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UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

**Consequences of childhood emotional neglect  
in adult relationships: A pastoral counselling approach**

by

**Mthunzi Joseph Pani**

**(22951637)**

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**Supervisor:  
Professor Yolanda Dreyer**

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## Declaration

I, **Mthunzi Joseph Pani**, declare that this dissertation was conducted by me. This is hundred percent my work and my submission towards the Master of Theology in Practical Theology degree at the University of Pretoria.

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## **Abstract**

Some children experience love, warmth, support, attention and care from their caregivers while others go through adverse experiences such as emotional neglect. This study investigated the consequences of childhood emotional neglect throughout a person's life, in adult relationships and parenting practices. Ultimately, the study aimed to determine the suitability of narrative pastoral narrative counselling as a means to mitigate the effects of childhood emotional neglect. The methodology employed was a literature study. The study did not have an empirical component, it incorporated insight from existing literature to provide a comprehensive understanding of the research question. It used interpretivism as the epistemological paradigm. The study found that childhood emotional neglect can cause mental health challenges, negative attachment styles, and adverse effects in adult relationships and parenting practices. Childhood emotional neglect can lead to substance use disorder and poor academic performance. The study also found that the narrative pastoral counselling approach can facilitate healing and wholeness for affected individuals. Narrative pastoral counselling allows individuals and couples who experienced childhood emotional neglect to share and interpret their stories, using empathy, non-judgment, and a caring environment. Narrative counsellors avoid pathologizing and use multiple tools to co-author alternative stories and foster new meaning and identity. The Jesus' narrative exemplifies empathy and emotional responsiveness which serves as a model and catalyst for positive human interaction. It can inspire individuals to overcome the effects of childhood emotional neglect and tell new stories in light of God's story and make new meaning and discover a new identity in Christ.



## KEY TERMS

- Emotional
- Neglect
- Childhood
- Pastoral
- Narrative
- Counselling
- Caregiver



## Table of Contents

CHAPTER 1. INTRODUCTION OF THE STUDY .....	1
1.1 Background .....	1
1.2 Problem statement .....	3
1.3 Literature overview .....	3
1.4 Research gap .....	7
1.5 Methodology .....	7
1.6 Chapter outline .....	9
CHAPTER 2. CHILDHOOD EMOTIONAL NEGLECT .....	10
2.1 Emotional neglect in childhood .....	10
2.2 The importance of childhood emotional wellbeing.....	13
2.3 Causes of childhood emotional neglect .....	15
2.4 Generational transmission of neglect.....	18
2.5 Effects on psychological wellbeing.....	20
2.6 Effects on emotion regulation .....	24
2.7 Effects on attachment .....	26
2.8 Effects on relationships.....	28
2.9 Other effects of neglect.....	32
2.10 Mitigating emotional neglect .....	33
2.11 Psychological and family approaches .....	34
2.11.1 Emotion focused therapy .....	34
2.11.2 Attachment therapy.....	36
2.11.3 Child parent psychotherapy .....	38
2.11.4 Parent child interaction therapy.....	38
2.11.5 Multisystemic therapy for children .....	39
2.11.6 Family systems theory .....	39
2.11.7 Component-based therapy.....	39
2.12 Summary .....	40
CHAPTER 3. NARRATIVE APPROACH .....	42
3.1 Introduction.....	42
3.2 The process.....	46
3.3 Listening .....	47
3.4 Telling and witnessing .....	48
3.5 Social construction .....	49
3.6 Externalisation .....	51



3.7	Unique outcomes.....	53	
3.8	Documenting .....	55	
3.9	Müller’s narrative turn .....	56	
3.10	Narrative pastoral care and counselling.....	57	
3.11	Pastoral counselling process .....	64	
3.12	Narrative theology .....	67	
3.13	Story of God .....	69	
3.14	Summary .....	72	
<b>CHAPTER 4. CHILDHOOD EMOTIONAL NEGLECT: A NARRATIVE PASTORAL APPROACH</b>			
4.1	Introduction.....	73	
4.2	Narrating childhood emotional neglect.....	73	
4.3	Relational stories of neglect.....	74	
4.4	Meaning making and identity .....	75	
4.5	Asking questions and listening.....	76	
4.6	Externalisation .....	76	
4.7	Telling and witness .....	77	
4.8	Unique outcomes.....	77	
4.9	Documentation .....	79	
4.10	The story of God.....	79	
4.11	Pastoral care and agency .....	81	
4.12	Summary .....	82	
<b>CHAPTER 5. FINDINGS .....</b>			<b>83</b>
5.1	Background of the study .....	83	
5.2	Consequences of childhood emotional neglect.....	83	
5.2.1	Generational effects and parenting .....	83	
5.2.2	Importance of emotional wellbeing in childhood.....	84	
5.2.3	Effects on psychological wellbeing.....	84	
5.2.4	Emotional regulation .....	85	
5.2.5	Attachment .....	86	
5.2.6	Relationships .....	87	
5.2.7	Other effects .....	88	
5.3	Efficacy of the pastoral narrative counselling .....	89	
<b>BIBLIOGRAPHY .....</b>			<b>92</b>



## CHAPTER 1. INTRODUCTION OF THE STUDY

### 1.1 Background

“Married at First Sight” is a television show that has been airing in the United States of America since 2014. The show is an experiment where participants are matched up and then meet for the first time on their wedding day. The matching is done by relationship experts who put the participants through rigorous tests in order to determine partner suitability. The fourteenth season began early in 2022. During the fourteenth episode of this season, all five couples visited their childhood homes in order to give their spouse some idea of how they grew up. They then wrote letters to themselves to paint a picture of their childhood for their spouse. During this episode one of the cast members, Jasmine, wrote: “Growing up was a little rough. Your biological mother did not show you any love, your dad left you, you got bullied, your first stepmother never hugged you, she never loved you.”

Although she experienced parental abandonment and bullying, what she found particularly difficult was the lack of love and affection. She lived in various foster homes before she was finally adopted and raised by a single mother. She credits the mother who adopted her for taking her pain away and making the loneliness disappear. Jasmine and her husband in the experiment, Michael, had been experiencing conflict, had communication problems and were finding it difficult to be vulnerable with each other in their relationship. Jasmine had experienced much adversity in childhood and as an adult in a romantic relationship, there were many challenges. The impact of adverse childhood experiences in adulthood is the focus of this study.

In 2020, up to one billion children globally are thought to have suffered physical, sexual, or emotional abuse or neglect (Bekink 2021). South Africa is not exempt from this. Nationwide research indicated that one in eight children had been neglected and one in three had suffered some kind of physical or sexual abuse at a certain stage in their lives (Hall & Sambu 2019). Child maltreatment has an adverse effect on children and has consequences for them later on in life. The physical, social and mental



wellbeing of children is compromised by adverse experiences during their formative years. “Adverse childhood experiences” (ACEs) is a term that signifies highly unpleasant and harmful experiences in childhood that can have a lasting effect into adulthood (Boullier & Blair 2018, citing Meryl & Maul 2019). Children who experience ACEs and toxic stress could for instance have difficulty forming close relationships with others. “Childhood emotional *neglect*” is one of the most common adverse childhood experiences. “Emotional neglect” is defined as a failure to provide a child with regular emotional attention, nurture and opportunities for developmental enrichment (Elliott & Whiting 2018).

According to the South African Constitution (1996), children have the right to family and parental care. They should be protected from maltreatment, neglect and abuse. South Africa had a total population of 57.7 million people in 2018, of whom 19,7 million or 34% of the population, were children under the age of 18 (Hall & Sambu 2019). Children therefore account for a significant percentage of the South African population. While some children are subjected to maltreatment at school and in the neighbourhood where they live, others experience it at home at the hands of caregivers. Some children are fortunate enough to grow up in a loving, attentive and affectionate family, but others experience emotional hardship and neglect. Many South African children therefore do not have a positive experience of childhood. The first-ever nationally representative study of child maltreatment in South Africa that was published, showed that over 40% of young people have experienced some form of sexual abuse, physical abuse, emotional abuse, or neglect at some point in their lives (Jina, Jewkes, Hoffman, Dunkle, Nduna & Shai 2012).

While not all the details about Jasmine’s childhood were shared on the TV programme, what she wrote in her letter with content that indicates “emotional neglect”. Neglect can come from one or both parents or caregivers. Neglect can take place from infancy to adolescence. Children are powerless to escape such a detrimental situation. They remain exposed to it because they are dependent on adults for food and shelter. Some families or caregivers and children search for support, but others do not. The situation simply continues, and children carry the consequences of neglect into their own adult relationships and families. Some people who have had adverse childhood experiences seek counselling from their religious leader or pastor.



## 1.2 Problem statement

Many children suffer emotional harm in their childhood home at the hands of people whose responsibility and task it is to love and take care of them. Adverse childhood experiences can have enduring negative consequences. They contribute in how people live their adult lives. The wounds and scars of past childhood hardships remain with them later on in life. Adult intimate relationships are often affected adversely by unresolved childhood pain. People across all age groups can experience problems in their lives that can be traced back to childhood emotional neglect. Some couples experience difficulties in their relationships because of it. It also affects the next generation when people's parenting style is influenced negatively by how they themselves experienced parenting as children.

Realities such as these warrant academic investigation in order to inform pastoral practice with regard to the healing of childhood wounds and their consequences. To this end, the study explores what an effective pastoral approach would entail. The study investigates the consequences of childhood emotional neglect on the persons themselves throughout their lives and the consequences this has for their adult relationships, be it with an intimate partner or with their own children. The aim of the study is then to ascertain how pastoral counselling can contribute to the healing of childhood emotional neglect and its consequences.

## 1.3 Literature overview

In the literature, the term "childhood emotional neglect" (CEN) is utilised to name and describe the phenomenon. Existing literature explores the prevalence and adverse effects of CEN and proposes various therapeutic approaches, especially in the field of psychology. Studies on adverse childhood experiences show that emotional neglect is the most common form of neglect when compared to for example physical neglect, educational neglect and medical neglect. Salzmann (2022) compares the prevalence of childhood emotional neglect with other types of child maltreatment and finds that emotional child neglect has a higher incidence than other forms. However, other scholars have different opinions with regard to the extent of the problem. Although some studies attempt to quantify it, Kumari (2020) points out that it can be difficult to

identify and measure the level of emotional neglect. According to global estimates, the prevalence of emotional abuse is 18.4% and 36.3% for neglect (Wekerle & Smith 2019). Other global studies on the prevalence of emotional neglect have different results. According to Kumari (2020) about 18% of adults say they have been neglected. The study by Avdibegović & Brkić (2020) found the prevalence of child neglect to range from 16.3% to 18.4% for physical neglect and 20.6% and 29.4% for emotional neglect.

Although the global prevalence of neglect is generally high, the prevalence varies from one region to another. The prevalent rate of emotional neglect was 11% in the United States, 23% in England, 23% in Canada, and 34% in Australia, according to a study by Stoltenborgh, Bakermans-Kranenburg & Van Ijzendoorn in 2013. A study conducted in Brazil (Gonclave, Howe, Majitasevich, Menezes, Soares & Wehrmeister 2016), found that childhood emotional neglect was the second most common adverse childhood experience, to the tune of 19%. The rates in East Asia and the Pacific Region were higher, with Korea and China reporting rates of 31.3% and 68.5%, respectively (Mwakanyamale, Mbao & Sungwa 2022).

Various studies provide insight into the prevalence of neglect in South Africa. Phiriempa & Matlakala (2021) investigated the effects of childhood emotional neglect in rural areas in South Africa and found a high prevalence rate. The study by Manyema and Richter (2019) finds a 41.6% prevalence of emotional neglect in rural areas in South Africa. Nearly 60% of rural South African women and men experienced emotional abuse while 41.6% women and 39.6% men, respectively experienced emotional neglect (Jina et al. 2012). What makes the research on this matter difficult and the statistics unreliable is the fact that many cases of child emotional neglect are not reported. Some studies therefore conclude that neglect does not receive sufficient attention, probably because it is not apparent when it occurs and the scars are not so easy to notice (Phiriempa & Matlakala 2021).

Various studies identify and discuss the adverse consequences of childhood emotional neglect. What occurs in the lives of children has a significant impact on them, often for the rest of their lives (Jina et al. 2012). Research shows that neglect

can affect the mental, relational, emotional, behavioural, physical and academic aspects of the lives of those who have experienced it. Neglect has different adverse consequences for children in their various developmental stages (Kim, Chun, Song & Young 2011). Though some scholars regard all types of childhood maltreatment as equally negative and adversely impactful (Avdibegović & Brkić 2020), the emotional neglect in particular of school age children can result in negative self-perception, and low self-confidence when dealing with difficult situations. Emotional neglect has been connected to substance use disorder, smoking, and alcohol-related problems (Avdibegović & Brkić 2020). Emotional neglect can have adverse effect on a child's academic performance (Di Dio, Geslomini, Gervasi Magunuco, Marca & Schimmenti 2015).

Children who have been neglected often exhibit developmental deficits, become more lethargic, distant, and apathetic, participate less in their social and physical environment, and are often unable to deal with pressure (Avdibegović & Brkić 2020). The effects of neglect by parents or caregivers are felt early on in children's lives. Neglect also has an effect on family relationships in that it increases the probability of "anxious attachments" between children and their caregivers (Kim et al. 2011). Some children also struggle to show affection toward their caregivers. Negative emotions such as anger, sadness, guilt feelings and shame are some of the adverse effects of emotional neglect experienced in childhood (Di Dio et al. 2015).

With regard to the relational impact of childhood neglect, Di Dio et al. (2015) point out that neglected children tend to be mistrustful of others. They are hesitant to form close relationships because of their fear of being deserted and rejected. This has a negative impact on their relationships with others. They tend to be withdrawn in social settings and internalise rather than externalise problems (Kim et al. 2011). The earlier they experience neglect the more attachment challenges they tend to experience later in life. They also tend to have a negative self-image (Lassri, Luyten, Cohen & Shahar 2016). Alexithymia is another consequence of childhood emotional neglect. The term refers to a condition where a person lacks knowledge and mindfulness of emotions (Web 2012). In extreme cases, it makes people unable to note and understand other people's feelings and they are also not in touch with their own feelings. Bezrenski

(2018, cited in Web 2012) emphasises the relationship between neglect and alexithymia.

There are both short-term and long-term problems that are related to childhood neglect (Avdibegović & Brkić 2020). Depending on the form and the length of exposure to the neglect, it can contribute to different mental health issues. According to Kumari (2020), challenges such as depression and anxiety can be consequences of neglect. Berzenski (2018) explains that childhood emotional *neglect* is not as directly associated with mental health issues, as is childhood emotional *abuse*. Childhood emotional neglect can however have a significant effect on children's social skills. They can become shy, submissive, or indifferent. According to Colwell, Perry and Schick (2002), neglect can be a catalyst for negative behaviour in adolescents. Neglect affects their attitude to their parents, among others. They also tend to engage in risky, delinquent, or even criminal behaviour.

Childhood emotional neglect can also have an effect on intimate relationships in adulthood (Lassri et al. 2016). People often find it difficult to be vulnerable with their intimate partner. They struggle to trust the other person and doubt if their emotional needs and need for affection will be met. They do not easily trust and accept gestures of love, care and support from their partner. According to Lassri et al. (2016), neglect can lead to self-criticism, which can lead to attachment avoidance, which in turn can lead to lower relationship satisfaction. Adults who were neglected in childhood therefore often have struggle to sustain long-term intimate relationships (Avdibegović & Brkić 2020).

In the existing research, a number of psychological techniques were developed to be utilised with persons who suffered childhood emotional neglect. Marston & Fuller (2020) point out that a counsellor who is accustomed with matters such as neglect, trauma and attachment, would be best suited to counsel people who suffer the consequences of childhood emotional neglect. When designing research interventions and programs aimed at preventing emotional neglect and psychological discomfort in children, it is critical to deliberate about the interconnectedness of emotions and psychological suffering (Mbao et al. 2021). Emotional neglect can be treated using



cognitive therapy, family therapy, individual counselling, group work, attachment work, play therapy, resilience building, social skills and assertiveness training, and problem-solving skills development (Iwaniec 2006). In individual therapy sessions, cognitive-behavioural therapies employ behaviour modification strategies with caregivers. If these methods focus on the environment as well as the person, they are particularly valuable when applied to families who exhibit neglect (De Panfilis 2006).

## **1.4 Research gap**

Existing literature and therapeutic models with regard to childhood emotional neglect are found mostly in the fields of psychology and family therapy. Emotionally focused therapy, attachment therapy, child-parent-interaction-therapy, parent-child-interaction-therapy, multi-systemic-therapy-for-children, family systems theory as well as components-based-therapy, are psychological approaches that can be utilised for counselling people who have suffered childhood emotional neglect (Elliot & Greenberg 2004; Berant, Mikulincer & Shave 2013; Timmer & Urquiza 2014; Grossman et al. 2017). The contribution of this research is to utilise pastoral narrative counselling in dealing with childhood emotional neglect and its consequences. Pastoral counselling includes spirituality in its approach to families and individuals who were exposed to emotional neglect. Family studies have explored the role of spirituality in how families function, how parenting is done and how parents and children interact with each other. Spirituality is deeply intertwined with family life (Walsh 2009). Considering that most South Africans (84,2%) identify as Christian, effective pastoral engagement can contribute to the recovery of people whose lives and intimate relationships have been adversely affected by childhood emotional neglect. According to De Panfilis (2006), religion and spiritual support can make a positive impact to the people who have experienced childhood emotional neglect and struggle with the consequences of it in their adult lives and in their own family.

