte (2006).

### **1.9.1 Data Analysis**

Data analysis begins as soon the first data is gathered and runs parallel to data collection because each activity informs and drives the other activities. Data analysis, like data collection, proceeds in a relatively orderly manner and requires self-discipline, an organised mind, and perseverance (McMillan & Schumacher, 193: 482). This study will do content and discourse analysis of data. The data will be organized into categories by content analysis and use various processes to analyze and interpret the categories.

### **1.9.2 Validation**

Validation will be done to relevant literature, primary data, scientific community, and my own analysis, Validity in this study will be derived from relevant literature, narrative life stories of the people. According to Nursing research methodology "Construct validation is an indirect approach that estimates the extent to which a subject actually possesses the characteristic presumed to be reflected by a particular scale or test" (1987:317). In this study, I will use construct validation as an indirect approach to the relevant related literature and life stories of the people.

## CHAPTER TWO

### RESEARCH METHODOLOGY

#### 2. Introduction

The methodology to be followed would be informed by theological methodologies of Hugo (2004), Gerkin (1997), Freedman & Combs (1996), Cook & Oltjenbruns (1998) Bowman III (1998) Daniel Louw (2000) and Retief (2004) deemed to be relevant to this study.

The questions to be asked are: What are the definitions of the terminologies found in the topic? What do I want to achieve in this chapter? Why do I have to follow the theological methodologies of more than one author in this study? What is its theological methodology? And what would be its scientific research methodology and its methodological process?

#### 2.1 What is the research Methodology?

According to McMillan & Schumacher “methodology is defined as the research methods (sometimes called “methodology”) which are the ways one collects and analyzes data. These methods were developed for enquiring knowledge by reliable and valid procedures. The data collection may be done with measurements techniques, extensive interviews and observations or a collection of documents . . . the deliberate choice of design will increase the likelihood that the data will yield information on research question” (1993:8-9). Research methodology is to do with the logic (science or method) of interpreting results and analyzing findings (Giddens, 1993: 676). In this case, methodology is to do with the methods of interpreting the results and analyzing findings of documents and interviews of the respondents. In finding documents and conducting interviews, the methodology I will follow is Gerkin’s (1997) methodology in shepherding, Daniel Louw (2000), George Bowman III (1998), Cook & Oltjenbruns (1998), Retief (2004) and Freedman and Combs (1996) discourse in narrative therapy and pastoral care. This is informed by the practical theology deemed to be relevant to the topic under research. The study focuses on applied research in trying to solve cancer problems in Silolo family and clergy. This will be reported in a descriptive form, “its [solution] can be applied immediately after having obtained the results” (Neuman, 1997:22). According to Giddens the research methods are the actual techniques (mechanical skills) of investigation used to study the

social world (Bulmer, 1984, in Giddens, 1993:676). To McMillan & Schumacher methods are the research methodology (1993:8-9). In this study, methods are the ways in which we investigate documents and conducting our interviews.

## **2.2 What do I want to achieve in this Chapter?**

In this chapter I want to choose the methodology I want to use out of the many of them.

There are about several methods someone can use, out of these are quantitative research designs and methods, such as descriptive statistics, data collection techniques, non-experimental designs, experimental and single – subject research designs, inferential statistics. Under qualitative research designs and methods: designing qualitative research, ethnographic research, analytical, historical and legal studies and qualitative analysis, survey, correlation, measurements of scales of methods of data, validity and reliability of measurements and instruments.

I wanted to know how to help people infected and affected with cancer; I wanted to help our African clergy to use a holistic approach in healing African families that are infected with cancer, when we lay hands on the sick spiritually, psychologically and physically the must confirm you healing by laying on hands, or if you have help the counselee spiritually, encourage the person to see two agents. I want to show the origin of a family that is God.

## **3. Why do i have to follow the theological methodologie of more than one author in this research?**

The reasons why I to have to follow the theological methodologies of more than one author against the others, were that one author laid clearly different foundations that were helpful to me more than the others for example, the Model of Warren L Jones (1968): Method of crisis Management : Mental Hygiene LIJ ; A J Weaver (1993): the 132 –RAP model: The Psychological Trauma: What Clergy need to know Pastoral Psychology ; D N Sinclair (1993): Horrific trauma: A Pastoral Response to the Post-Traumatic Stress Disorder; Everly S E & J M Lating (1995): Personality – Guiding therapy for post-traumatic stress disorder; Hugo C J (2004): Pastoral Therapy/Counselling for post-traumatic stress: a neuro-psychological perspective: part 1, Practical Theology in South Africa.

From these listed authors, the researcher will form a foundation theory of the narrative therapy and counselling and from the following authors, the

researcher will be able to trace how narrative therapy and counseling was developed to narrative counselling of postmodern society.

Gerkin's shepherding has stages 1. schema 1, stage 2, 1 is schema 2, stage 3 is schema 3, and stage 4 is schema 4 from the O T to NT generation societies established on schematic bases (1997: 26, 35, 111 and 148), apart from this, hermeneutics (interpretation) interpreters had laid different interpretation foundations as has seen in Hermeneutics Richard E Palmer "Phenomenology of Existential Philosophy" 1969. These had to come from one person, as a sender, to another who has to understand the idea or misunderstand.

Jill Freedman & Gene Combs (1996): Narrative Therapy: The Social Construction of Preferred Realities; Julian Muller (1999 & 2003): The Story of the Story and a Narrative –based pastoral Conversation following the experience of trauma: Paper read at the Society for Practical Theology 2003. Alice Morgan (2000): What is Narrative Therapy? An Easy –to-read introduction; Yvonne Retief (2004): Healing Trauma in South African Context. These form narrative therapy and narrative counselling foundation guidance to this dissertation. A foundation to pastoral Hermeneutics theories: Care and Encounter by Daniel Louw 2004; Hermeneutics: Interpreting the Scriptures, 2005. These will help me lay a good foundation for this study, and also for building the content of it on solid basis.

## **2.4 theological methodology of the research**

The methodology to be followed, in this study, is the practical theology deemed to be relevant to the topic under research. The study focuses on applied research methodology in trying to solve cancer problems in Silolo family and clergy and it stated in a descriptive form, "its [solution] can be applied immediately after having obtained the results" (Neuman, 1997:22).

The approach is qualitative based on description involving life narrative stories, explanation, and evaluation of the results. In other words, the designed qualitative research will produce narrative therapy through storytelling to resolve cancer/HIV/AIDS problems. In other words, the scientific methodological aspect of this study is qualitative research carried out by means of a systematic literature review that has a well defined objective. The research is carried out, in terms of its basic approach, namely, applied research falling with the area of qualitative research and the methodology will be implemented in two aspects, namely: (i) the first moment

Is critical review of relevant literature as described above, with the aim of using secondary sources to expose the problem under investigation and to map out narratively informed pastoral therapeutic practices, that may facilitate

change in both individuals and groups (Mouton, 2001:52). The research is theoretical and I am going to explore the topic through the books and interviews of specified individuals.

(ii) The second moment in this process consists, in conducting interviews, with select individuals of participants. The purpose behind the interviews was not to engage in participative action research, but was aimed to construct change-inducing actions together with the participants. In other words, the purpose was to provide a background that illustrates the grounding the general theoretical reflection to follow in and its direct relevance for the concrete life of real people in the real world (Mouton, 2001:52). At this moment I will interview human beings and the methodologies I intend to follow are those of Hugo (2004), Gerkin's stories of our lives and the Christian story that uses schematized narrative hermeneutics pastoral care model (1997) and Freedman & Combs (1996) a discourse in narrative therapy to our underlying belief system of statements, practices and institutional structures that share our values (1998:42-43) and also adopt the memory work telling your story through life maps of Herbst & de la Porte (2006).

## **2.5 Scientific methodology and its methodology process?**

By scientific research methodology we mean an area of research or knowledge that is more than a single academic discipline as in education or religion. Discipline refers to a method of organizing an academic knowledge (McMillan & Schumacher, 199: 17). That means I have consulted medicine, social literature and education in this research. And my subject is narrative therapy to traumatized African family and clergy experiencing loss and grief before and after the death of their loved ones. The two experienced anger, denial and mourning.

The scientific research methodology adopted in this study is qualitative. The research purpose is governed by theological concern as well as practical theology considerations.

The research is carried out in terms of the basic approach that falls within the area of qualitative research whose field of inquiry often cuts across disciplines. Two methods of methodology would be employed, namely, interviews, the analysis and the interpretation of the material gathered from the documents and interviews. The research would be mainly literature review and interviews that would ultimately aim at constructing a narratively informed resource map of shepherding with the objective of facilitating personal healing and transformation of the people identified with cancer



infection and affection. The scientific methodological aspects of this study are carried out by means of a systematic literature review having a well defined objective. The approaches to be followed would be data and a case study. The case study is always directed towards a single case. The purpose is to gain new information into the problem. The case can be made of individuals comprising certain recognized groups (Treece & Treece, 1977:163). My case study is composed of individuals and family. Considerations were made in selecting the individuals because a single person may die before the project is finished, therefore more than one person were selected.

### **2.5.1 The Methodological Process**

The methodology deemed to be implemented, in this study, has two aspects: The critical review of relevant literature as explained above with the objective of using secondary sources to expose the problem under investigation and to map out narratively informed pastoral therapeutic practices which could facilitate change and healing of both cancer infected and affected individuals and family; interviews with a selected individuals and groups of participants.

The first moment consists in the critical review of literature as elaborated above, with the purpose of constructing a guiding map for narratively informed pastoral therapeutic practices that may facilitate personal healing and social transformation regarding cancer problem.

The second moment in the process consists in conducting interviews with the selected group of participants regarding the cancer of the traumatized African family and clergy experiencing loss and grief under investigation. The purpose behind the interviews was not to engage in participative action research with the participants. The purpose would be to provide a background that would illustrate the grounding of the generally theoretical reflection to following and its direct relevance for the concrete life of real people in the real world.

While the research would be carried out here, it is shown that its intended ultimate goal was to facilitate a future participatory action research where groups of willing participants would actually be engaged in the proposed therapeutic narratively –informed pastoral practices. In this regard, this research may be taken as the preparatory step in a participative action, intended to bring about change in people’s lives.

### **2.6 Confidentiality**

It is very important that information discussed in an interview be kept confidential. The interviewer must stress that the subject maintain silence until

a special time is arranged with him/her. The investigator must guarantee the respondents that the information supplied will not be publicized without their consent. All forms of information will be discussed and agreed to for publication.

## **2.7 Research Participation**

The research participation would be on a voluntary basis. The person interviewed must agree and will not be forced to participate.

Available and new data will come from the people selected for interviews (Treece & Treece, 1977:144-146). The research project will be explained fully to the participants in order that they can sign a declaration for free participation. The researcher will treat all data with utmost confidentiality. Names of participants will not be revealed without their consent.

## **2.8 Data analysis**

The design includes the following features of qualitative designs: (1) the methods of reasoning in qualitative design and is usually inductive; (2) the methods of data collection in the qualitative design include participant observation, the opinion of the experts, namely, the life storyteller in counseling, content analysis and simulation (3) the types of research designs that are purely qualitative include those designs that seek to collect and describe new observations where little or no prior information exists; (4) methods of analyzing data obtained by a qualitative design center upon content analysis, cross cultural comparison, the identification of new concepts, and if possible the use of inductive reasoning to create an empirical generalization that states the relationship between two concepts (Catherine Seaman, 1987: 170-173).

Measurement used in research are all quantitative in nature, they use measurement instruments, like numbers, yardstick, rulers, weight, and height. Scales to measure coping, pain, and bereavement are neither familiar to every researcher nor does every scientist agree with the rules for measurements. Nominal measurements and scale consist of a number of discrete, mutually exclusive and exhaustively named categories. Numbers can be assigned to each category, but only for classification purposes. That is, category 1 could be for females and category 2 for males, but this has nothing to do with quantification. There are not quantities of being female or quantities of being male. The numbers are only for identification of the category in case the data are to be entered into the computer. Qualitative attributes such as sex (male

and female) marital status (married or not married)... there is no continuum between the two categories. No one is little pregnant or little female or little married. The data is derived for a nominal scale and can only be counted to determine frequency, how many men, how many women, how many pregnant (1987:306-307). The nominal scale measurements will be used in this research to determine the frequency

## 2.9 Research Questions

In qualitative research, it is inappropriate to make a prediction of results, and in some studies a research question, rather than a hypothesis, is indicated as it is in this study case. According to McMillan & Schumacher "Whether it is a question or a hypothesis, the sentence should contain objectivity defined terms and state relationships in a clear, concise manner, as do the hypothesis in our example [example of no separate heading identifying the review of literature]. . ." In this research, traumatic experience of cancer of the bosom to the affected family needed the local congregational counselling skills and the wisdom of entering in its world of story. With the methodology narrative therapy, I will look up narrative books and stories in the Bible to compare to see whether my narrative hermeneutics of Gerkin's of pastoral care model is relevant to my case. The question of narrative approaches to trauma counselling rests on a guiding principle that we give meaning to our lives with stories we tell and we have three narrative tools to use as we regard the storyteller an expert of his/her own life story. These are: (i) The not knowing position-retired from the expert position; (ii) responsive active listening; and (iii) conversational questions (1993:45).

According to Dube in the debriefing ask the following questions to direct the discussion of the exercise:

If you are to share please tell the group what is left on your list? What does this mean to you?

What was the hardest part of the exercise for you? What did each loss mean to you?

Did you want to have control over what you were losing?

Would it have been easier for you if the facilitator had told you which ones to strike out? (2003:116).

There are phases of the debriefing process from victim to victor. There is a period of orientation, followed by the externalization of the trauma (of the negative things) and internalization of positive things. Questions: How did you and other people react? Thought during and about the crisis i.e. what if I?

Feelings during and about the crisis (specifically include: what did you lose? What was the worse for you and what did it remind you of?

Questions that can help in internalizing the positive:

How did you survive? What did you do that has helped you to survive? What did you ask to help you to survive? How did your words help you? How did your thoughts help you? How did your values help you? How did your feelings help you? How did your body's physical reactions help you? How did any physical symptoms help you, then, since or now? How did your life prepare you to survive in this way? What does it say about you that is was possible for you to learn from this experience? (Freedman & Combs, 1996:132).

## **2.10 Data Analysis and Interpretation**

Data analysis begins as soon the first data is gathered and runs parallel to data collection because each activity informs and drives the other activities. Data analysis, like data collection, proceeds in a relatively orderly manner and requires self-discipline, an organized mind, and perseverance (McMillan & Schumacher, 1993: 482). This study will do content and discourse analysis of data. The data will be organized into categories by content analysis and use various processes to analyze and interpret the categories.

According to Hornby understanding is acquired by analyzing the many concepts of the participants and by narrative participants' meanings for these situations and events. Participants' meanings include their feelings, beliefs, ideals, thoughts and actions. In this study understanding is acquired by both analyzing the many concepts read from different documents and by narrative participants' meanings for their feelings, beliefs, ideals, thoughts and actions. The dissertation is designed as case study which requires a plan for choosing sites and participants. The site of this study is in the Eastern Cape in the Transkei Region in Mthatha. The research will use the grounded theory in order to create new theories and ethnographic interviews or unstructured interviews. Ethnography means several ways, such as an analytical description of social scenes and groups and educational ethnography as a process or way of studying human life relating to education (McMillan & Schumacher 1993:406). Ethnography in this case, is defined as analytical descriptions of African clergy and African families traumatized by loss and grief of their loved ones.

The qualitative researchers become "immersed" in the situation and phenomenon of studied. The researchers assume interactive social roles in which they record observations and interactions with the participants in many

situations. In content sensitivity: other features of qualitative research are derived from the beliefs that human actions are strongly influence by settings in which they occur. This study is field research and the researcher would collect data over a prolonged time at a site or from individuals. The said ethnographic research develops a context bound generalizations. The findings are to be extended in subsequent (McMillan & Schumacher, 1993: 374). The features of this qualitative research are derived from the beliefs the African clergy and African family are strongly influenced to fight the effects of the PTSD.

According to Neuman, Spradleys domain (land under the rule of the government) analysis formalizes six steps common to most forms of qualitative data analysis. A researcher (1) reads data notes full of details; (2) mentally repackages details into organizing ideas; (3) constructs new ideas from notes on the subjective meanings or from the researcher's organizing ideas; (4) look for relationships among ideas and puts them into sets on the basis of logical similarity; (5) organizes and links the groups together with broader integrating themes. The process builds up from specifics in the notes to overall set of logical relationship (1997:432). My first step is to read books and organize information or ideas into a structure on the basis of their relationship. This I will build up into a larger groups and subgroups which will be integrated or linked together with broader integrated themes. New ideas from notes on the objective meanings will be organized as new ideas. The word interpretation means the assignment of significance or coherent meaning. Interpretation qualitative researchers look at the sequence of events and pay attention to what happens first, second, third and so on (Neuman, 1997:335). The qualitative researcher interprets data by giving them meaning, translating them, or making them understandable. The meaning he/she gives begins with the point of view of the people being studied. He/she interprets data by finding out how the people being studied see the world, how they define the situation or what it means to them (1997:335). In this study interpretation will mean how the meaning of the concept fits in the situation or in that environment.

### **2.10.1 Systems Analysis**

Systems analysis is a concept of research that is beginning to have relevance for traumatized African family and clergy experiencing loss and grief. Cook & Oltjenbruns described dying and grieving life span and family perspectives in their second edition. George W Bowman III also has relevance in his Dying Grieving faith and family: Pastoral care approach and the goals in family

therapy and counselling were to find the points of low entropy (1998:33). According to Cook & Oltjenbruns, in addition to physical concerns, emotional, social, psychological and spiritual concerns must also be recognized as important. Support should be given to the dying in order to meet each of these categories of needs. This approach is known as a holistic perspective (1998:32). The systems analysis of my dissertation has relevance in these analyses but my systems analysis is on loss and grief in an African perspective (drawn according to the rule) and my systems are loss and grief and not dying and grieving.

The first order step in qualitative interpretation, whether a researcher is examining historical documents or the text of spoken words or human behaviour, is to learn about its meaning for being studied. The people who create social behaviour have personal reasons to or motives for their actions. This is the first order interpretation. A researcher's discovery and reconstruction of this first order interpretation is a second order interpretation, because the researcher comes from outside to discover what occurred.

In a second order interpretation, the researcher elicits an underlying coherence or sense of meaning in the data. Because meaning develops within a set of other meanings, not in vacuum, a second order interpretation places the human action being studied in the "stream behaviour" or events to which it is related-its context (1997:335).

The writer understands the strategy of the postmodern society dealing with the narrative approach. In the interpretation of data, the modern society selected the relevant concepts from the various concepts in a dictionary which reflected similar meanings, but short of complying with the specific requirement of the current document. In narrative approach the first order interpretation is given to people who create the social behaviour for their actions.

