

**PASTORAL APPROACH TO CARING FOR HIV ORPHANS**

**BY**

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## DECLARATION

I hereby declare that this dissertation submitted for the Master's degree in (Practical Theology) at the University of Pretoria is my own work in design and execution, and has not previously been submitted to any other institution of higher education. I further declare that sources cited or quoted are indicated and duly acknowledged.

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## **Dedication**

I dedicate this work to the memory of my grandmother Libase Elmina maXaba Zabeko, whom God called to glory. To my lovely wife Nwabisa, my sons Lubabalo and Luzuko Likiwe Zabeko. To my mother Nomaxabiso Princess Zabeko, my sisters Nosipho and Sonto as well as my sister-in-law Nomonde my brother Slumko and my late big brother Amon and his children.

## Acknowledgements

I would like to take this precious moment to express my deepest words of gratitude to people who played a major role in my life and throughout this study.

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## KEY TERMS

Orphans

Death

Pastoral care

Qualitative research

Grief

Mourning

Bereavement

Funeral rituals

## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
DSD	Department of Social Development
LGR	Local Government Report
HIV	Human Immunodeficiency Virus
MCSA	Methodist Church of Southern Africa
NACC	National AIDS Control Council
NPO	Non-Profit Organisation
UNICEF	United Nations International Children's Emergency Fund also Known as United Nations Fund
UNAIDS	United Nations Programme on HIV/AIDS
USAID	United State Agency for International Development

## **Summary:**

The researcher is dealing intensively with the concept of care to the orphaned so that they may stop using their bodies to earn extra money in order to care for their siblings. The researcher has to put a special emphasis on two Methodist Church mission pillars, namely justice and education, to investigate the critical application of care for the orphans. The researcher furthermore sets out to establish the important role and contribution of the pastoral approach in the total or holistic wellbeing of orphaned children as it has been observed that the number of orphans in the Vukuzakhe community is escalating in an alarming way.

The researcher has attempted to develop a discourse in dealing with the pain or grief the orphans and their families have concerning the Pastoral support offered to the ill, while hospitalized, and the subsequent after care services following death. The other intention of the research is to give a clinically based theological model of doing pastoral counseling and therapy within the orphaned environment. That is to deal with this study on a theological and psychological basis to give clinical pastoral care to the vulnerable orphans.

It is felt the qualitative approach used will allow participants to relate to their processes and, together with the researcher, re-construct their realities. The methodology, therefore, provide participants with the space in which to explore the socially constructed meanings applied to the encountered experiences of being orphaned.

The researcher's aim is to empower the church to care for the orphans, and to arrive at a holistic understanding of all the steps and procedures involved in

dealing with the orphaned. The researcher has also further engages Pollard's work which opens a new way of positive deconstruction. This method allows me to reconstruct the lives of orphans as care givers so that the researcher creates a new way of caring for orphans.



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## Chapter 1

### ORIENTATION, STATEMENT OF THE PROBLEM AND RESEARCH QUESTIONS

#### 1.1. INTRODUCTION

The great need for love and care towards the orphans grows daily (UNICEF 2003b: 9). As a minister and a pastoral care giver of the Methodist background in the area of Vukuzakhe, the hymnal line came alive during pastoral engagements with the orphaned children in my area of operation. The engagement came through the diaconate ministry project initiated by young people known as *Dress a School Child*, with specific emphasis's on needy orphans and those lacking love from the guardians and close relatives.

Bosch states that after great deliberations and planning processes with the young people of the diaconate ministry project, it left the researcher with no option but to seek to explore this avenue in-depth as it showed the short comings of the visible church with its structures and procedures when it comes to serving the hurt and disfigured “*imago dei*” ( 2000:14). The image of God is indeed lonely, hurt, and in need of care, more especially the orphaned. This is a vulnerable population of society which cannot fend for itself and the church can play a pivotal role in helping them to be better citizens for the better future and society.

## 1.2. BACKGROUND

As part of his pastoral calling the researcher visits homes of the orphaned in order to pastorally care for, give support to and offer counseling when situations require it. One critical element that the researcher has observed is the grief and pain one sees in these orphaned children. This is mostly during bereavement, whereby the researcher begins to journey with them in preparation for the funeral, and life beyond the absence of the parents. And the counseling makes it easier for those mourning and grieving to be open and to trust the pastor with information they would rather hold dearly and painful to themselves.

The pastoral ministry background that the researcher has been exposed to and the impact of the engagement with these orphaned children mentioned in the introduction is the factor that led the researcher to begin to have a critical observation of the area of operation and document the following examples as part of the research project to be undertaken.

The researcher had a heart pouring out conversation with \*Thulani (not his real name), who shared the agony and devastations of being orphaned. His grief was compounded by the fact that his parents had been victims of HIV/AIDS. In conversation he [\*Thulani] said, “I know the cause of our parent’s death.” “So I take a lot of interest in everything to do with HIV/AIDS. I read everything I can about things like antiretroviral medication. I would like to become a doctor when I grow up and my sister wants to be a nurse.”

Thulani and his siblings were provided with clothes, school uniforms and also helped in other ways, like food, security, homework and stationery. It is just one of the many stories emanating from orphaned and child? Headed families who have

experienced the loss of loved ones, particularly parents, due to HIV and AIDS related diseases.

Another story concerns the loss of both parents who were buried one after the other and left their two children with no official guardian or relative to take care of them. They [the children] had to move in with the neighbour, MmaMtungwa, (not her real name) who was a close friend of the parents. She had known these children since they were born. Since these children had no surviving relatives the Social Workers, asked the neighbour to look after them and provide the necessary care according to her capability. The situation meant that the children had to face the loss of their parents and were about to be faced with an immense challenge of relocation.

The researcher is compelled to advance the feelings of a young 18 year old girl by the name of \*Siziwe (not her real name) orphaned during the last term of her high school studies. The 18 year old had to support her siblings (brother and sister) while they were still at school after her parents died of HIV/AIDS related illnesses. Despite a government grant which helps to address their physical needs, they also needed psychological and emotional care.

As the researcher had a pastoral session with\*Siziwe, a devastating world unfolded as she said “My [her] uncle, a municipal general worker, took us [them] in when both our parents died, despite that he was himself struggling to feed, clothe, and send his own seven children to school.” She continued to say “I had to take a risk and enter into this [sexual] relationship so that my brother and sister could remain at school”. In other words, she became sexually active to bring income into their lives. The researcher holds a view that had it not been for poverty and HIV/AIDS \*Siziwe would not be found in the streets in any way, selling her soul and body to

get a better life. Further the researcher is of the belief that she is taking this risk in order to care for her siblings in order that they can get a better tomorrow. The parent's death left her as the breadwinner at a very early age and the uncle's income was very much inadequate to carry them through the financial turmoil that comes from living below the breadline.

Because so many young people are orphaned, the social framework that has been used for generations to care for widows, widowers, and young children is heavily stressed, and the needs of many young children and their families are not being met. Young children, especially those under 18 years of age, are particularly vulnerable to the effects of inadequate care during these early years. These effects are likely to have long-term consequences that are irreversible (Children on the Brink, 2004, a report developed by US Agency for International Development (USAID)). It is through the pastoral engagement with these young people as indicated in the background above that their physical, social and psychological needs are met. However, their spirituality has been left wanting.

In view of the above the researcher posits the idea that there is a presence of the community of faith (Church) all around these children but there is a lack of a pastoral therapeutic model that seeks to address the needs of these orphaned children. Caring and nurturing are part of the mission of God's church, as that mission unfolds concretely within the church.

### **1.3. THE PROBLEM STATEMENT**

From the above mentioned stories it became an imperative for the researcher to critically reflect very deeply on the relevant/applicable parts of the Church's teaching, more especially, to discover a method of caring for the vulnerable such as the mentioned group of orphaned children. The Methodist Church of Southern

Africa (MCSA) Year Book was reminded of their five mission pillars, which are; Justice and Service, Evangelism and Church growth, Economic Development, Spirituality and Education (2013:17). These pillars were created as a way of enforcing caring for poor people as part of the obligation of the visible church. The two pillars, that is, Justice and Education form the basis for the researcher to focus on when dealing with the questions asked as far as addressing the needs of the orphan children is concerned:

- How can a pastoral approach be effective in addressing the needs of the orphaned children in Vukuzakhe?
- How can the church pastorally care for children who have lost parents, through the results of HIV/AIDS?
- What models can caregivers employ in order to address the issue of orphanages?
- How can these pillars set by the Methodist Church be effectively used as a model of pastoral care?

#### **1.4. RESEARCH METHODOLOGY**

Qualitative methodology will be used for this research. Painter states that “the method provides the researcher with the opportunity to study the selected topic in depth, openly and analyse the details identified with an attempt to understand all categories of information that emerged from the data” (2006: 47).

The qualitative method will then implied (be applied) as the method of interview in order to let their voices be heard. The choice of a qualitative method is based on the researcher’s interest in the depth of the phenomenon of orphans. McLeod views the qualitative method as pivotal for this type research because it will help reveal “knowledge of the other, knowledge of phenomenon and reflexive knowing”



(2001: 3). This research will also focus on particular individuals and groups of people and thus allow in-depth exploration of the ways in which these individuals view orphans and interact with the society.

The use of a qualitative methodology also allows the researcher to establish rapport with the participants and create an atmosphere conducive to the sharing of sensitive and emotional material. The methodological approach will allow participants to relate their experiences in their own words and from their own perspectives. This will enable them to offer new ways of understanding and interpreting the world. The qualitative approach also allows participants to relate their processes and, together with the researcher, re-construct their realities. The methodology will, therefore, provide participants with the space in which to explore the socially constructed meanings applied to the encountered experiences of being orphaned. The aim is to create a model within Vukuzakhe that can be applied to the pastoral care of orphans. The researcher will interview orphaned children, care-givers and the pastors from different denomination.

#### **1.4.1. Data Collection methods**

This research focus on ideas of orphaned children and employs qualitative and historical methodologies. This historical method will help in positioning the research as comprehensive, critical and contextual. The choice of qualitative method is based on the researcher's interest in the depth of the phenomenon of orphans. The qualitative method is pivotal for this research because it help to reveal "knowledge of other, knowledge of phenomenon and reflexive knowing" (Mclead 2001:3). This research is also focusing on particular individuals and groups of people thus allows in depth exploration of the ways in which these

individuals that I have mentioned previously to view orphans and interact with the village.

#### 1.4.2. Literature review

Fine defines the Literature review as a “systematic, explicit and reproducible method for identifying, evaluating and synthesizing the existing body of completed and recorded work produced by researchers, scholars and practitioners” (2009:3). It is a summary and evaluation of available information on the research topic, and then based on the findings; the researcher might propose a research for further study.

The following sources were consulted:

- a. Primary and secondary sources: These were specific literatures which address the topic in depth and therefore provide the required information.
- b. The electronic media and internet information was consulted. However, the researcher was cautious to employ only the information that is scholarly credible and easily verifiable.

### 1.5. Literature Review

It is imperative to note that the demographic structure of the population is also influenced by factors such as migration and the prevalence of HIV/AIDS. According to a Local Government report of 2013 the total population of Vukuzakhe is 20,462. The total number of females is 52% and males make 48 % of the population. 49% of the population is below the age 15 and 32% of the population’s falls in the 15-34 age cohorts. Most or some of the citizens that are 15 years and older have no form of basic education, 24% of the population of the

Vukuzakhe has a grade 7-9 qualification (Local Government Report: Department of Social Development 2013:66).

Vukuzakhe is a Village approximately 5km north of the city centre of Volksrust. One of the greatest problems in this community is the shortage of land for people to settle on. Vukuzakhe is divided into three parts, the first part being those with basic services available in one roomed houses which are divided accidentally. The second part also with basic services available yet it's a bit bigger with two bed rooms. The third part of the village is an informal settlement without basic services.

Gerkin illustrated his point by stating that *“the depiction of Jesus as the Good shepherd, who knows his sheep and is known by his sheep, has painted a meaningful, normative portrait of the pastor of God’s people”* (1997: 80). Gerkin’s method of pastoral care was applied as the methodology for this study because it is all encompassing. It aims to address individual and family problems within the context of lived experience. This is an ideal method of helping people who are in need of pastoral care/therapy, which includes orphans. Gerkin stated that a good shepherd is concerned about each member of the flock and patiently and painstakingly ensures that each one of them is safe and cared for accordingly. This pastoral care model will allow me to care for the needs of orphans who need a father figure in their lives.

Through this process the literature interrogated the participants ‘narratives’ which were compared and deconstructed. The literature was investigating material relating to theology, psychology, sociology and law. The aim is to empower the church to care for the orphans, and to arrive at a holistic understanding of all the steps and procedures involved in orphaned. The researcher will further engage

Pollard who open a new way of positive deconstruction. This method allowed me to reconstruct the lives of orphans as care givers so that they create a new way of caring for them.

## **1.6. AIMS AND OBJECTIVES**

The aim of this research is to develop a discourse in dealing with the pain or grief the orphans and their families have concerning the Pastoral support offered to the ill, while hospitalized, and the subsequent after care services following death.

The following objectives will be covered in support of the aim;

- a. To identify the critical importance of the church and its pastoral understanding of caring for the vulnerable orphans,
- b. To showcase the services provided by the justice and education pillars with regards to the pastoral approach, especially as they relate to the terms pastoral support, counseling and caring offered to orphans, and
- c. Suggest the restorative approach of dignity of the orphans

## **1.7. RESEARCH GAP**

Several authors have undertaken studies on a similar project however, they did not address it from the approach that researcher explored. Zamani Maqoka (2006), looks at it from a purely child headed family approach. For Maqoka it is this child who now assumes the parental and adult responsibilities. John Willmer Pocock (2003) focuses on the role of the church in caring for orphans in Benoni Urban area. It is a certain unique church role as its dynamism differs also from the purely African church based in purely informal and rural settlements.

Thus the current research wants to deal intensively with the concept of care of the orphaned so that they may stop using their bodies to earn extra money in order to care for their siblings. A special emphasis on the two Methodist mission pillars that is justice and education will be employed to investigate the critical application of care for them.

It is the inference of the researcher to harvest from old adages of great minds like Mbiti with the intention of critiquing caring as a means or way that will restore a concept of Ubuntu in the village. Mbiti goes on to say that “it take the whole village to care for a child” (1998:64). On the other hand Mucherera says that “Traditionally the village used to provide (through the elders, aunts, grandmothers and grandfathers) emotional, spiritual, and mental development for younger generations. In essence, the village provided a place for life transitions” (2009:91). In these days the church can once again rely on several research works as the pastoral care tool in the community to provide direction for care givers in the orphanages.

## **1.8. MOTIVATION FOR THE STUDY**

The study deals with care for the orphaned children in the vicinity of Vukuzakhe from a pastoral approach. The pastoral support and after care service provided to orphaned children after the passing on of parents as observed and experienced by the researcher provides a motivation for the study to be undertaken. The study further seeks to examine the application of the two pillars of the ministry of the Methodist Church as pastoral support offered by pastors and care givers in their area of responsibility:

- a. the establishment or coming into existence of a well-structured and articulated pastoral approach and its significance, from the justice and education pillars,
- b. the pastoral support and after care service available to orphaned children and benefits thereof, and
- c. the important role and contribution pastoral approach play to the total or holistic wellbeing of the orphaned children. As it has been observed that the number of orphans in Vukuzakhe is escalating in an alarming way (Local Government Report: Department of Social Development 2013:89).

## **1.9. Definition of terms**

### **i. Bereavement**

Bereavement is the state of being that results from the loss of a significant person through death. Louw argues that bereavement is the reaction to the loss (2008: 548). Like Louw, Pickle also states that bereavement should be understood in terms of responses that follow a significant loss through death. These responses include emotional, spiritual, behavioral and physiological

### **ii. Orphaned children**

For the purpose of this study, the above concept refers to any child of whom one or both parents have died. This child has to be below 18 years of age. A child whose mother has died is known as a maternal orphan, a child whose father has died is a paternal orphan, and a child who lost both parents is double orphan.

### **iii. Church**

The word church refers to the community of believers who are called from the world by God and acknowledge Jesus as Lord (1 Cor 12:3). These believers are united with Christ through spirituality? Baptism, thus they are referred to as a body of Christ (Eph 5:30, Rom 12:4-5). The church is both universal and local. The local church is a group of believers in one locality who gather together physically for worship, prayer, teaching, fellowship, and encouragement in the faith (Hebrew 10:25). However, the universal church is made up of all believers in Jesus Christ worldwide (1 Cor 12:13).

#### **iv. Grief**

Bowman affirms that “grief essentially concerns the emotional and related reactions that occur at the time of and following the loss by death of an important person” (1998:75). Grief mainly focuses on the emotional response to loss, but it also has physical, cognitive, behavioral, social, and spiritual dimensions.

#### **v. Mourning**

Louw argues that mourning is a psychological process (2008:548). Sdorow defines the term psychology as the study of mental process and behavior (1990:4). Although mourning is an external expression, it is an expression of people’s internal grief. The main difference is that a child’s period of intense grief is shorter, but the grief period may last much longer.

#### **vi. Pastoral counseling**

Waruta & Kinoti view pastoral counseling as the art and skill of helping individuals and groups to understand themselves better and relate to other people in a mature and healthy manner (2005:2). Pastoral counseling is a specialized approach within general counseling and the specialization is indicated by the adjective “pastoral”, which is derived from the Latin term *pascere*, which means “to feed”. Waruta and Kinoti argue that the adjective “pastoral” suggests the art and skill of feeding or caring for the wellbeing of others, especially those who need help most (2005:5).

### **1.9. Preliminary conclusion**

The significance/focus? Of this research is the pastoral support and after care service to the orphans in the area of Vukuzakhe. This is crucial for the Methodist



Church in particular as this has a negative impact on its diaconate ministry and the image of their caring approach. The statement of the pillars of the Methodist Church which says; “Justice and Service, Evangelism and Church growth, Economic Development, Spirituality and Education implies to a greater extent that even orphans must be provided an opportunity to feel the counseling, the care and compassion requirement of the pastors at all times and more especially after trauma has occurred” (MCSA Year Book 2013:17).

This statement serves as an authority for ministers to avail themselves for pastoral support and after care services to the orphans. In chapter two, the researcher will conduct research methodology and literature review in order to understand the views of other authors on the study. The Chapter will also revolve around pastoral theology which, according to (Allen: 1991) is defined as “religious truth in relation to spiritual needs.” When talking about pastoral support and after care services of orphans, the researcher refers to the spiritual guidance in the form of support and care an orphan receives from a minister in church or in the community.

Historically, according to Browning, pastoral care has had two main functions; firstly incorporating members into the life and discipline of the church and secondly, assisting persons who were handling crises and conflicts and personal and spiritual problems (1976:43).

The next chapter focuses on the methodology and qualitative research. The chapter also provides a brief description of the geographic location and socio-economic background. The chapter gives a data collection.

## CHAPTER 2

### RESEARCH METHODOLOGY

#### 2.1 Introduction

This chapter focuses on the methodology and the data analysis of the empirical research. The purpose of the empirical research is to demonstrate that in Vukuzakhe Village, orphaned children experience grief after losing their parents and, therefore, they require pastoral care. This information is essential for verification of the central idea of this study, which emphasizes the relevance of pastoral care as a response to children's grief after being orphaned. Therefore, this will provide the tools and skills needed in order to support the care-givers, pastors and mostly orphans during the loss of their parents. This chapter will also provide the methodology and the exposition of the model of pastoral care.

The study uses the methodology that draws from the shepherding model inculcated by Gerkin in his work; *An Introduction to Pastoral Care* (1997) and refers to the pastor as a caring leader and a shepherd. In this model, care is viewed as the central metaphor of life in the Christian community. The pastor is regarded as the shepherd and the Christians are the flocks that need to be cared for. This methodology needs to be located within the hearts and souls of the orphaned. In terms of the present study this meant that the researcher needed to utilize this method effectively in helping orphaned children cope with any emotions experienced as a result of the loss; including feeling loneliness, anger, hurt, hopelessness, and shame. The researcher was convinced that this shepherding method would play a pivotal role in approaching challenges faced by orphaned children in the Villages. The study borrows from Waruta and Kinoti's work, *Pastoral Care in African Christianity*, whilst complementing that with Nick

Pollard's theory of positive deconstruction. This process was used in order to reconstruct the lives of those who had lost their parents.