## **1.5 Methodology**

This is a literature study, which explored existing literature with regard to the topic in fields such as psychology, sociology, spirituality, and pastoral care and counselling. The study does not include an empirical component. It does incorporate the results of



existing empirical studies, both qualitative and quantitative, that shed light on the research question. Interpretivism is the epistemological paradigm of the study. The aim is to gain a depth of insight into the phenomenon rather than providing universal rules that are generalizable.

From the field of psychology insights pertaining to neglect and its consequences as well the importance of positive parent-child emotional experiences are utilised, with a specific focus on the work of Nunzia Di Dio, Noemi R. Maganuco, Luana La Marca, Erika Gelsomino, Alessia M. Gervasi & Adriano Schimmenti (2015). People who have experienced childhood abuse and neglect often find it difficult to be close and intimate with others. They often feel inept in relationships and perceive other people as unpredictable and potentially dangerous (Di Dio 2015). The study utilises David Howe's (2017:17) insights on parent-infant relationships and psychological development. Recent developments in attachment theory have focused on how caregivers facilitate the children's ability to learn how to restraint their emotions. Children learn about their emotions and how to regulate emotions from their primary caretakers (Howe 2017:17).

The existing literature indicates that childhood emotional neglect poses many risks to people and has adverse consequences for them. The negative effects are experienced especially on a personal and relational level. They occur during childhood, adolescence and into adulthood. The study explores how narrative pastoral counselling can contribute to the healing of childhood emotional neglect and mitigate the consequences. For the purpose of addressing the impact of neglect on intimate relationships in pastoral counselling, a narrative approach is taken in this study. The narrative counselling model as developed by Combs & Freedman (2000) and White & Epston (1990) is taken as the point of departure. The goal of counselling is to listen to the problem story that is currently shaping their relationships and life, and to facilitate a collaborative re-authoring process in which a preferred story can be expressed and experienced (Combs & Freedman 2000). Adverse consequences that are associated with neglect include inadequate social skills, depression and anxiety. With respect to adult relationships, neglect can lead to mistrust and the absence of emotional vulnerability in adult intimate relationship and emotionless parenting. Julian Müller



(1996; 2003; 2005; 2011; cited in Dreyer 2014) applied narrative counselling principles to *pastoral* counselling. This pastoral counselling model is utilised in the study, which aims to reverse the negative identities and meanings that people who have suffered neglect, have constructed about themselves. People express their actions through stories. Their identities are shaped by the stories they tell about themselves and the meanings they allocate to experiences and events. If stories are a means of change, then the more stories are told, more change can take place (Demasure & Müller 2006).

## 1.6 Chapter outline

Chapter two investigates the phenomenon of childhood emotional neglect. It describes childhood emotional neglect and how it manifests. The causes and factors that enable and perpetuate it are explored, and the short- and long-term consequences discussed. Lastly, the chapter presents an overview of existing psychological approaches that aim to ease the consequences of childhood emotional neglect.

Chapter three investigates the tenets of narrative and pastoral care and counselling approaches.

Chapter four applies the pastoral narrative approach to counselling with people who have experienced childhood emotional neglect and bear the consequences of that in their adult lives and relationships.

Chapter five presents the findings of the study.



## CHAPTER 2. CHILDHOOD EMOTIONAL NEGLECT

### 2.1 Emotional neglect in childhood

This chapter explores the problem of childhood emotional neglect. It describes what the phenomenon entails and how it manifests. It explores the factors that enable and perpetuate childhood emotional neglect. The chapter investigates the short- and long-term consequences of childhood emotional neglect and the effect it has on people later on in life. Understandings from the field of psychology are applied to come to a deeper understanding of the matter.

Emotional neglect is a different type of maltreatment than emotional abuse. Kendall-Tackett (2001) explains that abuse is about something that is *done* to the victim, but neglect is something that is *not done*. Webb (2012) puts it as follows: “Childhood emotional neglect dwells in the sins of omission, rather than commission.” Another distinguishing factor is that while abuse is easily identified and remembered, neglect is subtle and often goes unrecognised. There are no physical or evident signs of neglect. Childhood emotional neglect goes unnoticed and is often hardly remembered by people who have experienced it. Consequently, it is largely ignored and under-reported (Adeli & Mbutitia 2020).

In the existing research, there is a variety of descriptions of the behaviour and actions that constitute childhood emotional neglect (Schimmenti & Pace 2012:49). Neglect refers to parents’ inability to meet the emotional requirements of children. Such children are restricted in their interaction with others and are often emotionally unresponsive (Low 2022). Child neglect is about the inability to provide for a child’s basic need of emotional support. It can manifest as not engaging with children and failing to express love and affection to them (Di Dio 2015). It includes failing to see and respond to the indicators that children need comfort, attention, and psychological support from their caregivers. According to Glickman, Choi, Lussier, Smith & Dunn (2021) emotional neglect is also about withholding assistance to children in times of fear or distress. When children are constantly experiencing neglect, they internalise



that their emotional needs are unimportant and cease to ask for support (Low 2022). Neglect is characterised by inadequate bonding.

According to Braquehaist, Picouto & Casas (2012), emotional neglect is the inability to provide children with an emotional environment that is conducive for optimal psychological, cognitive, and physical growth to achieve competent adulthood. It includes a lack of interaction and affection between the child and parent or caregiver, a lack of care, and the failure to create an environment where children feel loved, wanted, worthy and secure (Grossman, Hopper, Spinazzola & Zucker 2017). According to Hildyard and Wolfe (2002), neglect is about disconnection and caregivers' indifference to a child's bid for attention and care. Webb (2012) explains that neglect occurs when parents or other caregivers do not show any interest in their children. It can also occur when parents or other caregivers are so apathetic that they fail to recognize and respond to significant events in children's lives. For Van Harmelen et al. (2013; cited in Lassri et al. 2016) emotional neglect happens when adults either fail to provide their children with emotional support in times of crisis or remain unaware of what children require as they develop. Although parents and other adults meet children's material needs, including food and clothing, they can be emotionally unavailable and distant (Kendall-Tackett 2001).

What constitutes emotional neglect is also related to how long it occurs. According to Avdibegović & Brkić (2020), neglect occurs when children's fundamental emotional needs are ignored over an extended period of time. According to Colwell et al. (2002), inappropriate adult behaviour that includes denying children psychological care and repeatedly insulting them, are examples of childhood emotional neglect. Instead of listening to the child and providing support, the adults choose to brush it off as not important. Rather than being seen as a single event, neglect refers to recurring and chronic circumstances or experiences (Parkinson et al. 2017). Neglect is typically the result of a persistent pattern of poor childcare. When children feel a constant lack of parental support and community, it constitutes neglect (Berzenski 2018). Parents who see that their child is distressed but either refuse to respond to it, either consciously or defensively, or respond in a dismissive, unfriendly manner (Howe 2020:90). Children that experience emotional neglect are deprived of psychological awareness



and emotional comprehension. When children are still very young, this is especially harmful. Their pleas are ignored, parents do not seem to care about their children's growth and the curiosity of children is not acknowledged. When their caregivers do not react or attend to them, children eventually give up; they shut down psychologically and stop interacting with others around them (Howe 2020:113).

When a child tells parents or other adults about hurt feelings or a negative experience and are ignored, it is emotional neglect (Kimberly 2021). According to Mbao et al. (2021), feeling rejected, and experiencing emotional disdain and contempt, are signs of childhood emotional neglect. When parents act in such a way that make children feel unwanted, unloved, and undervalued, it constitutes neglect. Parkinson, Bromfield, McDougall, & Salveron (2017) state that emotional neglect of a child occurs when parents or other caregivers do not engage with them, make physical contact with them, or verbally communicate their affection for them (Grossman et al. 2017; cited in Van Harmelen et al. 2013).

Webb (2017) points out that neglect can be active and passive. When parents or other adults fail to acknowledge children's feelings of loss, despair, wrath, or worry it is considered passive neglect. Another example of passive neglect is when children's needs are not satisfied and their preferences are not considered, or when children do not receive the necessary discipline (Webb 2017). Active neglect takes place when children display emotion but their feelings are not acknowledged and do not receive the necessary response. They are for example, simply sent to their room if they display "unacceptable" emotion. Another example is when children who exhibit emotions that adults find objectionable are made fun of for being "sensitive" or are punished for displaying those emotions (Webb 2017). According to Barlow & Schrader-McMillan (2017), a caregiver's inordinate focus on their own issues and obligations can also lead to neglect because it can result in emotional detachment and indifference to the child.



## 2.2 The importance of childhood emotional wellbeing

Caregivers play a significant role in the early development of children. They have a formative impact on the children's socialization and the development of their capacity for emotion management (Halligan, Seremetis & Yehuda 2013). Experiences during this early vulnerable period of life are critical for developing the capacity to form intimate and emotionally healthy relationships (Phillips & Shonkoff 2001). Physical and psychological health, at any stage of development, is influenced by the circumstances experienced during earlier stages (Di Dio et al. 2015). The fulfilment of children's fundamental needs influences their growth and development. These needs include adequate nourishment, a stable family structure, emotional support, good hygiene, sufficient medical attention and mental health care, cognitive stimulation, and safe living conditions (Di Dio et al. 2015; cited in Avdibegović & Brkić 2020). Positive relationships with others, particularly primary caregivers, are essential for children to develop affect management and mentalisation skills (Fonagy, Gergely, Jurist & Target, 2002). Positive interaction between caregivers and children facilitates self-regulation in children.

Phillips & Shonkoff (2001) point out that consistent and reliable responses from caregivers can contribute to making children feel secure in their self-worth and expectations of others. They can then cultivate a positive self-image and a positive image of the world around them (Perry 2001). A supportive upbringing is necessary to achieving physical, mental, and spiritual health and wellness. Children flourish in households when they experience security, affection, support and nurturing (Kurtuluş & Elemo 2023). Children who are constantly emotionally neglected, come to believe that their emotional needs are unimportant and find it difficult to ask for support. Attunement is the ability to perceive and respond to someone else's spoken and unspoken cues (Perry 2001). Attunement facilitates bonding between the adults and children and contributes to children's internal security (Phillips & Shonkoff 2001).

According to Di Dio et al. (2015), good relationships between caregivers and children facilitate their ability to self-regulate and to conceptualize in terms of internal states. The systems in the human brain that allow people to form and maintain emotional



relationships develop during infancy and in the first years of life (Avdibegović & Brkić 2020). The brain grows significantly throughout the first few years of life in a sequential and hierarchical manner that arranges the development of brain functions from the most basic to the most complex (Avdibegović & Brkić 2020). The development of brain structures and brain functions is facilitated by a stable bond with primary caregivers (Di Dio et al. 2015). The formation of these pathways is one of the most experience-sensitive aspects of brain development (Avdibegović & Brkić 2020). Any stage of development, both physical and psychological, is affected by the experiences of previous phases (Colwell & Perry 2015). Positive development in this regard can lead to a sense of security in the child and a positive attitude toward interpersonal interactions. Emotional neglect, on the other hand, restricts the likelihood of such positive interpersonal exchanges as it interferes with the process of development (Di Dio et al. 2015). Unless corrective measures are taken, this deficiency will follow the child into the following developmental phases and have a negative impact on subsequent development (Avdibegović & Brkić 2020).

In the 1970s, Edward Tronick's Still Face Experiment was developed (Tronick 1980:473-491; cited in Perry 2001). In the experiment, parents are instructed to remain expressionless when interacting with the children. They are asked to be disengaged, passive and cold towards the child. The infant then tries to engage the parent. Within seconds of experiencing an expressionless, disengaged and cold parent, the child becomes significantly distressed. Perry (2001) explains that a cold, disengaged and partially attentive caregiver can frustrate the child, interrupt the development of the child, and can lead to lasting negative outcomes in the life of the child who grows up feeling inadequate, unlovable, and unworthy of attention. This can lead to self-destructive behaviour (Perry 2001). Human beings have an inborn need to connect with others. Children require a strong and caring emotional bond with caregivers, not only a safe physical environment, in order for adequate overall development to take place (Blumental 2015).

Early experiences have a lasting impact on a person's ability to build close, emotionally stable connections (Perry 2001). Children who experience neglect feel undervalued and unwanted by their caregivers. This hurtful emotion interferes with the child's

emotional growth (Van Harmelen et al. 2013). Emotional security and adequate attachment allow children to feel safe, and not only survive, but also flourish. Children who learn to understand how emotions affect both their own and other people's behaviour soon pick up on the social dynamics of the world around them (Howe 2012:15). They develop social skills and a sense of self-worth early in life, which advances their capacity to also provide care for others later in life (Howe 2012:15). There is no other option except to channel the hurt and fear inside if a parent rejects their child, especially if the child is in need or distress. Rejection frequently has detrimental effects on development. Self-worth is attacked (Howe 2012:90).

### **2.3 Causes of childhood emotional neglect**

Child neglect is a complex phenomenon, the causes of which cannot be adequately explained by means of a single theoretical framework (Avdibegović & Brkić 2020). Colwell & Perry (2015) point out neglected children often have caregivers who struggle with attachment. According to Low (2022), parental stress impairs a parent or caregiver's ability to be emotionally responsive to children. Kumari (2020), Low (2022), Colwell & Perry (2015) emphasise that parents or caregivers who struggle with addiction, mental health concerns, personal issues, or relationship problems can find it challenging to create a secure and loving environment for children.

There are four levels of risk factors that contribute to neglect (Assink, Lindauer, Schuts Spruit, Stams & Van der Put 2018). The first level of factors pertains to parents and children. The second level of factors is related to families. The third level of risk factors regards the community and social system in which the family finds itself. The fourth level of risk factors is related to societal attitudes with regard to child abuse and neglect (Assink et al. 2018). According to the theory of Bluementhal (2015), there are three distinct causal models of neglect, namely the *parental deficit* model, the *environmental deficit* model, and the *ecological-transactional* model:

- According to the parental deficit model psychological, cognitive problems and a history of insufficient care on the part of the parent, are the causes of neglect.



- The environmental deficit model identifies factors such as poverty and social ills as contributing to poor parenting practices.
- According to the ecological-transactional model, neglect occurs when the stress levels of the family and the environment surpass people's coping abilities.

The parenting approach, especially during the early life of the child, has a lasting effect on children's functioning in the future (Grossman et al. 2017). In a chaotic home setting that is marked by increased disarray and volatility parents are often not able to respond sufficiently to children and their needs (Low 2022).

The mental state of caregivers can also be a catalyst for neglect. According to Grossman et al. (2017), if caregivers are emotionally absent to children it can be due to detachment, severe depression, chronic mental illness, or impaired development in their own lives. Caregivers can be negligent due to family stress, poverty, the absence of social support, substance use disorder or living in an unsafe neighbourhood (Grossman et al. 2017). Other factors in caregivers' lives that can contribute to the neglect of children include physical absence due to work, stringent commitments, imprisonment, or being hospitalised. This absence can be short- or long-term.

Parents or caregivers who have financial or other difficulties can project their problems on the children and neglect them (Emmanuel 2019). Other contributing factors include family violence, a change of a caregiver's romantic partner, low self-esteem on the part of the parent, or a lack of social and emotional maturity. Emmanuel (2019) explains that young and inexperienced parents, who do not receive much support, can find it challenging to raise children. In the case of very young parents such as adolescents, the lack of maturity can also affect their ability to parent effectively (Parkinson et al. 2017). Insufficient income or security can also lead to adolescent parents' neglect of their children. The young age and inexperience of parents increase the likelihood of child neglect. Another contributing factor to neglect is the family size. The bigger the number of children in the family, the greater the likelihood to neglect, as parents find it difficult to be sufficiently attentive all the children (Parkinson et al. 2017).

According to Avdibegović & Brkić (2020), three aspects have an influence on the likelihood and consequences of neglect, namely children, parents and family. Where *children* are concerned, their age, conduct and physical disability or incapacity can increase the likelihood for neglect (Avdibegović & Brkić 2020). Children with disabilities often exhibit challenging behaviour. The *parental* aspect is often related to mental health conditions, low self-esteem, emotional control issues, unemployment, a lack of social support, negative childhood experiences, and a strained relationship between the child and parent (Avdibegović & Brkić 2020). Parents' actions can be influenced by factors such as religious convictions, cultural standards, and societal conventions.

The *family* aspect pertains to the composition of the family, the number of family members, the relationships within the family, domestic abuse, and the family's socioeconomic standing (Avdibegović & Brkić 2020). The behaviour of family members is influenced by their environment. A negative atmosphere and low socioeconomic standing, inadequate neighbourhood support, inadequate or unreachable social services, and the prevalence of alcohol use, are conditions that often accompany child neglect (Avdibegović & Brkić 2020).