In other words, in narrative therapy, the storyteller is treated as an expert of his/her life story and the therapist takes the position of the not knowing position and active listener. Here the first order interpretation is given to the first contributor development to his/her environment, the researcher is regarded as an outsider, and is a second-order interpretation because he/she interprets ideas of the people with the problem. A researcher who adopts a strict interpretive approach may stop at a second –order interpretation – that is, once he/she understands the significance of the action for the people being studied. Many qualitative researchers go further to organize or link the second-order interpretation to general theory. They move to a broader level of interpretation or third order interpretation, which a researcher assigns general theoretical significance (1997:336).

The author would not like to adopt strict interpretative approach in this research because I

want to consider the general theories of the Bible which are applicable to every order interpretation. In other words, the hermeneutics theories of the Bible are applicable to every situation in this dissertation. The qualitative research will interpret the behaviour of the as naturally occurs. Few programmes of interpretations would be undertaken in this dissertation, such can narrative therapy deal effectively with traumatized African clergy and African family experiencing loss and grief? And how does a minister deal therapeutically with traumatized African family and clergy experiencing loss and grief?

## **2.11 Conclusion**

Chapter two of this dissertation was created as a guide to this research and all what has been said will be fulfilled in chapters 3, 4 and 5.

Chapter three will deal with the literature reviews and interviews, as the sharing of stories and use of theories of practical theology to work towards narrative therapy and narrative counselling.

## CHAPTER THREE

### RELATED LITERATURE REVIEW

#### 3. Introduction

It is important to know that my argument, in this research, is the traumatized African family experiencing loss and grief before and after the burial of its loved ones. According to Catherine Seaman (1987) the preliminary review of related literature, generally included three steps: namely:

- To identify (ukukhetha) and locate (nokumisa/ukubonisa) the important publications;
- To summarize and record the content of publications;
- To compare related elements, such as the theoretical perspectives, definitions, research designs, methods, instruments, and findings, because they have to suit current environment (1987:141-142). Each of these will be examined and be used in this dissertation.

#### 3.1 Definition of Concepts or Explanation of Terminology

The purpose of defining these concepts in the topic is to transform them into the search language, such as narrative theory, narrative approach, narrative therapy, narrative metaphor, trauma, African family, clergy, loss and grief, post-traumatic stress disorder. These concepts or terms will be defined and later be compared on the basis of their similarities. The definitions will be followed by relevant primary literature review as it constitutes the language of this research, the research will be based on these terms or descriptors. These terms will also be redefined here to affirm their meanings to this chapter. Some other terms will be defined as they appear in the subtitles.

##### 3.1.1 Narrative theory

According to Treece and Treece “Theories and hypotheses are generally abstract statements that must be converted into precise: specific, empirical indicators” (1977: 88), on the other hand Neuger says “narrative theory provides the framework model for pastoral counselling 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” (2001: 37 in Dreyer, 2009:4). Boje define Narrative theory “as framework involving creativity and reflection principles of



narrative theory” (1999:9). In this study, narrative theory is the framework involving creativity and reflection of narrative theory. Shapiro and Ross (2002) describe narrative theory as stresses above all the importance of language in shaping people’s realities (p. 96). To Dreyer (2009) “Neuger’s narrative theory model provides the framework for pastoral counselling with women. Boje et al. (1999) described narrative theory as involving creativity and reflection and principles of narrative theory: (1) metacode (framework) of making sense, (2) involving post-modern, suicidal constructionist paradigm; (3) people are centred as experts in their own lives; (4) it is a respectful and non-blaming approach that tends to be not so ;corrective instructive or persuasive, (5) narrative theory involves creativity and reflection, (6) problems are seen as separate from the people, because of the assumption that people have the skills, competencies, beliefs, values, commitments, and abilities to deal with their problems (Herbst & De la Porte, 2006: 9-10).

In this study, narrative theory is a framework for pastoral counselling of the traumatized African family and clergy who experienced loss and grief for their persons infected and affected with the cancer of the breast. The framework for pastoral counselling involves principles for narrative theory and a form of family spiritual therapy that emphasizes the importance of story and language in the development of interpersonal problems and interpersonal faith and hope in God.

The principles of narrative theory form a framework that will be used in chapter four of this study. The narrative theory principles will also form the framework for narrative counselling.

### **3.1.2 Narrative Counselling**

“Narrative counselling theory is about change. There are about conditions for change and process by means of which change is affected” (Neuger 2001:52 in Dreyer 2009:5).

To Louw (2000):”it means the life storytelling” (model) and the “listening to stories that has become an important pastoral strategy” concerning “with healing which is associated with the salvation of the Kingdom of God” (pp. 15, 43 & 309)

In this study, narrative counselling is an arena where stories are told that change people’s views of reality and it means the life storytelling, listening in a less knowledgeable manner that is not controlling, not manipulating, not authoritative, not knowing, but permitting the storyteller to use his/her own thinking, knowledge, understanding, her/his own power, and emotions in a way best fit to him/her life. It is an approach that comes from the culture

(society), family and experiences that shape persons. To Gerkin (1997) “It is important to note that the clinical pastoral movement in the 1940s retained vigorously Boisen’s commitment to prophetic ministry with regard to care of persons who were being overlooked or neglected by the society of the post World War II ebullience (undwendwe). It was during this period that the prophetic dimension of the movement gathered itself a wide range of concerns for differing forms of human difficulty. In hospitals and other medical centres it focused on a more empathic (yovelwano) response to persons undergoing the crisis of physical illness, death, and bereavement (ukubhujelwa). In psychiatric and other mental health centres it sought a more humane and caring response to the victims of mental illness. In prisons and criminal justice centres needs and concerns, it established ministry programs that avoided participation in the ethos (imithetho yentlalo yabantu abathile) of punishment, but rather sought to respond to the needs and concerns of those imprisoned. In these and other ways the emerging interest in pastoral care took hold of a primary criterion: pastoral care meant response to persons experiencing particular forms of human need (Gerkin 1997:66).

With regard to care of persons who were being overlooked or neglected by the society of postmodern world including the Assemblies of God, the researcher refers to the Silolo family case, overlooked by Ngangelizwe Assembly clergy including the writer, at Mthatha. Perhaps now that the Assemblies of God had established a youth ministry programs that seek to respond to the needs and concerns of those individuals who experienced particular forms of human needs, the case similar to the Silolo family will be addressed.

Douglas W. Waruta and Hannah W. Kinoti (2005) Philomena N. Mwaura discussed healing as a pastoral concern in the church in Africa. She outlined five levels at which pastoral care should be effected:

(1) The physical: (2) social, (3) psychiatric/emotional, (4) moral/spiritual, and (5) environmental. In the African Independent Churches, these levels were dealt with considerably, but not so in the mainline denominations. The traditional African approach to healing [and] could operate at all these levels, in contrast to hospital –based treatment which tended to fragmentary. She suggested that the mainline denominations ought to affect the pastoral ministry much more comprehensively, in order to facilitate wholesome living (p.10).

The researcher concurs with Philomena Mwaura concerning her suggested five levels of pastoral care, such as the physical, social, psychiatric, spiritual and environmental and would add psychological level in her levels to have six instead of five. These should be concerned with the holistic treatment of a counselee. The researcher proposes a joint healing of a counselee. If the

Counselee is attended by a minister, the minister must refer her/him, after attending to him/her spiritually: to anyone of the above quoted counsellors for further counselling both physically, psychologically, psychiatrically, socially.

### **3.1.3 Narrative Metaphor?**

Freedman and Combs, 1996: defined “Narrative metaphor as a story analogy (partial similarity or imfaniso) designed by David Epston who encountered it in studying anthropology and by Cheryl White who had enthusiasm for analogy (imfaniso) from her readings in feminism (p.15). In this work, narrative metaphor is a story analogy of the body of Christ and the church.

### **3.1.4 Narrative Therapy**

To Dr Johanna Shapiro and Ms Ross “Narrative therapy is a form of psychotherapy, pioneered in Australia and New Zealand in the 1980s, that emphasizes the importance of story and language in the development and expression of interpersonal problems” (February 2002:96). Morgan defines narrative therapy “as an approach to counselling and community work. It centres people as experts in their own lives and views problems as separate from the people; he/she referred to it as the underlying plot in which we are interested when we reflect on the landscape of consciousness” (2000:5). Freedman & Combs (1996) defined Narrative therapy communities, as both international and local, were beginning to serve as participant audiences that could hold each other accountable for the kind of selves and relationships each was bringing forth in its members (p.274).

In this study narrative therapy is defined as an approach to counselling individuals, families and community work both international and local that will emphasize the importance of story and language in the development and expression of interpersonal problems. Mwikamba, in Waruta & Kinoti (2005) referred to a pastor as spiritual guide in a given community or communities; Waruta & Kinoti referred to these communities as African Christians; Balswick & Balswick (2007) referred to them as narrative therapy communities who were both international and local communities and also as community and society; Gerkin (1997) viewed them as general communities, communities of faith, Christian communities or congregations. According to him the cultural-linguistic model of doing theology is most fundamental model by which a community can care for individuals and families. . . . Practical theology becomes the task of maintaining the connections between the varied stories of life and the grounding story of the Christian community.

Pastoral care becomes the community of faith's living expression of that grounding story (pp. 110-111).

According to Shapiro & Ross (2000) the definition of the narrative therapy, briefly describes its theoretical assumption (izizindlo zeengcingane) in relation (ngokunxulumene) to psychosocial (kwingqondo yokuthanda ukuhlala kunye) concepts (ingqiqo) already familiar to family physicians (ogqira) (p. 96).

In this study, the author will address the narrative therapy communities as individuals, families, environmental communities, community of faith/Christian community and to all of these, narrative therapy will be applicable as the language of the postmodern society.

According to Morgan "In narrative therapy approach, we use the long-term six steps systematic counselling model, namely: active listening, defining, examination of alternative, ensuring clients safety, making plans, provide support and obtain commitment" (2000:119).

Narrative therapy approach in counselling, in this task, will use long-term six steps systematic counselling model as stated above. But I will use the life maps which stretch backward into the individual's past and forward into the future by linking important events and aspects of life to the potential that may be realized in the future as Mulligan put it (1988:12). This will happen in chapter 4 of this study.

To Mulligan "This technique guides the individual on a journey through his life by drawing a map (plan) for each on the following seven questions: -

Who am I? - Where have I come from? - How will I get there? - What help do I need? - What will it be like when I get there? (1988:12).

Descriptive research questions typically ask "what is" and imply a survey research design. Relationship questions ask, what is the relationship between two or more variables? Different questions typically ask, "Is there a difference between two groups or more groups. These are illustrations made by McMillan & Schumacher, 1993:86.

## **3.2 Narrative Metaphor and Social constructions**

### **3.2.1 Narrative Metaphor**

Freedman and Combs (1996) described "Narrative metaphor as a story analogy (partial similarity or imfaniso) designed by David Epston who encountered it in studying anthropology and by Cheryl White who had enthusiasm for analogy (imfaniso) from her readings in feminism" (p.15).

### **3.2.2 Social Construction**

According to Freedman & Combs (1996) when they used both narrative and social constructionism as guiding metaphors (iinfaniso) for their work, they saw how the stories that circulated in society constituted their lives and those of the people they worked with. In their work up to that time interventions, they no longer tried to solve problems. Instead, they became interested in working with people to bring forth and “thicken” stories that did not support or sustain problems. They discovered that as people began to inhabit and live out these alternative stories, the results went beyond solving problems. Within the new stories, people could live out new self-images, new possibilities for relationship and new futures.

The author intends to imitate the two writers and use both narrative and social constructionism as the guiding metaphors for counselling both the infected wife with cancer of the bosom and the affected husband and their children who were traumatized by the death of wife and mother to children who were experiencing loss and grief before and after her death. The writer will no longer try to solve problems of the infected and affected families. He will be interested in working with the infected and affected people to bring forth and thicken their stories that did not support problems.

### **3.3 The content analysis and comparison of related sources publications’ reports of different views**

The purpose of this content analysis is to analyze semantic (okuchaza ukuthi) relationship (unxulumano) of the contents, such as theoretical perspectives (views), definitions, research methods, instruments, and findings.

- The Review of the Related Literature or the Theoretical Rationale for this Study
- The researcher has identified six concepts or themes:
- Narrative theory, narrative therapy, narrative therapy communities, narrative metaphor, narrative and social constructionism
- Trauma, trauma counselling, trauma debriefing, traumatic experiences, post-traumatic stress disorder (PTSD),
- Family life theories, family of origin, family systems: African family and families, nuclear family, extended family, family structure, family systems, Christian family, Community and community of faith, family relationships.

- Pastoral care/shepherding, pastoral ministries, African clergy, narrative psychosocial, family physicians, pastoral counselling theory, pastoral conversations, pastoral care and counselling,
- Pastoral care/shepherding, pastoral counselling theory, pastoral ministries, African clergies, pastoral concern in the church in Africa, pastoral care and counselling, pastoral conversations, narrative psychosocial
- Death and dying, acute and chronic phases, loss of religious support, unusual religious beliefs, grieving process, variety of fears.
- Narrative theory, narrative therapy, narrative therapy communities, narrative metaphor, narrative and social constructionism

### 3.3.1 Narrative theory and therapy

This research wants to determine the extent the theory and narrative therapy are developed in the field of practical theology to determine how narrative therapy can deal effectively with the traumatized African family and clergy experiencing loss and grief before and after the death of their loved ones and the not support opposing perspectives (views). This work is described as a story analogy (*imfaniso*) of the body of Christ and the church and anything is taken to be analogized as body of Christ or as house, or a body of a person...

### 3.3.2 What is Trauma?

According to L C Terr (1991) “Trauma is defined as a sudden extra-ordinary and external event that overwhelms an individual’s capacity to cope and master feelings aroused by the event” (p. 1).

Andrew Ross (2009): **“Healing trauma: The Quickie on Trauma Debriefing is” . . . (pp.1-5): <http://healintrauma> , [psap.org/heal-quickie.htm1](http://psap.org/heal-quickie.htm1)**

The author’s purpose is that “people need to know about trauma and to heal quicker or ]prepare mentally or at least be aware the process is known and trauma can be healed. In other words, it’s good for people to know before actions; it’s good for people to know after actions; it’s good for people that are traumatized and it’s good for people that are supporting.” I concur with Andrew Ross healing trauma quickly after debriefing will help the infected to heal quicker or prepare him/her to be aware of trauma that it can be healed if the person is supported. Figley (1985) defines “It as an emotional state of discomfort and stress resulting from memories of an extraordinary, catastrophic experience which shattered the survivor’s sense of invulnerability to harm” (xviii in Dreyer 2006: 2) To Krystal (1978) “it is a paralyzed,

overwhelming state, with immobilization, withdrawal, possible depersonalization, evidence of disorganization" (p. 90). To Retief (2004) "it (inxeba) is a spiritual wound in the soul of a person" (pp.13 &15) Trauma, in this research, is a theory that involves both the sudden external, emotional and spiritual events, which wound the people physical, psychological, social and spiritual human body, soul and spirit.

### **3.3.3 The meaning of Trauma Debriefing**

"Trauma debriefing is neither counselling nor therapy, but a meeting to review the impressions and reactions of people after having experienced traumatic incident" (Roos V, Du Toit R, & Du Toit M, 2002: in Dreyer 2009:5). Parkinson (2000) defined trauma debriefing as "Psychological debriefing meeting with one or more persons, for the purpose of which is to review the impression and interactions that survivors, helpers and others experience during or after a traumatic incident such as an accident disaster" (p. 171).

Trauma debriefing, in this study, is a theory or concept that is neither counselling nor therapy, but a meeting with a purpose of reviewing the impressions and reactions that the infected women and affected families experience after hearing the incident of traumatic cancer of bosom and to cool them down in preparing them for post-traumatic stress disorder counselling,.

### **3.3.3 Post-Traumatic Stress (PTS)**

Parkinson (2000) defined the theory "PTS as being the normal reactions of normal people to events that for them are unusual or abnormal" (p. 30).

In this study post-trauma stress is also defined as the normal reactions of normal people to events that for them are appearing to be abnormal.

### **3.3.4 Post-Traumatic Stress Disorder**

"Post-traumatic stress disorder (PTSD)" is defined "as an emotional disorder that can result from experiencing, witnessing, or being confronted by traumatic incidents" (Terr, 1999:1). "PTSD is a condition resulting from exposure to a traumatic event, and often characterized by nightmares: loss of control over behaviour, emotional numbing, withdrawal, hyperallertness, and recurrent and intrusive recollections of the trauma" (Cook and Oltjenbruns, 1998: 390).

Frank Parkinson (2000) states that: "PTSD is defined in the American Psychiatric Association public Diagnostic and Statistical Manual of mental

disorders (DSM-R) revised in 1995, as the development of certain characteristic symptoms following a psychologically distressing event that is outside the range of normal human experience” (pp. 29-30).

In this study, PTSD is a development of certain characteristic symptoms following a psychologically distressing event that is outside the range of normal human experience. It is an emotional disorder to a traumatic event often characterized by nightmares, loss of control over behaviour, emotional numbing, withdrawal, hyperallertness and recurrent and intrusive recollections of a trauma. This can also result to a spiritual emptiness, loss of hope, loss of trust, and loss of faith to God.

### **3.4 Historical overview of family**

#### **3.4.1 Family Origin**

Man was created in the image and likeness of God as a tripartite being, consisting of spirit, soul, and body (1Thessolians 5:23). “God created man to have relationship with Him, to be made into His image and His likeness and to share His functions of dominion and to be fruitful and produce himself” (Conner 2007:121 in Gen. 1: 26-28).

The original family referred to, in this research, is binding both Eurocentric disengaged and Africentric enmeshed families, and is Theocentric resilient strong family built on covenant, grace, empowering, and intimacy of God. The researcher will neither choose Africentric nor Eurocentric, but Theocentric resilient strong family based on unconditional love, grace, empowering and intimacy.

#### **3.4.2 An African Family**

Hammond-Tooke’s (1975) defined the “African families as embedded (zinzisiwe, fixed firmly in a surrounding mass) in a wider structure of lineage (umlibo), of five or six generations depth, which mediates succession to status, inheritance of lineage property (main stock) and the all-important ritual matters (p.17).

Monica Hunter defined “family life, in each umzi (the hut) [as] (1) a man with his wife, married sons with their wives and children, and unmarried daughters (1979:15)

Peires’ “Explained that the homestead-head (umninimzi) was a senior male of his lineage in the homestead. He lived with his wife, his children and possibly one or two impoverished relatives. . . The Xhosas were a patrilineal people



who traced descent through the male line. Each Xhosa belonged to a lineage that was to say a group of the people who could trace their descent back to a specific forefather. Relationship between homesteads members were strictly prescribed according to kinship (ubuzalwane): father's brother, oldest son, older brother, younger brother and all other positions were carefully distinguished both in terminology and in the rights and duties attended to each (1981:3-4).

In this research, family life is defined as the nuclear family of husband, his wife and two children, and the recognition of a patrilineal people who trace descent through the male line is our custom from generation to generation. It is true that almost all the Xhosas belong to a lineage group of people who could trace their descent back to a specific forefather; the author is also included in those people. According to Balswick & Balswick, "The family is a developing system that embraces the arrival of new members and releases them when they depart (2007: 46-47). In this research, families are divided into three categories: Africentric enmeshment families, Eurocentric disengaged families and Theocentric resilient strong families of God based on unconditional covenant love, grace, empowering and intimacy (see Genesis 1: 26-28; 5:1-2). They embrace the arrival of new members and release those who depart. The author's family life is defined as the nuclear family of husband, his wife and two children, and the recognition of family tree of five generations, was not connected or linked to their worshipping of God through the Name of Jesus Christ.