This study uses these sources complementarily to buttress each other and enhance the researcher's quest. According to Gerkin the pastor needs to function as the caretaker of individuals. Although emphases have fluctuated from time to time, the ordained pastor's care for individuals has usually been given a dominant emphasis. Gerkin goes on to say that, "in recent history of pastoral care, in large part because of the influence of individualism and psychotherapeutic psychology. The organizing conceptualization of pastoral care has focused on the individual care of the pastor for individual person" (1997:92).

Waruta and Kinoti argues that the highlight the essence of the communal element while acknowledging the importance and the place of individual counseling. "Counseling in the traditional society takes a communal approach where ...the immediate family community is deeply involved...Individual counseling though it has its place ignores the communal element which is necessary in particularly mediating forgiveness and reconciliation" (2005:93).

Gerkin goes on to say asserts that for it to be worthy of its name, the church has a mandate to confront human suffering and the conditions that cause it. Gerkin's view is that, with Jesus Christ as the model example "The church in its role as 'shepherd of God's flock must address herself to this situation by alleviating suffering and enabling the realization of God's Kingdom. She must administer healing that will resolve harmony in the lives of individuals, community and the environment...The pastoral work of the Church is thus to be seen in terms of healing, guiding, sustaining and reconciling the people of God." (1997:92).

Kinote and Waruta goes on to argue that empirical research helps to avoid generalization of the phenomenon under study and provides contextual information about the phenomenon. Consequently, empirical research produces new findings, ideas and explanations. In the present study, the empirical research is focused on investigating “what is going on” in orphaned children’s lives after they suffer the loss of one or both parents (1998:5).

One of the key pastoral care activities that the church can implement to respond to the orphaned children’s situation is pastoral counseling. Waruta define pastoral counseling as a “type of counseling that seeks to nurture people emotionally, physically and spiritually with acceptance and compassion and the love of the shepherd to his flock. In pastoral counseling people are not viewed as patients but as human beings who are created in God’s image” (1995:5). This study points out that pastoral counseling should reflect a Christian vision of life. Thus, it should include the supernatural destiny of the counselee and depends wholly on the power of divine grace to achieve it. As such, Biblical and Christian spiritual recourses such as prayer and Christian rituals are employed when providing pastoral counseling.

Gerkin’s main source is of course the Bible. The Bible is the first source of pastoral theology, in so far as it portrays the ideal Priest, Teacher, and Pastor. It has handed down to us Jesus Christ’s ideas for the care of souls. Pastoral care is whenever we bring the presence of our church, our faith, our God into our life. Pastoral care, above all, is ‘pastoral’ in its ‘caring,’ which means very simply that it is shepherding. The shepherd metaphor of pastoral care represents the way which God cares for and supports the people in distress. This is depicted in what Jesus Christ says in the Gospel of John: *I am the good shepherd the good shepherd lays*

*down his life for his sheep. The hired hand is not the shepherd who owns the sheep. So when he sees the wolf coming, he abandons the sheep and runs away. Then wolves attack the flock and scatter it.*

*The man runs away because he is the hired hand and cares nothing for sheep. I am the good shepherd, I know my sheep and the sheep know me. Just like the father knows me, I know the father- and lay down my life for the sheep (John 10:15).*

Gerkin's shepherding model provides a great challenge to pastors who serve orphaned children with different problems in their congregations. Gerkin's approach appreciates and embraces the individual and family and addresses the needs accordingly. Gerkin brings to our attention models of pastoral care practices of times gone by. Pastoral counseling, as a ministry of the church, illustrates the contours of the paradigm for the field of pastoral care. And this has been evident in the prophetic, priestly and wisdom models of pastoral care. While focus may be somewhat different, the underlying common factor in the three models is such that we are called to care not only Christianity (Is this correctly quoted?) but pastorally as well (1997:26-27). "The prophetic, priestly, and wisdom models of caring ministry we inherit from the Israelite community are not, to be sure, the only biblical images with which we pastors have to identify. Another image, in certain ways more significant, model is that of the caring leaders as shepherd" (1997:27).

Gerkin embarks on a shepherding model of caring ministry which assumes and gathers momentum 'with the coming of Jesus, who, according to John's Gospel, identifies himself as "the good shepherd"', and 'the shepherding image takes its place as a primary grounding image for ministry.' With the coming of Jesus, who, according to John's Gospel, identifies himself as "the good shepherd," the shepherding image takes its place as a primary grounding image for ministry. This

will help orphans to be cared for through the influence of Jesus' ministry. The shepherding image incorporates not only the wisdom expressed in certain parables and the Sermon on the Mount, not only his priestly leadership in relationship to his followers, but also the elements of prophecy such as are found in the story of Jesus cleansing the Temple and his confrontations with the Pharisees and Sadducees" (1997:27).

Reflection on the actions and words of Jesus as he related to people at all levels of social life gives us the model *sine qua non* for pastoral relationships with those immediately within our care and those strangers we meet along the way" (1997:80). This way of caring opens up a way of journeying with orphans in their loss of parents.

Gerkin is not able to help us reconstruct the lives of these orphans, but this is where N. Pollards will help.

His theory of positive deconstruction has to do with helping people break down into parts, their belief, analyses it and throws away what is not needed. In this way you help them to see shortfalls in their beliefs and discover Jesus, and in that way they replace their belief with what is better. This is positive search for truth. What is true in their belief will be affirmed but the challenge is the fear to do deconstructive evangelism and see it as the answer. This approach is not easy but it works with prayer, teaching and love. Nick Pollard argues that "Jesus gives solutions. Other religions believe that suffering is there due to our being attached? To the world but the Bible teaches us that suffering is not part of God's plan" (1998:145). Nick suggests that we have faith that ultimately God will restore the world, and create a new perfect world like His kingdom. We shall also be forgiven

and enter heaven (Rev 21:1 and 21:27). God is patient; there is no need to ask when will He? He answers at His own time. While waiting God does respond positively to some of our prayers and there are areas where the world changes for better (1998:145).

In the light of the above and employing the shepherding model, the study aims at helping orphaned children to improve their social, emotional and behavioral competence. Play therapy, which is a mixture of play and talk, will be employed to help orphaned children to improve their emotional understanding of themselves and reflect upon past and present relationships as we work with them we will help them move towards a better future. Play encourages orphaned children to express their feelings, regulate affect and develop coping skills. Furthermore, it will help orphaned children to gain recognition, esteem and a feeling of competence. What makes orphaned children able to cope with their loss depends on many factors. The orphans are at the center of the churches and are interested in being loved. The Church has a challenge of entrusting them to the preferential care; we are helping them to become people of strong human and Christian personality. Above all what we are doing is pastorally journey with them in their grief. With the above in mind, research proceed in interviews, a method of the qualitative research process.

## **2.2. Qualitative Research**

This study uses the qualitative research method. Qualitative study focuses on describing a participants own beliefs, history and context. Holliday affirms that “qualitative research refers to any kind of research that produces findings not arrived at by means of statistical procedures of quantification” (2007:28).

A qualitative research method was selected for this study because the objective was to gain insight and understanding of the situation of the orphaned children and how the church provides them with care. Selecting the qualitative research method offered the participants an opportunity to provide in-depth information about their own world.

According to Hesse-Biber and Leavy, the logic of qualitative research is concerned with in-depth understanding, usually working with small samples, thus a large sample size is rarely necessary in qualitative research. The goal is to look at a ‘process’ or the meaning individuals attribute to their social situations and not necessarily to make generalizations, and this is why small samples often are appropriate (2006: 79). Although there are no rigid rules, six to eight participants are seen as sufficient when the sample consists of a homogeneous group, but a large number is suitable for a heterogeneous sample. In this study the focus group were homogeneous as the participants were children between six and twenty years old and had lost one or both their parents through HIV/AIDS.

### **2.3. Theoretical framework**

This study is conducted within the discipline of practical theology and specifically in the sub-discipline of pastoral care and counseling. Anderson defines practical theology as a “dynamic process of reflective, critical inquiry into the praxis of the church in the world and God’s purpose for humanity carried out in the light of Christian scripture tradition”(2001:22).

Heitink in his book provides a comprehensive definition of practical theology. He points out that it deals with God’s activity through the ministry of human beings. Practical theology, according to him, is a theory of action and it is “empirically



oriented theological theory of mediation of Christian faith in the praxis of modern society” (1993:6). Heitink, like Louw, is critical of the word “empirical” theology he points out that this approach embodies just one of the approaches of the discipline and is therefore not suitable as a label for the whole branch of theology” (1998:87). Heitink thus prefers using practical theology, because, according to him, other terms are limiting to ministerial practice. Heitink prefers the term practical theology, although he is aware that it is also open to misunderstanding, which happens when practical is seen as the opposite of theoretical, since theory is the opposite to practice(1993:6).

Anderson states that the reflection of theory to praxis is at the centre of the discussion on practical theology. Praxis means action, but it is a particular form of action that should not be equated with the word practice(2001:14). Swinton and Mowat in their book *Practical Theology and Qualitative Research* argue that the term “practice” is related to particular technical procedures that ministers learn in order to minister effectively” (2006:17). Like Anderson, Heitink contends that praxis means “action, activity” (1993:7). Therefore practical theology is to remind the church of the ways in which it differs from the world and to ensure that the church’s practice remain faithful to the script of the gospel.

#### **2.4. The study areas**

The empirical research is carried out in Volksrust, Mpumalanga Province, South Africa, within the Pixley KaSeme Local Municipality at Gert Sibande District. Volksrust is divided into six Villages, namely Vukuzakhe, Esizameleni or Wekkerstroom, Daggakraal or Sinqobile, Vlaakplas, Perdekop, and Amersfoort or Ezamokuhle. These villages have also small rural villages within them and they still have a huge legacy in terms of addressing the basic needs of their

communities. A lot of infrastructure being built to accelerate the provisions of free basic services and more people are enjoying the benefits of a new democracy and access to basic services. The Dr Pixley KaSeme Local municipality, due to its spatial nature, faces a main challenge in ensuring that rural Villages also enjoy the same rights and benefits as urban communities in terms of basic services. A lot of infrastructure has been put in place to provide water [bore holes] and sanitation [VIP toilets] in most villages and farms. The issue around access to free basic electricity and housing is still a major challenge, the level of access [Roads & Transport] to key service facilities [clinics, schools, government services, etc.) need attention as the district is rural by its spatial nature. This a place where Pastoral care is being provided to orphans.

It is imperative to note that the demographic structure of the population is also influenced by factors such as migration and the prevalence of HIV/AIDS. This is imperative because, when children lose their parents through HIV/ AIDS, the socio-economic environment impacts on their grief. The plight of children has not been afforded the priority that it deserves and requires to be urgently addressed. The impact of HIV and AID's related illnesses has manifested itself with increasing numbers of households headed by minors and the increase in child abuse, orphans and vulnerable children in the Villages but this study will only focus on the orphaned children in spite of the many problems faced by these children.. A number of villages on the hills and mountain sides have no visible roads for vehicles to reach them, except footpaths, and some of the homesteads are precariously on the edge of such hills and mountains.

There are no rivers in sight with grass growing high around the homesteads. It is quiet and lonely most of the time, with people, who seem unmindful of bareness

that surrounds them, seemingly content with their huts and footpaths. Soon sunset leaves evening and nights and they are left being hungry. Some homes will be visible with the now available Eskom electric lights, but most of the time people go to sleep here as soon as darkness comes. Although most of the household's do not have electric stoves to cook on, there is very little fire smoke over these villages during sunset and early evenings which would normally be a sign of preparing evening meals and warming up their huts. Obviously, these villages are homes of orphaned children who wake up every morning to go to school.

A home with no appropriate meals for orphaned children because there is little money to buy the necessary groceries, contributes to the pace at which an orphan will progress from one grade to the other. The rural villages have not succeeded in providing for their own consumption from the pieces of land that they have access to and the few livestock that roam around their homesteads. There is no regular milk, eggs and vegetables for school-going orphaned children at these homes. Pediatric and food service dieticians' tell us that milk, eggs and vegetables are food items that develop the brain cells and these accounts for the learners lack of active participation in classroom lessons.

Maintenance of good health for the orphans does not come easy and therefore a healthy mind and a healthy body is not a generality in orphaned children of the rural villages. Warm water to wash before going to school is a luxury and hence, on a number of days, just wiping suffices in keeping the body clean. Going to a pharmacy to buy medicine for common ailments in children, cannot and should not be taken for granted. Orphaned children in such homes commonly do not have medical aid. The above condition sets a scenario of how we care for those children, with few essentials available, in our ministry.

Early childhood development for orphaned children is simply absent from most of the rural villages and the orphaned from such villages commonly do not attend Grade R classes. The lack of limited material means that generally orphaned children wait until Grade 1 age, before they scrape together whatever money they can to buy a school uniform, school bag and other things that children will naturally need when they attend school.

Hence, these orphans deal with readiness in Grade 1 at the age of eight to ten years, while children with parents at home engage with first words in Print (FWIP). When they are three years old, are familiar with educational toys 24 (computer related and those that introduce them to mathematical sciences) and have a variety of pictorial magazines and newspapers to page through. As a matter of fact in rural villages newspapers are used as toilet paper. The balance of probability gap between a child starting and getting ready for school from an average orphaned home, and a child with parents at home, is six years.

With the orphaned children the school starts and ends at school because grandparents who look after them are in most instances, semi-literate and can, therefore, not be of assistance with their grandchildren's school work. This impacts on the later career aspirations and personal drive of these orphans to attend and stay at school. Therefore, in responding to the children in the situation of being orphaned, the church should take urgent and necessary action in order to help such children cope and adjust in an environment in which their parents do not exist. The actions should be calculated towards assisting orphaned children to experience God's comfort. The reader can/should now understand why Gerkin's shepherding

model was chosen, in order to journey with these children, and then reconstruct their lives as we provide education in order to create a bright future.

Pastoral care is in essence caring for the soul, and this is done through various forms of pastoral care activities such as preaching, pastoral counseling, religious education, nurturing and care in times of need. This indicates that pastoral care is action oriented with a spiritual dimension. This study argues that there is sense in taking the spiritual approach as it distinguishes the caregiver from other cares. However, this should not make the caregivers feel more superior. Instead, they should work in collaboration with other caregivers in an attempt to mediate holistic care.

In the Villages the orphaned children who are in schools are growing up in poor homes, in poor environments and face a grim future. Such orphans include orphans of less than ten years of age, with single parents or no parents at all. These include children's whose self-worth is buffeted by comparisons with children with nice clean uniforms (including polished shoes), or children who talk about going away on holidays, or learners who talk about going away on holidays during Easter and summer holidays, or learners discussing computer games. They only have an idea of a computer from pictures of discarded advertising pamphlets. The resilient nature of children's characters should not be used to mitigate the plight of those who come from huts, with no bread for breakfast, no cough mixture when they are ill, and no medicine when their stomachs ache. Wimberley states that as "pastoral caregivers, we also have to help people work through internalized recruitment into negative identities fostered by a market-driven economy, the commodification of values of human worth, and the disconfirming values associated with social injustice" (2003:121).

Orphaned learners from farms and remote rural villages with no school transport money, often do not own a complete school uniform and have no motivation from home-based family members. They are instead encouraged to start wage labour while still of school going age. Peer pressure from their friends who are not attending or have dropped out of school results in a failure to complete their own schooling. Wimberley articulate well when he says “pastoral wisdom involves a particular kind of knowledge, but it also involves two other things: our presence and guidance” (1999:19). These children often come from homes with little or no reading material (Newspapers, magazines, book of any kind and not even the Bible if the parents are Christians). In these homes, fundamental and basic needs take priority, as these are homes with very little to eat, water that needs to be boiled before it can be consumed, all because these are homes that have children of various ages, who have to attend school. Gerkin avers that “as we yield to God’s shepherding, more and more we find our home, for the shepherd knows the pain of the sheep” (1997:27).

The shepherding model of Gerkin, central to this research, speaks of the care of God to Israel, God’s chosen people. This motif is manifested so well in the imagery that depicts God as the Good Shepherd as encapsulated in the 23rd Psalm. The psalmist highlights never-failing goodness of the Lord. This thought has been elaborated upon in Isaiah 49:10(KJV), “They shall not hunger nor thirst; neither shall the heat nor sun smite them...: he...shall lead them, even by the springs of water shall he guide them.” The psalmist turns this imagery to the illustration of God’s thought for, by inference, every child of God. The loyalty and devotion of the good shepherd to his sheep is apparent, for the sheep are the object of the shepherd’s protecting care. Thus to that effect Gerkin portrays the Lord God as a

“good shepherd who leads the people in paths of righteousness, restores the souls of the people, and walks with the people...even into the valley of the shadows of death” ( 1997: 27). The church should then replace the loss of parents by being a good shepherd. Gerkin further avers that as we yield to God’s shepherding, more and more we find our home. For the shepherd knows the pain of the sheep.

## **2.5. Data collection instruments**

Data collection refers to the gathering of information providing or refuting some facts. Osmer defines data collection as a “process of gathering data using agreed upon methods” (2008:5). Mouton refers to the methods as instruments and points out that, in order to collect data, some instrument has to be used. Mouton further states that, “in the human sciences, instruments such as interviews, observation, and psychological tests are used” (1996:100). Hesse- Biber and Levy explain that “qualitative researchers often use instruments such as interviews and focus group discussion” (2006:19). The above process will help me to enter the space of the orphans in order to understand their world.

Therefore, since this study uses the qualitative research method, the raw data was collected using focus group discussion and semi-structured interviews. Focus group discussions were used to collect data from orphaned children. Hesse-Biber observed that, in a focus group discussion, multiple respondents are interviewed together, making the focus group preferred over other available methods in a situation where the researcher does not know the issues surrounding the topic. The researcher consequently figures out what the key issues, ideas and concerns are from the respondents (2006:195 – 196). Focus groups, through rich conversations disclose issues of social life that would otherwise remain unknown to the study (2006:195-196). The above process opens up a way of working with orphans,

especially as they struggle to find meaning in the life they face daily. They struggle with issues of shame, guilt and low self-esteem.

## **2.6. Preliminary Conclusion**

The empirical research indicates that orphaned children experience grief and the aspects of it could be categorized as emotional, cognitive, behavioral, spiritual and physical. Emotional responses were evident in all the participants and often in association with other experiences of loss.

Orphaned children did not only experience loss, but found themselves in the parentless status. They were often left alone when their parents died and the older one often became the head of the household. The interview consisted of the empirical research that was conducted with orphaned children. The participants were selected from Vukuzakhe villages. The next chapter focuses on theories of orphaned children development. This chapter looks at the African communal solidarity and its effects on children especially when grieving and mourning. The main aim being to create a method of caring for orphans.



## CHAPTER 3

### Orphaned Children's Development

#### 3.1 Introduction

This chapter provides theories on children's development and various perspectives on death. This chapter will also facilitate an understanding of the death of the parents and how it affects children's development. This is because human development may influence the ability to process grief and therefore the child's stage of development is a significant factor that needs to be taken into account during the grieving and mourning process. Louw's concept of personhood refers much more to dynamic life forces than to the "Western psychological categories. This is because personhood within an African context is linked to kinship, the extended family, clan and tribe" (2008:168). Thus, to understand African children requires an understanding of communities within which they are born and raised. In short, one needs to understand the village life.

The types of orphans that we are working with are three, firstly it is a double orphan, meaning the child has lost both parents; secondly, a maternal orphan is a child whose mother has died; and thirdly, a paternal orphan is a child whose father has died. In this study there were more double orphans than paternal or maternal orphans. The death of their parents deprived the children of spiritual nurture, parental love and support; as result children were overwhelmed by grief at the time when parents died, they need nurturing. This study finds that when one parent was surviving, particularly the mother, she became a primary care giver. When she was suffering from AIDS and was unable to care for the children due to health problems, the children were taken in by close relatives, mainly grandmothers, as indicated in the following statements from two participants:

“I come from a family of eight and I am the seventh born in our family. My mother died in the year 2006. Before she died, my grandmother came to live with us because my mother was very sick and she could not take care of us. So my grandmother took away the nurturing process of us and cared for mother who was extremely sick.”

When I connect the abuse experience with orphans, I am able to understand their pain.