Factors that contribute to neglect include social isolation, challenges in parents' own childhood, a lack of parenting skills, substance use disorder and gambling problems (Avdibegović & Brkić 2020; Lassri et. al 2016). These factors increase the risk of neglect since they undermine the adults' capacity to understand the children's needs, especially the need to form a secure attachment with the caregiver (Avdibegović & Brkić 2020). Some parents are overwhelmed and uncertain of what to do or where to get support. By not seeking support, they try to avoid drawing attention to the problem that can expose them to the investigations of child protection services (Parkinson et al. 2017). Overwhelmed parents are reluctant to draw attention to themselves and frequently do not know how to ask for support with caregiving. On the other hand, parents are often oblivious as to how their actions amount to neglect and that this can inflict long-term harm on the child (Parkinson et al. 2017). Most cases of neglect stem from the caregiver's ignorance and chaotic life (Colwell & Perry 2015). Neglected children often live in such conditions without realising the adverse impact it has on



them. Conditions of neglect are frequently exacerbated by inadequate knowledge, expertise, or resources for child-rearing (Colwell & Perry 2015). Parents who are emotionally neglectful of children are often unaware that their actions or inaction have the potential to do harm to the child.

While other types of child abuse, such physical and sexual abuse, can happen in isolated incidents or in episodic patterns, neglect typically involves repeated episodes of insufficient or unsuitable care for the age of the child (Colwell & Perry 2015). The neglect of children is found in all walks of life. In a privileged environment, though material means are provided in abundance, parents and caregivers can still be emotionally unavailable (Kendall-Tackett 2001). Parents and caregivers can be inattentive and not involved in the lives of children. They can exhibit such immature or needy behaviour that the children are obliged to look after the adults. Socioeconomic factors and family stress can contribute to neglectful behaviour on the part of the caregivers (Emmanuel 2019). Emotional abuse and neglect can sometimes mirror social norms (Kumari 2020). One such example is where girls are neglected and given fewer resources and less attention than boys because of how that society values their gender.

## **2.4 Generational transmission of neglect**

Maltreatment of children, including neglectful behaviour, is often perpetuated over the course of generations. Caregivers' own childhood experiences can be a factor that contributes to ongoing child neglect. Often parents who continually neglect their children were themselves exposed to similar parenting practises as well as physical and emotional abuse (Barnett 2018; cited in Colwell & Perry 2015; Berzenski 2018). Parents who are labelled "abusive" or "neglectful" tend to transmit that behaviour to the next generation (Colwell & Perry 2015). Parents and caregivers who neglect children often did not have an adequate role model when it comes to rearing children. They then neglect their own children on an emotional level (Brandt 2020; cited in Emmanuel 2019). They mirror the parenting behaviour to which they were exposed in their own upbringing. Assink et al. (2018) emphasise that parents' responses to events in their own childhood have a significant impact on how they themselves parent. When



it comes to raising their children, parents typically model their conduct after the methods used by their own parents (Assink et al. 2018). Children who are maltreated can find it “normal” to deal with adversity by hurting and harming others. Similarly neglectful behaviour that was modelled to them can be regarded as “normal” and therefore be repeated by them.

Another explanation is that caregivers who neglect children have disorganised attachment due to experiences of maltreatment in their own childhood (Van Wert, Anreiter, Fallon & Sokolowski 2019). Adults who have experienced abuse or neglect as children are likely to parent with anxiety, uncertainty and distress (Howe 2020:13). Children who experience maltreatment are unable to regulate their emotions because of the widespread and persistent abuse and neglect (Assink et al. 2018). As adults they can struggle to manage the difficulties of close relationships. Because of their emotional instability, they can miss important indications and interactions (Emmanuel 2019). Consequently, these parents are unable to form sound attachment bonds with their children due to their own diminished relationship capacity (Emmanuel 2019). As a result, their children do not learn basic social skills. They then grow up to perpetuate the cycle of dysfunctional relationships across generations.

Because of their own experience of abuse in the past, caregivers can find it difficult to give their children adequate attention (Emmanuel 2019). Neglectful actions can then unintentionally become a habit that is transmitted to their children (Emmanuel 2019). Conversely, individuals who were emotionally validated as children, tend to have the ability to validate the children in their care. People who grow up with emotional support from their parents or caregivers are usually able to provide emotional support for the children in their care (Adeli & Mbutitia 2020).

Though exposure to childhood neglect can lead to neglectful parenting, neglectful practices are not always the consequence of childhood maltreatment. Assink et al. (2018) point out that some parents who were neglected or abused as children do not maltreat their own children in a similar manner. Research has shown that only between 7 and 8 percent of those who are neglectful of children have themselves experienced neglect as children (Van Wert, Anreiter, Fallon & Sokolowski 2019). Another research



shows a higher likelihood (15%) for someone who experienced neglect to also neglect (Assink et al. 2018). Child neglect can be associated with risk variables such as parental maltreatment during childhood and a strained connection with their own parents (Parkinson et al. 2017). In some instances, these associations can have minimal impacts.

In the existing literature, negative childhood experiences are generally seen to increase the likelihood of neglect of their own children because these parents lack an example of effective parenting techniques. They can also suffer continued symptoms of trauma and attachment issues, which would affect their ability to parent (Parkinson et al. 2017). While the emotional neglect of children can be a consequence of how the adult was raised, the study of Assink et al. (2018) has shown that maltreatment of children also can happen in households where the parents were not subjected to maltreatment as children. On the contrary, children who themselves were emotionally neglected can run the risk of replicating such careless conduct with their own children (DePanfilis 2006). Children can base their own parenting style on their parents' parenting style.

## **2.5 Effects on psychological wellbeing**

Mental health challenges later in life can be a serious consequence of childhood emotional neglect. Poor parenting practices and the inadequate response to children's emotional needs can lead to psychological damage in adolescence and later on into adulthood. Mental health is about the capacity to identify, comprehend, and control emotions (Howe 2020:14). A failure of adequate emotional regulation can result in a variety of mental health, relational and behavioural problems. One of the main risk factors for psychopathology is affect dysregulation (Howe 2020:14). Uncontrolled emotions can impede people's capacity to conduct themselves in a socially acceptable or productive way (Braquehaist et al. 2012:131). According to Berenski (2018), psychopathology is indirectly impacted by parental unavailability and emotional neglect through various mechanisms, including a diminished feeling of self-worth in children. People who have suffered childhood neglect are more likely to suppress their pain.



Webb (2012) explains how unprocessed emotions can lead to depression. They can have anger issues that result in aggressive behaviour, guilt feelings that lead to avoidance, or a sense of sadness contributes to depression (Howe 2020:14). People who have suffered childhood emotional neglect learn to ignore their feelings as a means of dealing with difficult emotions. When their feelings are hurt, they suppress rather than acknowledge them. This is how they attempt to manage emotions such as sadness, pain, loss and anger. However, suppressed emotions do not go away, they remain in the body, where they accumulate (Van der Kolk 2014). They are not processed due to the lack of awareness. Unprocessed feelings tend to manifest unexpectedly (Webb 2012). Unprocessed feelings can become oppressive and lead to depression. The overwhelming effect of blocked negative emotions is that positive emotions are lost. It then becomes difficult to feel and express positive emotions, which also makes a person prone to depression (Webb 2012). This increases their likelihood of depression, anxiety, social disengagement, and isolation (Mbao et al. 2022; cited in Dun et al. 2021).

The brain regions responsible for emotions and cognition are often poorly developed in children who have experienced emotional neglect (Colwell & Kerry 2015). Emotional neglect can result in both short-term and long-term psychological problems. This is due to the effect of emotional neglect on the neural circuits that regulate the emotional response to stressors and information processing throughout the life span (Braquehaist et al. 2012:131). In the long run it can have a detrimental effect on the interaction between the individual and their social environment (Braquehaist et al. 2012:132). Emotional abuse and neglect appear to be risk factors for mental illnesses, particularly anxiety and depression. This can be due to improper emotional processing of information about oneself and others, as well as changed usage or decreased availability of neural resources (Kurami 2020).

Emotional neglect can cause damage to the development and wellbeing of children in the long run since an early experience of adversity shapes the child's development (Mbao et al. 2022). Children who have suffered emotional neglect at an early age are more likely to have poor lifelong physical, cognitive, emotional, and social



development outcomes (Blumenthal 2015). Abuse of children in general and emotional neglect in particular can have a detrimental psychobiological effect that can last a lifetime (Braquehaist et al. 2012:132).

Mother-foetal bonding can be compromised if the mother suffered abuse and/or emotional neglect as a child (De Avila et al. 2020). A poor sense of maternal self-sufficiency and an inaccurate and inadequate sense of self can be the result of having grown up in a neglectful environment marked by a sense of invisibility and a damaged sense of subjectivity (De Avila et al. 2020). Becoming a parent triggers emotions and memories from the past. Maltreatment as a child can have had a negative influence on this process. Being a parent activates the attachment system. If the mother had experienced attachment issues in her childhood and life, this could result in depression during the insecure gestational period. Attachment dysregulation can be one of the reasons for prenatal depression (De Avila et al. 2020).

Childhood emotional neglect is difficult to identify and does silent harm to people's lives (Webb 2012). The psychological effects of emotional maltreatment throughout childhood persists until adulthood. Neglected or abused children are more likely to experience other health issues as adults as well. A child's development in the social, cognitive, and emotional domains is impacted by the parenting style to which they were exposed. Children and adolescents who have suffered significant emotional neglect often have an elevated level of psychological pain because of having internalized the harsh treatment and negative signals they receive from parents or caregivers. This can lead to the development of maladaptive interpersonal schemas and a sense of insecurity, which in turn can result in inappropriate actions (Mbao et al. 2022). Emotional abuse shows a strong correlation with mood disorders, personality disorders, and substance use disorder (Di Dio et al. 2015). Emotional neglect has a correlation with these conditions as well, although not nearly as consistently or as severely. Research using at-risk, forensic, and mental health samples has demonstrated that the detrimental effects of emotional neglect are often similar to those of abuse (Emmanuel 2019).



Child neglect can have a detrimental effect on the growing brain and can raise the likelihood of the child developing psychological issues (Akpunne 2015). Parents or caregivers who ignore the emotions of children do not serve as a role model for how to feel, recognise, and deal with emotions appropriately (Akpunne 2015). This is supported by the body of research that demonstrates that, because of their limited exposure to emotional role models, neglected children generally comprehend emotions less well than other children (Akpunne 2015). Children who experience emotional neglect from an early age are especially vulnerable when it comes to the development of cognitive skills. In the existing research, emotional neglect is linked to the neuropsychological phenomenon of alexithymia, the inability to identify and comprehend one's own emotions and those of others (Berenski 2018). The link between emotional neglect and alexithymia most likely stems from the lack of emotional role models available to those children (Berenski 2018).

Evidence is emerging with regard to the role of childhood emotional neglect as a risk factor for the development of psychiatric symptoms in adulthood. Emotional neglect can even be the foundation for the development of other types of child abuse (Di Dio et al. 2015). Research has indicated that caregivers who neglect children can simultaneously exhibit abusive behaviour, which means that children who experience child neglect are more likely to also experience child abuse, such as sexual harassment, for example (Schimmenti & Caretti 2010).

When children are neglected, they internalise the negative messages that neglect convey (Adeli & Mbutitia 2020). Consequently, they are plagued by insecurities. Dysfunctional memories and emotions can lead to problematic behaviour. The extreme neglect of infants can hamper their growth and ability to thrive. In severe cases it can even lead to the death of the infant (Perry & Colwell 2002). The effects of child emotional neglect do not disappear as the person grows up. They remain and often adversely affect relationships with others, including a spouse and their own children. Emotional neglect in childhood therefore affects the person's entire adult life, including aspects such as self-perception, self-esteem and mental wellness (Adeli & Mbutitia 2020). Childhood emotional neglect can lead to a lifetime of mental problems. Grossman et al. (2017) points out that severe depression, mental ailments,



detachment and developmental problems can be the result of the emotional absence of caregivers in childhood.

Adeli and Mbutitia (2020) point out that there is a correlation between childhood emotional neglect and adolescents' experience of anxiety and depression. These symptoms are signs of psychological distress. According to Yehuda et al. (2013), emotional abuse and neglect can predicate physical, anxiety and depressive symptoms and a lifetime of trauma. In this way, emotional abuse and neglect can be powerful predictors of adult emotional problems. This should not be overlooked because of the subtler nature of neglect in comparison to abuse. Neglect also constitutes a form of trauma (Yehuda et al. 2013). Symptoms of depression and anxiety are common in children who have experienced maltreatment such as neglect (Perry 2001). Because of its subtlety, emotional neglect can lead other kinds of social deficiencies than outright abuse (Berzenski 2018). The need for nurturing and supportive early childhood experiences for the purpose of achieving the expected developmental milestones, has been stressed by development theories in the field of psychology. Emotional abuse and neglect can impede development and ultimately lead to a narrower range of adaptive behaviours and insufficient self-care (Yehuda et al. 2013; cited in Di Dio et al. 2015).

## **2.6 Effects on emotion regulation**

A significant consequence of emotional neglect is the inability to regulate emotions. Certain developmental neurobiological injuries to the developing brain can result in long-term dysregulation of the emotional, conduct and cognitive domains (Braquehaist et al. 2012:132). Berenski (2018) describes emotion regulation as the degree to which the everyday expressions of emotions and behaviour are managed. It is the process through which the incidence, experience and the expression of emotions is controlled by individuals (Gruhn & Compas 2020; cited in Gross 2013). It is about accepting, processing and responding to different sets of emotions. Childhood emotional neglect can have an adverse effect on emotion regulation. When compared to other risk factors, childhood emotional neglect has strong effects on emotion regulation abilities and has been linked to other symptoms of poor emotion regulation, such as self-



harming behaviour (Berenski 2018). The development of sufficient affect regulation and affect tolerance is a prerequisite for people in order to be able to integrate and process the distressing mental states associated with emotional neglect as a child (Di Dio et al. 2015). There is a greater likelihood that emotional neglect in childhood will affect a person's emotional sensitivity and understanding.

Existing research has shown that emotional neglect early on in life is associated with deficiencies in emotional clarity, or the inability to identify and distinguish between emotions (Berenski 2018). Constructive interaction with caregivers is instrumental to the development of affect regulation and mental health in children (Fonagy, Gergely, Jurist & Target 2002). Where there is emotional neglect, this is not possible. The reason for the association between neglect and alexithymia is that children who have been neglected, have had an inadequate example of emotional responsiveness from which to learn (Berzenski 2018). Childhood emotional neglect can lead to poor strategies regarding emotion regulation, an inability to express emotion, a lack of emotion regulation development, and lack of emotional understanding (Hua, Perveen & Thai 2021). There is a relationship between emotional abuse and neglect, and problems regarding emotion regulation. Neglect impairs a person's capacity to create and preserve a healthy internal state. This often also has physical repercussions (Hua, Perveen & Thai 2021).

Insufficient nourishment and insufficient emotional engagement are two factors that can modify the production of critical hormones that regulate growth. This has an impact on the physical development of the body, including the development of the brain (Colwell & Perry 2015). Young children need sufficient emotional and physical stimulation in addition to an adequate calorie intake, in order to maintain normal patterns of neuroendocrine activity and growth. Emotional neglect can lead to a “failure to thrive”: despite having access to sufficient nutrients, the person is then not developing at a healthy rate (Colwell & Perry 2015). Children who have experienced emotional neglect often exhibit deficiencies in emotion regulation, primarily related to a lack of awareness of general emotions and coping mechanisms (Berenski 2018). Families are the main context in which emotion regulation and stress coping mechanisms are learnt in the process of child development. The ability to cope with



and regulate emotions is acquired during child-caregiver interaction. In direct communication with the child the adult models and expresses cordiality and care. Children who have suffered neglect, did not have the opportunity to learn emotion regulation strategies and the coping skills that prevent social problems in their future (Kim & Cicchetti 2010). They had no example of effective coping strategies and emotion regulation (Gruhn & Compas 2020).

According to Young & Widom (2014), the impact of emotional neglect extends to compromised emotional processing in adulthood. It results in a force of adverse consequences on many levels of functioning. This explains why neglect can lead to poor emotion processing abilities. Child abuse and neglect have been associated with cognitive deficits in general and various forms of psychopathology that can lead to emotion processing deficits (Young & Widom 2014). Experiences of child maltreatment can disturb the process of emotion regulation and lead to the suppression of emotions instead of expressing them (Gruhn & Compas 2020). Inadequate emotional regulation can have severe consequences for mental health. People who struggle to identify and control their emotions can find social interaction challenging.

## **2.7 Effects on attachment**

Emotional neglect in childhood can have a significant impact on the parent-child attachment and bond. Attachment refers to “the nature and quality of the actual relationship” (Phillips & Shonkoff 2001). It is about the ability to establish and sustain positive emotional bonds (Colwell & Perry 2015). Parents and caregivers are attachment figures for their children. A child who is exposed to emotional neglect, physical abuse, domestic strife, and other toxic stresses is less likely to develop a solid parental bond and to thrive than a child raised in a loving and supportive environment (Low 2022). Secure attachment is conducive to the development of trust and positive relationships (Erozkan 2016). It contributes positively to the overall physical, intellectual and psychological development of infants and children (Phillips & Shonkoff 2001). People who have experienced interpersonal abuse and neglect as children are more likely to have attachment insecurity. Experiences of abuse and neglect can



significantly impair psychological development, which includes the formation of positive internal self- and other-working models (Erozkana 2016). Children who experienced emotional deprivation often exhibit avoidant or ambivalent attachment behaviour (Colwell & Perry 2015).