### **3.5 Fourth, pastoral care/shepherding, African clergy, pastoral counselling**

#### **3.5.1 Pastoral Care and Shepherding**

##### **(a) Pastoral Care?**

"Pastoral care is meant the theological theory, known historically as cura animarum, the cure of the soul. It is about pastoral hermeneutics, which tries to link the story of salvation to story of mankind's misery and hope. It aims at addressing the human search for meaning and the quest for the ultimate. Its objective is to develop faith, in order to establish a mature approach to life and to foster spirituality which enfleshes God's presence and will in everyday life" (Louw, 2000: 6 & 396). It is learning to make nondirective response in pastoral conversations became the sine qua non of leaning to give good pastoral care during this period" (Gerkin 1997:66).

Pastoral care, in this study, is theological theory, known historically as the cure of the soul. It is learning to make nondirective response in pastoral conversations and also it is about pastoral hermeneutics that tries to link the story of salvation to story of mankind misery and hope. It is about hermeneutics that tries to link the story of salvation to story of mankind's misery and hope. Its objective is to develop faith, in order to establish a mature approach to life and to foster spirituality which enfleshes God's presence and will in every life.

### **(b) Shepherding**

Gerkin defines “. . . shepherding motif originated as a metaphor for the role of the king during the monarchical period of Israelite history, it was never institutionalized as a designed role within the religious community, as were the prophetic: priestly, and wisdom roles” (1997:27).

Shepherding, in this research, is the metaphor (image) applied to both local pastors and church leaders who incorporate priestly leadership in relation to local church members, wisdom or counselling, and prophecy. It is an organizing metaphor for work of pastor leader and grounding metaphor for the caring giving pastors.

### **3.5.2 What is African Clergy?**

According to C M Mwikamba in Waruta and Kinoti (2005) “The Afrca clergy, as the spiritual leaders, should appreciate this fundamental principle; and the way of thinking, acting, believing, and living should portray the basic attitude to human Divine life. African Christians expect their priests to offer them spiritual leadership and nourishment. This cannot be effectively achieved, if pastors do not interpret and contextualize the Bible for both their personal and community spiritual enrichments” (pp. 263-264).

In this research, African clergy are defined as pastors working within the Black population, in South Africa, which, in a higher degree, are among enmeshed families, in their problems, intertwined with the African culture based on high cohesion and weak adaptability; weak communication and weak role structures caused by the monopolies found in traditional lives and individualistic life of educated people following the western World life styles. This matter may be a phenomenon to be explored further. The only answer to the problem of African clergy is to follow: Theocentric resilient family principles in order to liberate both our White and Black Africans to adapt to

the flexible and stable structures of resilient families of God's origin (Gen. 1:26-28; 5:1-2; 1Cor. 11:8).

### **3.6 The Critical Review of Related Literature**

#### **3.6.1 Narrative Theory**

Neuger (2001) Narrative theory was defined as “providing the framework model for pastoral counselling with women. The assumption was that people's personal history consisted of stories by means of which they made meaning out of the past, made sense of the present and found directions for the future” (p. 37 in Dreyer, 2009:4).

Boje et al. (1999) described Principles of narrative theory as involving creativity and reflection in the following manner: (1) metacode (framework) of making sense, (2) involving post-modern, social constructionist paradigm; (3) people are centred as experts in their own lives; (4) it is a respectful and non-blaming approach that tends to be not so corrective instructive or persuasive, (5) narrative theory involves creativity and reflection, (6) problems are seen as separate from the people, because of the assumption that people have the skills, competencies, beliefs, values, commitments, and abilities to deal with their problems (Herbst & de la Porte, 20006:9-10)

In this study, narrative theory is regarded as a framework for pastoral counselling to the traumatized African family who experienced loss and grief before and after the burial of its loved ones. It involves the spiritual approach to PTSD - RAP. Sinclair (1993) gave biblical approach based on hope, trust, and relationship to address spiritual needs ranging from loss of trust, loss of innocence, loss of hope, loss of purpose, loss of meaning, and loss of joy. The narrate theory works with the principles such as (1) metacode (framework) of making sense, (2) involving postmodern social constructionist paradigm; (3) people were centred as experts in their own life stories; (4) it was respectful and non-blaming approach that tended to be not so corrective instructive or persuasive; (5) it involved creativity and reflection; (6) problems were seen as separate from people, because of the assumption that people had skills, competencies, beliefs, values commitments and abilities to deal with problems.

Since medical doctors were dealing with physical illness and did not take care for the social life issues involved with their patients, the contribution of Dr Shapiro and Ross would be helpful to the medical doctors and patients. The medical doctor would be able to assess whether the illness originated from

social problems, such poverty and unemployment or illness due exposition to cold infectious diseases.

### 3.6.2 Narrative Therapy

To Freedman & Combs (1996) Narrative therapy is communities, both international and local, were beginning to serve as participant audiences that could hold each other accountable for the kind of selves and relationships each was bringing forth in its members (p.274). I agree with Freedman and Combs that, Narrative therapy communities of faith, can help in developing and maintaining new narratives. They can serve as participants that can hold each other accountable for the kind of selves and relationships each is bringing in its members. In the Assemblies of God similar community of faith was developed, but, still it was short of holding each other accountable for their failures to deliver satisfactory counselling to each member community

The purpose of the two authors was to provide family physicians with the additional tools, such as the definition of the narrative therapy, briefly describing it's theoretical assumption (*izizindlo zeengcingane*) in relation (*ngokunxulumene*) to psychosocial (*kwingqondo yokuthanda ukuhlala kunye*) concepts (*ingqiqo*) already familiar to family physicians (*ogqira*). They defined "Narrative therapy as a form psychotherapy, pioneered in Australia and New Zealand in the 1980s, that emphasizes the importance of story and language in the development and expression of interpersonal and interpersonal problems" (p.96).

In this work, narrative therapy is a form of psychotherapy and pastoral therapy pioneered in South Africa by Daniel J Louw, in 2000:367. "Pastoral therapy should not be regarded as in opposition to psychotherapy. The one must be not replaced by the other."

Morgan (2000) defined it as "an approach to counselling and community work, which centres people as the experts in their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments, and abilities that will assist them to reduce the influence of problems in their lives" (p.2) Neuger (2001) explained it as based on postmodern and structuralist philosophies (p.:43). In this study, the researcher defined narrative therapy as an approach to counselling and community work, which centered people as experts in their own life stories. It views problems as separate from people and takes for granted that people had many skills, competencies, beliefs, values, commitments, and abilities to reduce the influence of their problems. It is also a concept that is based on postmodern and structuralist philosophies. It works

with the principles that will assist them to reduce the influence of the problems in their lives.

Palesa Makhale-Mahlangu's (1996): "aim was to point out the importance of doing therapy in addressing the social and the cultural reality of the people we serve. And to African counselees to understand the importance of the appointment system, one needs to emphasize the collective benefit of keeping time. Counselees often did not keep the appointed time. Trauma counselling becomes appropriate at any time after a month . . . served by a counselling relationship that offers ongoing support and reflection (p.2). I concur with the writer, the counsellors must also keep the appointed time, and the African medical doctors usually come late from the hospital wards, sometimes after 10 o'clock tea. Their clients come before 8 o'clock will stay there waiting until 11 o'clock. The counselees must keep the appointed time because if they are late, they rob the time of the next person.

According to Freedman & Combs (1996) when they used both narrative and social constructionism as guiding metaphors for their work, they saw how the stories that circulated in society constituted our lives and those of the people they worked with. In their work up to that time interventions were aimed at specific problems and goals. In listening to Michael White, they no longer tried to solve problems. Instead, they became interested in working with people to bring forth and "thicken" stories that did not support or sustain problems. They discovered that as people began to inhabit and live out these alternative stories, the results went beyond solving problems. Within the new stories, people could live out new self-images, new possibilities for relationship and new futures (p.16). The author concurs with the two writers that using narrative and social constructionism as guiding metaphors for counselling individuals, families and Christian communities, I will see how the stories of the infected and affected people circulate in the Christian community bearing our lives. The intervention would aim at the post – traumatic stress disorder caused by the cancer of the bosom as it is common to infected women. The author is interested in working with the infected and affected people to bring forth (ukususela ngalo mini) and thicken (ukujiyisa) stories that did not support or sustain problems.

### **3.7 Trauma Stress Disorders**

McCann I L & L A Pearlman (1990) describe trauma

- Is sudden, unexpected and non-normative.
- Exceeds the individual's perceived ability to meet its demands

- Disrupts the individual's frame of reference and other central psychological needs and related schemas (p.10 in Professor Yolanda Dreyer' (2006:1). This definition excluded the chronic difficulties of life. The definition of Krystal (1978:90) "Trauma is a paralyzed, overwhelmed state, with immobilization, withdrawal, possible depersonalization, evidence of disorganization" (p.1 Dreyer 2006).

The author concurs with the writers that the individuals construct their life stories which are their personal realities as they interacted with their environment. They could produce models of understanding. I agree that trauma could be described as an experience if it: is sudden, unexpected and non-normative, exceeding the individual's ability to meet its demands and distrusts the individual's frame of reference and other central psychological, physical, and spiritual needs and related schemas. Trauma could produce a paralyzed overwhelmed state of immobilization and withdrawal accompanied with possible depersonalization and evidence of disorganization which could leave the infected person in isolation.

Roos & Du Toit, (2002) defined trauma as wound and was a term used freely for physical injury caused by some direct external force of and for psychological injury caused by some extreme emotional assault (pp.1-5; Mitchell, 1983: 814).

To the researcher, trauma means a wound that is caused by physical external force, by psychological emotional assaults, and by moral/spiritual feelings of pains and loss of faith in their souls because of the injuries they had experienced. In other words, the injured clients will need physical, psychological and spiritual narrative therapy to heal their outward and inward injuries and feelings and loss of faith in God.

To Retief (2004) "it is a spiritual wound (inxeba) in the soul of a person" (pp.13 &15) Trauma, in this research, is a theory that involves both the sudden external, emotional and spiritual events, which wound the people physical, psychological, social and spiritual human body, soul and spirit. In other words, when the body of a person is being wounded physically that can paralyze the whole body, physically, psychologically and spiritually and, in principle; the wound of the body can affect the emotions and the soul of that person. Then, the infected people will also usually experience an emotional state of discomfort and stress that will come from memories and catastrophic experience which would shatter the survivor's sense of self capacity. Trauma could result to a paralyzed, overwhelming state with the evidence of disorganization and spiritual wounded soul of a person leaving the infected person unable to do anything for him/herself

### **3.8 What is Post-Traumatic Stress (PTS)? And what is Post-Traumatic Stress Disorder?**

Parkinson (2000) defined the theory of “PTS as being the normal reactions of normal people to events that for them are unusual or abnormal” (p. 30).

In this study post-trauma stress is also defined as the normal reactions of normal people to events that for them are appearing to be abnormal. Andrew Ross’s purpose is that “people need to know about trauma and to heal quicker or prepare mentally or at least be aware the process is known and trauma can be healed. In other words, it’s good for people to know before actions; it’s good for people to know after actions; it’s good for people that are traumatized and it’s good for people that are supporting” (2009: 1-5). I concur with Andrew Ross healing trauma quickly after debriefing will help the infected to heal quicker or prepare him/her to be aware of trauma that it can be healed if the person is supported.

#### **3.8.1 Narrative Family Systems**

Hammond-Tooke’s (1975) aim was to build up the picture of local government at three points in time: the pre-colonial system of independent chiefdoms, the period of “Direct Rule’ under magistrates (between 1894 and 1995), and the new system of Bantu Authorities. She defined the African families as embedded (zinzisiwe, fixed firmly in a surrounding mass) in a wider structure of lineage (umlibo), of five or six generations depth, which mediates succession to status, inheritance of lineage property (main stock) and the all-important ritual matters (1975:17).

The author’s family life is defined as the nuclear family of husband, his wife and two children, and the recognition of family tree of five generations, was not connected or linked to be their worshiping of God through the Name of Jesus Christ. Balswick & Bailiwick’s (2007) purpose was to initially write “The family: A Christian Perspective on the Contemporary Home to present an integrated view of contemporary family life based on current social-science research, clinical insights, and biblical truth (p. 11).

Creating a positive family environment, according to the two authors, the first step towards a healthy environment was to free ourselves from the dominance of commodities (see table 10 and in this study is table 1 in appendix1) (p.356). They define the family system, in Western world societies, as a husband, a wife, and their children and in many other societies the extended family is defined as the basic family system (2007:38). Paul Tillich, in dealing with the modern individualisation, defines the Western world, in the 20<sup>th</sup>

century, as people [who] have experienced a universal breakdown of meaning (Dreyer 2009:9). I agree with the two authors, but in our case, it would be Africans creating positive African family environment, in order to free ourselves from the dominance of ancestor worship based on our traditional beliefs and family of the living and of the dead. Polygamy is the dominant marriage system followed, even by the educated chiefs and Africans. The characteristics of the individual African families lack cohesion which results to them to be enmeshed families. In mutuality (uthando olufana macala) they lack because they permit divorce and allow witchdoctors to accused women of been witches. Men are rigid in adaptability that women are equal to them and the abuse of them is common among the Blacks. In communication, most blacks are not clear; they do not want to argue with women. Over roles, there is conflict the elderly children would beat younger children in the presence of their parents, taking the role of their parents in their presence, causing a state of chaos.

In this study, Eurocentric individual Disengagement Families are defined as husband, wife and their children. They have experienced a universal breakdown of meaning because of a very low level of cohesion described as disengagement and individualism which lacks mutuality (uthando olufana macala). In adaptability, they lack flexibility to adapt to resilient structure because they follow conditional love, law and contract that allows a divorce. In communication, they put their self interest first, and then the interest of God is shown in their leaving the church halls empty, but continue to pay tithes as the support of their pastors. Their marriages are based on civil marriages which allow them divorce in the denial of the conjugational rights, chronic sickness and adultery. Monica Hunter's (1979) aim of this book was to give an account of life in Pondoland as it was in 1931 and 1932. Hunter declared, in family life, that in each umzi (the hut), was a man with his wife, married sons with their wives and children, and unmarried daughters. . . [If] the marriage was polygynous and patrilocal and each married woman more than a year had her own hut and a store hut (ikoyi). (1) His second wife was right – hand wife and her hut went to the right of the great hut; (2) the third wife married was a rafter (iqadi lendlu enkulu) of the first wife and her hut went to the left of the great hut; (3) the fourth wife was a rafter of the right-hand wife (iqadi lendlu yasekunene), and her hut went to the right of that of the right – hand wife; (4) when other wives were married they were alternatively “rafters” of the great house or of the right –hand house (pp. 15-16).The structure of the Silolo family was that of a husband, a wife and two children, a boy and a girl. The husband was not a polygamist and their marriage was based on the covenant unconditional love of God, grace, empowering and



intimacy. But, they did not follow the polygamy structure described by Monica Hunter, but, their marriage was a nuclear family marriage following the covenant love of God. Balswick and Balswick state that a biblical family structure can be created in the face of modern/ postmodern society . . . The family, the community and society are interrelated support structures (See figure 20 in this study is schema 1 in appendix 2). They have suggested that a trinitarian theology the four biblical relationship principles of covenant, grace, empowering, intimacy are biblical themes on which family life should be patterned. They believed that the corresponding biblical ideals for community and society were Koinonia and shalom. (p. 362).

The reason why the author, in this study, does not support the Eurocentric and Africentric approaches, it is because the Western approach that supports contract, law and conditional love and the African approach that supports customary, law and conditional love will not provide help for both Africans and Europeans. The solution to these family problems should be addressed by a trinitarian theology structure based on four biblical relationship principles such as covenant, grace, empowering, and an intimacy. God will heal our sick people, if we base our narrative therapy and narrative counselling on these principles. This is known, in this study, a theocentric approach.

Peires' (1981) purpose was an attempt to write a complete and comprehensive account of Xhosa history. He explained that the homestead-head (umninimzi) was a senior male of his lineage in the homestead. He lived with his wife, his children and possibly one or two impoverished relatives. . . The Xhosas were a patrilineal people who traced descent through the male line. Each Xhosa belonged to a lineage that was to say a group of the people who could trace their descent back to a specific forefather. Relationship between homesteads members were strictly prescribed according to kinship (ubuzalwane): father's brother, oldest son, older brother, younger brother and all other positions were carefully distinguished both in terminology and in the rights and duties attended to each (pp.3-4).

Peires explanation on this Xhosa custom, in the Eastern Cape, would be accepted by almost all Xhosa speaking people. Silolo family and the writer would agree to this explanation because it is what almost everybody knows in the Eastern Cape. This is a historical approach known by us in the Eastern Cape, but that history must be changed to a new developed concept which would be able to reverse the Africentric approach to Biblical Approach.

Palesa Makhale-Mahlangu defined [weak] African family as consisting of the living and the departed" (31 July 1996:3 of 4). She "urged the African clergies to understand their appointment system and collective time they shared in learning the Afrocentric ways of coping and of doing therapy: They might

also understand the African family as being based on the living and the departed” (p. 4).

The author agrees with the writer that the African family consists of the living and the departed counted on the basis of lineage, but, the researcher differs with Makhale-Mahlangu in the form of worshipping, there are those families who include the departed in counting the lineage, but excluding them when they worship God. The Silolo family was among those.

Balswick and Balswick indicate that, first, the reconstruction of family life needs to take place in a secure environment with the effective boundaries. The family needs protection from the intrusion of a multitude of forces that are currently encroaching on it and sapling its vitality. In the intimacy of family community, we have a place where we can be naked and not be ashamed (Gen.2:25), a place where we can be who we are, free from all demanding requirements of the outside world. . . Family life based on contract, law, and conditional love will not provide the refuge needed by weary individuals who have been out battling in the competitive world. However family life based on covenant, grace, empowering and intimacy provides a haven and place of refreshment. It embodies the New Testament concept of Koinonia. Indeed, any family grounded in the principle of mutual servanthood exemplifies the spirit of Christian community (p. 158).

The author concurs with the two writers that the reconstruction of family life needs a secure environment which the government would not interfere with its boundaries. The children must be free to receive biblical teachings and training as prescribed in Proverbs 22:6). Family life based on contract, law and conditional love as well as the African customary law and conditional love will not succeed in changing weak families into strong families. Family life based on covenant, grace, empowering, and intimacy will provide change to weak families to strong or resilient families. The governments of Africa and the whole world must understand that they are being established by God (Rom.13: 1-5). These governments must secure an environment with clear boundaries for families to allow God to be the head of each family through Christ Jesus.