Listen to one of them who said “When my mother became ill, my grandmother came and took us so that we could stay with her and later on when my mother died, we had to live with her for the rest of our lives.” This process will be explored in detail in chapter 4.

### **3.2 Children’s physical development**

With the above in mind let us analyze the physical development of a child including the process of improvement in certain physical attributes, such as coordination, control and movement. Mwamwenda states that “physical development is normally measured in terms of increase in weight and height because these features are easy to observe and measure” (1995:53). Ndetei states that, during early childhood, physical growth and development are quite rapid, though not as in infancy (2006: 37). In the first two years, most children gain about 9kg and grow about 38 cm in height. Growth and maturation in infancy, for the most part, proceed in a definite order, although individual differences exist. The sequence of development is to a great extent due to the gradual maturation of cells in the brain. Hence, the brain plays a critical role in physical development. Ndetie continue to say’s “physical growth rate slows down between two and six years,

compared to infancy. The body proportions continue to change and motor skills become more refined. By age five, an average child is 3.5 feet tall and weighs about forty- three pounds and the end of the sixth year, the head has attained about 90% of adult size” (2006:38).

Mwamwenda states “not that from the age of six to twelve years, children’s physical development on the whole is slow but steady, and growth in weight and height slows down considerably when compared with the rapid pace experienced during early childhood “(1995:53). Most children grow approximately one to three inches taller every year and changes in the arms and legs show little muscle development. Decey& Travers view that the hand and feet grow much more slowly than arms and legs and the head size grows more in line with body size (1996:220). However, factors such as genetic influence, health and nutrition may cause wide fluctuations. In the case of children orphaned through HIV and AIDS, physical development is likely to be affected by health, especially those who are HIV-positive. The sicknesses weaken the body’s immune system, rendering the body incapable of fighting infections. As the immune system, collapses, opportunistic infections such as pneumonia and tuberculosis attack the body, with the results that the child experiences a reduction of weight.

Nutrition is another factor that can pose challenges to the physical development of orphaned children. This is because most of the family finances are drained by the time parents die, thus making it very difficult for children to survive in life. Lack of food is likely to cause children to be underweight and weak. The study revealed that children who experienced food shortage showed a decline in weight, activity on the ground and classroom attention. They struggled with everyday life challenges.

According to Santrock “children gain control and perfect skills that were not mastered during the previous stages. As a result, overall coordination, balance and refinement in physical activities show an increase at this stage of life. This allows them to develop motor skills such as swimming, rope skipping, running, kicking, hitting and bicycle riding” (1996:176). However children who are HIV and AIDS-positive might not join their peers as a result of weakness and illnesses resulting from HIV and AIDS. Moreover, the stigma associated with the disease may cause them to isolate themselves or to be isolated by other people.

Santrock goes on by saying when children are between six and twelve years of age, fine motor coordination improves and this is reflected in the way they write colour and draw. Instead of writing big words, they write smaller and even letters, using pencils instead of crayons. Some of them can perform sophisticated motor tasks such as using scissors, and in this period children’s control over their bodies is better than in early childhood (1996:175). They can sit still for longer periods, though they are more fatigued when sitting than when running, jumping or riding a bicycle. What is very clear about the physical development of children between six and twelve years is that other development perspectives play a significant role towards physical development. Likewise, physical development is of great importance in other development processes in children. Factors such as the environment, activities children participate in, nutrition and diseases affect children’s physical development. Therefore the church must strive to create an environment that allows the physical development of orphaned children to improve.

It is clear that children's development can affect children's experience of orphanhood. This information is necessary dealing with orphaned children at various age levels, particularly with children of between six and twelve years. However, since this focused on Village children, it was necessary to explore African children's development. Gichinga, like Louw, rightly believes that the study of African children must place children within the framework of their cultures, within their particular universe (2007: 39). Based on this understanding, to understand the development of African children, this study examined the perspective of African communal solidarity and its effect on children's development.

### **3.3 The effects on orphaned children's development.**

Louw clearly states that the human person in Africa is seen from the perspective of the dynamic approach and the concept of personality or personhood refers much more to the dynamic life forces than to the psychoanalytic, and Western, psychological categories (2008:167). The personality of African people consists of the individual self and the communal self. Gichinga affirms that, while one has a personal self, the individual also has a communal self which normally overrides the individual self. According to her, the communal self is particularly sensitive to the rules that govern behaviour such as respect and group norms. Gichinga further states that personhood of African people starts right when the child is born (2007:39). The community plays a significant role in the development of personhood or personality and its people thrive on connectedness and interdependence. Personhood therefore is linked to kinship, the family, clan and the community.

According to Louw "personhood within an African context refers rather to a dynamic power and vital energy, which allows one to come into contact with

ancestors, God and society” (2008:167). Therefore, children’s development in African traditional life can best be understood in terms of community of the people living as understood in terms of community and this involves the community of the people living as well as ancestors. Mbithi argues that *“To be human is to belong to the whole community and to do so involve participating in the beliefs, ceremonies, ritual and festivals of the community. A person cannot detach himself from the religion of his group for to do so is to be severed from his roots, his foundation, his context of security, his kinship and the entire group of these who make him aware of his own existence. To be without one of these corporation elements of life is to be out of the whole picture. Therefore, to be without religion amounts of self-excommunication from the entire life of society and Africans do not know to exist without religion”* (1969:2).

This implies that children’s development in Africa involves children’s acquisition of a wide range of behaviours, feelings and thoughts through socialization in the family and their villages. Socialization is a process whereby people learn the expected behaviour of their village or social group so that they can function in it. To function in the village children depend on the community for encouragement and moral support. Mugambi argues that the village plays a major role in the upbringing of the children and this is achieved through the African way of living (1989:123). Mbiti indicates that African communities traditionally lived in one compound which he refers to as a village. It is within the village that children learn the norms, values, and beliefs of the village (1969:108). Thus, children learn moral standards as they grow in a particular village. Moral development is the process in which children learn what their society considers wrong or right. Mbiti affirms that African people have a deep sense of right and wrong and that, in the course of many years, the moral sense has produced the laws, customs, rules and

taboos which can lead to behaviour and conduct. The morals are guided by African cultures which thrive on values and norms that shape the behaviour of their members (1991:174). As in the rest of Africa, South Africa has various ethnic groups and each of these groups has its own culture and traditions which serve as guidelines for village members on the expected behaviour. Consequently, the parents start to instill in children the morals of their villages when they are born. Children are taught to obey their parents, respect elders and adhere to the behaviour and conduct expected by the family.

Mwamwenda states that nuclear and extended families and neighbours play a significant role in the six to twelve- year old child's intellectual development. This is because the upbringing of African children is perceived to be a joint responsibility that cannot possibly be carried out by parents alone (1995:390). Children's are taught the history, not only of the family and clan, but also the entire ethnic group. They are told parables, stories and proverbs from which they learn principles such as honesty, obedience, humility and endurance (1995:390). Children's are also given mental exercises through amusing riddles and puzzles which are told in the evening after meals, or while food is being cooked. Listening to stories is said to help acquisition of imagination, thinking and reasoning which children find fascinating (1995:390-398). Likewise most African children enjoy playing various games and activities which involve thinking with other children in the evening. For instance, boys build little model houses and cattle pens while girls weave baskets using grass, make little clay pots and cook imaginary dishes of food. Most of these activities provide children with the opportunities to develop their memory and reasoning capacities African children play together in the village.

On the basis of this description of African communal solidarity and its effects on children's development, it is safe to conclude that parents, family members, peers and community play a role in the development of the African child, but parents play a more significant role in the children's development. Therefore, when parents die before children are well integrated into the village, they face challenges regarding their development. The effect is likely to be experienced by children throughout their adulthood. With the above in mind, let us now analyze the issue of grief, especially when a child loses its family at a young age.

### **3.4 Grief perspectives**

Grief can be described as the emotional reaction due to the death of a loved one. Louw indicates that grief is not merely an emotional reaction as a result of the loss of the loved one, but a result of the quality of attachment and an evaluation process of the worth of the loved one to the grief-stricken one" (2008:549). Grief therefore is the experience of loss in full awareness that the process cannot be reversed. Hornby affirms that irrevocable loss causes real grief, which is experienced as acute sadness, particularly when somebody dies (2000:521). According to Herbert, grief is a mental wound which heals slowly and leaves scars and can sometimes become complicated (1996:2).

Ndetei is of the view that the term "complicated grief" is normally used to refer to abnormal grief, neurotic grief or pathological grief which provides various manifestations of complicated grief (2006:517). He indicates that grief can be delayed, with the period of delay ranging from weeks to years. Grief could be chronic when it is prolonged, unending and unchanging and is marked by depression, sadness, withdrawal, prolonged preoccupation with the person who has died, and prolonged unending distress. Louw strongly believes that chronic grief is



perpetuated by a lasting process of self-pity and self-reproach (2008:560). According to the empirical results of this study, orphaned children experience the aforementioned manifestations of chronic grief. Thus, it seems safe to conclude that when the children's grief had been prolonged it is a clear indication that their grief was never responded to. Grief can also be referred to as "absent grief" when people continue to act as though nothing has happened.

Stroebe and Hansson believe that "another type of grief is "unresolved grief", which is more likely to occur when the relationship between the bereaved and deceased was very close and dependent, where social support is lacking, where there probably is a history of depression, and sometimes when the bereaved person has suffered substantial financial losses" (1993:23). People may also fail to grieve, that is, grief is inhibited, because they deny and suppress their feeling of loss. Louw argues that, in this situation, grief is suppressed internally and one cannot express "one's reaction is weeping or one's feeling in frank communication"(2008:560). He emphasizes that "bereaved people should be encouraged to talk about their grief as this helps recovery from grief" (2008:560). This study revealed that children failed to grieve because they were not provided the opportunity to grieve and mourn. Worden provides reasons why people fail to grieve and argues that "failure to grieve could also be due to relational, circumstantial, historical, personality and social factors" (1991: 65-70). Grief is a confusing and disorienting process that takes time. It is not something we get over but something we go through. Worden continues to state that "the grief process usually takes one to two years for a person to work through the most intense reaction, depending on whom and what is lost" (1991:70).

### **3.5 Grieving and Mourning in the African village**

Grieving and mourning in Africa needs to be viewed within the context of communal existence. Ndeti is of the opinion that grieving and mourning are culturally determined (2006:517). Grief is the internal state of a person after a loss and it is manifested in various forms. Oyugi argues that “mourning in contrast, is the external expression of grief. He further states that mourning entails culturally and socially acceptable coping mechanism employed to adjust with the loss” (2008:3).

Cook and Oltjenbruns argue that “mourning can be expressed in various ways, for example in weeping and wailing, which are considered natural and good for both male and female” (1998:108). African children also do not participate in the wailing and weeping as they are among the last to be informed of death. Sometimes little effort is made to explain to them the nature of a loved one’s death and most children, even when a parent or parents die; are unlikely to be told the cause of death. Jackson notes that this is probably because of the fear of hurting them or because relatives do not know how to communicate the news. As a result, bereaved children do not work through their grief and they are likely to experience psychological problems later in life.

African music also plays a significant role in the mourning process, as it helps in the expression of pain of loss. Oyugi states that music assists the bereaved to express the deepest human emotions that cannot be expressed through any other form (2003:13). Berinyuu emphasizes the significance of African music and states:

*All songs that falls directly under any of these categories are usually accompanied by some strong emotion of kind or another. Some are even born out of a particular historical circumstance. In such a case, singing the song may not just be*

*entertained but may recapitulate on historical experience precipitating strong emotions. If one visits an African house, it may be possible to deduce what may have immediately transpired in the family if one listens to the songs usually sung by the women (1989:125).*

Mbiti believes that music is used in all activities of African life, for example, during funeral ceremonies, while cultivating the field, and when herding. African people enjoy playing musical instruments when they sing and dance. There are many kinds of musical instruments the most common is the drum (1991:9). Oyugi goes on to state that, “mourners sing and dance to express their grief during the pre-burial ritual. Bereaved children might hear the music but are rarely involved in funeral ceremonies” (2008:3).

Another way in which mourning can be expressed is through the performance of rituals. Mbiti noted that, “rituals that are related to funerals are “important vehicles for mourning and make the loss concrete” (1991:10). Although rituals are believed to give the community an opportunity to mourn, orphaned children are not provided with the opportunity to participate in funeral rituals. This is an indication that the children were denied the opportunity to mourn when their parents died. Mbiti captures the therapeutic dimension of mourning practices and points out that people are able to come to terms with their sorrow and pain when they mourn. Orphaned children need to mourn in order to facilitate grief (1991:115).

Oyugu, affirms that people who grieve and mourn after the loss of a loved person, tend to cope better with their loss than those who postpone their grief to later years in their lifetime(2008:4). Ndetei point out that “symbolic mourning is encouraged in many African communities, because it is believed to help people cope with

bereavement, as mourning has a psychological and social function in coping with or recovering from bereavement” (2006:17). These authors believe that recovery from bereavement is faster in many African communities because of the practical ways of dealing with it, particularly through the performance of funeral rituals which symbolically help individuals to recover. Having examined grieving and mourning within the African setting, attention is shifted to the bereavement situation within the South African setting. It is hoped this will offer insights that could assist in understanding grieving and mourning among orphaned children.

### **3.6. The significant of funeral rituals**

In defining a ritual, Mbiti says that “a ritual is a set form of carrying out a religious action or ceremony. It is a means of communication something of religious significance, through word, symbol and action” (1991:131). Therefore, a ritual embodies a belief or beliefs. Alluding to Mbiti’s definition of ritual, Cook and Oltjenbruns, assert that a ritual involves specific behaviour or an activity that gives a symbolic expression to certain feelings and thoughts. According to Mbiti, there is a wide variety of rituals; some concern the life of an individual from birth to death (1991:119). Referring to death (funeral ritual) Mbiti states that death is sorrowful and it is also important. There are, therefore, many complex and even long rituals associated with death. In Africa, death as the last phase of the life cycle of person is recognized as a rite of passage. Death, according to the African culture, does not bring an end to life but life continues in another realm. After physical death, a person continues to be alive in the memory of the people and it will bring calamity if they are not treated well during the funeral ceremony. Thus, people are sensitive about how they treat a dead body and what they do during periods of bereavement. African communities strive to ensure that the ritual relating to death is performed.

Funeral rituals are culturally determined and observed by family members and community members who are mourning with the bereaved. Muchemwa, explaining death is prevalent in African societies and they are informed by culture, particularly the strong beliefs in ancestor-hood and the after-life (2002:31). Cook and Olitjenbruns, also provide structures for people to express their feelings at the loss of a member of the community and funeral rituals, to have optimal value, must have meaning for bereaved family and mourners (1998:128). Jupp & Rogers say if the rituals are to be effective, though, those present must be activity involved (1997:106). Kiriswa underscores that people who participate in ritual regain their emotional balance and heal psychologically, compared to those who do not undergo the rituals (2002:28). Kiriswa's argument seems to be influenced by a cleaning ritual in his village. He explains that:

*In that village a young man whose mother had committed suicide, suddenly became dumb and appeared mentally deranged. When the matter was investigated, it was revealed that his father blamed him partly for his mother's death due to his disobedience. . . The blame and the harsh words of his father made the young man believe that he had been cursed by his father. A purification ritual was organized where the father with other village elders openly retracted the father's words perceived as a curse to the young man and prayed for healing. A week later the young man was psychologically and emotionally well again (2002:28).*

Bowen affirms that "the entire family including the children, when possible should participate in the funeral rituals. He also argues that the extended family members and friends participate in funeral rituals" (1978:331). This is because funeral rituals can help bereaved people to cope with the loss. Bowen argues that he prefers a public funeral service as opposed to a private funeral service (1978:331). Private

ritual, according to Parkes, Laungani and Young are normally held in many North European societies such as Britain, America and Scandinavian countries (2003:218). Death, to a very large extent, is viewed as private and therefore even the funeral ceremonies are seen as private events, so that only people who are invited to the funerals are expected to attend them and offer their condolences.

Mugambi notes that in Africa, “however, funeral ceremonies are community affairs, though they vary from one community to another” (1989:102). The ceremonies as prescribed in the culture or religion sometimes last for days, weeks or months. For examples, in some communities in South Africa, Eastern Cape, funerals last for 2 to 3 weeks. Due to time constraints, funerals nowadays do not last as long because some of the mourners have to resume work. According to Mbiti, the period of funeral ceremonies can be dedicated by sex or age of the deceased and the size and importance of funeral varies according to the person concerned (1991:121). Among the Zulu and Ndebele people in Mpumalanga, Vukuzakhe village for instance, funeral ceremonies last for three to four days.

Bowen believes that private funeral ceremonies prevent the friends system from an opportunity to terminate their relationship with the dead, and it deprives the family of the supportive relationship of friends (1978:331). Therefore, when orphaned children are excluded from rituals, their relationship with their parents lingers on. Bowen seems to be very concerned about children and their exposure to death. Thus, he argues family members when they visit dying people should include children, that is, if the situation permits. He argues that he has never seen a child hurt by exposure to death, what causes children to be hurt is the anxiety of survivors (1978:332). Based on the above discussion on the significance of funeral rituals, it can be concluded that the performance of rituals is crucial to the healing

process. Here this study argues that therapists often prescribe participation in rituals to help people resolve their grief. To ignore the role of funeral rituals within an African setting when death is experienced in the family is to exclude them from a fundamental aspect of African life and practices. For this reason, the common pre-burial ritual will be explored next. This could facilitate appreciation of how orphaned children grieve and mourn.

### **3.7. Some common pre-burial rituals**

Although cultural practices vary among the African ethnic groups, some funeral rituals are commonly observed. In most African communities, when a person is declared dead, the family members are the first to mourn by screaming. Mbiti affirms that the first people to mourn by screaming among the African communities are close family members. He further notes that the people who observed this activity are mostly women who weep and wail, recalling the good things the deceased said and did (1969:121). According to Gichinga mourning and wailing is accepted by many African communities and it is a way of coping and dealing with grief, that is, letting out painful emotions such as sadness and anger (2007:158). When close family members hear about death, they communicate this information to the extended family members and once they are informed, they are expected to join the bereaved family during the mourning period. Sometimes the burial is delayed because the bereaved family waits for the family members to be available. Africans need to include children in this process. This will help orphans to journey to closure

Mwiti states that death in a family is usually a concern not only for the family, but also the whole village and clan and this is evident in the way neighbours, friends and relatives behave. They rush to the homestead of the bereaved family and they

suspend most of their daily activities and gather almost every day as the spiritual support (1999:14). In fact, death normally brings to a halt normal activity in many communities until the burial day, to allow people to mourn as a sign of respect to the deceased. Mwiti goes on to state that death may bring normal duties to a halt to allow mourning for a few days in some African villages 1999:14). In South Africa, for instance, when people learn of the death of a loved one, they gather at the homestead of the deceased almost every day and mourners stay in the homestead until late at night. Processes are held every day in the evening, in order to prepare family members for closure.

The gathering helps the bereaved family to realize that other people share their suffering. This realization can bring peace and healing to the family. There is regular singing and praying throughout the days of mourning, helping mourners to view the situation from an eternal perspective and to comfort them. It is during this period that the mourners decide how the corpse is to be disposed of. For many South African communities, the corpse is buried in a grave. The clan leaders decide where the grave will be dug and the digging of the grave is done before the burial ceremony. With the above in mind let us analyze how children mourn.

### **3.8. Children understanding of death**

In a study that was conducted by Lansdown and Benjamin they explored the development of the concept of death in children aged five to nine years. It was revealed that children aged eight and nine year's understood the concept of death (2006:23). According to Himebaunch, Arnold & May, children at this stage do not see death as universal (2005:1). O'Connor says consequently, they do not view death as something that could happen to them (2004:23).



Between nine and twelve years of age, children's understanding of death is closer to that of adults. They understand that death is universal and irrevocable. They acknowledge that every living thing dies; consequently, they too, will die one day. Since their concept of death is concrete, they are able to understand the long-term consequences of death. Shapiro view is that children in this category have developed more anger through their loss, than the younger ones; therefore, they can use the anger defense mechanism in response to intense feelings. They might avoid speaking about their loss and behave as if they are less affected by the death of a family member. Such children are vulnerable and even misunderstood (1994:105).