The effects of emotional neglect on children goes beyond the child-parent relationship. Adeli and Mbutitia (2020) point out that the absence of love, support and affection can negatively affect a person's ability to form secure attachments with present and future family members, friends and peers. The development of key attachment capacities takes place during infancy and early childhood. For positive development to take place, the environment should be such that it fosters healthy, happy, and productive individuals who are capable of empathy, caring, sharing, and suppressing aggressiveness (Colwell & Perry 2015). A child's primary attachment bond with a caregiver is what provides the developmentally appropriate emotional matrix (Blumental 2015). Without it, a child can experience a variety of emotional issues. Poor bonding between children and caregivers is one of the potential causes and effects of neglect (Colwell & Perry 2015).

Children who have experienced interpersonal abuse and neglect tend to develop a more negative self-image and exhibits higher levels of attachment anxiety and attachment avoidance (Erozkan 2016). Neglect can lead to insecure types of attachment, which include fearful, preoccupied, and dismissing attachment styles (Erozkana 2016). When children have a secure attachment with parents or caregivers, healthy maturation of the components of the brain can take place (Phillips & Shonkoff 2001). However, childhood neglect dramatically disrupts psychological development, including the formation of positive internal working models of oneself and others, which puts people at risk of attachment insecurity (Erozkana 2016). Caregivers who provide sufficient emotional support can therefore contribute to the formation of a secure foundation from which children can explore the world, reach their full potential, form and sustain healthy relationships, and be able to regulate their emotions (Phillips & Shonkoff 2001). Attachment theory emphasizes the role of secure and positive relationships because children's sense of self develops through exchanges with others.



Optimal attachment to parents or caregivers is the most significant relationship a child can have. These are a child's first relationships, and they provide a model for all subsequent relationships (Perry 2001). Secure attachment with parents or caregivers is formed through continuous bonding as an infant. This builds a strong foundation for healthy relationships. The absence of bonding and attachment, leads to an inability to form and maintain healthy relationships in the future. The early years of life are a critical time for the development of the neural networks in the human brain that enable people to establish and sustain emotional attachments (Perry 2001).

## **2.8 Effects on relationships**

Various factors influence the choice of an intimate partner. In this regard, childhood experiences are significant because they leave a lasting impression that influences decisions regarding relationships and other aspects of life (Webb 2017). Relationships with their parents or caregivers provide children with their first experience of love.

Adult relationships can be adversely affected by childhood emotional neglect. A lack of love, affection, and support are the typical traits of emotional neglect. This makes it challenging for an individual to have a strong relationship with parents, siblings, peers, or a romantic partner (Adeli & Mbutitia 2020). Children who feel that they are loved, cared for, and listened to by caregivers, learn to believe that they are worthy of being loved. They are able to regard others as trustworthy and can be available for others when a need arises (Phillips & Shonkoff 2001). On the other hand, when children are constantly rejected or go unnoticed, they learn to believe that they are not worthy of love and are unimportant, that no one is interested in them or available to them (Adeli & Mbutitia 2020). Such people do not reach out to others for support and often also do not know how to provide support for others.

Children who struggle to control their emotions grow up to be hostile and violent, helpless and perplexed, withdrawn and alone, socially nervous, and cautious of others (Howe 2020:25). People who struggle to identify and control their emotions often encounter social problems. When it comes to handling the regular demands and

stressors of social connections, children who have experienced abuse and neglect display a lack of diversity and flexibility as well as a poverty of responses (Howe 2020:26). Relational problems related to childhood emotional neglect often have to do with issues of emotion control (Berzenski 2018). People who experience psychological distress typically withdraw from others and tend to be more self-conscious (Mbao et al. 2022). Research has shown that childhood emotional neglect is strongly linked to deficiencies in social skills (Berzenski 2018). Neglect is associated with the *internalization* of behaviour such as withdrawal, and feeling unhappy, lonely, and melancholy. It is also be associated with *externalizing* behaviour such as being hostile or overly animated. This affects people's social life through childhood and into adulthood (Akpunne 2015).

The effects of emotional maltreatment in childhood persist into adulthood. Adults carry it with them for the rest of their lives. It has an impact on their relationships, self-image and self-esteem (Adeli & Mbutitia 2020). Childhood emotional neglect can adversely affect people's relationship with their own children. There is a correlation between parent-child bonding difficulties and childhood emotional neglect (Stigger et al. 2020). Secure attachment from infancy is necessary for growth and developing capabilities to learn, to acquire a positive sense of self, and to be confident in the development of social skills. Such persons are also better capable of nurturing successful relationships with others in adulthood. They understand and have the ability to regulate emotions. They are capable of commitment and have a sense of morality. Positive child-caregiver relations give children a strong foundation for a healthy life and healthy relationships in their future (Stigger et al. 2020).

Adeli and Mbutitia (2020) point out that emotional neglect in childhood makes it difficult for a person to establish a stable bond with parents, siblings, peers, and a spouse. They tend to withdraw from social interaction and struggle with interpersonal relationships (Adeli & Mbutitia 2020). People who were constantly exposed to emotional neglect as a child struggle to show positive feelings towards others and to maintain relationships in adulthood (Di Dio et al. 2015). As a child they did not learn how deal with negative feelings towards others. The result is that later in life they are often overwhelmed by negative feelings and are unable to deal with them

constructively (Berzenski 2018). This can have a negative effect on their mental wellbeing.

A lack of emotional validation during childhood can impair a person's capacity to know and trust their own emotions as an adult. Childhood emotional neglect can also contribute to a person's feeling of being disconnected, empty and unable to understand others' emotions (Adeli & Mbutitia 2020). This is a result of a childhood environment where feelings were not expressed. Exposure to ongoing emotional neglect can lead to an inability to grow and be confident in interpersonal relationships (Di Dio et al. 2015). The reason for these problems is that caregivers did not provide them with a sufficient example from which they can develop a sense of security and have positive feelings about relationships (Di Dio et al. 2015).

Those who experience ongoing emotional deprivation before the age of three can find it difficult to form enduring, meaningful connections later in life (Colwell & Perry 2015). People who are overly self-critical tend to regard others as untrustworthy. They stress autonomy, self-esteem and accomplishment to an extent that harms interpersonal relationships (Lassri et al. 2016). The focus on accomplishment to the detriment of relationships is a way in which people who have suffered childhood emotional neglect deal with negative affect. This inhibits the possibility of having and sustaining close relationships (Lassri et al. 2016).

People whose emotions were not affirmed as children struggle to know their emotions in adulthood. They struggle to understand their own and others' feelings. They find it difficult to trust and rely on others. They often feel empty and detached because their emotional self was disregarded (Adeli & Mbutitia 2020). The way in which an individual was treated emotionally as a child by parents or caregivers determines how they treat themselves and others as an adult (Adeli & Mbutitia 2020). If such childhood scars are left unattended, the outcome will not be positive. Maltreatment or neglect during infancy and childhood is a predictor for increased relational violence and decreased romantic competence later in life (Labella et al. 2018). The detrimental effects of childhood maltreatment and neglect on social competence carry over into adulthood, especially in the close proximity of romantic relationships. Adult romantic relationships



can be restricted by childhood experiences of abuse and neglect (Labella et al. 2018). Multiple forms of childhood abuse and neglect at different times in people's lives can have detrimental cumulative consequences for their romantic competence. Adults carry the effects of their childhood emotional neglect throughout their life. It has an impact on their relationships, and sense of self. Children who have been neglected or rejected by their caregivers, often have problems with emotional intimacy (Perry 2001). People who have experienced neglect tend to be critical of themselves due to internalized negative views of self and others. This leads to attachment avoidance, which often contributes to dissatisfaction in romantic relationships (Lassri et al. 2016). Prolonged childhood emotional neglect and a lack of touch, care, support and nurturing can affect a person's ability to form significant relationships in the future in the long term.

Early experiences have a significant influence on a person's capacity to form intimate, emotionally secure relationships later in life (Perry 2001). A high level of emotional intimacy between two people is essential for a relationship to succeed in the long run. Successful intimate relationships require a number of key competencies. These include emotional abilities, such as recognizing, accepting, tolerating, controlling, and verbalizing feelings. Emotional awareness of oneself and the intimate partner is necessary. Communication abilities and self-awareness with regard to one's emotions and reactions, preferences and dislikes, and awareness of one's strengths and shortcomings are crucial in intimate relationships (Webb 2017).

A consequence of emotional neglect or abuse in childhood for later intimate relationships is conflict avoidance. This results in unresolved issues. Problems are not discussed openly and disagreements are not resolved. Another effect is loneliness. When emotional intimacy is not fully developed in relationship, partners can feel lonely and empty. Most conversations then centre on safe, superficial subjects. Feelings are rarely discussed and when they are, it is awkward. A further effect is a lack of emotional connectedness. It involves holding back, hiding unpleasant emotions, and being unable or finding it difficult to express them. A lack of passion in a relationship can often also be related to emotional neglect experienced as a child (Webb 2017). Relationships can be challenging for a partner who was emotionally neglected as a



child. If this was the case for both partners, their interaction can be marred by inaccurate assumptions and interpretations, a lack of communication, unsolved issues, and both passive and violent aggression (Webb 2017).

Children who experience abuse and neglect run a significant risk of never understanding the emotional makeup of either themselves or other people (Howe 2017:11). They consequently struggle to manage social relationships effectively. People choose their romantic partners based on a variety of reasons. Childhood experiences are also significant because they leave a lasting impression that influences decisions regarding relationships and other aspects of life.

Emotions are felt in connection to the organism's subconscious evaluation of its internal and external surroundings (Howe 2017:12). The intricacies associated with being a social animal appear to render emotions a particularly significant component of our psychological constitution (Howe 2017:12). Our feelings give us social interaction scripts in outline form, they facilitate our evaluation and comprehending the nuances of relationships, including whether to approach and when to back off (Howe 2017:12). When to be calm, how to work together, and how to endure in a competitive environment. The complexity of being a social animal seems to make emotions a particularly significant part of our psychological make-up (Howe 2017:12).

## **2.9 Other effects of neglect**

Childhood emotional neglect has a variety of effects. At the preschool age, emotionally neglected children often have difficulties with coping, personality development, and emotion control (Schimmenti & Pace 2012:53). Neglected children tend to find it difficult to deal with stressful situations. Children who have suffered neglect are less able to distinguish between different emotions and are easily confused by other people's expressions of emotion (Schimmenti & Pace 2012:54). Early childhood abuse and neglect can have a major impact on an infant's developing abilities, particularly in the crucial domains of speech and language (Erozkana 2016). Emotional neglect has been linked to substance use disorder, including alcohol-related problems (Wekerle 2019). Children who grow up in a violent or neglectful environment are more prone to



exhibit difficult-to-control disruptive behaviour (Assink et al. 2018). Other risks associated with neglect and abuse include eating disorders, obesity, high-risk sexual conduct, smoking, suicide ideation, and a few chronic illnesses (Adeli & Mbutitia 2020).

College students who experience higher levels of emotional maltreatment as children struggle more than their peers to find meaning and purpose in life (Assink et al. 2018). Children who have experience neglect or abuse are often more impulsive and irritable. This makes them more prone to aggressive behaviour as adults (Van Wert, Anreiter, Fallon & Sokolowski 2019). They are also more likely to develop unhealthy coping mechanisms such as self-harm, substance use disorder, and risky sexual behaviour (Grossman et al. 2017). There is a correlation between the likelihood of substance use and a lack of meaning in life. A sense of meaning and purpose in life are adversely impacted by emotional neglect (Kurtulus & Elemo 2023).

Emotional neglect in childhood can cause significant harm to a young adult's core identity (Kurtulus & Elemo 2023). Neglected children can feel worthless and insecure, which can lead to substance use disorder, problematic behaviour or even suicidal ideation (Perry & Colwell 2002). Emotional neglect over time can cause major health issues in people's lives (Avdibegović & Brkić 2020). Child neglect correlates significantly with learning challenges, low academic achievement, and conduct issues in children and adolescents. Neglect can result in physical ailments and play a role in a variety of psychosomatic issues, such as substance use disorder, panic attacks, and eating disorders (Braquehaist et al. 2012:131). Other effects include anxiety disorder and post-traumatic stress syndrome.

## **2.10 Mitigating emotional neglect**

Childhood emotional neglect is often difficult to identify. It happens behind closed doors and leaves no visible traces. Other responsible adults therefore cannot always identify that an infant, toddler, or young child is subject to emotional neglect (Colwell & Perry 2015). It is important to consider neglect in the ecological context of the individual, family, community, and society (Colwell & Perry 2015). Interventions should focus on the specific child, the family system where the neglect is occurring, problem



areas in the community, and the social system, which includes the prevailing cultural values (Colwell & Perry 2015). In order to support people who suffer emotional neglect and prevent the transference of this neglect to future generations, it is vital that early experiences of caring are provided.

The goal should rather be to build and strengthen positive capabilities than to have to mitigate the consequences of the negative impact of neglect later on (Emmanuel 2019). The focus is then on facilitating a sense of autonomy, as well as fostering optimism and self-worth. Intervention programmes are specifically designed to stop child neglect before it starts and to prevent it from being perpetuated (Emmanuel 2019). Neglected children need therapy in order to regain psychological wellbeing. Through educational programmes, their cognitive function and academic accomplishments can be improved. Parents can receive treatment for substance disorder. They can participate in parenting programmes. Through couples or family therapy, family relationships can be strengthened (Colwell & Perry 2015).

Social support in various forms can contribute to the mitigation of the effects of emotional neglect. A study by Dunn et al. (2021) shows that effective peer support in mid-adolescence when children depend more and more on relationships outside the home, can play a significant role. It can counteract to some extent the detrimental mental effect of the emotional neglect of caregivers (Dunn et al. 2021). Parents who themselves had suffered childhood emotional neglect should acknowledge this and work actively to acquire the necessary skills in order not to perpetuate the harmful effects of neglect. They should strive to bridge the gaps, do better than their parents did, and deal with the resentment from the past (Dunn et al. 2021). Children who have suffered emotional neglect at home can be coached to learn to express, control, and cognitively process their emotions. Parents can be coached to acquire the skills to interact with their children in more positive and supportive ways (Di Dio et al. 2015).

## **2.11 Psychological and family approaches**

### **2.11.1 Emotion focused therapy**



Emotional neglect has multiple short- and long-term effects. Various psychological approaches can be utilised to mitigate these effects. Leslie & Greenberg (2010) define emotionally oriented therapy as a therapeutic strategy predicated on a comprehension of the function emotions fulfil in the process of psychological rehabilitation. Emotion is stressed in therapy as a source of direction, growth, and meaning. Makalesi (2021) explains that the foundation of emotion-oriented therapy is an examination of emotions and how they impact a person's experiences. Sue Johnson and Leslie Greenberg developed emotion focused therapy in the 1980s (see Reid & Woolley 2006). When applied with couples, it makes use of expressive tools and activities (Elliot & Greenberg 2004). Supporters of this theory contend that people's desire for safe attachment does not change throughout time. It is the object of attachment that shifts from the parents to the romantic partner (Karris & Caldwell 2015).

Emotion focused therapy aims to improve people's ability to regulate, accept, express, and utilise their feelings (Karris & Caldwell 2015). It aims to strengthen the attachment bond between the partners. The intent is to access, restructure, and increase emotional reactions. According to Reid & Woolley (2006), the objective is to restructure their interactions and strengthen the stable bond between couples. Techniques are utilised to facilitate people to work through their emotions in order to alter their emotional experience (Karris & Caldwell 2015). Early experiences of abuse, neglect, or abandonment can impair a person's capacity to cope with emotional suffering (Greenberg 2010). Consequently, emotions can become overpowering and incapable of providing a foundation for an appropriate reaction to external stimuli. Individuals who experienced maltreatment and neglect during childhood can benefit from emotion-focused therapy (see Reid & Woolley 2006).

People who have been subjected to abuse and neglect generally employ various coping strategies to deal with their emotional distress. Some people repress their feelings, whereas others succumb to inappropriate behaviour and can end up harming themselves (Paivio & Nieuwenhuis 2001). Recalling unpleasant feelings and painful recollections is necessary in order to transition to a new perspective and to incorporate new information (Greenberg 2010). Emotion-focused therapy emphasizes the significance of the therapeutic partnership in bringing about change. The therapist's

compassion and affirming esteem for the persons serve as a starting point for correcting previous negative relational experiences (Paivio & Nieuwenhuis 2001; see Greenberg 2010). By allowing clients to examine and express their feelings, emotion-focused therapy facilitates an understanding of their attachment requirements and rectify unfavourable emotional interactions (Cheney 2017). First, the significant problems are identified and explained. Then the therapist facilitates the person(s) to identify the main emotions connected to the problem and explain how they relate to the problem (Hardin 2014). The therapist then facilitates the person(s) to recognize and accept responsibility for the primary emotion connected to the problem (Hardin 2014). Finally, the therapist creates a space where the person(s) can feel empowered and relieved as they deal with the matter in an emotionally appropriate way (Hardin 2014). Greenberg (2010) explains the three stages as follows:

- People become conscious of their feelings.
- They investigate and elicit fundamentally dysfunctional emotion systems.
- They go through a transitional phase in which they create new emotions and reflect on sentiments that were triggered.