George W. Bowman III's (1998) purpose was to set forth precepts (imiyalelo) and ideas that could be useful to the pastor in his ministry to dying persons and grieving survivors. He advised that for every good reason therapy and counselling was giving serious attention to the family systems of persons who seek help. It was also important to consider the particular family systems which have helped individuals from their values, beliefs, lifestyles and methods of coping with life and its realities. A grasp of their emphases,

understandings, and approaches had much value for ministers concerned with giving help to those who are dying or grieving (1998:31).

In this study, the family system, to be considered is narrative and social constructionism of post modern society. The storytelling's and constructive listening and externalization of negative conversations and regarded the counselees experts in their life stories and this is the method of counselling this study is to follow in helping the individuals to change from their values and beliefs, lifestyles and method of coping with life and its realities to those of the Christians through the new birth and new creation.

### **3.9 Dying, grieving, death and terminal conditions**

#### **3.9.1 Dying**

Bowman in his Emotional Progression in the Dying Patient, he states that Elizabeth Kubler-Ross: In her pioneer work on "On Death and Dying, she became a teacher to so many ... she deals with denial, anger, and depression, hope, bargaining, and acceptance in her descriptive categories.

To Bowman III (1998) patient to pastors, if responsible care for dying patients is given, are the concepts of hope, bargaining and acceptance:

- 1. First, the stage of hope-** While ministers generally believe that God has immense powers for healing, an honest evaluation of the way God normally functions would indicate that there are many times when it does not appear to be God's purpose to heal everyone.
- 2. Second-** the stage of bargaining may take the form of promises to God, for example "if you will let me live until my children are grown, I promise you that I will be more faithful to my religious fellowship"; for the dying (person) patient's desperate plight brings out both his need to live meaningfully.
- 3. Third-** the stage of acceptance: Some of the frustrations that attend the dying patient center upon his inability to be in control of his living or dying. Many people are religious content and satisfied ... The emotional acceptance should become acceptance of one's death is far more difficulty than his spiritual acceptance of peace and security.

Bowman states that whenever possible, it is advisable to make contact with the patient before the extreme crisis is reached so that more meaningful help

may be given. This involved the consistent visitation of parishioners and members by the minister in order to build the kinds of viable relationships that can be useful at times of dying and death. The minister must possess a strong religious confidence in God's loving care and his consistent concern for his creation (p.60).

Emotional acceptance should a major focus in one's ministry to the dying. According to Bowman, the studies of Hackett (cited in Hendin), Harvard psychiatrists, conclude that dying patients should be told the truth. They found that all the patients they studied had suspicions of their death, though they had not been told it. "All patients were relieved to have their suspicions confirmed." Dying patients deserve the right and privilege to be taken seriously. It is far better for all if the dying can conclude their life on this earth in meaningful dialogue with significant persons than to be "cut off from the land of the living" before physical death claims their bodies (pp.57-60).

The pastor is well advised to make short, frequent visits with the patient. The patient often gets lonely even with his family close by him continually. So often family members protect each other at crisis times and the process of dying is no exception. One should avoid the pitfall of making long visits unless there is good evidence to indicate otherwise. The patient should be encouraged to take lead in discussing religious matters. The pastor, whether he desires it or not, is frequently cast into the role of confessor when a person nears death (pp.60-61).

In counselling the Silolo family, we have that stage of hope that God was to heal the wife of Themba Silolo, but in vain she died of the cancer of the bosom. We promised this family that God was faithful to heal the wife if she believed. It might be that assurance which caused Themba's frustration and refusal to accept his wife's death. We lacked the encouragement needed to continue helping Themba to trust and have faith in God who is able "to comfort us in all our troubles, so that we can comfort any trouble with the comfort we ourselves have received from God" (2Cor. 1:3-4). Alicia Skinner Cook and Kevin Oltjenbruns (1998): The purpose of the authors for writing this book was to examine recent developments in the field [for dying and grieving] and identifies issues related to death, dying and grief that our society will be grappling (ukubambana) within the future. Increased attention is given to sudden death in this new edition, with particular emphasis on homicide and suicide (1998: v).

The authors invite the reader to use this book to examine his/her own thoughts and feelings regarding various aspects (views) of dying, death, and grief

framework of the text. . . Individuals do not deal with death in isolation. Rather, they are influenced by the dynamic interaction with others in their family systems and social networks (composed of friends, neighbours, teachers, and others. These are, in turn, affected by larger systems, such as medical establishments, educational institutions, religious groups, human service organisations, legal systems, and media. This system approach is an additional unique feature of this text (pp. v-vi).

Pattison (1977), in Cook & Oltjenbruns (1998:43), has described three common clinical phases of the dying process. These are depicting in figure 2.2 in Cook & Oltjenbruns (1998:43) as schema 10, see appendix 8.

Both physical and psychological support must be given to the dying in order to help them deal with the many changes they experience

### 3.9.2 The dying individual:

- The first phase is the acute crisis phase, which is triggered by the crisis of knowing that death is approaching. This phase is marked by great anxiety and sense of threat to one's self.
- The second phase is the chronic living –dying phase. This phase is usually the longest and is typified by a variety of fears, as well as grief for the many losses that are experienced as a part of dying process.
- The final phase is known as the terminal phase and is characterized by an increased withdrawal into one's self and an increased sense of acceptance of the anticipated death (pp. 43 &44).

It is the intention of this research to begin with the acute stage and after a month to deal with the chronic living stage of the counselee in chapter 4 of this study.

To Cook & Oltjenbruns (1998) Elizabeth Kubler –Ross has challenged professionals and nonprofessionals alike to be sensitive to the needs of the dying. In her classic book entitled “On Death and Dying, Kubler-Ross (1969) delineated (*ucacise ngokuzoba*) five stages to describe the dying person's progression towards acceptance of his/her impending death: Those stages are summarized here:

- **Denial:** This is typically the initial reaction to diagnosis of a terminal illness. It is characterized by the statement “No not me, it cannot be true.” Denial is the initial defence mechanism used to deal with news of impending death, but it is rather quickly replaced by partial acceptance.

- **Anger:** feelings of anger, rage, envy, and resentment, are experienced as the dying person attempts to answer the question, "why me?"
- **Bargaining:** There is an attempt to postpone the inevitable that death be delayed in return for such things as "a life in the service of the church" or similar promises.
- **Depression:** This stage is marked by two types of depression (*ukucinezeleka*). The first is reactive (*ukuchasa*) depression, resulting from losses that are experienced as a part of the illness. For example, a woman may become depressed after the loss of her breast due to a mastectomy. The second type is preparatory depression, which anticipates impending losses such as separation from family;
- **Acceptance:** This stage is marked by "a degree of quiet expectation not a resigned and hopeless 'giving up' (pp. 42, 112-113). The acceptance of the knowledge that one is dying is not necessarily universal, nor is it the culmination of a sequential series of emotional experiences. Rather dying individuals experience a mix of emotions at any point in time, and those emotions may peak, diminish, and then recur. .

In this study the holistic approach, namely, physical, psychological and spiritual support will be given to the dying in order to help them deal with many changes they experience. The phases listed above will be dealt with in chapter 4 of this research. These were identified as acute, chronic living and terminal phases.

Bowman states that, in working with dying persons. There are concerns, dynamics, and responses necessary for one to consider: the dying patient tends to deny the reality of approaching death; the dying patient has concern for those who are left behind; the dying patient may wish to talk to someone about his past life. The dying patient often exhibits intense preoccupation with religious and spiritual concerns; the dying patient sometimes verbalizes the fear of being totally alone in death; the dying patient experiences certain regrets about his life (1998:48-51). Sinclair, for a spiritual disorder and healing, gives a Biblical approach based on hope, trust, and relationships to address spiritual needs ranging from loss of trust, loss of faith, loss of innocence, loss of hope, loss of purpose, loss of meaning, and loss of joy (1993: 113).

The author agrees with Elizabeth-Kubler Ross on death and dying, the intention of this research is to deal with denial, anger, depression, hope, bargaining and the acceptance of death. The counselee will be informed of her pending death, before physical death claims her body. Concerning denial of the reality of the approaching her death, counselling will be give a Biblical approach based on hope, trust and relationships to address spiritual needs ranging from loss of trust, loss of faith , loss of innocence, loss of hope, loss of meaning and loss of joy.

According to Parkinson, “Loss is one of the central experiences of all human life”. It is said that we only truly become ourselves when we can face the fact of our death. When we experience major life changes, war, accidents or disaster, fear can lie at their heart –the fear of dying, of illness or injury, of hurt and rejection. Our lives have been threatened by something we do not understand and cannot control. We find that we have feelings and emotions that are unfamiliar and extremely distressing. At the center of this experience is the experience of loss. Something has happened to us and we have to exist with it (2000: 82-83).

The positive side is that these experiences bring with them the challenges to move onward, to grow and to emerge in the end as much stranger people. However, the negative side is that this challenge also includes the possibility of stress reactions, whether sooner or later, of shock, unreality, anger, blame, depression, fear, guilt, loneliness, rejection, low self-esteem, loss of identity and isolation (p.84).

### **3.9.3 Loss and Trauma**

Loss reactions experienced as post-traumatic stress are similar to those of grief and it will help us to have a wider understanding of them if we look in more detail at bereavement and loss. When we lose someone we love, is called bereavement and the loss is experienced as grief. The pain of the grief cannot be cured by drugs. In fact, it cannot be cured at all in the sense of that some illness can be cured. For healing to begin, we have to experience the pain and allow it to be experienced (pp. 84-85).

To the experience of the researcher loss was the one of the experience of the Silolo family life. Assemblies of God clergy failed to face the fact of Silolo family death. The clergy were not consistent in journeying together with this family and could not show them that God will never leave a believer in the valley of the shadow of death. He will always journey with them in the valley of the shadow of death (Psalm 23). The clergy took for granted that

since this family had a solid Christian background, it could control its death threats as promised in 1 Thessalonians 4: 13-18, that we should not “grieve like the rest of of men who have no hope. We believe that. . . God will bring with Jesus those who have fallen asleep in him.” We failed to show them the positive side to move onward looking for the day of the Lord when He will bring to you your wife.

Themba Silolo’s loss reactions experienced post-traumatic stress disorder that led him to die at bereavement (lost of his wife, he loved, ukubhujelwa ngumfazi ebemthanda) and loss to him was grief until he himself died. To me this is a sad story. “Loss is often a component of traumatic events: divorce, cancer and physical trauma” (a vehicle accident, assault and robbery) (Herbst and de la Porte, 2006:60). According to Parkinson (2000) “It is one of the central experiences of all human life and is included in every aspect of existence -from conception to death. . . .The loss [is] one of the reactions, experienced as post-traumatic stress, are similar to those of grief and it will help us to have a wider understanding of them if we look in more detail at bereavement (ukubhujelwa) and lose” (ukulahlekelwa) (pp. 74 & 84). Loss, in this dissertation, is a component of traumatic events such as cancer, divorce physical trauma abuse and HIV/AIDS and is one of the reactions experienced as post-traumatic stress which are similar to those of grief which caused the Silolo family to die of a traumatic-stress disorder after the bereavement of their beloved wife who died of the cancer of the bosom.

Parkinson arranges the stages in the following manner: (1) shock, (2) anger, (3) depression, (4) acceptance and healing.

### **3.9.3.1 Stage 1: Shock**

The first reaction to incident will probably of shock which could be marked with unreality and denial, this can be followed by crying. This is the result of the shock and terrible feeling of sadness and loss (pp. 86-88).

### **3.9.3.2 Stage 2: Anger**

The author states that other people laughing and enjoying life, or just living can cause extreme outburst of anger and resentment. I know it is not your fault, but why it had happen to me? You can identify anger with blame, longing and search, anxiety and fear: The question is why would not they have prevented it? This question can lead from anger and blame to the natural response of guilt. There can also feeling of bitterness, regret and fear. Like anger blame is a natural and normal response to trauma and stress (90-91).



### **3.9.3.3 Longing and searching**

Placing the blame is not simply a cry for vengeance, but as a result of the desire and need for justice in what is experienced as an unjust world. Investigations and inquests are often inclusive or incomplete or not satisfactory. This has meant that for many, anger and blame have been intensified and become extremely important issues (p. 91).

### **3.9.3.4 Anxiety and Fear**

Fear and anxiety can be tied in with experiencing: avoidance, and arousal, characteristic symptoms of post-trauma stress. The anxiety can emerge as confusion and panic. What it happens again? Will the feeling ever go away? All of these reactions –anger, the need to blame, guilt, bitterness, regret, longing and searching, anxiety and fear- are normal and natural reactions to loss, bereavement and the trauma of accidents and disasters (pp.91-94).

### **3.9.3.5 Stage 3: Depression**

A descent into depression is common in grief of following any traumatic incident, and it includes feelings of helplessness, loneliness, self-reproach, loss of identity and isolation. The initial shock and the sense of unreality and numbness can be followed by extreme anger and, in bereavement, the clinging desire not to let go of the one. This heightened sense of activity can then descend into the depths of then descend into the depths of depression (ukudakumba) (p. 94).

In this book depression involves the following concepts: isolation and loss of self identity and self-worth, loss of faith and purpose, loneliness, and physical loss.

#### *(a) Isolation and Loss of Self-identity and Self-worth*

The experience of external loss is reflected internally through feelings of isolation and a reduced sense of self-worth or value. A disaster or accident victim, or the related of someone killed, may feel useless, impotent and helpless (p.95).

*(b) Loss of Faith and Purpose*

Some will lose faith and others find it. When someone you love has died , or when you are involved in trauma, the initial shock means that you are in no condition to begin to think things through logically or sensibly. Sweet words of comfort can be meaningless. Some people lose a sense of purpose, while others throw themselves into volunteer work and look for some kind of satisfaction in helping other people. Some believe that there is no purpose in life because their entire world has fallen apart and everything seems like a complete waste of time (p. 95).

*(c) Loneliness*

Bereavement and loss seem to carry a stigma. Once the trauma accident is over, there can be a sense of abandonment and feeling that nobody cares. It is easy for others to lose patience. Being with those who are suffering trauma and loss requires a great deal of effort and energy (p. 96).

*(d) Physical Loss*

Physical contact is usually very important and if you don't feel able to hug someone, just a touch on hand or arm can be sufficient. However, some will not want to be touched or held and can seem cold and distant. This stage of depression following trauma can last for a long time. Some become trapped in their feelings of isolation and loneliness. It as though they have descended into a pit from which they cannot escape. Their feeling is that there is no God, nobody cares and all is without meaning or purpose (p. 97).

### **3.9.3.6 Stage 4: Acceptance and Healing**

Many seem to think that grief and the reactions of post-trauma stress are relatively short-term problems that go away pretty quickly if you are determined to get on with your life and not moan or complain. Again we hear the response, "You will get over it soon". The belief that you will get over it is partly a defence against having to be involved too deeply. It is also a protection from thinking about what it would mean if it happened to you (p.98). Unfortunately, you do not get over grief or post-trauma stress, you only go into it –and either stay there or go through it. Many who have survived accidents and disasters will say that when they were able to work through their experiences, they emerged much more capable and self-assured

(pp.98 -99). I agree with Frank Parkinson that loss is one of the central experiences of all human life and is including every aspects of existence, from conception to death. “Just as man is destined to die once, and after that to face judgment” (Hebrew 9: 27). In this case study, the Silolo family process of grieng could be traced on the basis of Parkinson’s four stages of the grieving process:

Husband, Themba Silolo in stage 1: He seemed to be in shock, when he received news, from Mthatha Hospital, that his wife died of the cancer of the bosom. He marked the said news as unreality and sterted to deny them followed by his cry as a result of shock and terrible feeling of sadness and loss. In stage 2:he was angry and started to blame himself, and searched himself in anxiety and fear. All of these were natural and normal reactions, such as anger, the need to blame, guilt, bitterness, regret, longing and searching, anxiety, and fear, were reactions to loss, bereavement (ukubhujelwa ngumfazi) and trauma of his wife death from an incurable disease.

Through a common grief known as depression following post traumatic stress incident of the death of his wife, he developed feelings of helplessness, loneliness, self-reproach, loss of identity and isolation. In Parkinson we learned depression involved concepts such as isolation, loss of self-identity, and self-worth, loss of faith and purpose, lonieliness and physical loss as the huasband died in grief for the death his wife. The Assemblies of God clergy in Mthatha did not understand these symptoms that they were associated with depression when Themba died of post-traumatic stress disorder. Themba’s attitude of not returning to his work place, taking the dresses of his wife out of wardropes and put them on his bed, sometimes displayed on the wall, we did not know that he lost his self- identity, self-worth, loss of faith and purpose and loneliness. In other words, Themba did not have a chance of accepting the death of his wife and healing through professional counselling. We did not journey with him through these stages and unfortunately, he did not get over grief or post-traumatic stress disorder, he only went into it and stayed there until he died.

### **3.10 Family systems:**

Family systems identified in this study are African Family, Extended Family, Nuclear Family of both West and Africa, and Family Structures

### 3.10.1 The Extended Family

Monica Hunter (1979) explained that marriage was polygynous and patrilocal and each married woman more than a year had her own hut and a store hut (ikoyi) (p.15).

. . . [When] “Marriage was polygynous and patrilocal and each married woman more than a year had her own hut and a store hut (ikoyi). Huts were arranged in a semicircle that faced eastward. . . (2) His second wife was right –hand wife and her hut went to the right of the great hut; (3) the third wife married was a rafter (iqadi lendlu enkulu) of the first wife and her hut went to the left of the great hut; (4) the fourth wife was a rafter of the right-hand wife (iqadi lendlu yasekunene), and her hut went to the right of that of the right –hand wife; (5) when other wives were married they were alternatively “rafters” of the great house or of the right –hand house (pp. 15-16). The structure of the Silolo family was a family of a husband, a wife and two children, a boy and a girl. The husband was not a polygamist and his marriage was based on the covenant unconditional love of God, grace, empowering and intimacy. But, they did not follow the polygamy structure described by Monica Hunter, but, their marriage was a nuclear family marriage following the covenant love of God, grace, empowering and intimacy.

### 3.10.2 Nuclear family of West and Africa

Balswick & Bailiwick’s (2007) indicated that, first, the reconstruction of family life needed to take place in a secure environment with the effective boundaries. The family needed protection from the intrusion of a multitude of forces that were currently encroaching on it and sapling its vitality. In the intimacy of family community, we had a place where we could be naked and not be ashamed (Gen.2:25), a place where we could be who we were, free from all demanding requirements of the outside world. . . Family life based on contract, law, and conditional love would not provide the refuge needed by weary individuals who have been out battling in the competitive world. However family life based on covenant, grace, empowering and intimacy provides a haven and place of refreshment. It embodies the New Testament concept of Koinonia. Indeed, any family grounded in the principle of mutual servanthood exemplified the spirit of Christian community (p. 158). (See appendix 2, figure 20 as schema 1 and appendix 4 A & 4B as schemas 4 & 5 of figures 1 & 2).