Cuddy-Casey and Orvaschel note that children's understanding of death can be influenced by factors such as culture, religious beliefs, personal experiences, age and truthful information that is received from people (1997:121). Some studies that have been conducted affirm that there are factors that influence children's understanding of death. The study conducted by Mahon Goldberg and Washington about children's concept of death and factors that affect its acquisition found that age is the only significant predictor of children understands of death(1999:590). Hunter and Smith investigated the relationship between age, cognitive ability and death experiences and how these factors influenced children's understanding of death (2008:143). Their findings revealed that age, cognitive ability and exposure to death contributed significantly to children's understanding of death.

From the above discussion on children's understanding of death it is clear that children at different age levels hold different perceptions about death. For example, when they lose their parents, the impact of the loss is felt differently and the responses are varied.

### **3.9. Bereaved children's grief reactions**

Kimani, Cheboswony and Misigobele believe that death of a parent or parents can create great problems for children (2009:106-110). Their problems could even be greater when the parent or parents died of HIV and AIDS- related diseases. In some parts of Africa, people might regard children whose parents die of AIDS – related illnesses as cursed and they might not be welcomed into the home of those who are supposed to care for them. Families that take in the orphans may also treat them differently from their own children. Children who are affected and infected are discriminated against, isolated, rejected and stigmatized on the basis of the condition of their parents. This can be devastating for six to twelve year old children who are in the midst of expanding their social horizons from the home environment through school and peer activities and the village.

Unlike some life-threatening illnesses such as cancer, HIV and AIDS are likely to be transmitted to children through breast milk or birth. The infected children will not only witness the progressive mental and physical deterioration of their parents and grieve for them, but will experience a traumatic event as well. Dyregrov is of the view that consequently, they could develop a post-traumatic stress reaction and end up qualifying as victims of Post- Traumatic Stress Disorder (2008:26). Post- Traumatic reactions include thoughts or memories of how their parents felt while dying. Dyregrov is of the opinion that children who do not get help to work through the traumatic aspects of their parent's death could experience problems in working through their loss. He suggests that mental health professionals can be consulted to help children to work through the traumatic circumstances of death and this would help in dealing with PTSD (2008:46).

Sadness is a very common reaction in children following the death of a parent or parents. This is because the child has not lost their loved person only, but one who was also responsible for their daily care, love, financial support and spiritual nurture. Sadness could appear in different forms, the child may isolate himself or herself, withdraw, cry or become clingy. But some children try to hide their sadness so as not to make remaining parents or guardians sad. When they cry occasionally, they may claim that they are not crying over the loss, but for some other reason. The feeling of sadness and longing are felt more severely when viewing other people's happiness, for example, seeing other children with their mother or father and the child no longer has one or both parents.

Jackson notes that children are also likely to experience feeling of loneliness and helplessness. Loneliness is based on relationships; therefore there is always a social context to loneliness. The relationship must exist before it can be broken. It is essential, therefore, to understand the meaning of the relationships that characterize the social being before finding ways to relieve the pain of loneliness when the social ties are disrupted (1980:38). The major problem of loneliness is that it is heavily burdened with a feeling of helplessness. This is likely to stem from the fact that there is nothing a bereaved person can do to bring a deceased loved person back to life. Helplessness, according to Louw is an experience of depression and depression endangers spiritual health. In most African countries, the experience of helplessness could be felt more by children infected and affected by HIV and AIDS due to poverty (2008:65). In some occasions, these children go to sleep without having a meal because the majority of South Africans, particularly those living in the rural and informal settlement, are experiencing extreme poverty. The loss of parents causes children, even young ones, to experience a wide range

of grief reactions. However, due to children's levels of development maturity, their expressions of loss differ.

### **3.10. Siyakhula Center of Hope**

Siyakhula is a social justice ministry to provide pastoral care to communities in need. It is a registered N.P.O. through the Department of Social Development. Registration is essential in this country if corporate and business funding is to be sourced. Siyakhula is the center for Orphans and Vulnerable Children's (OVC), health care performer in Vukuzakhe Methodist of Southern Africa. Siyakhula project is a Non-profit Organisation (NPO) which supports care services for spiritual problems, facilitating visits by care givers, spiritual mentors, and providing prayer. It also screens social problems related to HIV disease, assistance in assessing legal services and social grants.

Siyakhula is a visionary initiative of the Author and a development of the young people outreach program called Dress a School child. In coming to Vukuzakhe with the Methodist Church in year 2012, the author was soon confronted with a large need for resource assistance for outreach programs. Siyakhula is responsible for the caring of 200 orphans on a daily basis. Siyakhula has got 8 full time and 4 part time care givers. The involvement of Siyakhula was a supportive role within an established African village.

The initiative of Siyakhula is to bring people into meaningful relationships in the context of God's love. Orphans are traumatized when the supportive village around them disappears. The village is the model of support that is needed by every human being. This village is family, the extended family and church. The majority of the

orphans in Vukuzakhe are cared for by Grandparents or extended family. Siyakhula is firm in its theology that every orphan child needs the support base of a village. A village that shares a right relationship with God and with one another is a village that is likely to be whole and complete. The focus of Siyakhula is to ensure village care to orphans, institutional care but home care, the biblical model where children can find love, acceptance, trust and dignity.

### **3.11. Preliminary Conclusion**

The knowledge of various aspects of normal development could provide the church with insight into how to give individual grief support which is complementary to the needs and capability of the child. The parents, family, extended family, relatives, peers and community play a role in children's development. African cultures, therefore, influence African children's development in a different way. However, the theories on child development and the African notion of child development indicate that each development perspective plays a key role in the development perspectives.

It has been established that African people have their own ways of working through the grief process and these include prescribed rituals for grieving and mourning when a person dies. Rituals are performed before and after burial and they assist people in working through the grief process and help people to cope and adjust to loss. The chapter has revealed that, while funeral rituals are performed in many African cultural groups, children seem to be left out, ignored or protected from participating in these rituals; hence they are denied the opportunity to work through their loss.

The chapter has shown that, for the church to provide care to bereaved children knowledge of how children understand the concept of death is vital. This is because children at different age levels understand the death concept in different ways and this affects the way they deal with their loss. The next chapter will investigate what is going on in the bereaved children's lives after they have lost one or both parents. The chapter will also interview four pastors from different denominations within the study area, about church support to the orphaned children.

## CHAPTER 4

### Interviews

#### 4.1. Introduction

According to Merriam the most common form of interview is the person to person encounter: where one person elicits or obtains information from another. In every form of qualitative research, some data, and occasionally all of the data are collected through interviews (1998:69). Here, the researcher will, briefly, examine one type of interview that is called the Semi Structured interview. This is a mix of structured questions. However, interviewing in qualitative investigations is more open ended and less structured for the most part. Less structured formats assume that individual respondents define the world in unique ways. Thus, questions need to be open- ended and less structured in the interview.

In a semi structured interview, either the entire question is more flexibly worded, or the interview is a mix of more and less structured questions. Usually, specific information is desired from all the respondents, in which case there is a highly structured section to the interview. But the largest part of the interview is guided by a list of questions or issues to be explored, and neither the wording nor the order of the questions is determined ahead of time. This format allows the researcher to respond to the situation at hand, to the emerging worldview of the respondents, and to new ideas of pastoral care (1998:74-75). The above method was used by the researcher in this study. Questions that were asked and interviews that were held during this study were semi-structured. In other words, some questions were predetermined or planned, while was also created to suit the relevant questions that may rise during the interview.

The scope of the research was limited to orphaned children in Vukuzakhe Village, and was confined to pastors and elders from different local churches in close proximity to the studied areas. The target sample for orphaned children aged is eight to eighteen years, but the number of participants in the study was reduced to twenty as some of those who were approached to participate did not arrive. The reason that the researcher chose to interview them is because he assumed that children within these ages would be able to express their feelings and express them better without fear. The biographic information for those who participated in the research is summarized in the Table below. Their names remain anonymous due to the sensitive nature of the study.

**Table 4.2. Children’s social demographic characteristics**

Number& Names	Age	Sex	Sex
1. Sithe	8	Female	
2. Thembile	8		Male
3. Phumeza	9	Female	
4. Dumsile	13	Female	
5. Ayabulela	9	Female	
6. Zandile	9		Male
7. Akhona	10	Female	
8. Sibongiseni	17		Male
9. Mpumi	15	Female	
10.Thando	10		Male
11.Velephi	11	Female	
12.Lunathi	13	Female	
13.Gugu	8	Female	



14. James	15		Male
15. Themba	14	Female	
16. Sesethu	10		Male
17. Thulani	16	Female	
18. Lindiwe	16		Male
19. Thandiwe	17	Female	
20. Dudu	13	Female	

#### **4.2. Data Collection procedure**

A set of prepared interview questions was used to obtain information about orphaned children. One of the guardians introduced the research team to the children and the researcher explained the nature of the study in detail, as described in the consent form. The researcher also gave the guardian an opportunity to ask questions before completing the informed consent form. The research assistant collected the consent forms and ensured that they were completed properly. The guardians were thanked and they then left the research team and children. Once permission was granted for the children to participate, the nature of study and the procedure was explained to them.

The focus group discussion started with an introduction as the researcher introduced the research team to the children. Children also introduced themselves by stating their names and ages. After the introduction, children were asked the open-ended question, “What do you remember about your parents? You can start by telling me who you live with.” In addition to this question, other questions (see Appendix A) were also asked to assist the children in order to allow them to express themselves more fully. However, care was exercised when asking the

questions to ensure that the children did not feel as if they were being probed or interrogated. After focus group discussion, they were given an opportunity to ask questions, and then the researcher thanked them for their participation. This process helped children to support each other as they were responding. Those who struggled were helped by elderly ones.

Phase two involved individual interviews with pastors and elders. A guideline of interview questions was employed to find out how the church provided care to orphaned children (see Appendix B). The aim of interviewing pastors and elders was to help the researcher ascertain the theological view that is held by the church leadership, especially on caring for orphaned children. Secondly, to ascertain if there were any focused programs or teachings with the aim of dealing with this challenge of loss within the church. Individual interviews were held in the pastor's local church offices. The purpose of the study was explained to them in detail and they completed the informed consent form. After every interview with pastors and elders, the researcher offered them an opportunity to ask questions. The pastors were also thanked for participation in the research.

### 4.3. Appendix A

#### Questions that were asked to children

I have not changed any of the responses as I understand they are a verbatim of what the children shared.

#### **Question 1**

#### ***Ukhumbulani ngabazali bakho? (What do you remember about your parents?)***

Six of the participants reported that they missed their parents. One of them twice emphasized that she missed her parents. She repeated her answer twice.

- ❖ *My mother used to pay for everything in the house, food and everything. My aunt has no job hence we do not have many beautiful things. Our brothers do not support us, and sometimes we sleep hungry. This made me miss my mother very much.*
- ❖ *I miss my mother very much. She was very good to me. She would also give my friends food and they liked my mother very much. When I remember my mother, I do cry...*
- ❖ *It is my father who used to provide school fees and food for us and now he is dead. I miss them...*
- ❖ *I cry because I miss their love, and now, I have only my aunt to take care of me. I really miss them...*
- ❖ *The thing I miss the most is their parental care. When your parents are alive especially mothers, they can tell when you want something really bad. For example, every year, my school gives a one- day break to attend show in Newcastle. Around here, every other child who does not come from this home attends this annual festival and at the end of the day, they come back and tell you how much fun they had in my case, when I asked to be taken to the show,*

*all I get is a no with no explanation or that there is no money and the best I can do is listen to the stories of my friends who attend the show.*

❖ *I miss them when I see other children with their parents.*

The reader can sense the absence of the one who cared for them and loneliness that has become part of the children's journey.

## **Question 2**

***Uzizwa njani ngokufa kwabazali bakho? (How do you feel about the loss of your parents?).***

**Four** participants reported that they felt hurt. One participant repeated twice that he experienced hurt. Hurt was reported especially when participants lacked something they considered relevant to them.

❖ *Sometimes it hurt a lot especially when you ask for something and for one reason or the other cannot get it. That makes me feel like if I had a mother or a father then I would not have to miss some of these things.*

❖ *There is this one time when I was really hurt by another boy. This boy had a bicycle and was riding around the neighborhood and I asked him if he could give me his bike. He told me that my parents should buy me one, just the way his parents did. That really hurt.*

❖ *When I see other children go to their mother, it makes me feel very hurt.*

❖ *I feel hurt inside when I see other people's mother. When my mother is dead.*

**Three** participants who reported feelings of hate directed it towards their relatives, especially those who had lived or were living with the children. One child twice emphasized that she hated her aunt because the aunt said she would never love this participant and she physically abused the participant. However, one participant believed that the father had been bewitched and

that was why he died. Consequently, this child expressed feelings of hatred towards the people whom he believed had caused his father's death.

- ❖ *I don't like my aunt. If I was asked to go and live with her again I would not because I know she will start beating me up again. And she said that she will never love me and that is why I hate her.*
- ❖ *Sometimes, when I think about it and the people who did this to my father. I hate them I do not think I can ever forgive them.*
- ❖ *I do not like my aunt, and I wish she would go away.*

The theme of hurt and hate emerged strongly among interviews. This will be analyzed later on.

**Two** participants, who were also double orphans (lost both parents), indicated that they experienced pain because of the loss of their parents. One child experienced four types of feelings: she felt pain, was angry, felt awful and lonely. The other reported having felt bad and pain. Feeling awful was reported by both children.

- ❖ *When I grew up and found out that I did not have parents, I felt angry, lonely, and painful and also felt very awful. My grandmother used to take care of me before I came here.*
- ❖ *I feel a lot of pain and also very bad because I do not have my parents.*

The recurring theme emerged according to the neglect they felt as they were neglected or not cared for.

### Question 3

***Ngubani owakwazisa ngokufa kwa bazali? (Who shared the news of your parent's death to you?).***

The reports from the participants about who shared the news of their parent's death revealed that children were the last to be informed about the death of their parents. Sometimes they were told about the death and, in two cases, participants learned about the death of their fathers in very traumatic ways. For example the father of one of participants was shown to him in a coffin without any preparations. The other participant learned of his father's death when the coffin was brought at home a night before being buried.

**Table4.3. Mode of learning of parent's death**

<b>Mode of Learning</b>	<b>Number of children</b>
Saw the father in the coffin without prior communication about the death	2
Learned from the uncle as he was talking to other adults.	1
Told by the grandmother	1
Grew up and found he did not have parents	6
Witnessed their mothers death	2
Knew his father was admitted in the hospital	1
Told by the mother	3
Heard people wailing and saw the mother dead	2
Participants were told- did not indicate by who	2
Total	20

Learning of the death of their fathers was a very traumatic experience, especially two of the participants, who saw the fathers in the coffins without prior communication about the death:

- ❖ *My aunt told me that we have to leave and Nelspruit and when I asked her why she refused to tell me. When I insisted, she beat me and forced me to come to Nelspruit with her. Then after a while, she told me that we have to travel back to the village and again I asked why and she still refused to tell me. We travelled back and when we got home my father's coffin was shown to me. My father died when I was six years.*
- ❖ *I learnt that my father had died when they brought the coffin at home and a child from the neighborhood said "they have brought the coffin here because your father is dead.*

On one occasion the participants learned of the mother's death from the uncle:

- ❖ *All I remember is that I was playing one day and that day mum did not come home. Later on, my uncle called me into the house and told me that my mother had died.*

**Six** of the participants found that they did not have parents when they grew up:

- ❖ *When we grew up and we found out that we did not have parents.*

One of the participants learned of the mother's death when he heard people wailing:

- ❖ *The day she died, I woke up as usual, and my aunt rushed us (my sister and I) to go to school. I was going to do my end of term exams. On my way to*

*school, I told my sister to hold the bag for me so that I could rush back home for a short call. Upon returning home, I overheard people wailing and found my mother had died. I just went ahead to school and did my exam.*

#### **Question 4**

##### ***Yini oyesabayo? (What is your fear?)***

One child reported that he withdraws from others when thinking about his deceased father:

- ❖ *Thought like that make me very sad sometimes I just shut everyone out. The worst part is I cannot take it back. My parents had to die but if I would have it any other way, I would wish that they were here today.*

**Three** children reported that they experience fear as a result of the death of their parents:

- ❖ *One evening, I left for my grandmother's house and on returning home, I was informed that my mother had died. I did not know what had happened to my mother and I started fear and crying.*
- ❖ *My mother is dead now and I do not know how she died. All I remember is that I was playing one day and that my mother had passed on. This made me really sad and started to fear.*
- ❖ *I cried very much over my mother's death.*

**One** participant reported that sometimes she is left alone in the house and she imagines the house being broken into.

- ❖ *Sometimes when my aunt travels and we are left alone, I feel afraid as I imagine thieves breaking into our house and then I start crying.*



**Seven** children were sometimes pre-occupied with thoughts of their deceased parents:

- ❖ *I used to live with my mother when she felt ill and died and after that, I used to have memories of my mum passing on and that led me to fear a lot.*
- ❖ *I feel so awful for not having a parent. Sometimes when I am alone, I wish I could see my mother and father.*
- ❖ *I live with my mother... I miss my father especially when I am going to sleep.*
- ❖ *I was seven years old when my father died ... I am unable to sleep well as I think about my father*
- ❖ *There are times I look back and think about my mother, when that happens I feel very sad.*
- ❖ *That makes me feel like if I had a mother or a father then I would not have to miss some of these things. The researcher's assumption is that toys or provision they provided while they were alive. Thoughts like that make me very sad and sometimes I just shut everyone out. The worst part is that I cannot take it back. My parents had to die but if I would have it any other way I would wish that they were here today.*
- ❖ *When I think of how my mother used to love me, I start crying. I think about my mother and start crying, and when my grandmother asks me what I am crying about, I do not tell her.*

**Three** children dreamt of their deceased parents. When two of the children dreamt about their parents, it triggered fear, emotions and behavioral experiences. It is interesting to note that most of the children who dreamt of being with their deceased parents were double orphans (lost both parents). The statements below given an account of their experience:

- ❖ *I feel sad because I have lost both my parents. Sometimes at night, I think about them. I dream about them and it makes me feel sad that to cry.*
- ❖ *My father died when I was six. Sometimes I dream I am with my father, playing at the Volksrust Park. He buys me whatever I want and when money gets finished, he tells me that we go back home and promise to take me back to Volksrust Park the following day. Then I dream I am with my neighbors, who put evil spirits at our door, and say that this woman (my mother) is bad and wears torn clothes.*
- ❖ *Both my parents have died. Sometimes, I dream I am with them.*

In the interview, we realized that the children were not informed about their parents death, now they are dealing with this reality because they are no longer there to provide for them.

### **Question 5**

#### ***Kwenza kalani emvakomngcwab owabazalibakho? (What happened after burial of your parents?)***

The financial limitations were reported by children's. The participants lacked school fees and educational care material, school uniforms, food and money for medical care.