### **2.11.2 Attachment therapy**

John Bowlby (1969; 1973) and Mary Ainsworth (1969) developed the “attachment theory” (Berant et al. 2013). This theory emphasizes the value of connections that are nurturing and encouraging. Such attachments and these interactions begin in early childhood and last throughout life (Berant et al. 2013). In order to cultivate a sense of safety and security a compassionate and encouraging environment is necessary. Such an environment promotes physical and mental wellness and improves social functioning (Berant et al. 2013). According to attachment theory, a small child who bonds well with caregivers has a better chance of survival (Berant et al. 2013).

Attachment theory explains how early experiences and events have an impact on relationships and interactions with others (see Crawley and Grant 2005). According to Bowlby, attachment security provides persons with a feeling of self-worth, affection, and the confidence that they will receive sufficient support when they need it. Social

skills, mental wellness, and overall functioning are enhanced by such a sense of stability (Crawley & Grant 2005). Persons with secure attachment are able to maintain a sense of self-worth, deal with stress effectively, and enjoy fulfilling intimate relationships. According to Johnson (2009), they develop a favourable self-image, find others generally trustworthy, and believe that they themselves are worthy of being loved.

From birth, human beings seek intimacy, companionship, and attention from others. A secure attachment experience leads to a sense that others are approachable, understanding, and readily available (Berant et al. 2013). However, a strong sense of security cannot be attained if one of the primary attachment figures is unavailable or unreliable (Berant et al. 2013). The presence and availability of parents during times of need is what fosters safe relationships in newborn babies, children and adolescents (Berant et al. 2013). Conversely, insecure attachment causes people to believe that others are distant, unresponsive, abusive, absent, or insulting (Crawley & Grant 2005).

Children can be encouraged to explore relationships outside of their immediate family (Crawley & Grant 2005). An important part of attachment therapy is the counsellor's involvement. The counsellor can become the one who provides security (Berant et al. 2013). The way in which a counsellor reacts, can be beneficial and effect a positive outcome. The counsellor can provide a safe space for one to remember prior painful experiences in order that transformation can occur. This is possible when there is a secure bond between the person and the counsellor (Berant et al. 2013). Counsellors aim to provide people with unconditional positive respect, consolation and encouragement. They are sensitive, responsive, and affirming of the positive attributes in the person and the conversation (Berant et al. 2013). This security and affirmation provides the experience of positive human interaction that the person did not have in their childhood years.

The partner is considered the primary figure of attachment in romantic interactions between adults (Mikulincer, Shaver & Berant 2020). Mistrust of the romantic partner's compassion and availability when required, can lead to attachment anxiety, avoidant behaviour, and emotional distance in partnerships (Berant et al. 2013). Counsellors



should begin by assessing the partners' attachment style (Vailancourt-Morel, Labonte, Brassard & Tremblay 2021) in order to come to an understanding of their attachment requirements and how these impact on the couple's relationship. A shift from insecure to secure attachment is the goal of attachment therapy (Mikulincer et al. 2020).

Family counselling is regarded as a “transgenerational therapy” (Vetere & Dallos 2008). In attachment therapy, family members are facilitated to consider how they interact with the children and to assess whether it differs from or is similar to how their parents interacted with them (Vetere & Dallos 2008). They can then evaluate how the relationship with their children can be improved. The emotional demands, weaknesses, and wounds that exist in families are explored in counselling in order to gain insight into how grandparents supported or failed the parents emotionally, and how that affected how well or poorly these parents interact with their children (Vetere & Dallos 2008).

### **2.11.3 Child parent psychotherapy**

The idea that safe, consoling, and loving parent-child relationships are crucial, forms the basis of child-parent-psychotherapy (Timmer & Urquiza 2014). Such an environment prepares young people for building meaningful relationships as adults. It also provides them with a strong foundation for positive mental health from infancy and early childhood (Timmer & Urquiza 2014). Child parent psychotherapy, which aims to give parents insight into themselves and their children, takes place by means of unstructured play and interaction between parents and children (Timmer & Urquiza 2014). The therapist's role is to facilitate parents and children to play together, express their emotions through play, and use healthy physical touch as a means to convey understanding and trust. Jina (2012) points out that the child-caregiver “relationship” is the purpose of the therapist’s work. Parents learn more effective parenting methods in the process and the therapist works to improve the relationship between the caregiver and the child.

### **2.11.4 Parent child interaction therapy**

Facilitating better interaction and relationships between parents and children is the aim of parent-child interaction therapy (Sheperis, Sheperis, Monceaux, Davis & Lopez 2015). The goals are to lessen conduct issues, enhance parenting techniques, and facilitate the development of closer family bonds. Therapists identify the roles that each family member plays, the ways in which they interact, and the ineffective techniques of discipline embedded in the family system. With insight into how families function and how parents raise their children ways are sought to replace ineffective parenting practices with more adaptive ones (Sheperis et al. 2015). This leads to stronger and more stable family systems. Parent-child interaction therapy provides support to enhance parent-child connections without blaming.

#### **2.11.5 Multisystemic therapy for children**

Multisystemic therapy is a networked system of interventions based on a social-ecological concept for treating child abuse and neglect. Timmer and Urquiza (2014), point out that children form part of various systems or “ecologies”. These include the family, school, and parents. These ecologies both influence them and are influenced by them. This therapy is based on the idea that, for treatment to be effective, it should address how the children function in all of their social systems.

#### **2.11.6 Family systems theory**

Family systems theory was one of the first comprehensive theories on the functioning of family systems (Mackay 2012, see Bowen & Kerri 2009). The goals and principles of the family systems theory are utilised for the purposes of developing family life enrichment experiences for relatively functional, “healthy” families that want to develop their potential for growth (Mackay 2012).

#### **2.11.7 Component-based therapy**

Component-based Therapy, according to Grossman et al. (2017), incorporates the following four core components:



- Relationship: operating within a framework of relations.
- Regulation: enhancing one's ability to control oneself.
- Parts: using separate components.
- Narrative: construction of meaning, assimilation and identity.

## 2.12 Summary

Neglect is not something that caregivers *do to* children. Rather, it is what they *fail to do*. Neglect is difficult to identify, it can occur without being noticed. Childhood emotional neglect occurs when parents or caregivers reject children or ignore their emotional and mental needs. Such caregivers do not create an environment where children feel loved, supported and cared for. A loving, nurturing and supportive home environment is necessary for children to develop fully. Positive development contributes to children acquiring a positive image of themselves and others. It makes it possible for them to trust others with their emotions, also later in adult intimate relationships. Positive interaction between children and primary caregivers develops and enhances their social skills. Neglect can lead to an inability to regulate emotions and can harm a person's mental wellbeing.

Factors that contribute to caregivers neglecting children include a lack of parenting skills and their own experience of childhood maltreatment, be it abuse or neglect. When caregivers are preoccupied by other priorities, it can lead to neglect. Their attention is directed elsewhere. Dysfunction in the household, the economic situation of the family and community, the mental state of the parents, as well as their physical absence due mostly to work and other commitments, can also cause children to be neglected on an emotional level.

Adults who have suffered neglect as children themselves can be susceptible to neglecting their own children later in life. Childhood emotional neglect is associated with a range of consequences. Those who have suffered childhood neglect tend to be prone to repressing their suffering. This elevated the risk of developing mental health challenges. The inability to regulate emotions is a significant consequence of childhood emotional neglect. Children who experienced emotional neglect did not



have the opportunity to bond with their caregivers and learn to relate to others. In adulthood that has a negative effect on their intimate partner relationships and on their own children. Other effects of childhood emotional neglect include substance use disorder and poor academic performance. Various psychological therapies were identified that can be useful for treating broken parent-child relationships and empowering people who have suffered childhood neglect. The aim of these interventions are healing from the emotional wounds caused by childhood emotional neglect and learning at a later stage in life how to form secure emotional attachments.



## CHAPTER 3. NARRATIVE APPROACH

This chapter investigates narrative counselling, which is the chosen counselling approach of this study. The social science perspectives as well as the pastoral tenets are explored.

### 3.1 Introduction

The narrative therapy approach was developed by Freedman & Combs (2002) who was influenced by French philosopher Michel Foucault's poststructuralist work. One of Foucault's (2020) main contributions was on how power functions in society. He discussed the manner in which Western societies tended to label "the other" – a designation that has been used to segregate, oppress, or enlist these "others" in self-policing. Foucault pointed out that individuals' ability to engage in discussions that influence society gives them power in the society (Freedman & Combs 2000). Foucault highlights how people's understanding of their life is shaped by the power structures in society (Rice 2015). What is regarded to be true, right, or proper in society is expressed in social discourse. Those who dominate the discourse also have power of the generation and transmission of knowledge. A discourse as a set of meanings, symbols, representations, images, stories and statement that produce a particular form of event when put together (Küster 2022:561).

Foucault was particularly interested in how "truth claims" serve to form the discourse (Madigan 1992). Social discourse establishes and upholds the superiority of one concept over another. He dissected these socially constructed discourses and focused on depictions of what constituted "normal" and "deviant" behaviour in a community (Madigan 1992). His goal was to locate and disseminate marginalized discourses, or narratives that exist but are not extensively disseminated or strongly supported. He challenged the overbearing influence of the reductionistic scientific discourse (Rice 2015).

Narrative therapy is a social-constructionist and constructivist approach to the therapeutic change process (Rice 2015). The foundation of narrative therapy is the notion that social, cultural, and political circumstances can contribute significantly to



the creation and perpetuation of people's problems (Rice 2015). Narrative therapy is "open-ended" (Klaasen 2017). It comprises three components, namely, community (being the narrative), communication (speaking the story), and experience (living the story). According to Fleming (2003), narrative work directly addresses the political aspects of many problems that people bring to therapy. Lived experiences always also exist outside of the prevailing narratives, even in the most marginalized and powerless of lives (Freedman & Comb 2020). Identity is formed in and by the discourses that are present in a society. This includes discourses on gender, education, age, and sexuality (Küster 2022:561). From a narrative therapy point of view, these issues can be seen as socially constructed. They are the result of "practices of power" that compel people to define their identities and lives in limited ways (Fleming 2003).

Narrative theory stresses that people's lives and the meanings they allocate, are constructed by the world organized through cultural discourses of power (Clinebell 2011:42). These power discourses dictate what story is related, who relates the story, and what it means. For narrative counsellors, it is important for people to assess the power dynamics that they are a part of. Narrative therapy aims to create distance between the person and the problem saturated discourse about themselves. People should not be defined by their problems (Clinebell 2011:42). People's lives comprise a variety of stories which are personal, familial, or community-related, and are also impacted by the larger social context in which they live. People not only live their lives in accordance with these narratives, but they also build their expectations for the future on them (Morgan 2002:8).

People organize significant experiences into stories, which they then weave into a more comprehensive life narrative in order to make sense of their existence (Freedman & Combs 2000). The theory of narrative therapy is based on the idea that an individual's life is shaped by the knowledges and stories that they negotiate, first as a family member and then also as a member of the community (Rance 2014). The story that people tell themselves about who they are and what they do, can influence their perception of who they are. People take certain events and then link them together into a plot or theme. This plot or theme about their lives then shapes their identity (Denborough 2014:9). These stories are filled with presumptions, notions, and



socially and culturally derived “given truths” (Fleming 2003). People can start to think that either they or others are the problem, that their difficulties are inherent in their own selves or in the selves of others.

Narrative therapy assumes that people also have many experiences in their lives that can challenge and redirect their problem story towards new interpretations and meanings. However, because of the dominance of the problem story in their experience, these alternative stories are not told because they are in conflict with the dominant story (Clinebell 2011:40). In narrative counselling, new stories, life stories that are more fulfilling, empowering and provide hope for a better future are generated. The aim is therefore to deconstruct harmful individual and societal narratives and restore existing, but often unseen, stories of possibility and hope (Clinebell 2011:40).

According to White (2014:11), many people who go to therapy think that their difficulties reflect who they are, how others think of them or how they relate to others. Some stories are far more ingrained in the fabric of daily life than others (Freedman & Combs 2000). People are born into cultural stories, and these stories inform their ideas about what is possible (Freedman & Combs 2000). Many people consider the stories they are born into to be their whole reality. Cultural narratives have the ability to influence how people perceive the world (Freedman & Combs 2000). Individuals, couples, family and relationships are perceived as having multiple stories. Multiple stories can be narrated about an experience (Freedman & Combs 2000). In other words, there is a plethora of “true” stories that can be told about every experience. Connection and experiences can be conveyed through a wide range of narratives (Freedman & Combs 2000). How couples and families function, is dependent on their identity. Equally, a couple’s identity can be informed by the story of their relationship.

According to Fleming (2003), a problem is a narrative that has to be rewritten through therapeutic dialogue. This is a “restorying experience”, rather than having to deal with a personal dysfunction. In order to be able to convey a different story, the person will have to reconnect with experiences and understandings that were forgotten or have disappeared under the weight of the problem story. Stories are narratives that people tell about themselves and the way in which they tell these stories determines which

aspects of the story will be highlighted (Fleming 2003). Because subordinated stories logically contradict the dominant story, the dominant story is presumed to have the power. This prevents people from experiencing or living the subjugated stories (Prouty & Robertson 2012). Narrative counselling is about collaborating in order to rewrite and articulate suitable stories rather than it being about identifying “health” or “quality” in relationships (Freedman & Combs 2000). Instead of being concerned about the characteristics and the state of couples and their relationships, narrative counsellors pay attention to how to evaluate the problematic and the preferred story and assess what impact these stories have on the relationship (Freedman & Combs 2000).

As people weave their past experiences, present circumstances, and future goals into a narrative form, their narrative identity is reformed and reorganized. Human beings construct their own identity by the stories they tell and the people they become. They have the agency to choose who they are, who they were, and who they want to become (Cho 2021). In narrative counselling, how people evaluate themselves matters, not the counsellor’s theories or opinions. When people share their stories, new interpretations and a new potential course of action emerge (Freedman & Combs 2000). The counsellor, forms a “not-knowing” rather than an “expert” position, has a crucial role to play in facilitating the preferred story. People have some control over the narratives they tell about themselves and the people who are dear to them. They do not have control over the narratives that others construct about them (Denborough 2014:9). They are able to carefully edit or rewrite identity narratives. They can re-author their lives by means of narrative therapy and progress toward wellbeing (Rance 2014). Reconstructing the story reveals a shift in the person’s actions as well as in the actual reality (Müller & Stone 1998). Just a few words can convey a great deal of information and meaning (Streets 2014). Because of its potential to be “transformative”, the narrative conversation can be crucial to a person’s life and future (Müller & Stone 1998). By rewriting their own narrative, people transform. Speaking differently can have a significant impact on how people arrange and comprehend their environments.



### 3.2 The process

At the beginning of the counselling process questions about the positive aspects of each partner's life and relationship can be asked (Freedman & Combs 2000). The objective is to get to know one another. The counsellor begins with getting to know clients as they would like to be known. During the first interview, the counsellor is interested in learning as much as possible about the people's lives outside of the problem. Counselees are shown through such conversations that they are valued for more than just their difficulties (Freedman & Combs 2000). In addition, the counsellors would prefer to hear from the outset about a wider range of stories than they could ever learn from discussing issues. The counsellor listens to the counsellee's stories about their interests and pleasures (Freedman & Combs 2000). At some point throughout this process, people tend to begin to recount stories that involve a problem.

The counselling process is facilitated by means of questions. The questions guide counselees to share and also interpret their story (Freedman & Combs 2000). Through questioning, people are able to assess their existing circumstances, pinpoint the problem, and ascertain their own role in it. Counselees have the opportunity to articulate their viewpoints regarding the matter at hand, tell the story of their personal relationships, and assess what alternatives could be beneficial to their lives (Freedman & Combs 2000). The counsellor listens for the person's stories shaped by discourse. In the narrative conversation people live out every moment and every desired story of their lives (Freedman & Combs 2000). Narrative counsellors point out difficult discourses and how these affect relationships. The counsellor and the counsellee assess together how much the people's culture of origin has contributed to their experience of themselves and of their relationship (Freedman & Combs 2000). The broader context and their relationships to local institutions and customs are also evaluated critically. By identifying and recognizing preferred beliefs, attitudes, and actions, individuals and couples can detach from the ways of being that are promoted by the discourses that have often created the issues to begin with. In the course of the conversation a greater understanding is gained (Freedman & Combs 2000).



When people consult a counsellor, they typically have a rather narrow story that highlights a small number of their experiences (Freedman & Combs 2000). People typically seek counselling when they feel overwhelmed by life's difficulties and feel unable to resolve these themselves (O'Connor, Meakes, Pickering & Schuma 1997). When the counselling conversation begins, people typically share the "dominant" story of suffering and anguish that frequently focuses only on the inability to solve the problem (Kim, Prouty & Robertson 2012). Predominant narratives regarding the therapeutic system and a couple's system should be respectfully acknowledged and freely addressed. They can then openly and candidly discuss how to maintain, reject, alter, and even create new cultural narratives for themselves and their family (Kim et al. 2012). Counsellors identify divergent dominating storylines and facilitate a critical discussion (Freedman & Combs 2000). Couples' relationship themes and narratives emerge when they attend counselling. The initial goals of their collaboration are no longer aligned with their stories. They frequently feel stuck in a loop of topics that do not move them forward. The culture has taught them what the second movement ought to resemble. When that is not feasible, they feel dissonance and stuckness (Freedman & Combs 2000).