The author concurs with the two writers that the reconstruction of family life needs a secure environment which the government would not interfere with its

boundaries. The children must be free to receive biblical teachings and training as prescribed in Proverbs 22:6). Family life based on contract, law and conditional love as well as the African custom, law and conditional love would not succeed in changing weak families into strong families. Although the majority of Eurocentric families are basing their marriages on nuclear family, their marriages are based on contract, law and conditional love these will not provide for transformation from individual needy, weary, weak and isolated families to strong families. The majority of Africentric families based their marriage on customs, law and conditional love and these also could not help them transform their enmeshed weak families to strong families or resilient families. Family life based on covenant, grace, empowering, and intimacy will provide change to needy, weary and weak families to strong or resilient families.

Balswick and Balswick (2007) explained that a biblical family structure can be created in the face of modern/postmodern society . . . The family, the community and society are interrelated support structures (See figure 20 in this study is schema 1 in appendix 2). They have suggested that a trinitarian theology the four biblical relationship principles of covenant, grace, empowering, intimacy are biblical themes on which family life should be patterned. They believed that the corresponding biblical ideals for community and society were Koinonia and shalom. (p. 362).

The reason why the author, in this study, does not support the Africentric and Eurocentric approaches, is because the Western approach that supports contract, law and conational love and the African approach that supports customary, law and conditional love, will not provide help for both Africans and Europeans. The solution to the family problems should be addressed by a trinitarian theology based on four biblical relationship principles of covenant, grace, empowering, and an intimacy. God will heal our sick people, if we base our narrative therapy and narrative counselling on these principles.

The author intends to imitate the two writers and use both narrative and social constructionism as the guiding metaphors for counselling both the infected wife with cancer of the bosom and the affected husband and their children who were traumatized by the death of wife and mother to children who were experiencing loss and grief before and after her death. Therefore, this dissertation will focus on the traumatized African family experiencing loss and grief before and after the death the wife and mother to children. Family Structure: Community and community of faith or Christian family, family relationships.

Waruta & Kinoti (2005) D W Waruta tackles the institution of marriage and the family in contemporary Africa and basically urges the Church to take a

fresh look at these institutions because, in his view, the Christian Church has not succeeded in strengthening families and to some extent, it has been part of the problem rather than the solution. He suggests that a strong family institution is a prerequisite for healthy, wholesome individuals and societies. Conversely, a weak family institution produces an unstable and fragile society. As a pastoral concern the Church ought to appreciate the escalating psychological instability and the disintegration of social order in Africa, resulting largely from the weakened status of the most vital institution of human socialization – the family. Pastoral ministries including counselling should therefore concern themselves with ministering to African family in the context of the challenges it faces today (p. 10).

Since the researcher is dealing with the African family, he concurs with Waruta that the Church in Africa is part of the problem rather than a solution to the family problems. The African clergy must take this advice that a strong family institution was a prerequisite for healthy, wholesome individuals and societies. I further suggests that a strong family institution based on covenant love, grace, empowering and intimacy must be established a resilient family of God which will be accepted by both Africa and Europe.

Balswick and Balswick (2007) state that a biblical family structure can be created in the face of modern/ postmodern society . . . The family, the community and society are interrelated support structures (See figure 20 in this study is schema 1 in appendix 2). They have suggested that a trinitarian theology the four biblical relationship principles of covenant, grace, empowering, intimacy are biblical themes on which family life should be patterned. They believed that the corresponding biblical ideals for community and society were Koinonia and shalom. (p. 362). Monica Hunter's (1979) declared that, in family life, in each umzi (the hut), was a man with his wife, married sons with their wives and children, and unmarried daughters.

The structure of the Silolo family was that of a husband, a wife and two children, a boy and a girl. The husband was not a polygamist and their marriage was based on the covenant unconditional love of God, grace, empowering and intimacy. But, they did not follow the polygamy structure described by Monica Hunter, but, their marriage was based on a nuclear family marriage following the covenant love of God.

### **3.10.3 Family relationship**

Monica Hunter (1979) declared, in family life, that in each umzi (the hut), was a man with his wife, married sons with their wives and children, and unmarried daughters. . . Marriage was polygynous and patrilocal and each

married woman more than a year had her own hut and a store hut (ikoyi). Huts were arranged in a semicircle that faced eastward. The open segment of the circle was filled with a cattle kraal and the arrangement of the huts was as followed: (!) The senior male of the umzi was the owner of the umzi; (2) The hut of his first wife (the great wife) was built opposite the gate of the cattle kraal; (3) his second wife was right –hand wife and her hut went to the right of the great hut; (4) the third wife married was a rafter (iqadi lendlu enkulu) of the first wife and her hut went to the left of the great hut; (5) the fourth wife was a rafter of the right-hand wife (iqadi lendlu yasekunene), and her hut went to the right of that of the right –hand wife; (6) when other wives were married they were alternatively “rafters” of the great house or of the right –hand house (pp. 15-16).

The writer does not support polygamy, but a nuclear family of husband and wife which is based on Adam, the male and female, in the Garden of Eden. The said family was created on the bases of the covenant love, grace, empowering and intimacy (Gen.5:1-2).

## CHAPTER FOUR

### MINISTER'S THERAPEUTIC APPLICATION OR APPROACH

#### 3. Introduction

The focus in this chapter is on interviewing the selected traumatized African family experiencing loss and grief before and after the burial of their loved ones. The said people were identified as the affected individual participants with the cancer of the bosom. The methodology to be followed is to be informed by theological methodologies of Alice Morgan (2000); Jill Freedman & Gene Combs (1996), Yvonne Retief (2004), Daniel Louw (2000), Charles V. Gerkin (1997), Douglas W. Waruta and Hannah W. Kinoti (2005), Alicia Skinner Cook & Kiven Oltjenbruns (1998) George Bowman III (1998); Edward Wimberly (2003), Frank Parkinson (2000) and these are deemed to be relevant to this study.

The questions to be asked are: What are the definitions of the terminologies found in the topic chapter? What do I want to achieve in this chapter? Why I have to follow the theological methodologies of more than one author in this chapter? What is its theological methodology? Why do we choose to engage in externalising conversations? The differences between internalised and externalised conversations: (see appendix 10 as table 2). What can be externalised? Narrative counselling and schedule of interview questions will be of help in this study.

#### 4.1 What is a Minister?

“A minister is a clergyman or a clergywoman: or pastor, priest or father or reverend” (Laurence Urdang, 1991:271). According to Mwikamba C M “a minister is a pastor in charge of a congregation, a person who exercises spiritual guidance in a given community or communities:” (in Waruta and Kinoti, 2005:243). In this study a minister is a clergyman or a pastor in charge of a congregation who exercises spiritual guidance to a community of faith.

In this regard, the researcher will speak about the African family. Hammond-Tooke's (1975) defined the “African families as embedded (zinzisiwe, fixed firmly in a surrounding mass) in a wider structure of lineage (umlibo), of five or six generations depth, which mediates succession to status, inheritance of lineage property (main stock) and the all-important ritual matters (p.17). The African Family life, in each umzi (the hut) [is] (1): a man with his wife,



married sons with their wives and children, and unmarried daughters. The homestead -head (umninimzi) is a senior male of his lineage in the homestead. The Xhosas are a patrilineal people who traced descent through the male line. Each Xhosa belonged to a lineage that is to say a group of the people who could trace their descent back to a specific forefather. Relationship between homesteads members were strictly prescribed according to kinship (ubuzalwane): father's brother, oldest son, older (Hammond-Tooke 1975:17; Monica Hunter, 1979: 15; Peires, 1981: 3-4). Then the African family in this study is defined as a man and a wife with their children. Its homestead –head is senior male of his lineage or family tree. The Xhosas are patrilineal people who trace descent through the male line.

## **4.2 Meaning of Loss and Grief**

“Loss is often a component of traumatic events: divorce, cancer and physical trauma” (a vehicle accident, assault and robbery) (Herbst and de la Porte. It [is] one of the reactions, experienced as post-traumatic stress, are similar to those of grief and it will help us to have a wider understanding of them if we look in more detail at bereavement (ukubhujelwa) and lose” (ukulahlekelwa) (Parkinson 2000: 74 & 84). To Herbst & de la Porte, how do you imagine meeting your creator at the end of your life? Loss, in this dissertation, is a component of traumatic events such as cancer, and HIV/AIDS and is one of the reactions experienced as post-traumatic stress which are similar to those of grief which caused the Silolo family to die of a traumatic-stress disorder after the bereavement of their beloved wife who died of the cancer of the bosom.

Bowman III (1998) defined “Grief, as a natural response to loss and a pain of mind, of soul, of spirit or body, which comes from some deep trouble or loss and in which one's relationship to a person or a thing, is broken” and he further defined it, “as an emotional state occasioned by separation from a loved person, or a loved object” (pp. 76 &78).

In this study, grief is defined as an experience of loss that is coupled with a fear of parting and loneliness. It is also an emotional state occasioned by separation from a loved wife. The examples here are Themba and Nommangaliso Silolo who experienced loss coupled with a fear of parting and loneliness. Both the husband and wife had that fear of parting and loneliness. The husband finally grieved for his wife's death and he himself died after six month in grief.

### **4.3 How Does A Minister Deal Therapeutically With Traumatized African Family Experiencing Loss And Grief Before And After The Burial Of Its Loved One?**

The method followed in this study will be different from the one that is followed in counselling an individual infected person. The kind of counselling here often includes issues of trauma, abuse, loss and grief. The relationship counselling often includes grief counselling and helping people living with the results of affairs, abuse, and divorce. The relationships also needed to be kept on growth path (Marina Strydom 2007:2). The Biblical and Social Context (indawo eyandulelayo nelandelayo) (Ibhayibhile, nokuthanda ukuhlala kuye). The Bible is full of problem saturated family and relationship stories and one such story is found in John 8, and Genesis 16. Adjusting into a marriage relationship could be extremely difficult. According to Muller (2002:35) the art of relationship is to reach some kind of equilibrium and in nowadays we admit that there are two partners' experiences in relationship, that of the man, and that of the woman, and this experience is not the same (p.39).

The aim of the interview was to show that the Bible is full of problem saturated African families who would need God's advice to free themselves from cultural and social problems which could be easily denied from generations to generations. A narrative approach has a guiding principle that could give us a meaning to our lives with the stories we tell: A Story is:

(a) Events (things that happen); (b) linked in sequences (chain); (c) overtime (d) and according to plot (design, plan or outline). As a companion on the journey, I want to help persons to:

- tell their story
- Discover the plot of the story
- Identify unique outcomes of their story
- Develop this into a new story.

#### **4.3.1 Assumptions that Inform Narrative ways of Working**

The assumptions that inform narrative ways of workings are: (1) the problem is the problem (the person is not the problem) (2) people are the experts in their own lives stories (3) people can become the authors of the stories of their lives; (4) by the time a person consults a therapist, he/she most probably has made many attempts to reduce the influence of the problem in his/her life or relationships (5) the problem is socially constructed (6) people become so intertwined in the problem that they experience themselves and the problem as one (7) problems never claim 100% of a person's life. There are always times

when they have to escape a problem's influence (8) ensuring an atmosphere of curiosity, respect and transparency is the responsibility of the therapist (Strydom 2007:5-6).

### **4.3.2 How to go about Narrative Therapy?**

It is hoped that a person reading this part of narrative therapy, will be able to help people discover their stories and the effect of the story on their lives. Learn how a healing process can take place after externalising the negative elements or internalised conversations, such as feelings, anxiety, worry, guilty, fear, depression, as the focus of externalising conversations and internalising alternative good new conversations.

## **4.4 Using the narrative therapy approach in relationship counselling**

The Question here is How to Use the Principles of the Narrative Approach in Relationship Counselling?

The answer is to interview infected African individuals and families affected with cancer of the breast, the problem between people; cultural and social practices and metaphors (imikhuba okanye izifaniso), must be externalized as feelings. Through externalizing conversations, the problem becomes a problem and not a person (White & Epston, 1990:40, in Dr Marina Strydom 2007:13); and the person can begin to address the problem as a separate entity by almost treating the problem as someone with his/her own identity.

### **4.4.1 Tracing the History of the Problem**

The books of different writers and different topics, some of them deal with the elemental development of narrative counselling, others deal with the method or the application of narrative counselling, such as Morgan; Freedman and Combs, Waruta & Kinoti wrote about narrative counselling and Yvonne Retief wrote about the method and formulation that deals with the application of counselling. Daniel Louw, Charles Gerkin; Waruta and Kinoti deal with the pastoral counselling while Bowman III, Cook and Oltjenbruns dealt with grief, loss and dying man. In this study all these were needed to help me to do interviews in narrative counselling.

In tracing the history of the problem, questions like who am I? Where have I come from? Will be relevant, in tracing, the origin of the problem and the background of affected family...

#### **4.4.2 Exploring the Effect of the Problem**

Exploring the effect of the problem will need also a question to pause to the affected, such as where am I going now? How did you achieve your personal goals, what did you remember before the problem entered your life?

We all have to overcome our obstacles in our lives. In order to assist the affected people we have to ask this question, what challenges do you have to face in your life? What are the issues that cause puzzle in your life to stay incomplete?

Discovering unique outcomes: Listening for times, when the problem had less or no influence. The question needed is to help me to escape to a safety spot; how will I get there?

Creating an alternative story from unique outcomes: Name the alternative story: The question available is: What help do I need? I may need a guidance to assume the alternative route.

The question may be how will it be when I get there? How would you like others to remember your life? If you had your life live over, what would you do differently?

#### **4.5 Using Narrative Therapy In Relationship Trauma**

According to Strydom (2007) every relationship has two faces: public face and a personal face. In lots of relationships the personal face can be so problem saturated or painful that the members of the relationship cannot face the truth. This often leads to the secrets and maintaining of secrets. Shame accompanies secrets (p.29). These shameful secrets occupy so much of the relationship's energy that there is no energy left to work on the relationship or to address the problems (Muller 2002:88).

According to Muller (2002) it is important to remember that forgetting (or actually repressing) a problematic story, is never helpful. First, one has to face the problem, unmask the secret and tell the horror story, before you can start to heal and eventually forget in a healthy way (p.90). The bigger Christian family story helps us interpret our own problematic stories (Genesis 37, and 45). People create distance; God wants to create whole intimate relationships. God repairs, not only patch relationships. Our natural reaction is to hide, deny, and keep the secret. God's way is to remember, to uncover, the story, by telling it in the light of God's grace and to encounter the distance between us by words and deed of forgiveness (Strydom 2007:29-30).

I am aware of the fact that the people I intended to interview cannot face the truth and will try to keep the distance of the problem. The alternative new life

will be their alternative new way of life after their storytelling. It is true that our natural reaction is to hide, deny, and keep secrets which could lead to the destruction of people kept in secrecy.

## **4.6 Relationship Growth**

### **4.6.1 Re-inforcing the Alternative Story**

Choosing to stay with your marriage partner, despite difficult times, is one of the most important choices to make regarding relationship growth. New possibilities are created there where the marriage partners are helped to re-tell the story of their marriage and to enforce the alternative future story (Aftel, 1996: 70).

Narrative theories applied as the theological methodology framework for pastoral counselling to the traumatized African family who experienced loss and grief before and after the burial of its loved ones. It involves the principles of narrative theory such as (1) metacode (framework) of making sense, (2) involving postmodern suicidal constructionist paradigm; (3) people age centred as experts in their own life stories; (4) it is respectful and non-blaming approach that tends to be not so corrective instructive or persuasive; (5) narrative theory involves creativity and reflection; (6) problems are seen as separate from people, because of the assumption that people have skills, competencies, beliefs, values commitments and abilities to deal with problems. Reflection on the religious and spiritual aspects (iimbonakalo), especially on God's presence, as it is understood and experienced in a specific situation, such as cancer of the breast to African women, would apply narrative approach to externalise the internalized negative conversations from childhood and influence the infected person to choose the alternative positive conversations based on the Bible, such as accepting and believing in the name of Jesus Christ of Nazareth (John 1:12-13; Acts 4: 8-10 & 12). According to Morgan (2000) "This alternative story was usually anti-problem and brought forth people's skills, abilities, competencies and commitments" (p.59). Thickening the alternative story, the researcher would approach the families affected "to act as witnesses and also link their lives to the new story of the person consulting the therapist, this can significantly add life and richness to this new story" (p. 74). The new story of the person consulted will create a new creation to the infected person and will be anti-problem and will bring back the person's skills, abilities, competencies, and commitments to the Word of God as born again person.

Narrative approach implies that the pastor has no authority to command or direct. But he has the authority to clarify, to interpret, guide understanding . . . and upon that authority the pastor may build pastoral guidance relationships with persons in all manner of modern situations (Gerkin, 1986:101; in Louw, 2000:15). In this work, narrative approach is about stories, events according to plot, belief system, about me, world, God and other people. In other words, it is (i) A problem saturated story; (ii) Story of the past; (iii) Clouded future; (iv) The re-interpreting the story; (v) Re-authored or imagined story of the future. It is a metaphor (concept or map) to organise stories emanating from people's culture (language), families and individuals in the ways that are meaningful, such as in counselling, and pastoral care. It operates on the basis of unifying the past, the present, and the future while minimizing negative stories to Christian new stories that would give new meaning to their lives.

## **4.7 The Application Of Narrative Theories In Narrative Counselling**

### **4.7.1 What is externalisation?**

Freedman and Combs (1996) define externalisation as “a practice supported by the belief that a problem is something operating or impacting on or pervading a person’s life, something separate and different from the person” (p.47). To Morgan (2000) “Exploring widely the problem’s tricks and methods of operation and doing this in some detail, identifies the problem as separate ‘thing’ or being. This is why these sorts of conversations are sometimes referred to as conversations which ‘personify the problem’. The questions that are asked lead to the problem being identified as having its own motives, distinct from those of the person seeking assistance ” (p. 26). In this chapter, externalisation is defined as separate thing or being because the problem is being identified as having its own motives, distinct from those of the person seeking assistance. If the motives of the problem were not distinct (ahlukene), the person would not seek assistance from the therapist.

### **4.7.2 Why do I Choose to Engage in Externalising Conversations?**

To Freedman & Combs (1996): An externalising attitude (uluvo) can counter the “objectifying”.

Influences of internalising discourses (iintetho), by objectifying (make objective; uyenza intsingiselo) and separating what has been internalised. But, in order to adopt an externalising worldview, we must retain our perceptions so that we objectify problems instead of people. When listening to people’s

stories, we ask ourselves questions like, “What is problematic here? What is the nature of this problem? How does it show itself? What does it feel like for this person to have this problem in his or her life? What is influencing the person so that he/she thinks/feels/acts this way? What is keeping this from having experiences he would prefer? In asking ourselves these questions, we are taking the first steps in perceiving problems as separate from people (p.47).

In this dissertation a problem is objectified and the person is a subject that has been regarded as an expert in his own life story. In answering the questions asked above, the problematic here is the cancer of the breast and the nature of the problem is chronic. It shows itself by means of a wound on the bosom. The person feels threatened by death to have this problem. The anger: guilt, fear and isolation influence this person to think, feel and act this way. Anxiety is keeping this person from having the experience she would prefer. These are the problems to be externalised from these people.

Externalising is more important as an attitude (uluvo) than a technique (ubuchule) and it using narrative ideas in therapy and when people approach externalisation as a technique or a linguistic trick, it can come off as shallow, forced, and not especially helpful (p.47).