- ❖ *My mother had eleven children and when she died, all of us were left with my grandmother. My older siblings did not have jobs and neither did my grandmother. After staying with her for a while, aunty from this home came over and had a talk with my grandmother, where she promised to get my brothers and me into schools around. When she did get us to school and we*

*started to study, she met again with my grandmother and it was agreed that we move to the home.*

- ❖ *At home, I dust the chairs, wash utensils and also dust house. Sometimes my grandmothers get sick and we go to look for jobs to get paid.*
- ❖ *After my father died, things became very tough for us. First, we were sent out of school for lack of school fees. You see, my father used to have a job and he would pay school fees for us, so we never missed out on school; but since he died, my mother had a hard time providing for us because she had no money and no job. We usually and still do survive on our uncle contribution towards our family (the uncle is the mother's brother). He comes every Saturday to visit us he leaves; he gives my mother some money for food. This is the money mother budget for the use of the week and sometimes she puts a little aside. If the money is not enough, sometimes, my mother would choose not cook lunch for us so that we can have a meal before we go to bed.*
- ❖ *Sometimes I honestly think that if my parents were around, my life would be a lot better and that I would be having some of the things that children out there have. I would not have to watch my sister go out to wash other people's clothes so that we have something to tea. I would also not be working at the communal toilet where I have to go and collect money all day so that we get something to eat.*
- ❖ *This Aunt mistreats me and does not feed me well as I only eat porridge in the evening before taking my medication. The only other meal I get is at school. Sometimes, when my grandmother visits, she gives me some money which I use to buy something to eat while at school.*

- ❖ *My Mother used to pay for everything in the house, food and everything. My Aunt has no job hence we do not have things. Our brothers do not support us, and sometimes we sleep hungry.*
- ❖ *Sometimes we sleep hungry when my grandmother has no money for food. She also lacks school fees at times and we are sent home from school. Right now, I do not have uniform or stationery for school. I am chased away from school because I do not have these things. I also wash people's houses and arrange their furniture to get some money.*
- ❖ *I feel sad because other children have nice things and books and I feel that if my mother were alive, she would have bought me all those things.*
- ❖ *Sometimes if my grandmother has not found some work to do, we sleep hungry. At times, neighbors give us food. My grandmother is unable to pay school fees for us and we are sent home from school. We did not do our exams because of lack of fees. We just stay at home. I feel sad when others go to school and I just stay at home. If my mother and father were alive, I would be having all those nice things.*
- ❖ *Sometimes, I do not have shoes or uniform to go to school. When I was sent home from school. The shoes I was wearing last year no longer fit me.*
- ❖ *Sometimes I sleep hungry when my aunt is unable to get money for food. I miss my mother very much. She started crying. The researcher gave her time to cry, and we spoke about her crying. It gave her opportunity to deal with mothers absent.*
- ❖ *Sometimes we sleep hungry and in the morning, we drink tea without sugar and then go to school. I feel sad since it is my father who used to provide for us. I miss my father especially when I am going to sleep.*

- ❖ *Sometimes we do not eat anything in the evening or in the morning and we go to school hungry. We are not enjoying ourselves at home.*
- ❖ *On coming back Standerton, our elder brother refused to buy us books when we opened school citing lack of money yet have enough. When we called them, they used to disconnect our calls thinking that my aunt was calling to ask them for money to spend on herself; yet she was asking for money to support us.*
- ❖ *My mother lost her job and she has no money to buy us food. Sometimes we sleep hungry and in the morning, we drink tea without sugar and then go to school.*
- ❖ *Food is the biggest problem, especially since I am taking drugs. Sometimes, there is no food I stay hungry until evening, and sometimes we do not even get dinner. I used to get food from school but now that I have finished school, I do not get food during lunch.*
- ❖ *I do not go to school since I do not have uniform, shoes, pen, a geometry set, socks and books. Others go to school and I am left at home.*
- ❖ *If my mother is sick and thus unable to roast or boil maize, we sleep hungry. If my father was alive, we would not be having such problems. He would take me to a better hospital. Sometimes, I do not have shoes or uniform to go to school. The shoes I was last year no longer fit me.*

### **Question 6**

#### ***INkonzo yakuhambela yini? (Were you visited by church members?)***

**Four** participants clearly stated that the people from the church did not talk to them.

- ❖ *People from the church came but did not talk to me.*

- ❖ *After the funeral, I came back with my big brother and his wife and I lived with them for a while. I did not have an opportunity to see my mother before she was buried. What happened was that everybody came home after my mother passed away; we even had pastors from the church that came. As they were conducting the sermons they would just talk to everyone and not specific people; they just addressed the family as a whole. Since we buried her, I have never gone to visit her grave.*
- ❖ *The people from the church did come to visit when mother died, but they spent most of the time talking to my grandmother. They still come to visit with my grandmother from time to time.*
- ❖ *When my mother passed on, the people from the church came home and sang and prayed for us and after they left the body was taken up country. They just talked to my aunties but nobody talked to me.*

The study found out from one participant that church visited them only on the day the mother died and the other report is that people from the church did not visit them:

- ❖ *People from the church came and prayed for us only the day my mother died but they did not talk to me.*
- ❖ *Even the people from the church did not come to help out.*

*One child reported that when the mother died the people from church took the away. After the burial, they brought clothes for the child sometimes had no food and slept hungry.*

❖ *My aunt was crying, and then people from the church came and took my mother away. After the burial, the people from the church came home and brought me clothes. Sometimes I sleep hungry.*

During death children are not told, let alone shown how to care for themselves emotionally. Members of the church tend to concentrate on adults.

In some other cases, the members of the church visited the family but there is no indication that they provided care to children.

❖ *My grandmother, my father's relatives and some people from the church helped in burial preparations and they encouraged and prayed with us.*

❖ *Sometimes, the church people pay a visit to our home and pray for us and when they are able to, they bring some food with them.*

❖ *When he passed on, the people from the church visited to comfort the family.*

The study also targeted four pastors from four local churches. There were various churches from different denominations within the study area, but only those local churches that were close to the study were approached. I had a pastor who was willing to participate in the research, because he knew about this project and he was interviewed for the purpose of the research. It was assumed that the local churches that were identified were well positioned for providing care to bereaved children. They included the Lutheran Church, Apostolic Faith Mission, Assemblies of God and The Anglican Church. An outline of the pastor's social demographic is offered in Table 2.2.

**Table 4.4: Pastor’s social demographic profiles**

No& Surnames	Age	Sex	Sex
1. J. Khumalo	39	Female	
2. L. Kubhea	47		Male
3. T. Leleki	28		Male
4. M. Shabalala	35		Male

#### **4.4. Congregation and care during bereavement**

Most of the pastors seemed to be unaware of children who had been orphaned in their congregation, although one of them did claim that there were orphaned children in his congregation. One participant was not sure whether the congregation included orphaned children in their process of bereavement.

I also haven’t changed the verbatim responses of the pastors.

❖ *I am not sure if I have information about any orphaned children but I see the ones who come here seem to have at least one parent if not both.*

Another participant indicated that the congregation did not have orphaned children, despite the fact that the church shared a compound with a primary school in which many of the children had been orphaned through HIV and AIDS.

❖ *The church does not have orphans but the school has many orphaned children up to Grade eight. The school once called me to pray for Mqayi candidates (not real name) and the children had been told bring their parents along. As I prayed, I noticed many children crying and when I enquired what had made them sad, some said that their aunties had not shown up for the prayers and hence they were sad. I called them aside and prayed for them and it is then that I realized that there are many children in the school who are orphaned.*



The above statement has caused the researcher to research this problem so that he was in a position to be able to care for them.

Below, the eleven statements are linked from pastor's whose churches do not pay attention to children during bereavement time:

- ❖ *I have not heard of many cases where the children are visited during bereavement since I got here.*
- ❖ *The church in itself has not started a group that takes care of the orphaned children, and it is a challenge that we are aware of. We have bereavement meetings, though, where we pray and fellowship with families which have lost their loved ones. It is difficult to reach out to children who have lost their parents.*
- ❖ *During that time of mourning and grieving, the children are normally left out because people deal with mature and forget the children.*
- ❖ *I admit that we are not doing well in ministering to orphaned children especially those who are 10 years and below. During mourning, we concentrate on the spouse of the deceased or the elder people or children and the little are ignored.*
- ❖ *The church does not really concentrate on children during bereavement. We do not put much thought into it; we think that the children will eventually understand as they grow up and will cope.*
- ❖ *During the bereavement period, we usually go and pray for the family as a church and ask our members to be with them during that period of mourning. We might have a few member of the church and even the pastors assist them in the processes of arranging for the funeral up to the point of burying their loved*

*ones. However, we do not pay attention to children, in fact, we do not remember them.*

- ❖ *The other family was the family of five, they lost their through a car accident somewhere in Volksrust where he drove off the road into a forest and since there was nobody to help him, by morning, he had passed on. That time, participant was the Pastor in charge and we just consoled with family. The eldest child had just completed Grade eight; another child was preparing to write the exams, I did not take care of these children. He had to see the means of survivals.*
- ❖ *My church is doing very nothing in helping the orphaned children during the time of bereavement.*
- ❖ *We know the idea of taking care of the orphaned children is good one because once the parents die; the children suffered a lot in many ways. However, we as a church have not started an initiative of taking care of them.*
- ❖ *Most of the time, orphans children are not ministered during the funeral. One will find that during the funeral some of the children are not there because they have set aside to be with relatives, that makes very difficult to minister to the during this time of bereavement.*

The above statement clearly indicates lack of pastoral care within the church, there is also ignorance about the issue of orphanages.

**One** participant mentioned that children are not taken care of because of the little information on what to tell them and the congregation seems to think that children are not affected since they are playing outside:

❖ *Honestly, I have not been able to speak to the children or touch on issue of the children while preparing my sermons. I can mention two families, there is one where the child was attending the Sunday school here and the mother was living with the grandmother; the mother passed way. We went there and the biggest question was what to tell the children. We thought that they are not affected, because they busy out there doing other things.*

The above is typical of the African way of life where children are ignored during this time. Adults are cared for, while children are neglected. This is a challenge for pastoral care.

#### **4.5. Data Analysis**

During and before the funeral the support from the Village and friends was overwhelming to the bereaved families. After the funeral, support for only two of the families continued. The support varied, depending on the life span of the church, administrative structure and financial resources. In most cases, the support lasted for a day or a week. The unfortunate thing is that, this support stopped during the time when the bereaved family started to react to and grappled with grief and because of these members are forced to deal with separation and loss. The support stops at the time when they need it most. This is the time that the pain of loss becomes severe. In the African culture, one of the relatives would remain behind with the bereaved family to comfort them and help them. They stayed with them for a week or three weeks. This practice has changed due to commitments that family members have, as well as the change from village life to urban values, especially those who live in urban areas due to work.

The pastor, as an interpretive leader, plays a very important part by nurturing and empowering the church members to pastorally take care of the bereaved family.

Another need that orphaned children had after the funeral was to have someone who would help them with household tasks and other responsibilities, so that they could start grieving. According to Ross, this is a necessary step towards healthy healing. Ross calls it the processes of re-collecting and re-experiencing the deceased and the relationship. “The processes of recollection and re-experience also help the mourner identify with any unfinished business they may have” (1991:48).

The support that was given to the bereaved children helped them to discern issues that are still remain to be addressed. Another form of support that orphaned children needed consists of providing legal advice like property ownership and new adjustments. This kind of support is usually under the relatives of the children’s like Aunts or Grandparents. The pastor, as a wise guide, would need to cautiously inquire about the family of such a person, and guide them accordingly. With this kind of support after the funeral, orphaned children would be, pastorally, cared for by the pastor and church.

The second main function of Siyakhula is to provide Home Based Care (HBC) to people in the latter stages of AIDS. The primary role of The Methodist Church volunteers is to provide management, procurement and training. The church uses qualified experts within its congregation who volunteer their time and services to assist in the management and running of this NPO. They assist in the procurement of medical supplies for Home Based Care and visit members of the village who are infected with HIV/AIDS. The majority of these people infected and bed ridden are

in need of constant care. The care-givers main function is to wash dress and bring comfort to these patients. We also provide therapy as they speak to them.

The role of the author as the leader is to teach and motivate the congregation about the needs of the village. The author found that if service and social justice became core values of the church, people would embrace these activities. The responsibility of the author is to establish a care-givers spirit within the church. In other words the author and care-givers becomes shepherds of the sheep. The orphaned children who lose their parents through HIV and AIDS face many challenges. This study found that some challenges affected their social wellbeing like being stigmatized, discriminated against, isolated and ridiculed; mainly because of being associated with their parent's death. As a result, children found it very difficult to cope and adjust to the death of their parents. This situation needs to be addressed through educational campaigns with a concentrated effort to change people's attitude towards children orphaned through HIV and AIDS. The orphaned children's who are affected and infected by HIV and AIDS are not suffering the loss of the parents only, but also their own health is detrimentally affected. This worsens when the guardians are impoverished and thus unable to provide basic needs for the children.

The task of the church is to ensure that children are provided with health care support in other words, a holistic life that cares for them as human beings created in God's image. One of the most important pillars of the church is the justice and social service or pastoral care. Those meeting the need to practice these pillars towards health care to orphaned children and their guardians should know where to receive treatment to reclaim the dignity.

The findings of the study lead to the development of a pastoral bereaved caring model. From the study it was observed that bereavement can have a detrimental effect upon the mental and physical health of the bereaved (in this case, orphaned children). According to Ross, regarding the death of a love one, “the squeal of sudden, unexpected loss of loved ones tends to leave the stunned, feeling out of control and confused, unable to grasp the full implication of a loss that is perceived as inexplicable, unbelievable, and incomprehensible” (1991:58). These untimely and unforeseen deaths bring about different emotional reactions among the orphaned children, and this necessitated the development of this caring model. Gerkin’s shepherding model and Nick Pollard’s theory of positive deconstruction were used in developing the pastoral bereavement caring model.

Assimilation of data and reviewing the latest literature on issues of social justice and pastoral therapy has been rewarding. Conservative indications peg the orphan crisis at a higher level than what was originally thought. What are needed are strategic thinkers and leaders who don’t shrink into the shadows when faced with such a crisis. They remain calm in the midst of the storm and able to guide the ship that will carry orphaned children out of harm’s way in order to place them into safety, love and a preferred future. This study finds that there is a growing awareness within church movements to care and embrace social justice.

The purpose of the questionnaires, as mentioned in chapter two, was mainly to present the research method. The answers provided on the questionnaires helped the researcher to effectively select a few parents in the church and villages for one-on-one interviews on the issue of caring for the orphaned children. The researcher hasn’t make an analysis of the responses or data gathered by way of the questionnaires, but only presents a summary of the responses.

From the above responses, it is clear that a pastoral care model needs to be developed that will care for orphans, so that they do not carry this neglect to the next generation. This method of caring is developed in the next chapter.

According to Gerkin the enlisted pastoral ancestors that were found in Israel were the priests, prophets and the wise men and women. He says this about the wise men and women; “they offered counsel of all sorts concerning issues of good life and personal conduct” (1997:23). These pastoral care givers communicated God’s care to God’s people: in the richness of ritual practices and in wise guidance. The pastor, through shepherding the bereaved family of the deceased pastor, would communicate care by being a wise guide to them. David, in his reflections on God as his shepherd, says, “He guides me in paths of righteousness for his name sake” (Psalm 23:3). This process can help guide orphans as they struggle with the issue of their parents death. The pastor, as a wise guide, communicates God’s care to the bereaved family by providing guidance and counseling, before, during and after the funeral. One participant reported that he provided grief care to children: *He said “when the church visited the family, I decided to talk to the children and I found out that nobody had explained to them what had happened, yet their father was being buried the following day. No one had taken time to listen to them and to make them understand what was happening. I counseled children for the time I ministered there”*.

The use of the above-mentioned shepherding roles helped the pastor and the Christian community to pastorally care for the orphaned children. Gerkin’s shepherding model falls short in providing assistance to the orphaned children when it comes to making changes that are necessary for the healing process.

Journeying with them is fine, the problem arose when reconstructing their lives. This is where Nick Pollard, can help the orphaned children to reconstruct their lives.

Pollard developed this theory after an experience he had while fixing his car. When his car gave him problems, he bought a car of the same model with body parts that were in good condition. The engine was written off. He stripped both cars and used good parts to construct a new car. He positively deconstructed both cars in order to construct a new car. Pollard says of this theory, “the process is ‘deconstruction’ because I am helping the people to deconstruct (that is, take apart) what they believe in order to look carefully at the belief and analyses it.”

The process is ‘positive’ because this deconstruction is done in a positive way in order to replace it with something better” (1997:44). This process allows a counselor to listen to their stories. They can then start reconstructing their own lives and those of their family. Most of the time, orphans are not ministered to on the burial day. We find out sometimes even during ceremonies, some children are not there because they have been shipped off to live with their relatives. One child said that *“when I found out that my father had died, I felt awful. Living together with my father was good but then my aunt came and took me away. I do not know why they took me away because my father was still alive”*. The theory of positive deconstruction was of great assistance to the orphaned children, helping them rebuild their lives. They managed to renew their lives by keeping the aspects that were not affected by the death of their loved one, and adapting new skills, roles and behaviour in place of the aspects that were affected by his death.



#### **4.6. Preliminary Conclusion**

The study in this chapter indicate that orphaned children do not experience care and the key aspects of their grief could be categorized as emotional, physical and spiritual. Emotional aspects were reported by all the participants and often in association with other experiences of grief. Orphaned children through HIV and AIDS did not only experience, hurt and neglect but were faced with challenges associated with the parent's death. On some rare occasions, children are allowed to confirm that their parent is deceased and that they are truly dead, for instance, when they are given the soil to throw into the grave. It is at that point that they realize about the death of their beloved. It is interesting to note that some colleges or seminaries do not prepare pastors to provide grief care for children. Two participants strongly suggest that seminaries and colleges should equip pastors for ministering to bereaved children. It is also clear that grief care to orphaned children is neglected by the church. In other words, it is not part of the ministry. Some pastors are not even aware that children grieve. The next chapter develops a healing methodology and pastoral intervention strategy. The chapter uses play therapy to provide an opportunity for orphaned children to work out the disturbing feelings.

## **CHAPTER 5**

### **Developing a healing methodology**

#### **5.1 Introduction**

The aim of this chapter focuses on presenting a pastoral intervention strategy in situations of traumatic care. The proposed pastoral intervention is based on findings from the study in relation to chapters three and four. The strategy is intended to be used by the church, particularly by pastors, Sunday school teachers and care givers trained in ministering to orphaned children. The strategy of caring should be used before, during and after the burial of the parents of the orphaned children. This will ensure that the care for the orphaned children and related issues are responded to in the best way according to the ability of the church. The chapter therefore fits into the aim of this research, and will be undertaken to present a pastoral approach strategy that the church may use to respond to the care of the orphaned children.

The study found that the majority of the orphaned children seemed to be neglected, or ignored and not informed of the cause of their parent's death. One Pastor said, "I have never asked." Interestingly the study's findings revealed that, although parents did not disclose to children that they were suffering from HIV and AIDS, (let alone about death) some children were aware that their parents suffered from HIV and AIDS. This was as a result of the stigma and discrimination they experience from other people within the community. Children above nine years old were able to associate with the death of one their parents due to stigma and discrimination they themselves experienced from villagers. This is an indication that these children understood the concept of death, meaning that they understood most of the components relating to an understanding of death.

The study also revealed that, when both parents were dead, children were adopted by non-relatives as well as relatives. Although many participants in the study did not indicate with whom they lived, the research questions revealed that a majority of the double orphans lived with their maternal grandmothers and aunts. The study results furthermore indicate that the majority of these orphans who provided information on the people they lived with, had been adopted by the grandparents and aunts. Grandparents were impoverished and thus unable to provide care and support to children. They did not have a source of income and had a shortage of resources, therefore children worked to help finance some of the most essential requirements of the family, such as medication for an ailing grandmother.

The study revealed that there were more problems experienced with the double orphans than with the paternal or maternal orphans. The double tragedy seemed to face more challenges than the other two types of orphan hood. When the parents died, a majority of the children were left in the care of relatives and non-relatives who had limited resources. In some circumstances, children had to find work at a very early age to earn a living to support the family and sometimes to buy medication for their ailing grandparents. Children frequently went to bed hungry as their caregivers could not afford to buy food. Children need to be provided with care and love when they experience loss through death not just adults. Children deserve a sustaining presence from the church to comfort them in their sadness and strengthen them for future life.

The discussion also revealed that, while the church visited the bereaved families as a way of consoling family members, the church rarely concentrated on the grieving children. As such, orphaned children's grief care had rarely been addressed, leaving them with unresolved grief experiences. The way the church responded to

the situation of caring for orphaned children is in question and a paradigm shift is required. This study, therefore, suggests a pastoral intervention strategy that can be used by the church to respond to the caring of orphaned children within the villages. The lack of caring challenged the researcher to develop a methodology for the caring of orphans.

## **5.2 Method of Caring**

- The study revealed that the church is in need of an appropriate strategy that can assist it in providing pastoral care to the children orphaned because of HIV and AIDS. Thus, the pastoral intervention strategy focuses on responding to the situation of orphaned children before burial, during the burial day and after the burial of their parents. This is to help these children to be able to accept and cope with the death of their parents. This chapter presents a pastoral intervention strategy that the church can use to respond to the situation of the children orphaned because of HIV and AIDS. The following are the strategy needs to focus on:
  - The Pastoral response to orphaned children before the burial of their parents.
  - The intervention for the care of the children during burial
  - The care for orphaned children after the burial of their parents

In order to achieve the task pastoral caregivers ought to first understand the needs of the children orphaned because of HIV and AIDS. The study revealed that some children did not understand the concept of death and this had considered impact on their grieving situation. Children were also rarely informed about the death of their parents. In some situations, they learned about the death of their parents under very traumatic circumstances. The study found that the church members who visited the bereaved children rarely attended to the needs of children orphaned because of

HIV and AIDS. The church assumed that children were not affected because when the church visited bereaved families, children seemed to be fine and were even seen playing outside with other children. In some situations children were not at home as they were sent to their relative's homes. Children, therefore, did not participate in the funeral rituals; hence they were denied the opportunity to work through their grief.