Hearing and acknowledging the story is the first task of the counsellor. In narrative therapy, pathologizing and labelling people and their story, irrespective of what their lives and relationships does not take place (Freedman & Combs 2000). Relationships are not described in terms of "healthy", "pathological", "good", "poor", "well-functioning", "dysfunctional", and the like. The nature of partnerships depends on the narratives that couples choose to live out and use to shape who they are as individuals (Freedman & Combs 2000). Listening is of paramount importance in narrative counselling.

### **3.3 Listening**

A crucial component of narrative therapy is listening. Narrative counsellors listen to stories instead of listening for symptoms, for obvious hints of deeper significance, for self-defeating thoughts, or for "facts,". The counsellors attempt to comprehend the problematic aspects of people's experiences as they listen. The listener in the



conversation cares enough to stay attentive to the story of the speaker (Dinkins 2005:17). The narrative counsellor focuses on the stories, rather than listening to the problems. Active listening includes rephrasing and summarizing the counsellee's words, asking open-ended questions, asking clarifying questions and paying attention to both content and emotions as well taking note of nonverbal cues (Scheib 2016). Freedman and Combs (2000) coin the term “double listening”. This refers to the technique narrative counsellors use when they pay close attention to what is related in order to hear and interpret the implications of what is recounted. Counsellors can invite people to hear their own stories, to be an audience to their own life stories by listening, reflecting, summarizing, and paraphrasing (DeKruyf 2008).

Rather than assuming to know the significance of the experiences of the counsellees, counsellors enquire and pay close attention (Freedman & Combs 2000). Stories can have multiple meanings. The person's meanings and the counsellors' meanings can differ. When questions are asked and experiences are recounted, new meanings begin to take shape (Freedman & Combs 2000). Counsellors take note of shifts in meaning, identify those and compare their understanding with that of the counsellee. In order to detect the emergence of any new structures, the counsellor has to listen very closely. “Deconstructive” questioning then aims to uncover the underlying discourses that support the current difficulties by delving deeper into them. The counsellor then asks as to the effects of the problem and its impact on people's lives (Freedman & Combs 2000).

### **3.4 Telling and witnessing**

Narrative counsellors can use a technique called “telling and witnessing”. For the process of storytelling an audience is required. Stories are shared and recounted in interpersonal and societal contexts (Freedman & Combs 2000). A partner in a relationship will listen to the other person's story differently when requested by the counsellor to “witness” it. That partner then listens and observes. The counsellor requires of them to make eye contact as they are talking and listening (Freedman & Combs 2000). The witnessing partner is requested to think about what they have heard. The witness then recounts their experience (Freedman & Combs 2000). Just



one partner speaks at any given. After both persons have spoken, they are requested to reflect on what they have heard. Participation from an outside witness group can also be requested (Freedman & Combs 2000). The couple tells their story while the group of onlookers listen. The observers are then asked to reflect on what they have heard. The couple responds to the reflections of the outside group. Hearing each other's stories in this way can facilitate a better understanding between partners (Freedman & Combs 2000). Each counselling lesson aims to contemplate and adopt new directions in life. During conversations, the persons clarify and explore further what they had been working on in previous sessions. They talk about what their new position is on things and what other stories have surfaced since the last conversation. Instead of keeping the field for responses open-ended, narrative counsellors frequently find it helpful to offer questions that more directly invite counselees to respond to unique outcomes and preferred directions. The purpose of telling and witnessing is to facilitate both partners witness of their own interpretations of events and deconstruct their meaning (Freedman & Combs 2000).

### **3.5 Social construction**

A poststructuralist worldview forms the basis of narrative practices (Freedman & Combs 2000). The approach has moved away from making conventional, skilled, individual diagnoses as to what the problem is. From a narrative counselling perspective, the problem is distinct from the person. The problem often has its origin in sociocultural discourses (Freedman & Combs 2000). The counsellors are not seen to possess superior knowledge regarding what would be most beneficial to individuals. Rather, counselling is about equal engagement and collaborative thoughts. The intimate knowledge that people gain from confronting specific issues in specific circumstances is valued and a change in perspective can be the result. Narrative counsellors do not evaluate from a distance but continually discuss with the counsellee to ascertain whether the counselling is having an effect (Freedman & Combs 2000).

Since people are relational beings, they construct meaning relationally and through social interactions within society. Both micro and macro social construction are possible (Demasure & Müller 2006). Micro social construction is the study of small-



scale social systems and refers to the use of language in communication. Every day, social construction happens through dialogue and interaction. Conversely, macro social construction is shaped by institutionalized practices, social and material constructions, and social interactions; it stresses larger ideas and recognizes language's constructive potential (Demasure & Müller 2006). While acknowledging language's potential for positive change, institutionalized practices, interpersonal connections, and physical and social constructions all contribute to the power of language. As members of the various discourses that comprise a society, people acquire power (Demasure & Müller 2006). Conversations and interactions with the public, institutions, media, and cultural practices all contribute to the creation of meaning. A constructed reality presented as a sequence of stories prompts the counsellee's response. The recurrent experiences that are accepted as the norm are what are referred to as reality. The counsellee considers the narratives of the strong dominant phenomena—such as culture, community, observers, and the counsellor—while creating their life story (Klaasen 2017).

Counsellors can describe their goals and preferences in terms of these culturally constructed norms if they do not take the time to discuss with counsellees how modern power may be manifesting in their lives and supporting the problems they face. This is because modern power operates by recruiting people to live their lives in accordance with culturally constructed norms. People can only truly distinguish what they desire from what the prevailing society says they should want when the repercussions of these standards are made apparent. (Freedman & Combs 2000). Narrative counsellors work to persuade individuals to respect their own choices for their life and to acknowledge the influence of contemporary power in their lives.

Narrative *pastoral* counsellors must acknowledge that *theological* statements are also social constructions with relation to people's faith in God (Galvin 2008). Such theological statements have a rightful place in religious communities and in individuals' lives. However, religious claims should also be examined critically for their potential to heal or harm. They can be an extremely effective instrument for analysing the purpose, significance, and outcomes of discourses in culture and society of all kinds (Galvin 2008). A multitude of stories that are all equally relevant to the truth emerge in contrast

to the One Story—the story of truth. Story is a manifestation of subjectivity rather than the objective fact (Müller 2023). This is also known as constructivism, and its primary tools are language and narrative. People socially and interactively generate reality, construct it socially. Narratives are social products that serve a social purpose.

Deconstruction and the awareness of power dynamics highlight the need to give voice to the “silenced voices” in society. When people become aware of the stories that predominate in society, how they were developed, and the harmful effect they often have, the legitimacy of these stories can be brought into question. Then marginalized voices can be given a platform to provide alternate perspectives (Demasure & Müller 2006).

### **3.6 Externalisation**

Many people who come for counselling have the idea that their problems reflect who they are as a person. Their problems affect their identity and relationships. Individuals therefore see the problems as inherent to themselves or the selves of others – that the person *is* the problem (White 2014:9). The aim of narrative counselling is to detach the person from the problem, to facilitate gaining agency by externalizing the problem and separate it from the person (Fleming 2003). According to Kutuzova (2010), in Christian religious language, externalization, the distancing of the person from the problem, has been a long-standing linguistic perspective and practice. This facilitates the reality of breaking free from the shackles of harmful cultural and personal beliefs and obtain greater freedom and control.

People often assume that the dominant story has authority over the family. This prevents them from experiencing or living subjugated stories that contradict the harmful dominant story (Kim et al. 2012). Through the technique of externalization, the counsellor guides the person to objectify the issue in order to see the socially created reality as something apart from themselves (Prouty & Robertson 2012). Externalization facilitates the differentiation and separation between the identity of the counsellee and the problem at hand. This enables people to respond more skilfully to the problems that have an impact on their lives (White 1998). People are better able



to face feelings of emptiness and disconnection when the feelings are isolated from their personhood. They can find ways to act and address the issues in their lives when they are freed from constrictive assumptions about who they are and how their lives are (White 1998).

Through the use of the technique of externalization counsellees can begin to see that they are not the problem; rather, the problem is the problem (Combs & Freedman 2000). The issue is unique in and of itself. If they are separated and liberated from the problem, they can begin to devise strategies for dealing with the issue and the environment. Externalizing the problem facilitates people to move away from the idea that they are inherently flawed (Combs & Freedman 2000). It creates a setting where people can share their stories and experiences and attempt to understand them without categorizing themselves or others as “sick” or “troublesome”. Externalization causes people's narratives to become less rigid (Freedman & Combs 2000).

In narrative counselling it is not only the problem that is externalized (White 1998). Discourses connected to the problem story are also externalized (White 1998). Then a multitude of narratives that highlighting the desired outcome, become possible. Counter-practices are actions that provide an account of a particular event that differs from what was previous taken for granted (White 1998). These creative, anti-cultural interpretations of the topic can facilitate the person to reject restrictive cultural descriptions of the problem scenario. The problem has not gone away. People still have to deal with the issues they face and the environment in which they live. However, if the personhood and identity have been separated from the problem, their capacity to confront and resolve the problem is strengthened (White 1998).

Putting a name to the problem that suggests it has a distinct identity is a step toward externalizing it (Freedman & Combs 2000). Naming an issue opens up alternative ways of approaching it. When something is called by its name, it takes on a life of its own. It becomes more apparent to the counsellees what the effects of it are in their lives. Partners may or may not have the same issue at different stages of their lives. Sometimes one partner is more troubled by the issue than the other. When they speak, the counsellor listen for language with which to name the issue. If the problem is given



a name, it becomes an entity. They can then identify the impact it has on their lives, rather than experience it as something that exists within them. The externalization process enables individuals to disengage from the problem (Fleming 2004). Through externalization, one can escape the constraints of cultural conditioning and reach a realm of more freedom and choice (Kutuzova 2010). Externalisation can also create a room for agency. Christians occasionally tend to hold God accountable for human deeds that result in justice and healing. People can become weaker and lose faith in their God-given agency as a result of such an approach.

### **3.7 Unique outcomes**

Anything that deviates from the problem-heavy narrative, such as situations in which the counselee truly overcomes the problem, can be considered a unique outcome. These distinctive results can act as hints, entryways, or the beginning of different narratives (Morgan 2002:52). In narrative counselling a unique outcome is an unexpected positive event or strength exhibited in a problem story (Kim 2015). A goal, dream, plan, action, sentiment, declaration, ability, or commitment that is surprising in a problem story represents a unique outcome. A new narrative can then be facilitated based on these kinds of unexpected results by asking thoughtful questions and exploring possibilities (Kim 2015). As the client becomes more comfortable sharing memories that are dominated by their difficulties the counsellor, in an effort to find themes that appear out of place, can enquire as to whether there have ever been exceptions (Kim 2015). People can begin to see their life and their reactions in a different light. They can communicate their personal aspirations and gain a greater grasp of their values. They can begin to focus on the desired results. This provides them with a springboard for action in order to address their problems (White 2007:220).

Once a preferred event has been determined, the counsellors want to connect it to other preferred events across time in order to preserve their significance and to add desired layers to the story of an individual or couple. As a result, after a desired event has been found and described, counsellors pose questions to establish connections with other historical occurrences and build the narrative around them (Freedman &



Combs 2000). Distinct results emerge from such questioning and reflection process with the aim to identify unique outcome.

Throughout conversation, the counsellor focuses intently on what is said and poses direct questions with regard to matters that seem to be relevant or even exciting to one or both of the partners. The counsellor asks them to elaborate in order to facilitate the progress and strengthening of unique outcomes (Freedman & Combs 2000). When a unique outcome has been identified the counsellor makes connections between that event and other preferred events over time so that the meanings of the events and their significance become more deeply ingrained in the narratives of the individual or couple. In this way, the new preferred narrative begins to take shape (Freedman & Combs 2000). Such preferred narrative facilitate the development of a new identity. White (2007:215) refers to “dual landscapes”, namely the landscape of identify and the landscape of action. Questions regarding identity enables people to make connections between an event and their perceptions of themselves (Kim et al. 2012). By linking people's experiences of events in sequential order across time, action questions facilitate people's access to the moment when they successfully solve a problem.

Building agency is fundamental to the landscape of action (Freedman & Combs 2000). The counsellor strengthens those parts of the emerging story that support personal agency. The process of re-authoring in itself necessitates and demonstrates personal agency. Through questions of *meaning* and *identity* counselees are challenged to take a step back from “activity” and reflect on their goals, motivations, values, and beliefs in addition to the lessons they have learned and the consequences of the actions they have in mind (Freedman & Combs 2000).

People who have experienced oppression or serious harm at the hands of others are frequently characterized by the negative narratives they repeatedly tell to both them and other people. These stories perpetuate victimization as a self-definition and cause rumination and the despair it causes. Narrative therapy seeks out exceptions—“alternative stories”—that highlight an individual's initiative, inventiveness, and resourcefulness in order to combat this (Malcolm & Ramsey 2010). The focus of



narrative therapy is on "unique outcomes," or those aspects of a person's life that, by pointing to an alternative way of being, may inspire and give hope.

### **3.8 Documenting**

Written language has power. The power of written language can be utilised for positive purposes in narrative pastoral counselling (Denborough 2014:50). The technique is referred to as "documentation". A written document can act as "witness". In the course of counselling process, the counsellor can make notes to record the new narratives as they emerge. These notes can be read out aloud when appropriate. Counsellor and counsellee can go back to them from time to time to assess the progress that has been made.

In order to officially recognize the newly distinguished moment in a people's history when they take a stand, achieve something new, or reach a turning point, the counsellor and counsellee can collaborate to create a certificate or paper. Another possibility with regard to written language is that the counsellor can write letters in between sessions. Unexpected outcomes can be documented. Questions that were not raised in the counselling session can be addressed in these letters. In this way a thickening and expanding of the knowledge that has begun to surface during the session can take place (Freedman & Combs 2000). A letter from the counsellor to the counsellee after the session can serve to remind them to reflect more deeply on the subjects discussed or to recognize and celebrate their strengths (Rice 2012). Therapeutic letters, which are frequently relatively short. The aim is to promote progress in between therapy sessions. Letter writing can be used to document people's achievements, highlight the skills they are developing, and to remind them of available resources (Freedman & Combs 2000).

The main goal of narrative counselling is to rewrite history. Collaborative discourse results in the co-creation of a new story (Freedman & Combs 2000). Counsellors utilise enquiries to make connections between historical occurrences and build a narrative of those experiences once a historical event has been located and recorded. Counsellors can also enquire as to impact of the emerging new story on people's outlook on the



future. When their past is freed from the grip of the problem-dominated story people are better able to imagine, anticipate, and plan for a less challenging and more joyous future (Freedman & Combs 2000).

Old and problematic stories are contested and abandoned in narrative counselling in an effort to find a new story with new meanings and new hope (Clinebell 2011:45). The narrative approach facilitates the examination of the problem story in order to come to the authoring of a new and hopeful story. Such a preferred story can give their life new purpose and meaning. According to Galvin (2008), the counselling relationship as one where people work together to create meaning through conversation, the interpretation of words and meanings, and negotiation in order to create new realities together that support people's goals in life

### **3.9 Müller's narrative turn**

Concerns about the "action scientific" approach to practical theology started in the second part of the 1990s. Systems theory, eco-hermeneutics, and other perspectives gave a significant impetus to the methodological discussions in South Africa. Around this time, a narrative approach entered the field of methodology (Dreyer 2014). This approach to practical theology challenged the prevailing action of theoretical approach and many of the research conventions and procedures associated with it. It was influenced by postmodern concepts such as social constructionism and later also postfoundationalism (Dreyer 2014). One of the key players in firmly establishing the narrative approach in South Africa was Julian Müller. In his 1996 work on pastoral family counselling, he utilised a narrative approach. Müller (2011) built on the work of Freedman & Comb (2000) and the narrative therapy movement but created his own method of narrative counselling (Müller 2005:72-88; see Dreyer 2014). From the work of Wentzel van Huyssteen (1999; 2006) he utilised insights with regard to interdisciplinarity and postfoundationalism (Müller 2003:293-306).

There was a paradigm shift in the 1980s with respect to pastoral care and counselling (Demasure & Müller 2006). The traditional approach to counselling made way for a hermeneutic approach. The "narrative turn", as Müller described it, is underpinned by Paul Ricoeur's (1973) hermeneutics, social construction and postfoundationalist

practical theology (Demasure & Müller 2006). Ricoeur's study of hermeneutics began with the examination of symbols, progressed to metaphors, and concluded with the text. The way that the text is interpreted in its broadest sense sets the standard for how actions are interpreted and for how a man or a woman's identity is interpreted. According to Sheib (2016:128), all forms of narrative care are hermeneutical, meaning they centre on reading and analysing a person's life story. The coauthors, which are the pastoral caregiver, and care seeker, collaborate to create a good, compelling narrative that is life-giving when the text's distinctiveness and complexity have been fully appreciated (Sheib 2016:114). Story companions use narrative pastoral discussion, which is a hermeneutical approach similar to narrative therapy, to analyse a life story and make sense of its complexities, challenges, and unexpected moments.