People who are engaged in externalising conversations find themselves extremely helpful for many reasons:

1. Externalising conversations establish a context (indawo eyandulelayo nelandelayo encwadini) where the persons experience themselves as separate from the problem. In this way the problem no longer speaks to them of the identity or the ‘truth’ about who they are. People often find this great relief as it opens space for them to begin to take action against the problem and opens space for them to work co-operatively to revise their relationship with the problem (Morgan:24).
2. Externalising conversations begin to disempowering the effects of labelling, pathologising, and diagnosing that are commonly experienced by people as impoverishing of their lives. They open possibilities for people to describe themselves, each other and their relationships from a new and non-problem –saturated position.
3. Externalising conversations facilitate the renaming of the problem saturated story that once dominated their lives. In this way, the problem becomes the problem and then the person’s relationship with the problem becomes the problem (White & Epston 1990: 40 in Morgan, 2000: 24).
4. Externalising conversations enable the development of an alternative story for family life that is more attractive to family members.

In this study, externalising conversations attitude (uluvo) will counter the objectifying influences of internalising negative discourses and separate them from the people to disempowering the effects of labelling, pathologising and diagnosing what are commonly experienced by people as impoverishing of their lives. They open possibilities for people to describe themselves and their relationships from a new non-problem-saturated position. The externalising conversations will facilitate the renaming of the problem saturated story to no more dominate their lives. In this way the problem will not be the part of the person, but a separate entity. The externalising conversations will enable to develop an alternative story for family life that will be more attractive to family members.

Once a person is separated from the problem or dominant problem story, once they begin to speaking about themselves as being affected by the problem as opposed to themselves being problematic, options become available. Times or ways in which they have been or are presently separated from the effects of the problem become easier to think and speak about it, these times are known as “unique outcomes” . . . Unique outcomes provide openings to different stories and rich descriptions of the people’s lives (Morgan, 2000:24).

Externalising conversations can also decrease the amount of unproductive conflict that may have arisen between people since the problem’s existence. Disputes over who is to blame become more of a possibility when the problem is not located within the identity of either person (pp.24-25).

Once the person is separated from the saturated problem story, they begin to speak about themselves as being affected by the problem. These are the times they think and speak about it are known as unique outcomes. The unique outcomes provide openings to different stories and rich descriptions of the people’s lives. The advantages of externalising conversations are the decrease to the amount of unproductive conflict that might have risen between people since the problem’s existence.

### **4.7.3 Perceiving Problems as Separate from the People**

According to Freedman and Combs (1996) “Problems develop when people internalise conversations that restrain them to a narrow description of self. These stories are experienced as oppressive because they limit the perception of available choices” (p.48). David Epston (1993) pointed out that this process of internalising happens not just with local and particular experiences of trauma and abuse, but with larger cultural experiences as well. He notes Foucault’s description of how death and disease (previously treated as if they



were located primarily in a social or spiritual domain, came to be located at specific sites within specific human bodies (p.171).

Stepping into an externalising worldview, we separate our perceptions of problems from our perceptions of people. As we learn to view problems as separate from people, we begin to see people as subjects. David Epston (1993) puts it this way “. If persons fade away or are absorbed into an externalising discourse, in an internalising discourse they seem to emerge and come to life as protagonists in their life stories, which can now admit of a life lived forwards rather than one transfixed in various versions of chronicity (p. 172 in Freedman & Combs, 1996:50).

I agree with Freedman and Combs that negative conversations were internalized problems developed. The stories told were oppressive and corrupted the recipients. They caused diseases and death to the people. Sometimes people experienced various kinds of trauma, and abuses causing acute or chronic situations. The postmodern world separates people’s perceptions of problems from people’s perceptions. Meaning that people are separate from problems and problems are part of people and they must be externalized.

#### **4.8 Narrative Pastoral Counselling Theory**

Neuger (2001) described that narrative theory of counselling “as about change. There were conditions for change and processes by means of which change was affected. (Neuger, 2001: 52 in Dreyer 2010: 5). To Douglas W. Waruta and Hannah W. Kinoti (2005) the pastoral ministries, including counselling, and should concern themselves with ministering to the African family in the context of the challenging face. The Church needed to learn from the African culture some of these positive insights and incorporate them into the pastoral ministry for the elderly both within and outside her fold (pp.10-11).

Edward Wimberly’s (2003) emphasized that that human beings had the capacity to create meaning as they participated in the ongoing conversations with others. Thus, change came more from participation in conversations and stories and from examining how one had been recruited into stories that were not compatible with the self. In addressing internalizations that adults brought into therapy and the clinical setting was called externalization. Externalization increased personal agency and the creation of one’s sense of self by exploring the ways that the self had been formed and shaped by stories and conversations dominated by others (pp. 98-99).

The author also saw narrative counselling as about change and the pastoral ministries included counselling in their operations and in addressing internalisations that adults brought into therapy and the clinical setting was called externalisation, I did not support this idea, the idea I supported was that people brought in their saturated conversations which they regarded themselves as part of them and we, therefore, helped people to externalize these bad conversations and internalize good conversations.

## **4.9 Narrative Trauma Counselling**

### **4.9.1. Narrative Therapy: The Weaving of Stories**

The traumatic event of this dissertation is the diagnosis of the patient with cancer of the breast. Phases of the debriefing process, narrative therapy from victim to victor; narrative therapy: spread the news (landscape of identity).

Sinclair (1993:113), an Episcopal priest and licensed therapist, contributed to a spiritual approach by stating that PTSD is a first and foremost a spiritual disorder and healing must come from spiritual context. He give a Biblical approach based on hope, trust, and relationships to address spiritual needs ranging from loss of trust, loss of faith, loss of innocence, loss of hope, loss of purpose, loss of meaning and loss of joy. The narrative therapy will be holistic, in nature, and will include psychiatrists, nurses, psychologists, social workers and dieticians.

Parkinson (2000) defined trauma debriefing as “Psychological debriefing meeting with one or more persons, for the purpose of which is to review the impression and interactions that survivors, helpers and others experience during or after a traumatic incident such as an accident disaster” (p. 171).

Trauma debriefing, in this study, is a theory or concept that is neither counselling nor therapy, but a meeting with a purpose of reviewing the impressions and reactions that the infected women and affected families experience after hearing the incident of traumatic cancer of bosom and to cool them down in preparing them for post-traumatic stress disorder counselling.

1.1 Trauma narrative counselling in the dissertation is debriefing and is neither counselling nor therapy but a meeting to review or observe the impressions and reactions that the infected African women and affected families experienced after hearing traumatic breast cancer incident and to cool them down preparing them for post-traumatic stress disorder counselling,.

## 4.9.2 Post Traumatic Stress Disorder

Dr C J Hugo (2004) states that “With reference for the two case studies to case study1, the counsellor could only advise specific faith issues, in a second session a month after, the robber. 2. The people involved started to talk about the impact of the trauma on their spiritual lives only after a month. A proper understanding of the stress levels of the people involved is not properly addressed in the ABCD model. PTSD may be understood by grouping the symptoms into three types: namely re-experiencing (intrusive), avoiding, and physical hyper arousal (RAP) as set forth in the American Psychiatric Associations Diagnostic and Statistical Manual of Mental Disorders – Revised (1994) (DSM-RAP-1994).

Wilson and Moran (1998) are in the opinion that integrated and holistic plan of treatment would benefit spiritually those who suffer grave psychological trauma and PTSD. And integrated model greatly enhances the ability of the therapist to understand and treat the whole person (p.173). The holistic approach will benefit the whole person who is suffering and also all therapists are they psychologists, psychiatrists and pastors.

“PTSD is a condition resulting from exposure to a traumatic event, and often characterized by nightmares: loss of control over behaviour, emotional numbing, withdrawal, hyperallertness, and recurrent and intrusive recollections of the trauma” (Cook and Oltjenbruns, 1998: 390).

Frank Parkinson (2000) states that “Some problems need professional help and counselling to solve, especially in the case of complicated grief or post –traumatic stress disorder, in which victims are trapped in a particular stage or state and unable to work through their feelings. It also depends on the nature of the traumatic event, especially when the experience is terrifying or life threatening. Post –traumatic stress reactions may be connected with the inappropriate or inadequate patterns of behaviour learned earlier in life as strategies for coping with problematic situations (p.111). This study will look at loss and grief of husband before and after the burial of his loved wife. The interviews will be made to get the needed information and advise where need is. The interview of women infected will be done to obtain current information and new developments in the field of cancer infections or healings. The families affected will also be interviewed for the same purpose.

#### 4.10 Discourses in Narrative Therapy

Discourses refer to our underlying belief system, Understanding discourses are essential to understand the “plot” (plan) of someone’s story. Freedman & Combs (1996) described discourses as a system of statements, practices and institutional structures that develop and are based on common values. A discourse also sustains a particular worldview (pp. 43-44).

The focus of chapter four was on the interview of three traumatized African women infected with the cancer of the breast and three of their traumatized families affected with the breast cancer. The methodologies followed were those of Alice Morgan (2000); Jill Freedman and Gene Combs (1996), Jack O Balswick & Judith K Balswick (2007); Charles V Gerkin (1997); Edward P Wimberly (2003); Douglas W Waruta & Hannah W Kinoti (2005); George W Bowman III (1998); Alicia Skinner Cook & Kiven Oltjenbruns (1998) and Frank Parkinson (2000).

The definitions of the terminologies identified in this chapter were made. The questions asked in this chapter were answered in the following manner:

What did I want to achieve in this chapter? The following answers were given, namely: To directly help our fellow African clergy to understand a holistic approach in narrative counselling to meet the needs of the dying terminal illness people and their families, to address PTSD in team work composed of psychiatrists , psychologists, physicians, nurses, social workers, pastors/ministers and nutritionists. The question why I had to follow theological methodologies of more than one author? The answers were that, some of the writers dealt with how narrative theories and practices were developed, the others wrote to show how to apply these theories. Others write about narrative pastoral counselling and how to apply is to individuals, families, Christian communities, and to communities of their environment.

Why did we choose to engage in externalisation of negative conversations and internalise positive conversations? The answers were that narrative approach treated all problems as being outside the person and the person must treat them as foreign objects or separate things. With the case of internalisation of positive conversations, we are arming the infected and affected people to deal with their problems using positive conversations, such as internalizing the truth and the truth shall free them.

Perceiving the problem as separate from the people, problems developed when people internalised negative discussions and the saturated stories received were experienced as oppressive and might be externalized and internalize positive conversations that are in partnership with God through the Name of Jesus Christ of Nazareth. (Col. 3:17). Every time we practiced externalisation,

we saw people as separate entity from the problem. Narrative counselling was an arena where stories were told to change people's views of reality. The counsellor in this process was regarded as an active listener, who regarded the storyteller as an expert in his/her own life story.

In narrative theory there were narrative principles of pastoral counselling, and these were identified as (1) metacode (framework of making sense); (2) involving post-modern –constructionist paradigm, (3) people centred as expert in their own live stories; (4) the counsellors are respectful and non-blaming, neither corrective nor instructive or persuasive in their approach; (5) narrative theory involved creative and reflection, (6) problems were seen as separate from people. Narrative counselling and scheduling of the interview questions were dealt with under the following subheadings, narrative counselling theory Narrative practice in nutshell was defined as storytelling based on events, linked in sequences, overtime, according to a plot (plan). This involved five movements in helping a person to tell their story: These were identified as action, background, development, climax and ending. They would operate under three narrative tools, such as the not knowing position, participation active listening; and conversational questions.

The interview questions are enclosed to replace the former questions, which were sent with this chapter four. I have to cut this programme to the minimum of the externalization of the problem because time is against me to include sessions of counselling starting from the debriefing to post traumatic distress disorder which may lead me to take 15 sessions. These interviews will stop at the internalisation of positive conversations. I have problems with the family part of interviews, families, especially husbands are at work and it is difficult for me to travel in the evenings to the rural areas to meet their husbands. I travel by public transport. Some of the husbands, I was made to understand that they are work in Gauteng Province. This part may not appear in this dissertation. The interview results will appear in the summary and conclusions of chapter 5. Soon I will be submitting it as a final chapter of this dissertation.

## CHAPTER FIVE

### SUMMARY AND RECOMMENDATIONS

#### 5. Narrative Research

##### 5.1 In narrative research, the role of a pastor or counsellor that:

The pastor has no authority to command or direct the client; but authority to clarify, interpret, guide understanding, to build guidance relationships with the clients in all situations, (2) the pastor should maintain a stance of curiosity, (3) he/she must genuinely ask questions to which he/she does not know? (4) he/she must adopt the policy of listening to what he/she does not know; (5) he/she must regard the client as an expert in his/her storytelling; (6) he/she must take the position of not-knowing position as he/she does not know the story of the client; (7) the pastor must listen and interpret the story that being told; (8) he must practice a system of deconstructive listening; (9) he/she must perceive problems as separate from people; (10) he/she must use deconstructive questioning to help the client in the externalization of the problem and also in the internalisation of the new alternative story (freedman:47-48); (11) a narrative therapy seeks a respectful, non-blaming approach that tended not to be corrective, instructive or persuasive; (12) the person consulting the therapist played a very important position in determining the direction and the solution of the problem in question (Alice Morgan, 2002:2, 4; Boje, et al. 1999).

##### 5.2 General Methodology Process

The scientific methodological aspect of this study was qualitative research carried out by means of a systematic literature review that has a well defined objective. The research was carried out, in terms of its basic approach, namely, applied research falling with the area of qualitative research and the methodology will be implemented in two aspects, namely: (i) the first moment is critical review of relevant literature as described above, with the aim of using secondary sources to expose the problem under investigation and to map out narratively informed pastoral therapeutic practices, that may facilitate change in both individuals and groups. The first moment consisted of critical review of relevant literature as explained above, with the purpose of constructing a guiding map for narratively informed pastoral therapeutic

practices that may facilitate personal healing and social transformation regarding the identified problem (Mouton, 2001:52). The research is theoretical and the researcher had explored the topic through the books.

The second moment in this process consists, in conducting interviews, with select individuals of participants. This second moment in the process consists, in conducting interviews, with select participants of individuals regarding the matter under investigation and the analysis thereof. The purpose behind the interviews was not to engage in participative action research, but was aimed to construct change-inducing actions together with the participants. In other words, the purpose was to provide a background that illustrates the grounding the general theoretical reflection to follow in and its direct relevance for the concrete life of real people in the real world... At this moment I will interview human beings and the methodologies I intended to follow were those of Hugo (2004), Gerkin's stories of our lives and the Christian story that uses schematized narrative hermeneutics pastoral care model (1997) and Freedman & Combs (1996) a discourse in narrative therapy to our underlying belief system of statements, practices and institutional structures that share our values (1998:42-43) and also adopt the memory work telling your story through life maps of Herbst & de la Porte (2006).

### **5.2.1 Why do I have to follow the Methodology of more than one Author in this Researcher?**

The researcher formed a foundation theory that would enable the narrative therapy and counselling to fulfill the objectives of this research to help the traumatized African family experiencing loss and grief to recover from it. The following authors, namely, Morgan, N H Sinclair, Weaver, Muller, Warren Jones were grouped together; in trauma: Hugo, Everly & Lating; in pastoral care: D N Sinclair, Everly & Lating, pastoral counselling Hugo, Weaver and Gerkin more than the others, were used to trace how narrative therapy and counseling were developed and used to heal the infected and affected people in postmodern society.

### **5.2.2 What was the Theological methodology of this research?**

The theological methodology of this research, was to follow practical theology of relevant topics to this research. The study focused on applied research methodology in trying to solve cancer problems similar to Silolo family and would be stated in a descriptive form.

The theological methodology of this research was to follow the theological methodologies of more than one author against the others because our topic had different to discuss and would need different sets of foundations and the following authors were identified:

Jill Freedman & Gene Combs (1996): *Narrative Therapy: The Social Construction of Preferred Realities*; Julian Muller (1999 & 2003): *The Story of the Story and A Narrative –based pastoral Conversation following the experience of trauma: Paper read as the Society for Practical Theology 2003*. Alice Morgan (2000): *What is Narrative Therapy? An Easy –to-read introduction*; Yvonne Retief (2004): *Healing Trauma in South African Context*. These form narrative therapy and narrative counselling foundation guidance to this dissertation. A foundation to pastoral Hermeneutics theories: *Care and Encounter* by Daniel Louw 2004; *Hermeneutics: Interpreting the Scriptures*, 2005. These will help me lay a good foundation for this study, and also for building the content of it on solid basis.

The scientific methodology was carried out in terms of the basic approach that fell within the area of qualitative research whose field of inquiry often cut across disciplines. The two scientific research methodology would be employed in studying the books and periodicals to get the information of past generations and in the interviews to get current information about the topic as to whether there were changes or not

### **5.2.3. The process of methodology had two aspects:**

- The critical review of related literature as explained in chapter one with the objective of using secondary sources to expose the problem under investigation and to map out narratively informed pastoral therapeutic practices which could facilitate change and healing of both cancer infected and affected individuals and family; interviews with a selected individuals and groups of participants.
- The first moment consisted in the critical review of literature as elaborated above, with the purpose of constructing a guiding map for narratively informed pastoral therapeutic practices that may facilitate personal healing and social transformation regarding cancer problem.
- The second moment in the process consisted in conducting interviews with the selected group of participants regarding the cancer of the traumatized African family and clergy experiencing loss and grief under investigation. The purpose behind the interviews was not to engage in participative action



research with the participants. The purpose would be to provide a background that would illustrate the grounding of the generally theoretical reflection to following and its direct relevance for the concrete life of real people in the real world.

### **5.3 Data Analysis**

Data analysis began as soon as the first data was gathered and ran parallel to data collection because each activity informs and drives the other activities. Data analysis, like data collection, proceeds in a relatively orderly manner and required self-discipline, an organised mind, and perseverance. This study would do content and discourse analysis of data. The data would be organized into categories by content analysis and used various processes to analyze and interpret the categories.

### **5.4 Validation**

Validation has been done to relevant literature, primary data, scientific community, and my own analysis. Validity in this study was derived from relevant literature, narrative life stories of the people. In this study, I would use construct validation as an indirect approach to the relevant related literature and life stories of the people.

### **5.5 The not knowing position; - Participation active listening; and Conversational questions.**

#### **5.5.1 Trauma Counselling**

Narrative Therapy: The Weaving of Stories

The traumatic event of this dissertation was the diagnosis of the patient with cancer of the breast. Phases of the debriefing process, narrative therapy from victim to victor; narrative therapy: spread the news (landscape of identity).

➤ Post Traumatic Stress Disorder; structural group debriefing process; twelve steps recovery program for survivors of traumatic events, community response: the role of the faith community in a traumatized society; traumatic suffering and meaning: towards a theological reflection and caring for the caregiver.

## **5.6 Data Analysis and Interpretation**

The data was organized into categories by content analysis and use various processes to analyze and interpret the categories. In this study understanding was acquired by both analyzing the many concepts read from different documents and by narrative participants' meanings for their feelings, beliefs, ideals, thoughts and actions. The dissertation was designed as case study which required a plan for choosing sites and participants. The site of this study was in the Eastern Cape in the Transkei Region in Mthatha. The research would use the grounding theory in order to create new theories and ethnographic interviews or unstructured interviews. Ethnography in this case, is defined as analytical descriptions of African clergy and African families traumatized by loss and grief of their loved ones.