In light of the issues raised above, it is imperative that the church should assist orphaned children to cope and adjust to the loss of their parents through death. The interventions should include:

- Facilitate a process about the concept of death
- Presenting children with news of death
- Home visitation.
- Pastoral care provided through therapy

The interventions can be used by the members of the church, family, or caregivers in ministering to bereaved children. Facilitate a process about the concept of death affects how they grieve and mourn. Older children have a better understanding than the young children of what it means to die. According to Dyregrov says that “children’s understanding of death develops in parallel with the child’s cognitive maturity through childhood and developmental sequence seems to be the same” (2008:15). Given this understanding, there is a need to teach children about the concept of death. Therefore, members who are trained in providing care to bereaved children can teach children about the facts of death. Death seems to be a taboo within Vukuzakhe Villages, even the word death is normally avoided and concepts such as ‘sleeping’ have become an alternative means of communicating news about death to children. This is one way of protecting children from the reality of death. But the question lingers on, “Are we really protecting these

children by shielding them from the reality of death?” I believe that those days are long gone when children were protected from the fact of death. Children become aware of death even before they reach school going age. They see people’s deaths portrayed on television, they hear about death in the news, death is announced in the church, discussed by adults around the children and some children’s books refer to dying and death. Furthermore, children see dead animals such as dogs, cats, rabbits and even some insects in the homestead. They may also be aware of deaths occasioned by poverty, murder and alcohol all around them. These experiences give children an opportunity to develop their understanding of death. However, instead of the children developing their ideas of death and its meaning by themselves, the church should take the lead and be consciously involved in the process of facilitating engagements about the concept of death.

Children should be taught to understand the concept before they experience the death of a loved person, as this would enable them cope with death more courageously. Educating children about death could occur in the midst of daily living. In other words, the best time to talk about death with children is when there is the opportunity of seeing something that has died. When an opportunity to teach children about death presents itself, trained persons can take advantage of it to educate the children on the concept of death. In the Village areas like Vukuzakhe small dead animals, for example, dogs, rabbits, rats, mice and cats are easily found and they should be used in a form of teaching. The project began group work to help children discuss their understanding of death. Working with therapy provided a way of dealing with hidden questions.

People who are motivated and willing to minister to bereaved children should therefore be provided with knowledge on how to facilitate processes with children

that help to teach them about the concept of death. In the context of this study, it was felt that a course on death and dying should also be taught in seminaries because this study reveals that courses on ministering to bereaved children are rarely taught in seminaries. However, it should also be extended to people willing to minister to bereaved children. In this regard, workshops and seminars on death and dying, especially in the context of bereaved children, would be helpful in equipping caregivers with the requisite skills and knowledge to teach children the concept of death.

It is important to note in the training of caregivers that they should appreciate the level of the children's development. Furthermore, a potential caregiver in children's bereaved ministry should be aware of the children's social perception of death. In other words, caregivers should be familiar with the cultural meaning of death in the Village in which the child belongs. Group therapy should be provided to caregivers, so that they can journey with children. This study has emphasized that understanding the cultural background of the people one is working with is fundamental to the caring ministry.

### **5.3.Method of dealing with death**

The village news of sharing death with bereaved family members is probably one the hardest things any person can deal with. However, within the African setting this is one of the most crucial rituals. The ritual provides the family, relatives, neighbours and friends an opportunity to mourn through wailing and crying which aids emotional healing. The process of burial starts a week before the burial and during this time; people begin to deal with the issue of death, as they prepare for the grave on Saturday. It is, therefore, important that the family, villages and church members are informed about any occurrence of death and this should be

done immediately a loved one passes away and children must also be informed. Unfortunately most children are never informed of the death of their loved ones, especially of close family members, and some have the misfortune of learning about it in very traumatic ways when they see adults come in for prayers and go.

In order to avoid exposing children to such situations they, just like adults, should be informed about the death of a loved one. However, since children lack wisdom, maturity and life experiences like those of an adult, any person informing children of the occurrence of death must not employ the same means of communication as those used for adults. For instance, through the newspaper, radio or cell phones. Communicating the news of death to children could be by word of mouth. Since children's perception of death varies depending on their age level and cognitive maturity they should be informed about the death of their parents individually and the news should be formulated in a direct way.

The family members of the deceased person are the first to receive news of the death. Since children are part of the family, they too should be informed about the death. This would prevent a situation whereby children are confused when they hear other family members wailing and crying. In some villages the wailing and crying is loud and dramatic, therefore each child should be taken to a quiet room in order to receive the news of death. Practitioners of pastoral care should not dump the news on the child but should find time to sit down with them and break the news in the most appropriate way and allow children, just like adults, to wail and cry regardless of their age.

It is also important that after breaking the news of death to children they should be told what will happen immediately after death. Children should be told that friends



and family will gather together for special a meeting and the purpose of the meeting. This is because when neighbors, friends and relatives hear of death in a family, they rush to the homestead of the bereaved family to carry out household chores and to provide emotional and spiritual support. According to Dyregrov “the process that presenting the news of death to the child should be done by parents” (2008:88). However, situations can arise where both parents are dead, or a surviving parent may be too shocked to be coherent. In such cases, the most familiar and trusted adult to that child can take the task of breaking the news. In other words, a family member, community member or church member trained in ministering to bereaved children may inform the children of death of a loved one.

Elizabeth Kubler Ross has given us helpful insight into what happens at the point of death. “For more than twenty years, she has been researching the path of death and dying in terminally ill patients and is widely acclaimed and acknowledged, especially for the work she did with children. In our bereavement, we spent different lengths of time working through each step and express each stage more or less intensely” (1969:35). The five stages do not necessary occur in order. We often move between stages before achieving a more peaceful acceptance of death. However, there are individuals who struggle with death until the end. Some psychologist believes that the harder a person fights death, the more likely they are to stay in the denial stage. But for now I want to talk about Kubler Ross’s stages of death and dying. She identifies the following stages of death:

- In the first stage of **denial and isolation**, Ross says “the first reaction to learning of death of a loved one is to deny the reality of the situation. It is a normal reaction to rationalize overwhelming emotions. It is a defense mechanism that buffers the immediate shock. We block out the words and hide from the facts. This temporary response carries us through the first wave of

pain. Some children denied the loss of their parents as one of them stated that “I couldn’t not believe the death of my mother, because I do not know how she died. *All I remember is that I was playing one day and that day mum did not come home. Later on, my uncle called into the house and told me that my mother had died. This made me really sad and I started asking myself the question. Why did this have to happen to me? Why did God allow my mother to die and leave me alone*”?

- In the second stage of **anger**, Ross says “as the masking effects of denial and isolation begin to wear, reality and its pain re-emerge. We are not ready. The intense emotion is deflected from our vulnerable core, redirected and expressed instead as anger. The anger may be aimed at inanimate objects, complete strangers, friends or family. One child who directed his anger at other people he said that *“I feel a lot of anger because if my father was not bewitched he would still be here and my life would not be in this state. Sometimes when I think about it and the people who did this to my father, I get very angry... I do not think I can ever forgive them”*
- In the third stage **bargaining**, Ross say’s “the normal reaction to a feeling of helplessness and vulnerability is often a need to regain control. We may make a deal with God or our higher power in an attempt to postpone the inevitable. This a weaker line of defense is to protect us from the painful reality. The individual is saying I will die, but if I could just have more time.
- In the fourth stage of **depression**, Ross say’s “the dying person begins to understand the certainty of death. Because of this, the individual may become silent, refuse visitors and spent much of the time crying and grieving. This process allows the grieving person to disconnect oneself from things of love and affection. One child reported that he withdraws from others when thinking about his deceased father: He said *“Thoughts like that make me very sad and*

*sometimes I just shut everyone out. The worst part is I cannot take it back. My parents had to die but if I would have it any other way. I would wish that they were here today.* This process or method was applied to children suffering from personal loss. Sometimes all we really need is a hug that shows caring.

#### **5.4. Home Visitation**

When a family loses a loved one, people visit the family to console them during the week. Within the village context, this is a very important ritual. It is during this period that the family, villages and church gather to grieve and mourn the loss of a loved one. As already discussed, death brings to a halt normal activities in order to mourn as a sign of respect and honour for the one who has died. As such, grieving and mourning within a village setting falls within communal existence. While the gathering of the mourners is aimed at providing spiritual and emotional support to the bereaved, children are rarely amongst the mourners. Thus, bereaved children are often not included in rituals that are performed during the home visitation period.

Allowing the children to be with the rest of the mourners could help them work through grief as well as to learn the cultures of the villages they belong to. Based on this understanding, it is necessary that children join the mourners. During the home visitation period there is lots of singing, praying and discussion going on. When the funeral family's members are planning for burial, the rest of the mourners are left singing or listening to funeral songs and sometimes the village's musical instruments such as drums are used. According to Mwiti, the beat of the drums and other village musical instruments speak a therapeutic language of their own. Hence, the beat of the drums and the songs help the wounded souls to deal with the issue of death, especially a traumatic one (Aids). Given this

understanding, it is important that bereaved children are given the opportunity to be amongst the mourners, but for a limited period only. This is because mourners sometimes stay with bereaved families till late at night.

One of the rituals that is performed when people visit the bereaved family is the consolation service. This ritual is officiated by the church and is aimed at offering the bereaved family the comfort of God through the hymns, prayers and sermons. However, children rarely participate in this ritual and children who participated in this study felt rejected, neglected and ignored for this reason. To ensure that children are present when the consolation service is being conducted, someone could be assigned to take care of the front seats. Songs, prayers and funeral messages ought to be selected with wisdom to ensure that most children are able to participate.

### **5.5. Care for orphaned children during the burial day**

The burial day is busy for most villages and various rituals are performed with the aim of helping the mourners accept the reality of death. In some areas, particularly in villages, the burial takes place three days after the person's death. According to Mbiti, the deceased's body is kept in the mortuary for few days while funeral preparations are being made and relatives living far away awaited (1991:20). The deceased body is collected from the mortuary early in the mourning for burial on the funeral day. Mourners are often allowed to view the body of the deceased at the mortuary or at home. This is another process that will help them deal with acceptance.

However, bereaved children are generally excluded from this practice, yet children who desire to view their parents corpses should be allowed to do so. This is because seeing the body of the deceased person helps to bring home the reality and finality of death. Since the body of a deceased person does not have the same features as those of a living person, children orphaned because of HIV and AIDS ought to be informed of what to expect. This is to protect them from being traumatized when they see their deceased parent's bodies. Dyregrov argues that children should not be allowed to view the deceased when the physical body is badly injured. In other words, when the body is not badly injured orphaned children may be allowed to participate in this ritual, but they should be informed of what to expect before they view the body. Being informed can help the children to decide whether they want to participate in the ritual and can avoid unnecessary surprises.

In the fifth stage of **acceptance**, Ross say's "coping with loss is ultimately a deeply personal and singular experience, nobody can help we are going through it more easily or understand all the emotions that we are going through" (1991:27). The caregivers are there to help and comfort the orphans through this process. The best thing we can do is to allow ourselves to feel the grief as it comes over. When the group therapy of caregivers follows the above stages during burial they will be able to help families to continue with the process of grieving.

## **5.6. The Church funeral service**

The rituals that are performed during the church funeral service are aimed at providing a bereaved family with God's comfort. For this reason, the church should endeavor to reach out to children during this service. This implies that orphaned children may be allowed to perform rituals that are appropriate to their

development. This could make children feel cared for and loved by the church and provide them with hope and comfort. Children orphaned through HIV and AIDS experience grief, just like adults. Hence, they too need to be comforted to experience grief healing. When the corpse is being taken to the altar during the funeral service, bereaved children, each accompanied by a trusted adult, could follow the people carrying the casket. Each child may carry flowers to place on the altar or on the casket before taking his or her seat.

Bereaved children might also be given the opportunity to read the Bible text, but if they cannot read, they could be asked to nominate another child to do so. Children could also be provided the opportunity to pay tribute. Speeches could help the children to work through their grief. As the children speak, and possibly mention the dead person, death becomes more real. To achieve this, children should be allowed to express themselves freely without coaches as to what to say. This means that children work through the pain of grief so that pain is not denied.

In the village setting, prayer is an important part of the rituals of the funeral service. Prayer enables the church to communicate the needs of the bereaved family to God and helps the bereaved family members express their feelings. When praying for the family, the pastor or the one assigned to pray during the funeral service may first pray for children, since this helps the congregation to concentrate on the needs of the children. The purpose of the prayer is to help children to experience God's comfort and compassion. After praying for the children, they can be allowed to take their seats. As children continue to work through their grief through participation in rituals, one of the importance things they will need to do is to accept the reality of death. This can be achieved through participation in burial rituals.

Baloyi posits that “rituals are forms of expressions and connections performed by individuals, groups of people or communities in communication with the living-dead and Supreme Being. In South Africa some of the Bapedi tribe that originates from Limpopo province, believe that when a married man dies, his widow is forbidden from arriving home after sunset, visiting neighbours, attending family and community functions and wears black clothes. The black clothes symbolize the dark cloud, death which is associated with loss and pain (bohloko) in Sepedi” (2008:23-25). In the case of the wife dying, the widower is also forbidden from having an intimate affair before a stipulated period, usually six months to one year depending on the cultural group concerned. He is also barred from arriving home after sun set. The performance of these rituals is seen as important in maintaining balance and harmony between the living and the living dead. This is the basis on which the connection between the physical and spiritual ontologies is maintained and enhanced.

### **5.7.Caring for orphan’s after the burial**

Orphaned children experience dreams and their mind is preoccupied with their deceased parents Therefore, the church’s task is to help children attend to the dreams and preoccupation with their deceased parents. According to Geldard, in order to address children’s pre-occupational and dream issues, children should be helped to focus on the relevant grief issue with raised awareness and to feel the associated pain (1999:64). Orphaned children could be encouraged to talk about their deceased parents. This would involve relating detailed earlier memories and relationships and talking about the pain brought about by the loss of their parents. By talking about the loss, children would be able to confront the reality of death. Bowman argues that it is better for children to address the lingering preoccupation

issues than to attempt to evade them. This means that it is better for orphaned children to talk than to remain silent and withdrawn.

Dreams are manifestation of deepest desires and anxieties, often relating to the repressed memories or obsessions. Therefore, children who experience dreams should be given the opportunity to narrate them to release any negative emotions and for the caregivers to be able to interpret them. Dreams are expressed symbolically and must be interpreted to find their true meanings. For this reason, the importance of having trained caregivers in the bereaved ministry to children cannot be emphasized enough.

The Word of God should be used as one of the resources for helping orphaned children to address their dreams and pre-occupation with their deceased parents. The Bible verses chosen need not be about death but, may be on the presence and caring of God and his compassion and concern for the bereaved child's situation. Wiersbe argues that God's promises and assurance can prove to be helpful as they calm and heal the heart and yet permit orphaned children to weep and express their emotions (1985:30-31).

### **5.8. Financial support and care for orphans**

When the parents die, a lot of the family finances are drained due to the expenses of the funeral, medical care and food. Therefore, it became very difficult for children to access basic needs such as food, medical care, housing and clothing once their parents have passed away. As a result, some of the children had to find work at a very early age in order to provide for the family and to buy medication for ailing grandparents. Children who are HIV positive are facing even greater



challenges, as they occasionally cannot afford medical care due to lack of finance or ignorance of where specific medical services can be accessed.

The church could also help the family support system in providing financial support to orphaned children. Integrating the family support care system in pastoral grief care ensures that orphaned children remain within the family environment where they can be offered family care and can grow within their cultural and social context. To achieve this goal, the church could organize the family support care system in any of the three ways set out below, this is, however, not limited to these suggestions: A family member moves into the deceased's home and provides care and nurture to the children. The church provides financial support by meeting children's daily needs. Bereaved children move into a relative's home. The relative is provided with financial support by the church to enable them to cover children's financial requirements.

This implies that the family system could assist with pastoral care, thus providing a support structure for the needs of the orphaned children when their parents die. The family system is one of the most crucial social institutions for the children as it provides care and nurture and helps the children to learn the basic values of their villages. In traditional African families, children of the deceased were looked after by the extended family, often the uncles and aunts. These children were treated in the same manner as those of the household. As a result, bereaved children had the opportunity to socialize with members of the fostering family. It is possible for orphaned children to receive support from relatives before, during and after the burial of their parents.

Orphaned children in Vukuzakhe villages, come from different cultural backgrounds. Hence, it is important for the practitioners of pastoral care to be acquainted with the cultural practices of the children with whom they work. The caregivers need training in order to address the needs of the orphaned children and to be able to assist them in coping and adjusting to the death of their parents. Thus, the church should ensure that caregivers are equipped for the task of providing care to orphaned children and are provided with financial resources to enable them to meet children's needs. In this way the village support system can help to bring up orphaned children in healthy and happy homes and to ensure that children grow with dignity. It is hoped that such an environment will assist children to cope and adjust to the loss of their parents. An understanding of Kubler Ross's stages of grief would continue to be an important element of therapy given by caregivers, to ensure that the children are properly cared for.

### **5.9. Pastoral care theories**

Gerkin remind us in chapter two that a pastoral theologian, must conduct a survey on pastoral history in order to care for troubled souls. He traced pastoral care from the Old Testament through to the twentieth century. He says this of his survey, "Pastoral care as we know it today did not spring forth out of shallow soil of recent experience. Rather, it has a long history... The history of that care like a family genealogy, reaches back as far as the collective memory of the Christian community can be extended" (1997:23). Some of the practices of the past were preserved and modified in order to shape the present tradition of what it means to be a faithful herder of God's people. The above is important when applied in order to shape the way pastors should care for orphans and other troubled souls.

Kublerhelped with stages, Gerkin will then help pastors to flock, while Pollard reconstructs their lives.

From his reflections on the pastoral practices of the past, Gerkin proposes a pastoral practice. This practice perceives the pastor as playing the role of shepherding God's people in order to give care to them. The pastor in, executing these pastoral care functions, is able to journey with the deceased family during their period of bereavement. The functions or roles from the shepherding model that were employed are:

- Pastor as a shepherd,
- Pastor as a prophet,
- Pastor as ritualistic leader,
- Pastor as interpretative leader, and

When the pastors follow this process after burial, he or she will help families to continue with the process of grieving

### **5.10. Pastor as a shepherd**

The pastor as the shepherd of Christ's flock imitates Christ as the main shepherd. The pastor also acts as shepherd to the deceased parents. In order to care for the orphaned children during their bereavement Gerkin, when using the metaphor of the shepherd, notes, "In the more recent times the shepherd metaphor has been widely appropriated as a grounded metaphor for a care-giving pastor" (1997:27).

The image of shepherd, in Psalm 23, depicts God as the shepherd.

Gitari, on the other hand, shares in depth thoughts about shepherding, he says “ the Good shepherd will be to find the straying, to rescue the lost, to feed and tend the whole flock, giving particular attention to the weak and ailing members” (2005:13). The shepherd pastor fed the bereavement family with the relevant scriptures which sustained them in their situation. As the family is supported by means of scripture, the bereaved families will manage to endure and triumph over their situation God as our shepherd has a relationship with us. Jesus confirms this relationship when He says, “I am a good shepherd; I know my sheep and my sheep know me” (John 10:14). The close relationship of the pastor as a shepherd to the bereaved family opens an avenue into the family’s personal space when they face the reality of death and its impact.

### **5.11. Pastor as a prophet and ritualistic leader**

The ancient communities of Israel were, pastorally taken care of by three classes of leadership. These classes were the priest, the prophets, and the wise guides. The focus in this section is on the leadership that is rendered by the prophets. The prophets were God’s servants who cared for them. They reminded the people of Israel of God’s word and God’s will. As a prophet the pastor, would seek to nurture the spirituality of the orphaned children during their pain and loss. Lartey writes that, “A Pastoral caregiver needs skills in both comforting and challenging people to encourage growth” (2003: 66). The prophetic pastor would seek to comfort the family and challenge their growth in love and faith with the authority of the word of God.