Demasure and Müller (2006) explain the formation and interaction of a story or text. Individuals narrate stories about specific experiences and behaviours. The construction of the story provides a framework as the characters and plot are developed. A story has a beginning, middle and an end. The narrative conveys not only actions, but also emotions (Demasure & Müller 2006). People approach texts and stories they read or hear with preconceived notions, emotions, and from the frame of reference they have constructed from other experiences (Demasure & Müller 2006). As a result, the context of the listeners or readers will affect how the story is received and understood. The reader's world and the text's universe may differ. This has an effect on how the story is understood. When the reader's reality and the world of the text collide, new insights and meanings are created. The story and its meaning have to be reconceived if something new is learned about the narrative as it is being told. Interpretations of a story can therefore differ even if they are based on the same facts (Demasure & Müller 2006).

### **3.10 Narrative pastoral care and counselling**

Pastoral care is a type of support that attends to the mental, spiritual, and occasionally physical needs of the individual getting care (Jibizi 2021). The Christian metaphor of "Jesus as shepherd" caring for the flock of followers is where the common concept of pastoral care originates. As sheep rely on their shepherd to navigate any obstacles or



threats, they face, so Jesus Christ is the primary resource for his followers (Jibizi 2021). According to Doehring (2014:8), caregivers who approach the care seeker's story-making with amazement, wonder, and humility, they open themselves up to the mystery of life narratives and initiate the care process. People who seek care frequently share stories of suffering. It takes compassion to delve into the enigma of another person's suffering (Doehring 2014:8).

In pastoral care, storytelling normally explores for ways to relate with God, people, and the natural world even in the face of hardship and life's daily tribulations (Doehring 2014:8). People convey their feelings, problems and questions about life through stories. Pastoral care becomes more relational and communal when it is viewed as a narrative. Because the narrator is a person in need of recovery, relating the story is deeply personal. The narrative is presented in a way that is uniquely the storyteller's and that makes the greatest sense to them. Such an encounter is powerful and transforming. The counsellee decides what to share and how to interpret their experience. The counsellor searches for meaning in the figures, indications, descriptions, text, and phrases that make up the story (Klaasen 2020).

In narrative pastoral counselling the counsellor is invited to become another person's story partner. A narrative counsellor is not "the expert" who knows all the answers (Sheib 2016:107). The person is the authority on their own life and experience. *Pastoral* story partners heed God's presence and testify to it. God is with both the storyteller and the listener, as they work jointly to design a trustworthy, sustaining narrative that encourages the development of love (Sheib 2016:107). The constant accompaniment of the Holy Spirit enables both of them to develop a deeper love for God, themselves, other people, and all of creation. The pastoral relationship continues the prior relationship both persons had with God and forges a new relationship between them.

A storytelling approach is primarily about building trust (Doehring 2014:9). The story is about a search for purpose. People confide their stories in pastoral caregivers more if they feel they can trust the person. This trust forms the basis on which they can proceed to discover meaning together. Relational trust creates an environment in



which meaning is co-created and evolves as the narrative process progresses. Finding meaning in a furnace of stress, misery, and joy is the goal of a narrative approach to pastoral counselling. Co-creating meaning becomes possible only when there is relational trust. A narrative approach focuses on assessment by contrasting the historical, biblical, and textual meanings with the theological interpretations that arise in people's attempt at meaning-making (Doehring 2014:9). The narrative approach involves contrasting biblical theologies with theological interpretations that arise from the interactions of care.

People who tell their story become authors. They identify a beginning, middle, and end of their story. The story can have different conclusions. Pastoral care becomes relational and social when it takes place in the sphere of storytelling (Doehring 2014:10). Conversations are human beings' most common means for making sense out of life (Dinkins 2005:18). Caring for people's stories is one of the best ways to care for them (Dinkins 2005:20). Conversations give the opportunity for hospitality. Listening to people's stories is the most important part of being a good host. People share about their problems through stories. Counsellors listen for both thoughts and feelings. Stories in a counselling milieu are mostly about trouble, yet they also provide solutions to the problem. Troubles are easy to identify. Solutions are hidden within the problems story and remain hidden until someone deliberately goes looking for them (Dinkins 2005:17).

Narrative conversations can be compared to an artist's painting of a landscape. One scene shows the action of the characters in the painting. Other scenes portray the thoughts and feelings or consciousness of the characters. Action pertains to the agents and their intentions or goals, the situations or the instruments they use. Consciousness pertains to what those involved in the action know, think and feel, or what they do not know, think, or feel. As part of the landscape of action and consciousness, the conversationalists search for and create possibilities rather than articulate or settle for certainties. For Dinkins (2005:17) this is what makes storying conversations far more than just another counselling technique. The counsellor is the "co-producer" of the counsellee's story by means of the questions asked (Scheib 2016). A story is not related in the exact same way twice. With each telling and



listening, it is recreated, revised and re-framed. Parts of the story not previously perceived as important, can become a key part of the re-storying. Potgieter (2015) defines pastoral counselling as a caring and loving relationship in which one character facilitates another to deal more effectively with the pressures of life. Pastoral care is a form of “koinonia”. It has a sense of partnership, sharing or companionship to it. Jesus Christ is the intermediary of the partnership, not only between God and the individual people, but also in people’s relationships with one another (Potgieter 2015). It is the companionship that makes pastoral counselling possible. When koinonia succeeds, pastoral counselling succeeds also. Pastoral counselling is a vital part of the expansive pastoral care (Magezi 2006). Pastoral counselling is the more specific task of a trained person who deals with people’s problems in an organized and professional way. Pastoral counselling uses a diversity of healing (therapeutic) approaches to facilitate people’s dealings with their problems and crises (Tinsley & Prentice 2016).

Magezi (2006) describes pastoral counselling as the care of a pastor, which takes place in the form of interaction and communication, with the aim to lessen distress in the life of the person. Pastoral counselling takes place within the context of pastoral ministry. Pastoral counselling can utilise various healing and therapeutic methods to facilitate people to deal with their problems, crises and brokenness in a constructive way (Magezi 2006). Pastoral care and counselling aims to contribute to people’s personal and spiritual growth and development, and in doing so, experience healing from their brokenness. Brokenness refers to a sense of darkness in a person’s life (Jibiliza & Khumalo 2021). It can be the result of pain caused by an experience in the past which has left them stressed and overwhelmed in the present. It can be because of present challenges and difficulties in their lives. A pastoral counsellor facilitates finding solutions to crisis that individuals and families face (Tinsley & Prentice 2016). Counsellors facilitate the personal and spiritual growth of counselees by attending to their personal faith, theology, and faith tradition. Counsellors also guide people toward the long-term goals they have for their life. Pastoral caregivers accompany distressed and broken people on their journey toward wholeness. Although the terms pastoral care and pastoral counselling are frequently used synonymously, they can also be distinguished from one another. Pastoral counselling is predicated on pastoral care, and vice versa. Pastoral care must be given in order to conduct pastoral counselling.



On the other hand, pastoral counselling is a part of pastoral caring, which involves nurturing the individual (Magezi 2007).

Doehring (2014:9), emphasises the vital role of compassion in the process of pastoral care and counselling. People who seek care frequently share stories of suffering. It takes compassion to delve into the enigma of another person's suffering. According to Seward Hiltner (1969), the term “pastoral” has been understood as a caring, nourishing or disciplining activity along with others. The role of the pastor is that of a shepherd who guides people toward theological understanding. Pastoral caregivers are proponents of the healing arts and sciences, as well as social work. To be God’s channels of healing and change in God’s world is the task of all believers, not only professional clergy (Potgieter 2015). Pastoral caregivers have limitations. Hiltner (1969) explains that by virtue of being human, the shepherd does not know everything about what the people ought to do when they are in distress. The pastor is therefore regarded as an “under-shepherd”, with Jesus Christ as the Great Shepherd and source of healing (Hiltner 1969). The shepherd image ascribed to a human person is then to demonstrate the supportive concern and specific care services rendered by the pastoral caregiver (Hiltner 1969). The shepherd meets the needs of the people, secures their cooperation, and does so with humility. For Jibilibiza and Kumalo (2021) the pastoral caregiver as shepherd is entrusted the responsibility of taking care of God’s people and alleviating their suffering. Shepherding involves guarding, nurturing the needs of the people, supporting the weak, giving reassurance, feeding the hungry, making provision, defending, uplifting, restoring, and leading by example to support and inspire people in their search of solace, guidance and holiness (Jibilibiza & Kumalo 2021).

Yevenes (2015) emphasises that pastoral counselling is done in a professional environment where reputable standards of training are upheld and there is sufficient knowledge of psychology, spirituality, healing and human development. Magezi (2006) points out that people require support not only for overcoming the difficulties they face in life, but also to overcome what hinders their spiritual growth. Yevenes (2015) regards pastoral counselling as a form of support that is based on spiritual principles and is open to dealing with spiritual and religious matters in the counselling



relationship. Pastoral counselling creates space for the divine presence and activity in both the counsellor and client (Magezi 2006). In pastoral counselling, spiritual themes such as suffering, hope, and God's presence are recognized and integrated (Magezi 2006).

Tinsley & Prentice (2016), state that the role of a pastoral counsellor is to bring healing and comfort, also through theological consideration, biblical understanding, and spiritual insight and judgement. In this way, the reality of God is brought into the human situation for which someone seeks counsel. Mălureanu (2014) locates pastoral counselling in the faith community as a dimension of its ministry in the name of Christ. The perspective is holistic. Healing is aimed at the whole person: the body, the soul and the mind. Mălureanu (2014) identifies the following four functions of pastoral counselling:

- The first function is that of healing and facilitating the wholeness and restoration of people.
- The second function is to support people to endure and overcome their problems.
- The third function is to guide people make difficult choices.
- The fourth function is the restoration of the relationship between God and people.

The function of restoration requires two modes of action: forgiveness and discipline. In counselling, biblical wisdom is put to the test and used in the context of human development and difficulties. In this sense, pastoral care and counselling are approaches of "doing theology" (Mălureanu 2014).

For Howard Clinebell (2011:139) the primary objective of spiritually orientated and holistic pastoral care and counselling is to facilitate healing and growth in every aspect of life. Jibiliza and Kumalo (2021) concur that healing should cover every area of human struggle. Pastoral care and counselling is therefore holistic and addresses the physical, emotional, spiritual and morals needs of people. Clinebell (2011:140) identifies seven areas in which pastoral care and counselling can contribute to people's growth. These areas are:



- The soul and ethics.
- Ways of thinking and personality.
- Body and relationships.
- Work.
- Laughter and playfulness
- Society.
- Nature.

Holistic healing for Jibiliza and Kumalo (2021) encompass people's emotions and social relations. Healing also entails having a sense of direction toward God's will in every aspect of people's lives. Jibiliza and Kumalo (2021) point out how Jesus went about healing what was broken. Those that he healed were restored, physically and mentally. For Clinebell (2011:139-140) pastoral counselling aims to tap into the dynamics and experiences of people so as to have a positive impact on the emotions, identity, relationships and wellbeing of people. Kwam (2018) identifies three elements that characterize Christian counselling. Counselling involves human effort. The counsellee's psychological, spiritual, and social wellbeing play a role with respect to the cause of the problems or of what is obstructing growth. God is the main source healing and restoration. The goal of pastoral care and counselling is change.

Street (2014) points to recent insights that can be beneficial also to the field of pastoral care and counselling. New research in the science of human attachment and negative emotions has shown that positive emotions such as love and empathy are important traits for counsellors. Positive emotions that are expressed and felt by others can contribute to the nurturing of human beings and have a positive impact on human behaviour. Jibiliza & Kumalo (2021) point out that the gospels portray Jesus as compassionate and understanding towards the lost, sick and broken. This constitutes an example of effective caregiving. Mălureanu (2014) emphasises the significance of caring behaviour and careful listening during the counselling process. Streets (2014) explains that talking to someone who cares can bring about a sense of safety and support. The counsellee can then experience some relief as they share the weight of



the burdens they carry with a caring other. This feeling of relief can empower them to create new possibilities for dealing with the problems that they face. The experience of not being completely alone as they face life's challenges is encouraging and empowering.

Clinebell (2011:142) describes how holistic pastoral counselling enables personal and spiritual growth in people. Narrative pastoral care sees healing as a component of growth, drawing on Christian conceptions of love-based growth. In fact, healing sometimes entails recognizing and changing damaging theological and psychological narratives in the context of pastoral care. Sometimes, in love, mending comes before growth, and other times, the two are linked (Sheib 2016:52). Methods that are used aim to bring about stability and provide guidance for troubled people to deal positively and constructively with their challenges and relationships. When divine love is experienced where there is sadness, ugliness and guilt, it changes the atmosphere (Streets 2014). Such love conveys acceptance to people and changes them. Clinebell's (2011:142) approach to pastoral caregiving entails emotional and physical support, empathetic listening, and disentangling the person's identity from their problems.

Pastoral counselling aims to encourage and inspire troubled persons to take the necessary action with regard to their circumstances and to hold on to hope. Deep listening requires empathy or "feeling into" the experiences and attitudes of the person as they tell their story (Street 2014). Stories have a beginning and an end. Together the storyteller and listener can devise a different conclusion for the narrative (Clinebell 2011:140). In order for people to regain control over their lives and overcome their difficulties the counselling process can facilitate them to imagine a better conclusion.

### **3.11 Pastoral counselling process**

There are four basic components of Julian Müller's narrative pastoral counselling model (Müller & Stone 1998). The first premise is that life should be viewed as a journey. People frequently find themselves in need of direction and support while travelling. The present is often extended into the past and into the future. Unlike the



rotating hand of a clock that leaves the past behind, people's past is ingrained in them. They carry it with them. Their present expectations, worries, commitments and anticipations all point toward the future, the “not-yet”. The second component comprises the support and direction that caregivers provide. Thirdly, though there is always a power relationship in counselling, the caregiver's role is supportive rather than directive. Narrative counselling does not provide recommendations. It rather elicits from the people’s personal narratives the possibilities to work toward a better future. Finally, in conversation with the counsellee the counsellor highlights opportunities for change and the timing of that change.

The counsellor cannot predict or direct the future of the persons with whom they are doing counselling. The people are in charge of their own lives and life’s journey. Narrative pastoral counselling involves both agency and participation. The story told by counsellees contributes to their development. The story is facilitated by the counsellor in therapeutic dialogue, but counsellees have the ultimate responsibility for their own recovery and direction in future. The counsellor pays close attention, comprehends what is said, and considers the broader implications. The counsellor remains inquisitive and enquiring. The counsellor does not pass judgment on the words, thoughts or feelings that the distressed person expresses. The counsellor pays attention to how they interpret their experiences (Müller & Stone 1998). Individuals who have been hurt often internalize the cruel treatment they have endured in their past (Kim et al. 2011). This then influences how they view themselves, their identity, and their significance as human beings. The counsellor listens for indications in this regard.

According to Müller and Stone (1998), the narrative counselling approach entails the following: conversational questions, a not-knowing position of the counsellor, and responsive-active listening. This mode of counselling conversation is predicated on the idea that the true expert knowledge about the life of the counsellee lies within them (Müller & Stone 1998). The pastoral counsellor’s theoretical understanding of people's lives and psychology is not as important to the success of the counselling as the client's local wisdom (Demasure & Müller 2006). The pastoral counsellor functions in this conversation as a “non-expert”. The pastoral counsellor does not attempt to



provide a new or different narrative. The narrative is authored by the person (Demasure & Müller 2006).

Change is the goal of all counselling. Change is about “the evolution of new meaning, new narrative identity, and new self-agency” (Müller & Stone 1998). It is possible to “re-relate” events and give them a fresh meaning by using narrative techniques. This type of support is given by “being in language”. Terms such as “language”, “in language”, and “linguaging” are employed to describe the social construction of the intersubjective realities people temporally share with one another (Anderson & Goolishian 1992). Language plays a crucial role in narrative counselling. Language can be written or spoken. It can be literal or figurative (Demasure & Müller 2006). Stories are expressed through language. Language includes terms, ideas, thoughts, words and sentences. It is also about the silent language of codes, metaphors, signs, habits and customs. Language gives legitimacy to the story, because it is an honest and meaningful depiction of the actual experiences of the counsellee (Müller & Stone 1998).

The future is created through language. Language is dynamic rather than fixed (Müller & Stone 1998). Language provides a structure for experiences to be given form and meaning. Definitions are created by society. Language allows for multiple definitions. Action and performance are the results of language. People modify their speech to achieve particular goals such as self-defence, assigning blame to others, or fostering relationships. Language is used in counselling to create meaning and solve problems (Müller & Stone 1998). In order to mutually uncover novel insights and new meaning, the pastoral discussion is a bi-directional dialogical process between the counsellor and counsellee (Müller & Stone 1998). Not only do people create their stories through language, but they themselves are shaped in and by the process.

Narrative counsellors ask an epistemological question about what people know and how they come to that knowledge (Galvin 2008). Though objects really exist, the descriptions of things are created through language, which itself is a product of cultural and historical context (Galvin 2008). Therefore, from a postmodern epistemological perspective, people can never be certain that their account “accurately” captures the



objects and happenings in the real world. Storying and becoming, becoming and storying is an endless process (Müller 2023). Counsellors therefore do not directly dispute counselees' perceptions of reality. They rather participate in the counselees' enquiry in a joint exploration of their experience and understanding. The counsellor exhibits a willingness to learn (Müller & Stone 1998).