The features of this qualitative research were derived from the beliefs the African clergy and African family were strongly influenced to fight the effects of the PTSD.

My first step was to read books and organize information or ideas into a structure on the basis of their relationship. This would build up into a larger group and subgroups which would be integrated or linked together with broader integrated themes. New ideas from notes on the objective meanings would be organized as new ideas.

The systems analysis of my dissertation had relevance in these analyses but my systems analysis was on loss and grief in an African perspective (drawn according to the rule) and my systems were loss and grief and not dying and grieving. Content analysis was the systematic and objective procedure used to identify and analyze significant written, verbal, or visual data in order to tabulate, classify, summarize, and compare the contents. Analysis might begin the establishment of categories of data, or when the content to be analyzed was unknown, categories might be developed during the process of analysis. The purpose of content analysis might be to analyze semantic content or to establish the meaning or intent of the content... This I intended to follow in my research.

### **5.6.1 Data Interpretation**

In this study interpretation will mean how the meaning of the concept fits in the situation or in that environment.

### ➤ **Nominal Scale**

In my selection of people to be interviewed I made mention of male and female running parallel. I was using the nominal scale.

The author would not like to adopt strict interpretative approach in this research because I wanted to consider the general theories of the Bible which were applicable to every order interpretation. In other words, the hermeneutics theories of the Bible are applicable to every situation in this dissertation. The qualitative research would interpret the behaviour of the counselee as naturally occurred. Few programmes of interpretations would be undertaken in this dissertation, such can narrative therapy deal effectively with traumatized African family experiencing loss and grief?

## **5.7 Pastoral Care and Shepherding**

### **5.7.1 Pastoral Care**

The two writers had one in common, in their definition of pastoral care. The bases of their definitions were theological theory known historically to Louw as *cura animarum*, the cure of the soul, and to Gerkin as important theme of care and cure of the souls throughout the history of pastoral care.

Pastoral care, in this study, was theological theory, known historically as both *cura animarum* and the cure of the souls throughout the history of the pastoral care.

### **5.7.2 Shepherding**

Wimberley and Waruta & Kinoti defined pastoral counselling indifferent ways, Wimberley defined it as arenas where stories were that changing people's views of reality, Waruta and Kinoti dealt with the African clergy to portray the basic attitude to human Divine life and to offer them spiritual leadership an nourishment and to interpret and contextualize the Bible for both personal and community enrichments. The researcher prefers the definition of Wimberley which referred to arenas where stories were told that change people's views of reality.

In this study, it is an arena where stories are told that change the people's views of reality. It is regarded as a broader undertaking that includes individuals, families, and the Christian communities of faith, environmental communities and the nation.

### 5.7.3 Pastoral Narrative Counselling and Therapy

The five authors: Daniel Louw (2000); Charles Gerkin (1997); Douglas W Waruta & Hannah W kinoti (2005); Philomena Mwaura in Waruta & Kinoti (2005) ; Edward Wimberly (2003) had different views on pastoral counselling:

Daniel J. Louw (2000) described pastoral counselling as model of pastoral counselling of support system of fellowship (the Communion Santorum) which has as its main goal: development of faith, the enhancement of a Christian spirituality and the empowerment of parishioners' faith by conveying the fulfilled promises of the Gospel within an organic approach, i.e., the way in which the Gospel is interpreted within actual relationship, contexts and life issues (pp.255-256).

Gerkin (1997) noted that the clinical pastoral movement in the 1940s retained vigorously Boisen's commitment to prophetic ministry with regard to care of persons who were being overlooked or neglected by the society of the post World War II ebullience (undwendwe). In hospitals and other medical centres had focused on a more empathic (yovelwano) response to persons undergoing the crisis of physical illness, death, and bereavement (ukubhujelwa) (p.66). Waruta and Kinoti (2005) discussed the pastoral ministries, including counselling, that they should concern themselves with ministering to the African family in the context of the challenging face. The Church needed to learn from the African culture some of these positive insights and incorporate them into the pastoral ministry for the elderly both within and outside her fold (pp.10-11). Philomena N. Mwaura (in Waruta & Kinoti (2005) discussed healing as a pastoral concern in the church in Africa. She outlined five levels at which pastoral care should be effected:

The physical: (2) social, (3) psychiatric/emotional, (4) moral/spiritual, and (5) environmental. In the African Independent Churches, these levels were dealt with considerably, but not so in the mainline denominations. The traditional African approach to healing [and] could operate at all these levels, in contrast to hospital –based treatment which tended to fragmentary. She suggested that the mainline denominations ought to affect the pastoral ministry much more comprehensively, in order to facilitate wholesome living (p.10).

To Douglas W. Waruta and Hannah W. Kinoti (2005) the pastoral ministries, including counselling, and should concern themselves with ministering to the African family in the context of the challenging face. The Church needed to learn from the African culture some of these positive insights and incorporate them into the pastoral ministry for the elderly both within and outside her fold (pp.10-11). Edward Wimberly's (2003) emphasized that that human beings

had the capacity to create meaning as they participated in the ongoing conversations with others. Thus, change came more from participation in conversations and stories and from examining how one had been recruited into stories that were not compatible with the self. In addressing internalizations that adults brought into therapy and the clinical setting was called externalization. Externalization increased personal agency and the creation of one's sense of self by exploring the ways that the self had been formed and shaped by stories and conversations dominated by others (pp. 98-99).

The author also saw pastoral narrative counselling as the model of support system that developed faith and enhancement of Christian spirituality and the empowerment of parishioners' faith by conveying the fulfilled promises of the Gospel of Jesus Christ of Nazareth promised with an organic approach in which the Gospel was interpreted in actual relationship, contexts, and life issues. About change and the pastoral ministries included counselling in their operations and in addressing internalisations that adults brought into therapy and the clinical setting was called externalisation, I do not support this idea, the idea I support is that people bring in their saturated conversations which they regard themselves as part of them and we, therefore, help people to externalize these bad conversations and internalize good conversations.

I disagreed with the Waruta & Kinoti that the church needed to learn from the African culture some of these positive insights and incorporate them into pastoral for elderly both within and outside his/her fold. It would be better for the church to be transformed to the kingdom of God through the use of the keys that were used by the apostles of Jesus of Nazareth, namely Peter and Paul (Acts 22: 8; Matthew 16: 18-20; Acts 2: 22-41; 10:38-45). Peter opened the kingdom of God to those who believed using the name of Jesus of Nazareth as the key for the Jews who believed to enter the kingdom of God and in house of Cornelius, he used the same name as the key, the name of Jesus of Nazareth to open for the Gentiles who believed in Cornelius house to enter into the kingdom of God. Paul also explained that there is no other name given unto men on earth for salvation beside the name Jesus Christ of Nazareth (Acts 4: 8-10 & 12). Paul was also made to enter into the kingdom of God by Jesus Christ himself (Acts 22:8), "I am Jesus of Nazareth". Louw (2000) indicated that pastoral therapy signified the healing dimension resulting from God's gracious action towards His people. It includes the dimensions of support, change and growth as an inherent part of the consoling and transforming event of the fulfilled promises of the Gospel (2000:6). Douglas W. Waruta and Hannah W. Kinoti (2005) Edward Wimberly's (2003): attempted to answer two perennial (womnyaka wonke) questions: what did it mean to be persons of worth and value in our contemporary

culture? And How could a relationship with God give us a renewed sense of our worth and value? He emphasized that that human beings had the capacity to create meaning as they participated in ongoing conversations with others. Thus, change came more from participation in conversations and stories and from examining how one had been recruited into stories that were not compatible with the self (p. 98). He addressed internalization of conversations that adults brought into therapy and the clinical setting was called externalization. Externalization increased personal agency and the creation of one's sense of self by exploring the ways that the self had been formed and shaped by stories and conversations dominated by others (pp. 98-99).

The researcher, with regard to care of persons who were being overlooked or neglected by the society of postmodern world including the Assemblies of God, with reference to the Silolo family case, overlooked by Ngangelizwe Assembly clergy including the writer, at Mthatha. May be now that the Assemblies of God had established a youth ministry programs that sought to respond to the needs and concerns of those individuals who experience particular forms of human needs, the case similar to the Silolo family would be addressed. The researcher concurred with Philomena Mwaura concerning her suggested five levels of pastoral care, such as the physical, social, psychiatric, spiritual and environmental and the researcher would add psychological level in her levels to have six instead of five. These should be concerned with the holistic treatment of a counselee. The researcher proposes a joint healing of a counselee. When the Counselee was attended by a minister, the minister might refer her/him, after attending to him/her spiritually: to anyone of the above quoted counsellors for further counselling both physically, psychologically, psychiatrically, socially. The author hoped that the practice would take place as the result of narrative counselling and conversations with the counsees. He would emphasize participation in the ongoing conversations with the counsees. The writer would advise the needy persons to bring the saturated stories to externalize them and internalize positive conversations to be realized during the conversations.

The researcher disagreed with Waruta and Kinoti that the church needed to learn from African culture some of the positive insights and incorporate them into pastoral ministry for the elderly both within and outside the church fold. The church needed to be transformed to the kingdom of God through the use of the keys that were used by the apostles of Jesus of Nazareth, namely Peter and Paul, the apostle of Jesus Christ (Acts 22: 8; Matthew 16: 18-20; Acts 2: 22-41; 10:38-45). Peter opened the kingdom of God to those who believe using the name of Jesus of Nazareth as the key for the Jews believers to enter

the kingdom of God and in house of Cornelius, he used the same name as the key, namely Jesus of Nazareth to open the believing people in Cornelius house to enter into the kingdom of God. Paul also explained that there is no other name given unto men for salvation on earth beside the name Jesus Christ of Nazareth (Acts 4: 8-10 & 12). Paul was also made to enter into the kingdom of God by Jesus Christ himself (Acts 22:8), “I am Jesus of Nazareth”. He answered.

## **5.8 Why do I choose to Engage in Externalising Conversations?**

In this dissertation a problem was objectified and the person was a subject that had been regarded as an expert in his own life story. In answering the questions asked above, the problematic here was the cancer of the breast and the nature of the problem is chronic. It showed itself by means of a wound on the bosom. The person felt threatened by death to have this problem. The anger: guilt, fear and isolation influence this person to think, feel and act this way. Anxiety was keeping this person from having the experience she would prefer. These were the problems to be externalised from these people.

In this study, externalising conversations attitude (uluvo) would counter the objectifying influences of internalising negative discourses and separate them from the people to disempowering the effects of labelling, pathologising and diagnosing what are commonly experienced by people as impoverishing of their lives. They opened possibilities for people to describe themselves and their relationships from a new non-problem-saturated position. The externalising conversations would facilitate the renaming of the problem saturated story to no more dominate their lives. In this way the problem would not be the part of the person, but a separate entity. The externalising conversations would enable to develop an alternative story for family life that would be more attractive to family members.

Once the person was separated from the saturated problem story, they began to speak about themselves as being affected by the problem. These were the times they thought and spoke about it were known as unique outcomes. The unique outcomes provided openings to different stories and rich descriptions of the people’s lives. The advantages of externalising conversations were the decrease to the amount of unproductive conflict that might have risen between people since the problem’s existence. I agreed with Freedman and Combs that negative conversations were internalized problems developed. The stories told were oppressive and corrupted the recipients. They caused diseases and death to the people. Sometimes people experienced various kinds of trauma, and abuses causing acute or chronic situations. The postmodern world separates

people's perceptions of problems from people's perceptions. Meaning that people were separate from problems and problems were part of people and they might be externalized. What can be externalized, in this study, were feelings such as anxiety, worry, fear, guilt, depression, loss of trust, loss of meaning, loss of innocence, loss of hope, loss of joy and loss of relationships, are the focus of externalising conversations.

## **5.9 The Research Designs and Conduct of the Study**

The research designs referred to the plan and structure of the investigation used to obtain evidence to answer research questions. The research design in this study was defined as the plan and structure of the investigation to obtain evidence to answer the following two questions:

1. How the narrative therapy could deal effectively with the traumatized family experiencing loss and grief before and after the burial of her loved ones
2. How did a minister deal therapeutically with traumatized family experiencing loss and grief before and after the burial of her loved ones?

## **5.10 Administration of Instrument**

In my selection of people to be interviewed, I made mention of male and female running parallel. I was using the nominal scale. The author would not like to adopt strict interpretative approach in this research because I wanted to consider the general theories of the Bible which were applicable to every order interpretation. In other words, the hermeneutics theories of the Bible are applicable to every situation in this dissertation. The qualitative research would interpret the behaviour of the counselee as naturally occurred. Few programmes of interpretations would be undertaken in this dissertation, such as narrative therapy deal effectively with traumatized African family experiencing loss and grief?

## **5.11 Data Interpretation**

In this study interpretation will mean how the meaning of the concept fits in the situation or in that environment. Interpretation of data summaries consists of extracting meaning and conclusions from the data. The method of interpretation is reasoning, from data summaries, tables, graphs, tests and comparisons. The researcher summarizes what was found, draws conclusions about the significance and importance of the data findings for [narrative counselling and narrative therapy], compares findings to other studies and



findings to the research problem, assumptions, existing theory. The research also identifies gaps in knowledge that need to fill by future research; suggest specific areas for additional research; and criticizes his own work, pointing out strengths and weaknesses. When possible the researcher makes recommendations for using the findings in practice or suggested the extent to which it is possible to prescribe, or given the current level of knowledge

### **5.11.1 Results of Interviews Scheduled**

- Family A: (1) Age group 75 years old (2) Education Matric (3) Position: Retired business person.
- Family B: (1) Age group 60 years old (2) Education JC (3) Position: Office Assistance.
- Family C: did not respond to the interview questionnaire.

### **5.12 Summary of Frequencies of Data from Interview Table for Counting Data**

Family A: (1) Duration of a member in suffering = six months (2) Counselling done after burial = nil (3) Counselling lasted time after burial = nil (4); what made you manage your mother's illness – was with the assistance of God (5) your feeling since death of your mother – lonely (6) kinds of things happened leading to your depression- helped by God (7) how do you react to your relationship in life – feel isolated

(8) During painful days of your mother do you experience any effects of her painful influence –I still trust in God

(9) Do you still experience PTSD since the death of your loved one= powerless ((10) Two things happened for us positive and negative to choose = chosen positive

(11) Did not respond.

2.2 Family B: (1) Duration of time of a member in suffering = 5 months (2) Counselling done after burial = nil (3) lasting time in counselling= nil (4) what made you manage your mother's illness =helped by the presence of God, religious pastor's help and the presence of God. (5) Your feeling since the death of your mother = Adopted the experience of failure and loss. (6) Kinds of things happed leading to you being depressed =feel depressed and loss (7) how do you react to your relationship in life= loneliness, worthless, guilty and helpless (8) during painful days of your mother do you experience any effects of painful influence=I experience deep trouble (9) Do you experience PTSD since the death of your loved one= severe reaction and loss to deep feeling

helpless and powerless (10) Experiencing something happened we have to choose the two, namely: positive and negative = Shock, unreality, anger, blame, depression, fear, guilt, loneliness, rejection, low self-esteem, loss of identity, and isolation. (11) Externalization of negative conversations – arranged at a later date.

2.3 Family C: did not respond to the interview questionnaire.

Looking at these two families it seemed to have different experiences in the Lord. Family A: the 75 year old person was out of the trouble situation and was a wife of a minister and seemed to have only few problems, the loneliness and isolation since the death of her husband the church did not use her and she felt isolated. Family B: needs a follow up counselling she seemed to have a wound in her soul to heal although she too was committed to the church.

### 5.13 Conclusions

The structures of this dissertation were built on the concepts of this topic: how narrative therapy can deal effectively with traumatized African family experiencing loss and grief before and after the burial of her loved one. The family had lost somebody she loved and dear to her and therefore, an investigation of the cause loss and grief was necessary to take place there was lack of counselling after the burial of her loved which cost the life of the husband in bereavement. The structures relevant to this study were narrative theory, narrative therapy, trauma, traumatic stress disorder, post-traumatic stress disorder, family systems, pastoral care, dying, grieving, death and terminal conditions and pastoral counselling. The review of literature listed had limitations: The objectives of this study were not fully fulfilled, the research design included the clergy because he was thought of to be also the affected person in the said traumatic stress disorder hence he was included as the African clergy in this research. The development of family theory from the cybernetics is a matter to receive attention in future when dealing with the African clergy. This is regarded here as delimitation of this matter.

With the exception of African clergy, the individual infected person, because it would take me 15 sessions to deal with one person, the research was only directed to the affected people whose spouse or relative died. The relationship counselling was not tested because it was relevant to the two couples or relative while still alive. Because of time factor only externalization of the problem was explained to the counselees.

Fourteen interview questions were designed for three African families and only two responded, family A and family B and family C chose not to

respond. To minimize a number of publications seven groups of important publications were identified and located according to their theories. These theories had helped the researcher to understand the topic problem and to be able to conduct interviews to find out whether these were still active in the current generation. The similar content analysis of similar publications were compared to find why they wrote differently, it was found out that each writer represented its discipline, such as physical science, psychology, psychiatry, sociology and spirituality, this lead to the researcher to recommend for holistic approach in dealing with both infected and affected persons.

In dealing with family, the research discovered that the world was divided into three kinds of family systems, namely: Eurocentric, Africentric and Asiatic systems. The uniting factor to help these weak three grouping families would be the theocentric family based on Trinitarian unconditional love covenant, grace, empowering and intimacy.

The pastoral care narrative counselling should be based on narrative therapy supported by the Word of God basically in Acts 4.10 & 12, John 1: 12-13.

#### **5.14 Recommendations**

The data for a traumatized clergy experiencing loss and grief had implications in this study. This study is recommended for future research.

The data dealing with the theocentric family needs also a further investigation to combine the three centric of the world to work together or journey together for the liberation infected and affected families. The marriage question seemed to be source or relationship counselling which also needed theocentric approach to return to family origin of God. The Eurocentric, Africentric and Asiatic approaches are not the answers to the infected and affected African families experiencing loss and grief and both European and Asian families have the same origin as that of African family, the theocentric family of God. The need to further investigate especially the extended family: and Asiatic family on Asiatic side. Polygamy also would need much attention since it can be a source of trauma to African families; the church involvement to counselling is not yet clear how parishioners are trained to help the pastor in the therapy.

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## APPENDICES

### APPENDIX 1

The family, the community, and society are interrelated support structures (see figure 20).  
Figure 20: Support Structures and Schema 1

Society

Community

Family  
Covenant

Grace

Empowering

Intimacy

Koinonia

Shalom

Figure 20 adopted from Balswick and Balswick (2007:362) as Schema 1.