Gerkin noted that even though we may not take everything of ritualistic tradition from our Christian ancestors, we have learned from them that the ritualistic pastoral care practices are important. He writes, “There is something of the

sacramental, liturgical, ritualistic expressions of care by the community of Christian believers to be learned from the church of the Middle Ages” (1997:82). These expressions of care, which we have learnt from Christian ancestors, may be administered by the pastoral leadership and/or the Christian village. The liturgical, ritualistic and sacramental expressions of care may include the breaking of bread, the administration of baptism, and singing and praying for one another and with one another. One of the rituals consists of the villages of both the religious and the Christians coming to comfort the bereaved family. Mwiti notes, concerning this ritual, “In Africa, many local communities normally gather together after the announcement of death to provide emotional and spiritual support to the bereaved members of the family” (1999:12). This support is in form of praying and singing. He adds that, “music as a therapy in Africa assists the bereaved persons to express the deepest human emotions that cannot be expressed through another form.” (1999:12). The pastor, as a ritualistic leader, seeks to understand the emotional reactions that had been experienced by the bereaved family. They will seek to restore the trouble souls of the mourning family. David reflects on God as his shepherd, and says, “He restores my soul.” (Psalm 23:3). This restoration of the soul means that the shepherd maintains the strength of the sheep. The ritualistic pastor or leader acts as a guide. Guiding is about enabling people through faith and hope, to draw out that which lies within them, thus restoring their troubled souls.

### **5.12. Pastor as an interpretative leader**

Gerkin came to the conclusion that the life of a congregation has five dimensions. He speaks of the congregation as a community of language, a community of memory, a community of inquiry, a community of mutual care, and a community of missions. He notes the following concerning the role of a pastor in such a

congregation, “the caring pastor is one who gives leadership to the congregation’s exercise of all five of these dimensions of its life” (1997:122). The caring pastor who nurtures the congregation, in an effort to fulfill these five dimensions is called an interpretive leader. Gerkin puts it this way, “the pastor nourishes and engenders a climate of mutual care in the community for which he or she seeks to provide interpretive leadership” (1997:127). An interpretative leader guides process by organising, providing training and supervision to the congregation, and by caring for one another. Sometimes children are allowed to throw soil in the grave. One participant said it is to help the children acknowledge that the deceased person is dead and buried: He said that *“what I usually do is I call all the children of the deceased and I have them lined out in front of everyone else then I ask that they be given the soil. Then after that I ask them all to throw the soil in. Sometimes some of them are weak and I would ask that they be helped to do this.”*

### **5.13.Pastoral bereavement caring method**

The untimely death brought about trauma in some of the participants. Ross notes, in the stages of denial, regarding the sudden death of a love one, “the squeal of sudden, un-anticipatory loss of loved ones tend to leave the mourner stunned, feeling out of control and confused, unable to grasp the full implication of loss that is perceived as inexplicable, unbelievable, and incomprehensible” (1991:28). These untimely and unforeseen deaths bring about different reactions among the pastors and spouses, and this necessitated the development of this caring model.

According to Ross, one of the ways of acknowledging the reality of death is to view or touch the body of the deceased. The importance of this was once observed in the young girl behaviour. She refused to allow that her mother’s coffin leave their home. She had refused to view the body, so she never got closure on her

mother's death. Another essential element that helps mourners recognize the loss of a loved one is to understand the reason for their death. For the children's to recognize their loss, they first had to acknowledge the reality of death. Then, they must receive facts around the circumstances that contributed to the death of their parents. Their reaction of shock and indifference was an indication of their acknowledgement of the reality of death. They were able to relate exactly how the deceased had died. She says "once the reality of death has been recognized, the mourner must react to and cope with that reality" (1991:47). Pollard's positive deconstruction is imperative in this regard to facilitate the process of restoring" (1997:46). This process will help the therapist in dealing with traumatized children as it will lead them to healing.

Ross notes that the mourner should react in different stages. These are: experiencing the pain of loss, expressing and accepting the emotions caused by loss, and identifying and mourning of secondary loss. The pain can be experienced across all aspects of human functions. The type and duration of the pain will differ from one person to another. The next step in this process is for the mourner to express and acknowledge the emotions that are caused by the loss of death (1991:36). They expressed their emotions about the loss by reacting with shock, anger, numbness and denial. Lastly, the family had to deal with their secondary loss. These include the roles played by the deceased, relationships, support and finances. From the empirical data it can be seen how the spouses of the deceased parents mourned their relationship with their children and the role they played within the family. Gerkin portrays the Lord God as a good shepherd who leads the people in paths of righteousness, restores the soul of the people, and walks with the people even into the valley of the shadow of death" (1997: 27). He avers that as we

yield to God's shepherding more and more we find our home. For the shepherd knows the pain of the sheep.

The pastor's presence and assistance was highly needed in order to guide the children's family through their loss of reaction. In other situations, the deceased parent's relatives may not be staying in the same area as the pastor. This calls for the pastor, as the shepherd, to be available to help the church and the family with funeral arrangements. Barret explains the roles of the clergy during bereavement, "During illness, dying, and death is very African people tend to have high expectations of the clergy, the active participation of their spiritual leader during serious illness and death is very meaningful to children of the deceased family and community" (1998:93). Four of the participants mentioned that they were not involved in the planning of their parent's funerals. This denied some children the opportunity to plan their parent's funerals simple because they were young and did not have money. In situations like this we need pastors to be present; being present it is another way of caring and healing.

According to Ross, for healing to start taking place the bereaved must recognize the reality of death. Their reaction of numbness was an indication of the acknowledgement of the reality of death. Glick agrees with this, "the numbness constituted a brief moratorium from feeling, a time when they might know as a kind of external fact that their parents had died, but would not yet have to deal with the knowledge emotionally" (1974:53). The occurrence of death had brought this temporary suspension of feelings. The family did not suppress their feeling in the context of being strong in faith. The pastor, as a wise guide, assured the bereaved spouse that her reaction was normal and that it was the initial step towards her



healing. By giving this assurance the pastor was, pastorally, caring for the bereaved family.

#### **5.14. Responsibilities**

The study also showed that one of the biggest struggles that orphaned children experienced, after death of their parents, had to do with responsibilities. Their parents were responsible for the financial issue and taking care of the resources. The loss of their parents forced them to take responsibility for the tasks that were previously not theirs. The adjustment to the new world brought about a new self that eventually culminated in a new identity. Pollard says this in this process, “looked carefully at each part to see whether it was good. If it was, I kept it, if it wasn’t, I threw it away” (1997:45). The pastor may then provide advice or recommend a person who may be of help to the orphaned children. The application of the theory of positive deconstruction may lead the bereaved children. The Pastor can work with them as they struggle to work on issues that affect them e.g, school, hunger etc.

The ultimate goal of pastoral care as found by this study study, is to continuously work to identify the process, attitudes, skills, and supports employed by persons who are initially most resilient. In order to create useful means, models, and maps to assist orphaned children who continue to struggle with the challenge of trauma as results of losing parents through HIV and AIDS. The primary goal should be to build applied knowledge that evokes the potential for recovery in many more lives. Wimberly argue that “caring is a ministry of the church and cannot be understood apart from the ecclesiology or theology of the church. The mission of the church, from a narrative perspective, is the continuation of God’s story. It is the story of liberation and healing as understood centrally in the book of Exodus, as continued

through the life, death and resurrection of Jesus Christ, and as revealed today within local churches, empowered by the Holy Spirit” (1991:25). Caring and nurturing are part of the mission of God’s church, as that mission unfolds concretely within the church. As such, pastoral care draws people into God’s story of healing, sustaining, guiding and reconciling. It also helps God’s people care for others, by helping others to see themselves the way God sees them, to see God work in their lives, and to know how to respond to God’s caring presence.

The pastoral counselor is not the only practitioner who has this understanding of healing. He or she is, however, the only one who’s role and identify, as well as function, represent this understanding. Patton says that “pastoral counselor offers an identifiable witness to Christian meanings and commitments and their relevance for the health care” (1981:230). Wimberly argues that “pastoral wisdom involves a particular kind of knowledge, but it also involves two other things; our presence and guidance” (2005:19). The presence of trauma is the absence of love or the loss of love, and leads to the destruction of self-esteem. There is nothing that hurts more, especially when a child is traumatized by the death of parent.

Whether or not a traumatic event involves death, survivors must cope with loss, their sense of safety and security. The natural reaction to this loss is grief. Like people who have lost a loved one, trauma survivors go through a grieving process. This process while inherently painful is easier if one turns to others for support, and talk about how one feels. Like a good harbour, the pastoral care giver offers the besieged child physical shelter, tolerance of their defensive preoccupation, and a rare opportunity to let down their guard and rest.

Moving away from the simple application of psychotherapy models to pastoral care, for the church of Jesus Christ to be the shining light on a hill, to be a beacon of hope and love in the world, we must lead, not follow and also respond to the whole person. We need to respond to their current needs; respond in love and truth. We should get to know people in the situations of their daily life, as a shepherd knows his own flock (John 10:14). Waruta & Kinoti argue that “the most therapeutic activity in pastoral counseling is the assurance that exudes from human love. In times of deep crises, the greatest need of a suffering individual is the presence of a caring and understanding person” (2005:7).

Orphaned children’s grief and grief-related issues call for the caring and the intervention of the family, village and the church. Orphaned children, like adults, should be provided with the sustaining presence of the church to comfort and to console them in their sorrow. This would involve reconciling children with other people, helping them to be reconciled to God as well as sustaining and guiding them in their journey to recovery from loss. Orphaned children, need to be assured that there are no right or wrong feelings, especially when they are expressing negative feelings. Expressing negative feelings can be problematic for bereaved children and they should be encouraged to express what they feel and be provided with the opportunity to cry in an atmosphere of acceptance, love and care. This process can help them to deal with grief. There are other models that caregivers can use, e.g. play therapy or talk therapy. Let us now analyze play therapy.

### **5.15. Play Therapy**

According to Landreth, “adults often think of children’s play as mere fun and games, or a way to fill time. Actually, imaginative and creative play assists a child’s cognitive growth and emotional adjustment. Through play, a child develops self-confidence, a positive self-image and learns on how to express feelings, make decisions and cope with real-life situations. As such, play can be therapeutic, helping a child deal with and overcome problems that inhibit their normal development” (2002:43). In addition, fine motor skills should be observed to assess the child’s ability to manipulate objects while gross motor ability can be assessed from activities in the playroom. He further say’s “a general level of cognitive development can be observed through a variety of activities” (2002:43). Verbal ability provides clues as far as the child’s general level of language development is concerned and whether the child’s speech and grammar are age-appropriate. In play therapy, building of a structure and/or solving a puzzle, can be employed to aid the observation of problem-solving ability.

A safe, confined and caring environment is created which allows the child to play with as few limits as possible but as many as necessary. This allows healing to occur on many levels following our natural inner trend towards health. Play and creativity operate on impulses from outside our awareness- the unconscious. This involves no medication. The child is given strategies to cope with difficulties they face in life and which they themselves cannot change. It provides a more a positive view of their future life. The length of time a child is seen in play therapy would vary from child to child. It depends upon the severity of the trauma, the child’s personality, and how the child perceives the trauma. They may be with individuals or groups of children. A variety of techniques are used mainly according to the child’s wishes and the skills of the therapist (2002:43-44).

The two approaches that the study used were the ‘Non-directive play therapy’ and ‘Directive play therapy’. Non-directive play therapy looks at play as a healing process. It gives the child the opportunity to ‘play out’ feeling and problems and learn about themselves in relation to the therapist. Play in this model is not seen as stimulation for other kinds of therapy, rather as the therapeutic intervention itself. The focus of this theory is on the healing process of play. Short-term, directive play counseling methods could prove necessary because they are effective and they fit more readily within the restriction imposed by the setting. There are times, however, when it would be beneficial to use nondirective play approaches, such as when the counselor is unsure of what’s really going on with the child, when children resist the direction of the counselor and when there are serious “control” issues, etc. Non- directive techniques are available to establish rapport with “hard-to- reach” children. The researcher has found the combination of nondirective and directive approaches to be feasible and effective. Thus the adoption of a mixture of both approaches according to circumstances yielded desirable results.

When combining nondirective and directive play counseling methods, it’s extremely important to ensure that the child knows the difference. The caregivers should help them through this process. This prevents confusion for the child and keeps their play communication as open as possible. A way to handle this is to tell the child something like, “for the first part of today, I will select the toys and activities that we are going to use later on.” When changing from nondirective to more directive play, it’s helpful to give the child a chance for closure in their non-directed play (“You have one more minute left in your playtime before I select an activity for us.”). And then to reiterate, “Now we’re going to do something I have selected”, when starting the directive portion of the session. Most children seem to

respond well to this arrangement. I will always allow them to share their experiences and meaning out of play.

There are several different theoretical models of play therapy that may be used with children who have experienced the loss of their loved ones. Their modes can be directive, non-directive, or a combination of both. They range in theoretical orientation from psychoanalytic play therapy, which uses a Freudian approach, to cognitive behavioral play therapy, which uses a cognitive behavioral approach. For the purposes of this research the focus is on child-centered play therapy, which is a person-centered approach to working with children, and object relations thematic play therapy. For younger children child centered and object relations thematic play therapy are the treatments of choice. Starting with non-directive, child-centered play counseling and ending the sessions with more directives play counseling works effectively (2002:43-44). There are two main reasons for this; (1) Starting with the nondirective play gives children a chance to relax and permits freer expression of their own issues at the start of the session. It's the child equivalent of the adult counseling lead-in, "tell me how things have been going for you lately". (2) Children usually must return from counseling sessions to structured general living settings. Ending with more directive play interventions helps them make that transition more easily.

Play therapy offers a child a safe place to play out, rather than talk out, her/his thoughts, feelings and problems. The therapist chooses toys that encourage "fantasy play," such as clay, sand water, drawing materials and puppets, as well as toys that enable a child to act out real-life scenarios. The therapist builds a warm and supportive relationship with the child. This is in line with encouraging the child to open up through the symbolic language of play. During a therapy session,

a few limits are set. This is done to accord the child complete freedom to control his/her play and actions. In such a protective, yet empowered environment, the therapist is led by the child to the source of the child's emotional disturbance through the child's activity and behaviour. The developmentally appropriate techniques are employed by the therapist to lend the child a hand to let go of negative or restricting feelings and develop coping mechanism to use in real life.

Landreth states that "treatment should be developmentally appropriate for each child. It should work from where the child is and not from a theory. It is imperative not to start at the 'beginning' but at the emotion level. Play accords an opportunity for children to learn what none can teach them. It becomes a way through which the children explore their actual surroundings and feelings. Play also helps children to adjust themselves to the actual world of space and time, of things, animals, structure, and people. Play further furnishes children with the ability to move and function freely within prescribed limits (2002:43-44). Children learn many things through play. Children learn how to verbalize their needs and wants, and learn to master skills. Play helps children solve problems, it allows a child to express their needs, and helps stimulate language growth. Play therapy utilizes play, children's natural medium of expression, to help them express their feelings more easily through toys instead of words.

According to Landreth a dynamic interpersonal relationship develops between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child. To explore self (feelings, thoughts, experience, and behaviors) through play, the child's natural medium of communication, for optimal growth and development" (2002:16).

Play therapy is the most appropriate method of treatment for children who are having difficulties coping with life situations. Though children lack the cognitive skills to express themselves with words, they are fluent in the language of play. Play therapy allows them to express themselves in the way in which they are most comfortable. Play therapy uses the child's natural tendency to "play out" their reactions to life situations. For children playing out provides self-healing process in childhood." Treatment of psychological problems requires communication, less in work with children than with adults. Thus for children play becomes their talk and toys are their words. Play therapy is employed to help the child feel accepted and understood and to gain a sense of control or understanding of difficult situations. In human development the importance of being heard and understood is unquestioned. In most instances a child's attempt to share the effort of making sense of the ongoing experience, is often muted in its hearing by the filter of adult perspective. When children play they can communicate about current and past events. Furthermore, they can use verbal and non-verbal expressions to describe events in their lives, and can safely develop play themes around the child's current problem. One child twice emphasized that she hated her aunt because the aunt had said she would never love this participant and she physically abused the participant. She said that *"I don't like my aunt. If I was asked to go and live with her again I would not because I know she will start beating me up again. And she said that she will never love me and that is why I hate her"*.

The purpose of play is diverse: a rehearsal for future life; dealing with anxiety and conflict exploring the space between fantasy and reality; and cognitive and social experimentation. The play, to a large extent, helps the child make sense of that which causes anxiety. The ability to symbolize what has been feared and to place it



outside, for perusal and to acquire control, is important for later stages in life to gain mastery and not be overwhelmed. The play helps in the process of not having to act out what might otherwise feel uncontrollable. Through play the child builds up capacity to symbolize anxiety and thus play becomes a route to open up unconscious conflicts. Hughes cites Freud asserting “in their play children repeat everything that has made a great impression on them in real life, and that in doing so they abreact the strength of the impression and make themselves master of the situation” (1990:87).

Children feel accepted and understood when an adult picks up on their feelings and summarizes them in a questioning and ‘expert’ manner. Furthermore, the child is helped to feel accepted when the interviewer adapts to their own language. According to Hughes and Baker, “children have a hard time sustaining conversation and need frequent, specific probes and empathic comments in order to communicate effectively. Questioning children is a subtle art, requiring a combination of open-ended questions, specific questions that avoid leading and generous sprinkling of extenders’. Questions that are asked in a familiar setting and that are related to ongoing activities are more likely to encourage responses. The common error is that of asking too many questions and asking ‘forced-choice’ questions that elicit one-word answers.” (1990:33). Questions must be informed and dictated to by the children’s activity and verbalizations. And in that light questions asked should encourage the children to share thoughts and feelings.

### **5.16. Play as Metaphor**

Metaphor is often defined in a variety of ways. Frey states that allegories, analogies, similes, proverbs, stories, parables, art, the various uses of objects such as puppets, toys, animals, are all described as metaphorical methods of communication (1993:223-240). Metaphors can thus also be seen as a kind of figurative language. Drucker sees, in play therapy, the construction of metaphors as important in articulation, communication, and the ability to master an experience (1994:53-54). The use of metaphors provides several advantages for children in play therapy. Metaphors allow the child to protect the self and project the experience onto another object, which is much less threatening. Metaphors are often viewed as communication, which affects the unconscious allowing changes in the meaning of the experience and the perception of the situation for the child.

In order for children to express themselves using metaphorical constructions, the counseling environment must provide the necessary props for this type of communication. Play therapy, which involves the use of a playroom, naturally allows the medium needed for metaphorical communication. The use of metaphors in play therapy can be either directive or nondirective. Metaphors, so it seems, is a form of language like dance. It stretches us into making new connections, reaching always beyond the limits of language to the land where growth occurs. In using metaphors in therapeutic exchanges and spiritual direction, we invite people to enter with us into this dance of language.

Drucker goes on to say “through reflection of play sequences, a pastoral counselor can venture reflections and interpretation that carry with them alternative construction that children might employ in the way they construe and transact with a world that seemed traumatizing”(1994:53-54). In such instances the refuge of

apparent reference only to the concrete playthings promises to circumscribe the child's perceived risk. Alternatively, a child may employ the metaphorical potential of play to rehearse alternative transactional patterns.

In play, children often communicate their experiences through the use of metaphors. Counseling orphaned children using play therapy enables the counselor to experience the many metaphorical expressions demonstrated in play themes. Through metaphorical communication, children can reveal their concerns, and demonstrate their desires. One participant repeated twice that he experienced hurt. He said that *“there is this time when I was hurt by another boy. This boy had a bicycle and was riding around the neighborhood and I asked him if he could give me his bike to play with him. He told me my parents should buy me one, just the way his parents did. That really hurt me”*. They can express their emotions, gain a clearer understanding of their experiences, and create solutions to problems. In many cases, children communicate with the counselor using only the figurative language of metaphors. Yet, children are able to make exceptional changes in their lives and to demonstrate resilience in their coping abilities.