## APPENDIX 2

Figure 21: Societal Complexity and Family Type and Schema 2

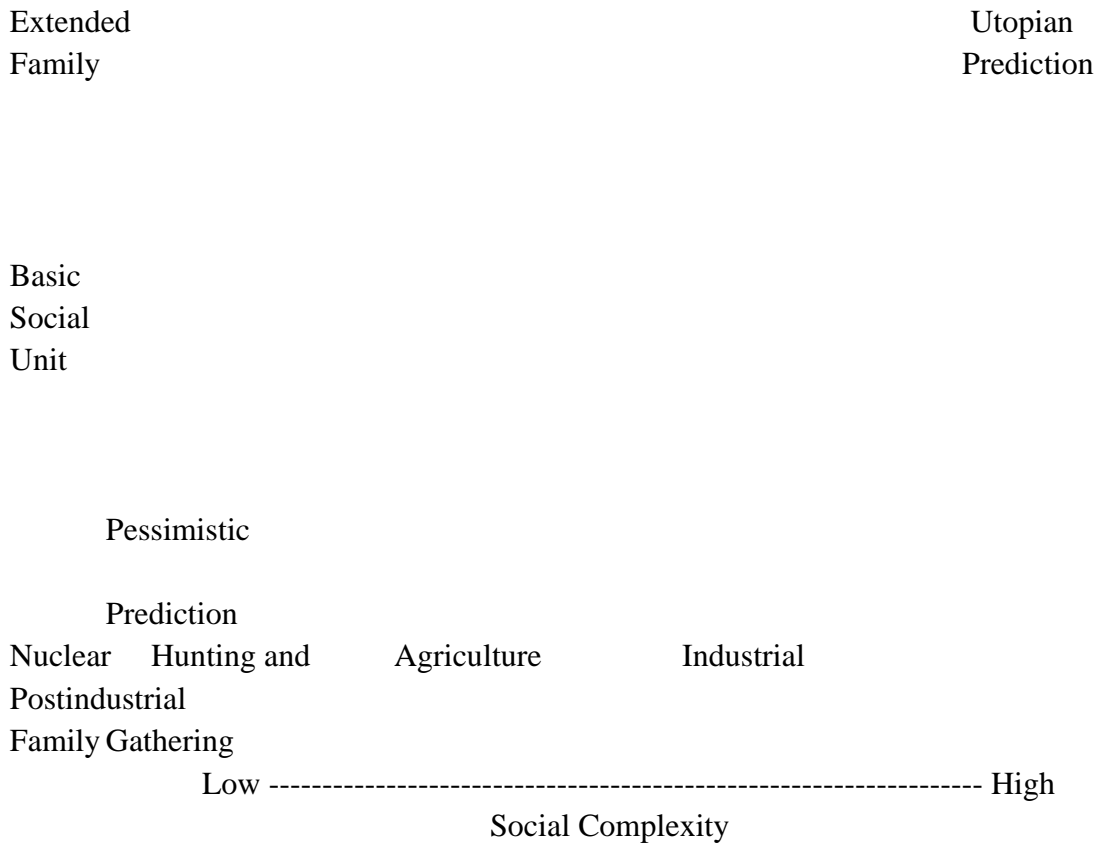


Figure 21 adopted from Balswick & Balswick (2007:363) as Schema 2.



### APPENDIX 3

Figure 1 A Theological Basis of Family Relationships and Schema 3

Degree of  
Commitment

Initial Covenant

Degree of  
Intimacy

Mature  
Covenant

Degree of  
Grace

Degree of  
Empowering

Figure 1 A Theological Basis of Relationships has been adopted from Balswick & Balswick (2007: 21), in this study, as Schema 3.

## APPENDIX 4

Figure 2 Types of Commitment in Family Relationships and Schema 4

	Conditional	Unconditional
Unilateral Arrangement	Modern Open	Initial Covenant
Bilateral	Contrast	Mature Covenant

Adopted from Balswick & Balswick (2007:25), as Schema 4: in this study.

## APPENDIX 5

### Schematized Interpretative Structure

Figure 1 as Schema 5

The Tradition  
That Shapes  
Christian Family

CARE

Individuals  
And Families

The  
community

The Interpretive Structure and Change adopted from Gerkin, 1997”26 Figure 1 is adopted as Schema 5 in study.

## APPENDIX 6

Figure 10.1 as Schem 6 in this study

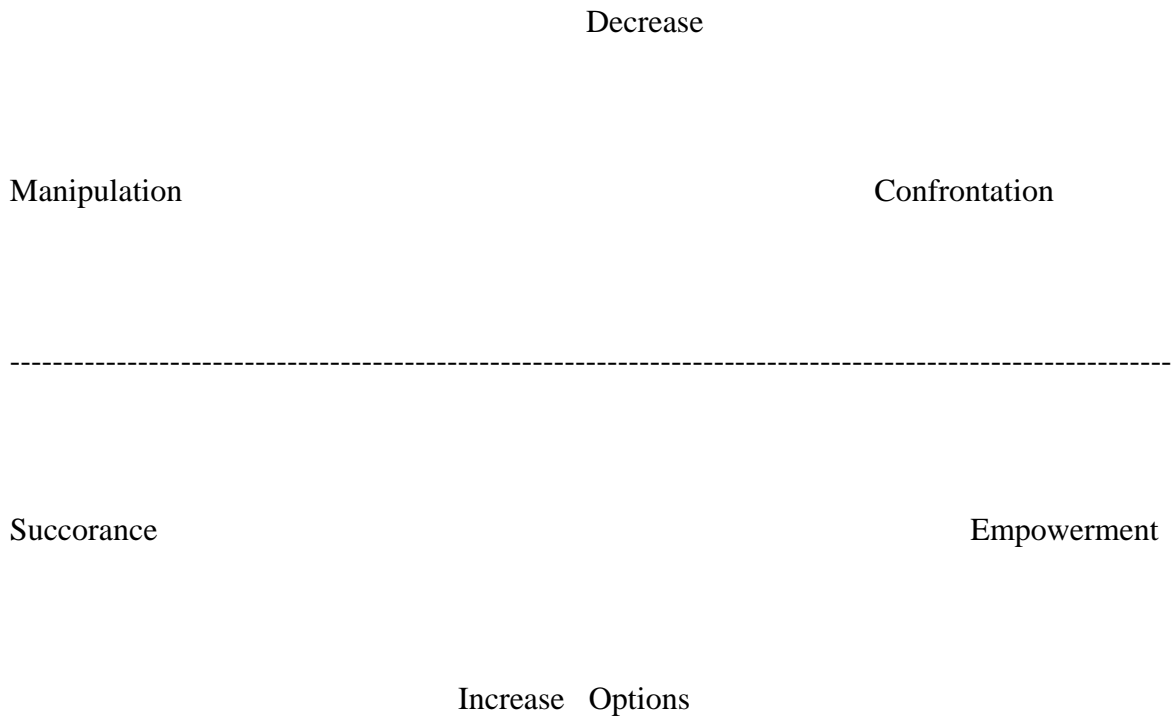


Figure 10.1 Diagram of Karl Tomm Model in Freedman & Combs (1996:270) adopted as Schema 6 in this study.

**APPENDIX 7**

Figure 2 as Schema 7

The Tradition that Shapes  
The Christian Community

The Cultural  
Context

CARE

Individuals  
And Families

The Community  
of Christians

The flow of events and changing Cultures Through history

-----  
The Interpretive Structure of Pastoral Care: A Quadrilateral Schema Figure 2 is adopted from Gerkin, 1997:35 as Schema 7 of this dissertation.

**APPENDIX 7B**

Figure 3 as Schema 8

The Story of -----Pastoral -----The Particular of  
Christian Community Care Life Stories  
And it's Tradition

The figure 3 of the narrative hermeneutical pastoral care model was adopted from Gerkin, 19997:111) as schema 8 in this study

## APPENDIX 8A

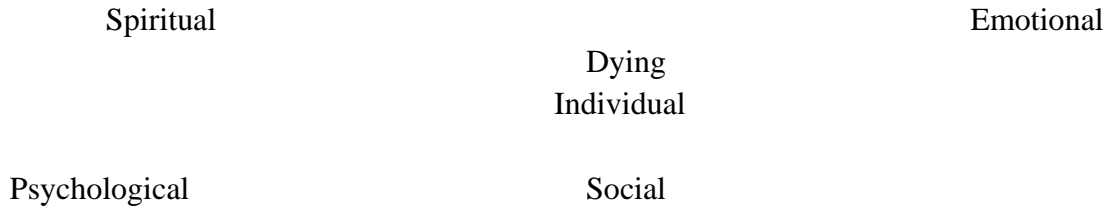
Figure 4 of Schema 9

V	Value	C
I	Method	T
S	Value	I
I	Method	V
O	Value	i
N	Method	T
		Y

Figure 4 adopted from Gerkin C (1997:148) as Schema 9 Method of evaluation.

**APPENDIX 8B**

Figure 5: Holistic Perspective of the Dying Process and Schema 10 in this study:  
Physical

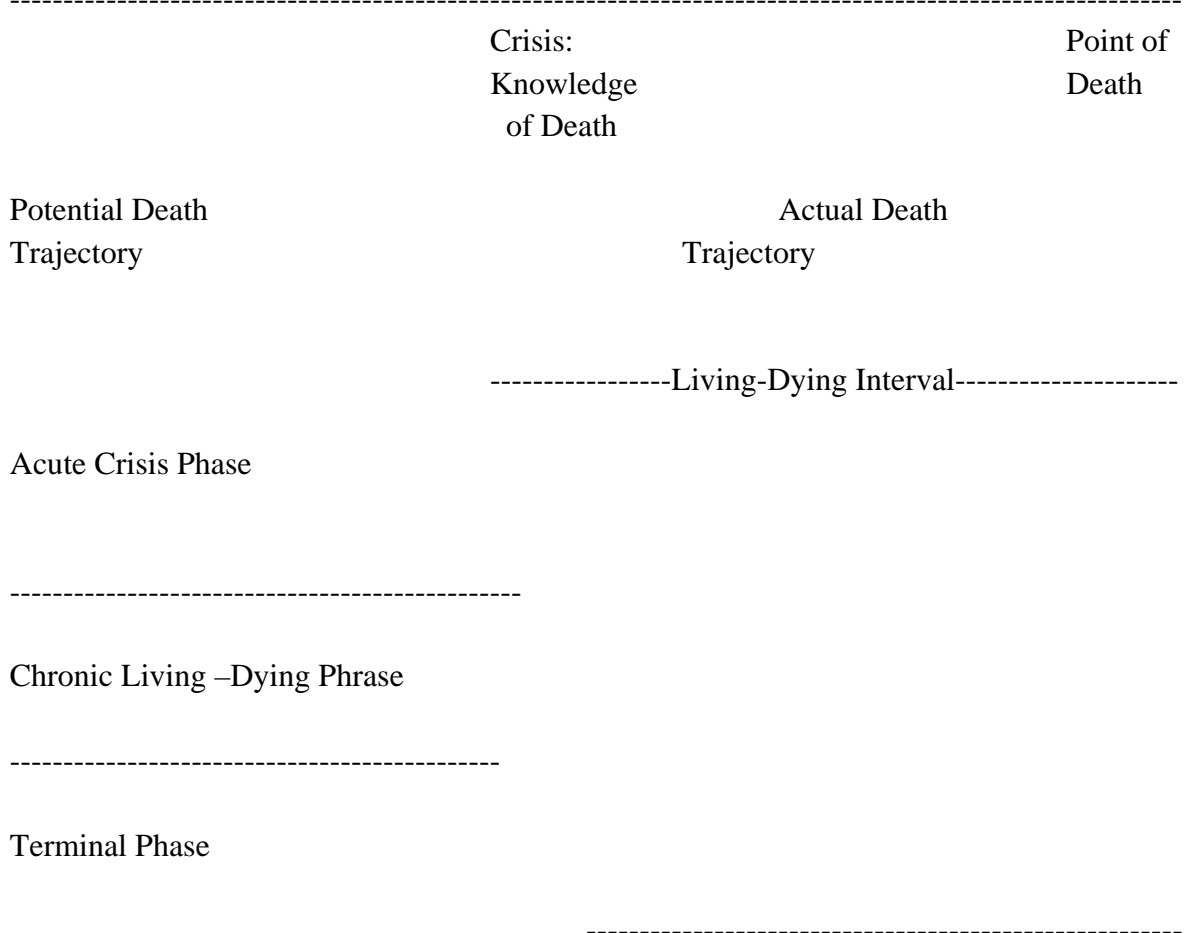


Adopted from Cook A S & K A Oltjenbruns (1998:39) as schema 10 of figure 5

**APPENDIX 9**

Figure 2.2 and schema 10 in this dissertation

Phases of the Dying Process



This is adopted from Cook A S & K A Oltjenbruns (1998:43) as schema 10 in this Dissertation.



## 7. SAMPLE 1 C

1. REVIEW SCHEDULE QUESTIONS IN ENGLISH: FOLLOWING NARRATIVE PRINCIPLES AND PRACTICES IN COUNSELLING AND SPIRITUAL CARE FOR THE CANCER AFFECTED AFRICAN FAMILY.....

### PASTORAL CONVERSATIONS RELATED TO TRAUMA: COUNSELLING INTERVIEW LIST OF QUESTIONS

---

1. Please answer every question with a tick ( ) or a short response:
2. It should take approximately about 45 minutes to complete the questionnaire/Interview Questions
3. Your signature is optional. You will not be identified individually and your response will be treated in confidence.
4. Please return the completed questionnaire to Solomzi Ferguson Sotobe, 1 King Fisher Street, Southernwood, MTHATHA, 5100.
5. Thank you for your cooperation.

-----  
 Must I call you Mrs or Ms What-----

You are free to respond to the questions I may ask you and you are free not to respond to the question if you feel you wish not to respond. (Always tick ---

#### 1. Background Information

1.1 Please check your age group in appropriate space:

- |                        |        |
|------------------------|--------|
| (a) 20 years or less   | a----- |
| (b) 21-25 years        | b----- |
| (c) 26-30 years        | c----- |
| (d) 31-35 years        | d----- |
| (e) 36-40 years        | e----- |
| (f) 41-45 years        | f----- |
| (g) 46-50 years        | g----- |
| (h) 51-55 years        | h----- |
| (i) more than 55 years | l----- |

1.2 From what type of basic educational Programme did you graduate?

(Please check the appropriate answer)

- |  |         |
|--|---------|
| (a) Teaching                           | a.----- |
| General Nursing                        | b.----- |
| (c) Church Religious Studies as Layman | c.----- |
| (d) Theology or Bible Studies          | d.----- |
| (e) Professional Counselling           | e.----- |

- (f) Layman Counselling f.-----  
 (g) Other, Specify g.-----

1.3 What is your present Occupation Position?

(Please check the appropriate answer) Always tick

- a. Teacher a.-----  
 b. Assistant Teacher b.-----  
 c. Department Sister c.-----  
 d. Church member d.-----  
 e. Religious Instructor e.-----  
 f. Layman Counsellor f.-----  
 g. Professional g.-----  
 h. Other, specify h.-----

2. Interview Questions

3. 1 How long your family member suffered from the breast cancer or cancer?

(Please check appropriate answer) tick

- a. Less than 1 year a.-----  
 b. 1-3 years b.-----  
 c. 4-6 years c.-----  
 d. 7-9 years d.-----  
 e. 10-12 years e.-----  
 f. More than 12 years f.-----

4. Was there counselling done to you before and after the burial of your loved one?

(Please check appropriate answer)

- a. Narrative Counselling or Bible/Ordinary  
Counselling a.-----

- b. Narrative Psychological or Psychological b.-----

- c. Narrative Psychiatric or Psychiatric Counselling c.-----

- d. Narrative Social Worker Relational Counselling or Social  
Worker Routine Counselling d.-----

5. How long the counselling lasted after the burial of your loved one?

(Please check appropriate answer)

- |    |                |         |
|----|----------------|---------|
| a. | 1-3 days       | a.----- |
| b. | 4-6 days       | b.----- |
| c. | 7-10 days      | c.----- |
| d. | 1-3 months     | d.----- |
| e. | 3-6 months     | e.----- |
| f. | Other, specify | f.----- |
6. What made you to manage your mother/relative so long time until death?

(Please check appropriate answer)

- |    |   |         |
|----|---|---------|
| a. | God has with us interchangeable                                     | a.----- |
| b. | Our Religious Pastors have been with us all a long                  | b.----- |
| c. | We managed to attend to her with the assistance of God in our faith | c.----- |
7. How do you feel now since the death of your mother/relative?

(Please check appropriate answer)

- |    |                                |         |
|----|--------------------------------|---------|
| a. | Feeling lonely                 | a.----- |
| b. | Feeling depressed              | b.----- |
| c. | Feeling all things meaningless | c.----- |
| d. | Loss of hope                   | d.----- |
| e. | Other , specify                | e.----- |

7, What kinds of things happen that typically lead you being depressed

(Please check appropriate answer) tick

- |    |  |         |
|----|--|---------|
| a. | Severe reaction to death                   | a.----- |
| b. | To adapt to experience of failure and loss | b.----- |
| c. | Feeling helpless and powerless             | c.----- |
| d. | Negative thinking                          | d.----- |
| e. | Other, specify                             | e.----- |

8 .How do you react to your relationship in your life, with other people after the burial your loved one?

(Please check appropriate answer) tick

- |    |  |         |
|----|--|---------|
| a. | Experiencing of loss with relationship | a.----- |
| b. | Emotional numbness and sadness         | b.----- |
| c. | Worry anger and self-petty             | c.----- |
| d. | Lonely, worthless, guilt and hopeless  | d.----- |
| e. | Other, specify                         | e.----- |

9. During painful days of your mother/relative, do you experience any effects of her pain influence?

(Please check appropriate answer) tick

- a. Experience pain feeling for not being able to deal with the threatening situation effectively affecting my relative a.-----
  - b. Experience deep trouble in which my relationship to one another was broken of cancer b.-----
  - c. Experiencing emotional state occasioned by separation from a loved wife/mother or relative c.-----
  - d. Experiencing loss coupled with fear and loneliness d.-----
  - e. Other, specify e.-----
10. Do you experience post –traumatic stress disorder since the death of your loved one?

(Please check appropriate answer) tick

- a. Experience a severe reaction and loss to death and feel helpless ad powerless a.-----
- b. Experience of adaptation to failure and loss of trust, loss of faith, loss of innocence, loss of hope, loss of meaning and loss of joy b'-----

11. Experiencing that something had happened to us and we have to exist with it. Which experience in existence did you choose between positive and negative experiences in existence?

- 1. Positive side: brings experiences and challenges with it to move onward, to grow and to emerge in the end as much stranger people a1.-----
- 2. Negative side has challenges which include stress reactions such as shock, unreality, anger, blame, depression, fear, guilt, loneliness, rejection, low self-esteem, loss of identity, and isolation b2.-----

12. Other, specify c3.-----

12.Can you, at a later stage, give me time to help you externalize the negative conversations and internalize positive ones?

(Please check appropriate answer) tick

- a. I want to help me externalize negative conversations a.-----
- b. I choose positive side to bring challenges with it to move onward, to grow and to emerge as strange person to what I am now b-----
- c. I want to be helped in the externalisation of stress reactions c.-----
- d. Other, specify. d.-----

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