### **5.17. Preliminary Conclusion**

This chapter has presented a pastoral intervention strategy for children who suffer grief after being orphaned. It was noted that the church's presence before, during and after burial is necessary in order to comfort and provide love and demonstrate compassion to the bereaved children. The skill is regarded as imperative; it enables the children to narrate their experience of grief. This provides an opportunity for children to express their feelings and emotions, which facilitates recovery from grief. To assist orphaned children who are unable to express themselves verbally,

play therapy was suggested. It was also proposed that Christian religious resources and ritual, as well as cultural rituals, could assist bereaved children to work through their grief. However, it was also argued that church should be cautious to ensure that the rituals are child friendly. The research established that the church should network with families, villages and relevant institutions in responding to the situations of orphaned children. It was affirmed that integration of these support care systems makes grief care affordable and constructive.

Play therapy became a tool through which children were able to express themselves. Freeman says that by “choice, most children prefer to interact in a playful way” (1997:3). Play therapy helped to create new ways for them to communicate their perceptions. The participants shared their stories recalling and reliving their respective traumatic experiences. Gerkin says “when we as pastors enter into ministry in a particular place, we become part of a story of life and ministry that has been going on for a long time before our arrival” 1997:120). When children express their experiences based on their understanding of events, this then opens a door to changes in their behavior and feelings. Entering their stories from their perspective aids therapy. Listening in a warm, non- judgmental manner is often comforting for victims and may be an important first step in their further support. Play therapy has the ability to help children release pent up emotions and frustrations. The next chapter comprises the findings, recommendations, conclusion and bibliography.

## CHAPTER 6

### Findings, Recommendations and Conclusion

#### 6.1. Introduction

The researcher conducted the interviews with the aid of semi-structured questions that guided responses and enabled them to provide in-depth information. Although the questions were pre-determined, this study could not follow the order as initially set as the respondents kept on moving to areas that were planned to be covered later. This study was, however, very accommodative and was willing to be flexible when faced with cultural challenges. Furthermore, the pastors took time to respond to some of the question posed, an indication that the silence did not mean the pastors did not want to respond, but needed time to reflect and prepare an appropriate response. One of the participants indicated that he had never provided care for children's after death of their parents. He said that "*there is no instance that I have been able to follow up on children after the funeral because I think that after the burial, they will forget what happened to their parents and be fine*".

#### 6.2 Summary of findings

During the initial visit to the head of the household, the researcher learnt that most of the children were not aware of the cause of their parent's death and neglect was issues that lead to pastoral care. The study held this information in strict confidence and did not disclose the same to the children, so as to spare them distress. During the group discussion, the researcher noticed that children seemed fearful and in order to help them feel comfortable, the discussion commenced with an introduction to what was going to happen. Children were requested to say their name and age this assisted in building rapport and breaking the ice. The study therefore ensured that information provided to the children was communicated in

both English and Zulu. This was part of pastoral care and ensured that all the children clearly understood the procedures and processes of the focus group discussion. Both English and the Zulu language were therefore employed during the main research in order to care for children.

After the introduction, children were asked the open-ended questions, such as (wazizwanjani umabekutshela ukuthi abazali bakho bashonile?) (What were your experiences after either one or both of your parent's died) This question did not help to start the discussion as children were reluctant to talk. More information was added in order to provide clarity, as follows: "can you tell us who you live with." The added information enabled the children to start telling their stories about their real life experiences. The main research therefore utilized the above format. The researcher also used play therapy as a way of entering their space.

This study endeavored to examine the experience of grief care among children in Vukuzakhe Villages who have been orphaned through HIV and AIDS. This concern was triggered after the researcher realized that, in most Volksrust Villages, the grief care experience by orphaned children is rarely attended to before, during and after the burial of their parents. This created urgency in the study in order to construct a pastoral intervention strategy for care to orphaned children in villages.

The following are the approaches which provided valuable information about orphaned children's care and the manner in which the church responded to bereaved children's grief before and after the burial of their parents: Orphaned children's experiences were made complicated by circumstances following bereavement and after their parent's death. It was argued that bereavement ought to be addressed together with the status of the children by embarking on play therapy.

However, it was further argued that African cultures do influence children's development. It was noted that the development theories and the notion of the development of African children indicated that each of the developmental processes play a significant role in the other development processes and they affect children's care. However, African communal life has a major influence on African children's development, as well as on their grief and care related experiences. Culture hindered adults to care for children during death, grief and burial.

The study revealed that orphaned children rarely participated in rituals during the grieving and mourning period, thus their grief remained largely unresolved. The African peoples' and the Village perspective of grieving and mourning indicated that funeral rituals played a significant role in helping bereaved people (adults in particular) work through their grief. Hence some of the funerals were explored. It was interesting to note that, although Africa has different cultural groups, some funeral rituals cut across these groups. Thus, when used properly funeral rituals could help in preparing people for grief and death.

This study also revealed that different children perceived death differently. The common assumptions included irrevocability, temporality, inevitability and causality. It has been indicated that a child's stage of development is one of the factors that influences children's understanding of death and that the child's understanding and perception of death has some influence on the experience of grief care. The study revealed that orphaned children experienced grief after losing one or both of their parents through death. When working with children it was found that there were a wide range of grief experiences that were classified into categories such as emotional, behavioral, cognitive, physical and spiritual.

There were few participants who indicated that their churches were not involved in social action towards the care and welfare of orphans. Some had established ministries in this field, whilst others were still in the planning phases. The general consensus was that the church was faithful to the call of pastoral care to all people, especially the orphans. The pastors also revealed a lack of caring around the issue of orphans. They needed training in this area. It was interesting to note throughout this work there was not a trend within the confines of denomination or culture. Churches across denominational lines and race boundaries were engaged in this pastoral need. All pastors interviewed indicated that social justice was a core value which they believed in and to the best of their abilities tried to embrace these needful villages. The study determined beyond doubt that the cause of the orphan crisis is due to the high death rate of middle aged people because of HIV/AIDS. Most victims fall within the lower level of the socio-economic spectrum. One of the issues faced was a lack of training at seminary on how to care for children, let alone orphans facing (or dealing with?) death through Aids.

The researcher would like to make the following suggestions that can be used by the church to provide care to orphaned children before during and after the burial of their parents. One of the major issues revealed by this study was a lack of knowledge on how to care for children. African culture concentrates on adults during death. Children are neglected and forgotten in the process. Some research needs to explore and research on this idea especially cultures that seek to protect children from death. The intervention focused on the following:

- Facilitate process about death: it was argued that children should be taught about the concept of death as early as possible because their understanding of the concept of death has an impact on their grief care.



- **Presenting or dealing with the issue of sharing about death:** It was argued that children should be informed about their parent's death individually, because children at different age levels have different perceptions of the meaning of death and process such news differently.
- **Home visitation:** It was noted that the church needs to visit the bereaved family in order to comfort them. Thus, interventions in the form of home visitations were proposed. Central to this intervention was providing children with the opportunity to participate in funeral rituals. An area of research around home visits is important, especially after burial.
- **Telling children what to expect when viewing the body:** This focused on helping the children to view the body by informing them of what to expect before the viewing. This is meant to enable children to decide whether or not they want to participate in burial rituals and to avoid unnecessary surprises that come with children not knowing what to expect when viewing the body. Research could be conducted on how children feel in viewing their parent's funeral.
- **Church funeral service:** This is aimed at helping children to participate in the funeral rituals. It was argued that children who are provided with the opportunity to participate in the funeral rituals feel loved and cared for. The church funeral service, furthermore, is also aimed at comforting the bereaved family. Exploration of using rituals could be researched as a means of helping people to deal with grief.
- **Burial ceremony:** It was argued that the church needed to ensure that children are near the grave site and are ready to actively participate in this ceremony. The ceremony is necessary as it helps bereaved children to accept that their parents will never return. In other words, their participation enables them to 'let

go', thereby saying farewell to their beloved parents. In short, one could ask, is it proper to allow children at the grave side; are they too small to deal with this part of death?

- It was argued that the church needs to pay attention to children by **Listening to their narratives**. Listening to children provides them with the opportunity to express their feelings and this facilitates the healing of orphaned children's grief. Play therapy needs to be researched as a way of helping children deal with grief.
- **Financial support** interventions were suggested, and it was proposed that the church should work closely with families, villages and institutions in providing orphaned children with care. This was aimed at ensuring affordable financial support for orphaned children. The issue of stokvel or burial society needed to be researched as a way of helping people deal with financial issues.
- In relation to **social justice**, education and training towards changing people's attitudes and perceptions towards orphaned children were found necessary, thus such interventions are proposed.
- **Equip care-givers** with necessary the knowledge, skills and attitude to serve their churches and societies more effectively in the struggle against the HIV/AIDS epidemic. Research was needed on creating a model of helping care givers to care properly.

### **6.3. Recommendations for further research**

- As the study is focused, entirely on caring for orphaned children, the researcher proposes that the culture that hindered adults to care for children during death, grief and burial be investigated in order to get more insight on reason for these phenomena. This will help determine the variations in caring during funerals between adults and children.
- As this research was done from the perspective of caring for the orphaned children, it would be interesting to have a perspective of caring for neglected children during death.
- It would be interesting and valuable to undertake a study similar to this one that included the perception of children concerning the impact of death on themselves and the whole family as well. This would help in acquiring a holistic understanding from all family members involved with respect to the impact of death.

### **6.4 Conclusion**

This study presents a contribution towards an understanding of orphaned children and the role of the church in providing these children with pastoral care. Grief care was also heightened by the events that transpired after the death of their parents as well as the loss of parents by double orphans, maternal orphans and paternal orphans which resulted in loneliness. Almost half of the bereaved children were double orphans and this type of paternal/parental status was challenging to the children as their basic needs were rarely met. Despite the fact that children were overwhelmed by grief and grief related issues when their parents died, the family, village and the church rarely provided them with care. This failure was attributed to the fact that children are hardly ever present when adults are grieving and

mourning. Furthermore, the church members are not equipped with skills that are necessary in order to provide grief care to bereaved children.

In order to broaden the understanding of grieving orphaned children, various theoretical perspectives were explored so as to come up with a solution for their care. The discourse on child development showed that children's grief affects their development to such an extent that they are not able to cope at school. There are rituals that are performed by mourners particularly the family members and rituals are culturally determined. The rituals play a significant role in processing grief but are focused on adults. However, children seldom participate in performing the rituals. The orphaned children therefore do not mourn and retain unresolved grief. This can be avoided if orphaned children are provided with grief care.

It was established that pastoral care is relevant to children's grief. The effectiveness of pastoral care is a result of the Holy Spirit who empowers believers for service. However, pastoral care givers should appreciate that orphaned children, like other people, possess human dignity endowed to them by God therefore, they needed care. It was argued that the church should incorporate the family, villages and the institutions in the facilitating of grief care. The family and village play a vital role in the rearing of children within the African context. Children come from various cultural backgrounds; therefore the use of an intercultural approach was viewed as being imperative. It was revealed that setting goals was necessary in pastoral care as they guide pastoral grief care. Pastoral grief care to children orphaned through HIV and AIDS should assist children to experience grief healing. Children will also need to be sustained particularly with practical support, for example providing basic needs. Pastoral care should also focus on assisting children to make decisions and choices for themselves. Based on

this discussion, the pastoral intervention strategy is recommended with practitioner of pastoral care as the key player. In the pastoral intervention strategy the church is equipped to assist orphaned children to cope and adjust to the loss of their parents.

In each and every new milieu, the church needs to unearth fresh ways of meeting the needs of troubled persons. The church has to offer new channels for its ministry of caring, healing and growth. In that way the church will remain relevant to the deep needs of people. The therapist should not be afraid to talk about traumatic events as he or she explores issues of grief with orphans. Orphaned children do not benefit from not thinking about traumatic events that are on their minds. Therapists should continue to provide comfort, support and more importantly, listen empathically to their painful stories. It is also imperative for children to be aware of this pattern or defense mechanism that is created as a way of coping with loss. It is also helpful to always explain the inclusion in activities, especially new ones, to the child. The approach should be one of nurturing. When talking with the child, sensibility should prevail such that age appropriate information is disseminated to ‘make sense’ of things. Honesty and openness will help the child develop trust.

## APPENDIX A

### IMIBUZO YENGANE (QUESTIONS FOR CHILDREN'S)

1. Yini oyikhumbulayo ngabazali bakho?
2. Uzizwanjani ngabazalibakho?
3. Wubani owakuthsela ngokufa kwabazalibakho?
4. Yini oyesabo
5. Kwenzekani emuva komngcwabo?
6. Ingaba bezileyini kuwena abantu beNkonzo?

#### **English Translation Questions**

- I. What do you remember about your parents?
- II. How do feel about the loss of your parents?
- III. Who shared the news of their parent's death to you?
- IV. What is your fear?
- V. What happened after burial of your parents?
- VI. Were you visited by church members?

## **APPENDIX B**

### **QUESTIONS FOR THE PASTOR'S**

1. In your church, do you have orphaned children?
2. If yes, what support do you provide for them?
3. Does your church minister to people during funeral arrangements?
4. If yes, is it common practice to attend specially children's needs?
5. In your church, are HIV and AIDS orphaned children provided with pastoral care and helped in order to overcome grief after the death of their parent or parents?
6. If yes, what care do you provide? Discuss or share in what way are they cared for?

## APPENDIX C

### The Questionnaire

This questionnaire will try to find the impact of orphaning on families, children, households and villages. This questionnaire will be translated into the language of the people.

#### 1. HEAD OF HOUSEHOLD

18 – 25

26 – 45

46 – 60

Over 60

Sex: Male:  Female:

#### Marital Status:

Single:  Married:  Divorced:  Widow:

Widower:

Orphaned:

#### 2. PERCEPTIONS

##### 2.1 What is your opinion on your family's living standards after the loss:

*(In these questions, "adequate" means that the survey considers that the household's minimum needs are satisfied, no more, no less)*

b) Concerning the household's food consumption, which of the following affirmation is true?

i. It is less adequate compared to the family's needs:

ii. It is adequate:



iii. It is more than adequate:

iv. Not applicable:

c) Concerning healthcare received by the orphans, which of the following affirmation is true?

i. It was less adequate compared to the family's needs:

ii. It was adequate:

iii. It was more than adequate:

iv. Not applicable:

d) Concerning the orphans schooling, which of the following affirmation is true?

i. It was less adequate compared to the family's needs:

ii. It was adequate:

iii. It was more than adequate:

iv. Not applicable:

## 2.2 Do you have any hope that, in the next five years, economic

### Situation of ordinary orphans

a) Decrease:

b) Remain stable:

c) Aggravate:

Why? Discuss or share insights.

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**2.3 . From your point of view, how can the economic situation be alleviated in your village?**

- a) Families' personal initiatives:
- b) Creation of more jobs:
- c) Creation of Self Help Schemes or projects:
- d) Development partners' interventions (NGO's.....):
- e) Other (Specify):

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**2.4 In your opinion, what are the 3 best means of fighting against poverty in this community (in importance order)?**

- a) To develop income generating activities:
- b) To develop basic social services:
- c) To create job opportunities in the rural areas:
- d) To provide support in materials and finance to the village:
- e) To train the population and educate them:
- f) To promote social justice:
- g) To promote social justice:
- h) To open up remote areas and develop road infrastructure:
- i) Others (Specify):

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**2.5 From your point of view, what are the 4 main priorities facing orphans in your village (in importance order)?**

- a) Potable water provision:
- b) Schools construction:
- c) Access to health facilities:
- d) Productive activities:
- e) Literacy:
- f) Housing:
- g) Provision of basic necessity products:
- h) Other (Specify):

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Please be aware that the researcher might contact you further if there is a need to clarify some of the information provided here. In that case, he will give you a call and arrange to meet with you at the most convenient time for you. Thank you for your time and energy you have given for this research is appreciated.

Signature of researcher: .....

Day:.....Month.....2016.....

## **APPENDIX D**

### **CONSENT FORM FROM CO- RESEARCHER**

Ntsikelelo Zabeko

Theology Student

University of Pretoria

017 735 4431

073 123 6510

#### **Supervisor**

Rev. Prof. M.J. Masango, PHD.

Faculty of Theology

University of Pretoria

012 420 2821

012 420 2669

#### **Title: CARING FOR THE ORPHANED: A PASTORAL APPROACH**

#### **Dear Research Participant**

I am a Master's student in Theology at the University of Pretoria. This course requires us to gain applied (pastoral skills) experience in designing and conducting research. As such, I have designed a research project in order to study how to care for the orphaned.

During this study you will be asked to answer certain questions, i.e., face-to-face interview concerning your personal experience of growing up as an orphan. You

will also be asked to share your insights on how such experiences have affected you in your present situation. Your participation will require approximately 45 minutes of your time. You will be given time to read the questions of the interview in advance in order to familiarize yourself with them, before the recording of your responses. Should there be a need; a follow-up interview may be arranged for clarification and any additional information that may be needed. The interview will be conducted at your time and place of convenience. In case of orphaned children, the questions will be read so that they understand what is expected of them.

There is no harm associated with your participation in the study. None of the findings will be used against you in any way whatsoever. The potential benefits are that the research will come out with a helpful methodology that will help care givers to deal with their experiences so that they can be effective pastoral careers.

Your name will not be used directly or indirectly in any of the records and therefore your anonymity is guaranteed. All records of participation will be saved electronically, manually and I will make CD's and hand the data to the supervisor at the completion of the study. The thesis will be kept or placed in the library of the University for Purpose of helping others to care for orphans. If you decide to withdraw your participation in the study your data will be destroyed. The results from this study will be reported in a written research report and oral report during class presentation. Information about the project will not be made public in any way that identifies individual's participants or their names.

Your participation in this project is completely voluntary. It may be discontinued for any reason without explanation and without penalty. Feel free to contact me or my supervisor at any time using the above contact details.

Thanking you in advance for your participation.

### CONSENT

I have read the above letter, understand the information read, understand that I can ask questions or withdraw at any time. I consent to participate in this research study.

.....

Participant's signature

.....

Researcher's signature

On the (date).....

At (Place).....

## APPENDIX E

### RESEARCH GUARDIAN FORM

Ntsikelelo Zabeko  
Theology Student  
University of Pretoria  
017 735 4431  
073 123 6510

#### Supervisor

Rev. Prof. M.J. Masango, PHD.  
Faculty of Theology  
University of Pretoria  
012 420 2821  
012 420 2669

#### **Title: CARING FOR THE ORPHANED: A PASTORAL APPROACH**

#### **Dear Parent/ Guardian**

I am a Master's student in Theology at the University of Pretoria. This course requires us to gain applied experience in designing and conducting research. As such, I have designed a research project to study how to care for the orphaned.

During this study your child will be asked to answer certain questions in a face-to-face interview concerning his/her personal experience of growing up as an orphan. I will also ask the child to share the insights on how such experiences have affected him/her in the present. The children participation will require approximately 30 minutes of time. The interviewer will read the question (in Zulu) and allow the child to respond. The questions will be sent to parents/ guardian in advance in

order to familiarize themselves with the interview questions. At the interview recording will be used if the child or guardian is not happy, the researcher won't use recording facilities. Should there be a need; a follow-up will be arranged. The interview will be conducted at your home, and at a time and place of convenience to the family.

There is no harm associated with your child participation in the study. None of the findings will be used against children in any way whatsoever. Their identity will be protected. The potential benefits are that the research will come out with a helpful methodology that will help caregivers to deal with their experiences so that they can be effective pastoral caregivers.

A child name will not be used directly or indirectly in any of the records and therefore his/her anonymity is guaranteed. After interviews are conducted with orphans especially children the material will be deleted to protect them from confidentiality. All records of participation will be saved electronically, manually and I will make the CD's and hand the data to the supervisor at the completion of the study for further supervision, then the material will be deleted. The thesis will be kept or placed at the University library for others to read and enrich their pastoral skills. If you or your child decides to withdraw participation in the study, she/he will be allowed. All the data related to the participation of the child will be destroyed. The results from this study will be reported in a written research report and oral report during class presentation. Information about the project will not be made public in any way that identifies individual's participants.



Your participation in this project is completely voluntary. It may be discontinued for any reason without explanation and without penalty. Feel free to contact me or my supervisor at any time using the above contact details.

Thanking you in advance for your participation.

### GUARDIAN

I have read the above letter, understand the information read, understand that I can ask questions or withdraw at any time. I consent to participate in this research study.

.....

Participant's signature

Researcher's signature

On the (date).....

At (Place).....

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