The agenda and procedures are the two linked components of the narrative model (Demasure & Müller 2006). The surface-level agenda of counselling can be communicated to counselees so they are aware of the direction the session is taking. The agenda is divided into five movements, which are not strictly linear but rather move in the form of a circular dance (Demasure & Müller 2006). Though the movement can always go back in time throughout the pastoral caregiving dance, the model can only function well if there is overall progression (Demasure & Müller 2006).

The five movements include:

- Facilitating a clear narrative about the crisis.
- Facilitating the narration of the history of the person and their family or families.
- Facilitating perspectives on the future.
- When the past and present narratives have been adequately recreated and there is a stream between the narratives of the past and the future, a new story of the present is generated.
- A new narrative for the future is created.

The narrative approach is about being storied, becoming drawn into the storying process, rather than “using” stories to locate facts or comprehend the context. Müller (2023) puts it as follows: “Storytelling is about stories telling us, not about us telling them.”

### **3.12 Narrative theology**

The central idea of narrative theology is that narratives are the means in which people *construct* their realities and experiences. Stories are not just a way to *describe* experience (Müller 2023). There are many narrative accounts in the Christian Bible. Theology incorporates both individual and collective narratives from the community



(Finley & Seachris 2021). Theologians generally find narrative to be an effective means of communication (Finley & Seachris 2021). Narrative theology emphasises that storying is essential to theology and that theological assertions are deeply influenced by and based on stories in both form and content (Finley & Seachris 2021). Narrative theology explains how the life of the believer and biblical narratives are related. It asks questions such as: “What place in Christianity's metanarrative do believers' narratives about themselves and their communities have” (Finley & Seachris 2021).

Two different perspectives on narrative theology are those of the “Yale School” and the “Chicago School”. The *Chicago School* emphasises Jesus' role as an embodiment of more universal human qualities and the metaphorical nature of biblical stories. This school holds that the broad themes present in biblical and other Christian texts allow the subject to envision and understand the world now in different ways (see McFague 1982; see Ricoeur 1994).

The *Yale School* of thought, according to Finley & Seachris (2021), tends to take biblical stories more literally and place greater emphasis on Jesus' individuality. The overall story of Scripture provides a distinct and authoritative framework by which believers can comprehend, assess, and maybe amend Christian claims and doctrines (Finley & Seachris 2021). God tells God's story through the narratives of the Scriptures. Reader should then “absorb” these stories into their world rather than look for answers to particular questions in isolated passages of the narrative and then taking those passages into their world (Finley & Seachris 2021; see Frei 1974; Lindbeck 1984). The biblical story is embodied in a person's mind, modifies the believer's individual and collective narratives as it “absorbs” the believer's environment (Finley & Seachris 2021). Proponents of the Yale school of thought, emphasize the human experience of God and the function of narrative in the development of morality (Klaasen 2017). Because narrative theology critically examines the tenets of modernity, it is sometimes referred to as “postliberal theology”. It provides a framework for comprehending reality. It also emphasises the importance of comprehending reality through story for moral behaviour and the development of character. This method is

more about who or what people *are*, than about what or how much they *know* (Klaasen 2017).

### **3.13 Story of God**

In the context of community and culture, narrative pastoral care is defined as an ecclesial, theological practice that involves listening to life stories in order to identify the points at which God's story and human stories connect (Scheib 2016:20). Christians tell many stories about God and his activity. These stories explain who God is to them and how God acts in the world (Galvin 2008). Theology has always included stories, and there is nothing new to learn or understand about the significance of stories in the Bible and in theology (Müller 2023). The majority of the Old Testament is a narrative or story record of Israel's history. Much of the New Testament is in narrative form as well. Jesus himself was a master storyteller. Most people's knowledge of the God that Christians worship comes from stories. The stories found in the Bible, the background and customs of the religion, and the church's rites and activities are the main ways that Christians learn about God (Scheib 2016:57). The stories about the actions of God are told in certain historical and social contexts in order to come to an understanding of who God is and what God does (Galvin 2008). People's understanding of God reveals something about themselves, who they are in connection to God and how they perceive how God feels about them (Scheib 2016:57). These incidents serve as the foundation for God's own narrative. God, or at least our understanding of God, is formed by these occurrences. This gives Christians a way to connect with their own lives, which are similarly made up of the narratives we create from the things that we consider important (Galvin 2008). Sermons that are based on biblical narratives are preached from the pulpit every week.

The story about God reveals God as the great God. God has a past just as humans do. God's history and human history are intertwined (Müller 2023). Humans have a good relationship with God. They tell the stories of their spirituality, both religious and theological, as they go through life (Müller 2023). The Christian faith community continues to tell stories about its history of two millennia, its religious heroes, its errors, and its revivals. Storytelling is an art form that is part of the discipline of preaching



(Galvin 2008). The life, teachings, death, and resurrection of Jesus Christ, a man of many stories himself, are told in the Christian Gospel (Galvin 2008).

According to Klaasen (2017), the tenet of Christianity is that identity has significance especially in the story of Jesus Christ. The story of his conception, incarnation, crucifixion, and resurrection captures the essence of the past, present, and future (Klaasen 2017). The life of Jesus is not a closed narrative that can only be understood in the context of any one tradition. A person's identity as a Christian is formed in the context of their experience with the Christian story (Kutuzova 2010). The narrative of Jesus is repeated and witnessed in a community of support, as well as the story of their transformation into a person in relationship with God. According to narrative theologians, not all stories have the same “weight” or significance (Kutuzova 2010).

The stories human beings tell about God and themselves are both important topics for narrative pastoral counselling, which recognizes the interdependence of these stories (Galvin 2008). Biblical stories are potentially present in all decision-making circumstances and life predicaments that a Christian believers encounter. A narrative pastoral counsellor can therefore draw on these narratives (Kutuzova 2010). The relationship between the narratives found in the Bible and the account of human experience is the central question in theology. Küster (2022:561) explains that the narratives can be interpreted as “experience with the experience” in counterpoint, or in various ways. Stories can be theologically interpreted by analysing their generative themes, plot, and points of comparison.

According to Kutuzova (2010), when discussing their situation with a counsellor, Christian counsellees can be asked questions such as: “What story from the gospels does your situation remind you of?” They can then take on the role of a witness to the gospel story, paying particular attention to what Jesus was thinking and feeling, how he was acting, and what he was standing for in that circumstance (Kutuzova 2010). Stories about God have to be questioned if they are unable to inspire hope or promote the development of love (Scheib 2016:58). In order to facilitate counsellees’ in their development of a faithful, hopeful story and to grow in love, especially in the face of adversity, narrative pastoral counsellors should therefore be well-informed about the

Christian story. While listening to an individual or a family's story, the narrative pastoral counsellors aims to open a channel for the God story (Müller & Stone 1998). The problem saturated story does not remain in the dominant position. Using God's story as a guide, narratives of relationship failure can be re-examined. Rewriting a painful past narrative is the beginning of authoring a more uplifting future story (Müller & Stone 1998).

The gospel story and the individual's story are integrated in narrative pastoral counselling. The story of faith conveys God's promises and brings hope. In the story of Jesus, counselees can discover a new destiny for themselves in Christ. Past experiences are reframed in the context of the gospel. The foundation of Christian hope is the idea of a better future (Dreyer & Davies 2014). Those who have confidence in God, do not give up even in the face of obstacles. In the narrative pastoral counselling process the existence of God is acknowledged. The meta-narrative that rewrites the counsellee's story is God's story. In narrative pastoral counselling, the individual's story and the gospel are combined. Stories of wounds and pain are merged with Jesus Christ's story of healing and restoration (Dreyer & Davies 2014). The Christ story is a narrative of hope. When people engage with this story, their own narrative becomes interwoven with a story of hope. The point of departure of pastoral care and counselling is that, through self-disclosure, God can be known by human beings. Together the pastoral counsellor and counsellee create a triad of experiences that intersect with the God story (see Lartey 2006). Klaasen (2020) puts it as follows: "God is an active, loving, and caring presence, discernible by human persons in the world, both in history and today".

The Bible makes it quite evident that God hears our stories. As the Israelites suffer and are persecuted as slaves in Egypt, God hears their cries. The psalmists' cries of protest against their societal unrest and personal suffering are heard by God. The suffering of those who approach Jesus—the blind, the demon-possessed, and the lame—has a profound impact on Jesus throughout the Gospels. He pays close attention to each person's particular situation in life (Malcolm & Ramsey 2010)

Because it incorporates the history of God the Creator, Jesus the Redeemer and the Holy Spirit, the Christian narrative can motivate people to take part in communal development, personal development, and healing (Demasure & Müller 2006). One way to conceptualize narrative counselling is to see it as the reworking of autobiography and history. The rewriting of history occurs through the development of a new story by means of discourse. This perspective takes the “radical embeddedness in history and language” of human beings seriously (Müller & Stone 1998). The God who is active in history is also active in language, according to the Judeo-Christian tradition. A distinctive aspect of narrative pastoral care involves deliberately acknowledging God's co-authorship of people's life stories (Scheib 2016:22). Change is the ultimate goal of all counselling. Change is about personal self-perception as well as about change of behaviour. Change is then “the development of new meaning, new narrative identity, and new self-agency” (Scheib 2016:22).

### **3.14 Summary**

The work of Michael Foucault on the construction of knowledge, influence and control had a big impact on the advancement on the field of narrative therapy. People tell stories about who they are and about their experience and understanding of life and life events. As stories are repeated, people draw certain conclusions about themselves and their identity. The stories that are told are interpreted by those who tell the stories and by the hearers. The role of the narrative counsellor is to listen intently to counsellees' problem story and facilitate them to uncover and critically assess the underlying meanings and interpretations. The caregiver plays a supportive role on people's life journey. Narrative counsellors are not “the expert”. Counsellees are the expert of their own life and story. Caregivers are respectful, not prescriptive and they take a not-knowing position. Discourses that enable the perpetuation of the problem stories are deconstructed together and the story of God is interwoven with the story of the counsellees to re-author a story of hope and healing.



## **CHAPTER 4. CHILDHOOD EMOTIONAL NEGLECT: A NARRATIVE PASTORAL APPROACH**

### **4.1 Introduction**

This chapter explores narrative pastoral counselling as an approach to engaging with persons who have experienced childhood emotional neglect. Since people carry the effects of childhood emotional neglect with them into adulthood it will most likely also affect their intimate and family relationships. Therefore, narrative pastoral counselling with the individuals themselves, with the couples and with their families will be explored.

### **4.2 Narrating childhood emotional neglect**

People who were emotionally neglected as children can benefit from counselling because of the ramifications of the neglect in their later lives. Narrative counselling provides people with the opportunity to tell the story of their lives and experiences. They can relate first-hand how they were abandoned, afraid or in need. Since neglect manifests in a variety of ways, the stories of childhood emotional neglect will differ. Some will be able to recall multiple incidents of emotional neglect, whereas others can find it difficult to express how neglect occurred and what the effect of it was in their lives.

One person's story could describe specific situations in which their caregivers did not give them the necessary emotional support. Other people can list multiple occasions when they were discouraged from expressing their emotions as children. People can take experiences of neglect or its effects and then link them together into a plot or theme. Because emotional neglect is often subtle rather than overt, people can benefit from hearing the stories of others, in order to gain insight into what childhood neglect constitutes and to find the language to name it. Parents who disregard their children's emotional needs as a result of having been neglected themselves as children can relate stories of their own upbringing where appropriate emotional responses to children experiences and communication were not modelled.



Some stories can be about parents ignoring signs that they needed comfort, attention, and psychological facilitation as children. People's narratives of childhood emotional neglect and its effects can be weaved into a larger life story to make sense of their existence.

People who come for narrative pastoral counselling can tell the story as many times as they need to express their emotions. When they tell the story repeatedly, it is not told in the exact same way. With each rendition more specifics can surface. A person can narrate about an occasion when their parent silenced them when they were shedding tears. When such a story is repeated later on, details about the exact date and time when this silencing took place, who was in the room and what the facial expression of the parent had, how the tone of the caregiver's voice was, can be added. Stories are rewritten, altered, and reframed with every telling and hearing. A crucial element of the re-storying is the inclusion of aspects that were not mentioned in the previous telling.

Stories about the lack of engagement with the parent or caregiver, as well as the lack of affection show of care, for example, can shape people's image of who they are. Parents' failure to address the feelings of grief, despair, rage, or fear of their children and experiences such as being mocked, labelled as "sensitive", or even being punished for having those emotions, can be related in the form of a story to elucidate themes in their lives and formation. Because of the power dynamics and discourses that can influence people's stories and meaning making, narrative counsellors can ask questions that encourage them to think about how their relationship is impacted by discourses about gender, race, heterosexual dominance, class, corporate culture, patriarchy, age, and other sociocultural elements.

### **4.3 Relational stories of neglect**

Effects of emotional neglect in childhood can manifest in adult's social interactions and relationship with others. Adults' stories can be about how they found it challenging to create enduring, meaningful connections. People can narrate about being suspicious of others and overly critical of themselves. They can tell stories about occasions where



they found it uncomfortable and difficult to talk about feelings. One person's story can be about being overwhelmed by negative emotions, whereas another can describe times when they lacked confidence in interpersonal connections.

In intimate relationships, the consequences of childhood emotional neglect can have serious effects. In the narrative counselling environment, couples can be guided to relate the stories about when a partner struggled to express emotions to other partner. People whose intimate partners were emotionally neglected as children can recall instances when their partners felt lonely or found it difficult to trust others. Another partner can narrate about the effects such as lack of affection in the relationship or about the conflicts that do not get resolved. Other relationship stories can be about the partners' lack of vulnerability, conflict avoidance, feeling distant or lack of communication or lack of emotional support. One partner can recount instances in which feelings were not discussed, and when they were, it was uncomfortable.

#### **4.4 Meaning making and identity**

Neglectful practices can shape the sense of self or identity of someone who has experienced emotional neglect. People make sense of their experiences as they talk about them (Freedman & Comb 2000). They can give meaning to their experiences of childhood emotional neglect. People who have experienced emotional neglect can believe that they are not worthy of love, attention, support and affection. They can believe that they are unimportant. People who experienced neglect can believe that the effects of neglect such as poor academic performance or insecure attachment reflect their own identity. Others can believe that it is "normal" for them to hurt and harm other people because of the hurt they felt as they experienced neglect. Because neglectful behaviour is modelled, it can be embraced and regarded as normal and therefore repeated. People who find it difficult to express their feelings or trust others, can avoid social interactions and engaging in relationships. Because people make meaning of their experiences, they can think of themselves as unworthy to be in relationships.



## 4.5 Asking questions and listening

The counsellee can start by narrating the history of the problem of neglect or its effects. By asking relevant questions, the narrative counsellor facilitates the telling of the story of neglect and or its effects. As the counsellee narrate, the narrative counsellor can listen deconstructively and also take note of the interpretation of the counsellees' experiences. The counsellee can narrate about being emotionally neglected as a child and the fact that they believe that they are unworthy of attention. Questions can also be asked in order to uncover discourses about intimacy deficits or loneliness in relationships and evaluate the impact on the people and their relationship. As the narrative counsellors listen to the couple's stories about lack of vulnerability or emotional detachment in their relationship, they refrain from pathologizing and labelling the relationship. The narrative counsellor can pay attention to how the story of neglect and its effects is expressed and how language is used.

Contrary to what counsellees who were emotionally neglect as children experienced, in pastoral narrative counselling their thought, content and emotions are listened to, attended and acknowledged. Narrative counsellors are non-judgemental and respectful listeners. They embody the opposite of what emotionally neglected people experienced in childhood. In narrative pastoral counselling they are listened to intently. Attention is paid to them and what they express. They receive unconditional support and their feelings and experiences are validated and discussed. Narrative pastoral counselling pays careful attention to people's emotions and experiences. New meaning is created as people whose emotional needs were disregarded and unacknowledged now have the opportunity to be heard, have their emotions recognized and receive emotional support in narrative counselling.

## 4.6 Externalisation

The aim of the technique of externalization (Freedman & Combs 2000) in narrative pastoral counselling, is to create a gap between the individual and the *problem* of childhood emotional neglect and its impact on their life. If people internalise the problem, it becomes part of their identity. That is how they see themselves, they struggle to escape the problem, because it becomes an intrinsic part of their self-



perception. The aim of externalisation is then to disentangle problems such as mental illness, struggle to regulate their emotions and conflicts that are not resolved from the counselees. It is beneficial to ask about how a problem is affecting the lives and relationships of both partners in a partnership. It facilitates keeping the nature of the issue distinct from that of either partner. The person who experienced neglect and tells its story can see themselves as being not the problem. Effects of emotional neglect such as insecure attachment or substance abuse disorder, can be given a name as the means to externalize the problem. A counsellee can discuss how *depressed* and *alone* they feel. The counsellor can ask, "how long has the *loneliness* been influencing you?" Separating the problem from the individual can be achieved by asking questions that require clients to turn verbs or adjectives they employ into nouns, as well as by placing "the" in front of the capitalized problem name (DeKruyf 2008). This way the problem stories become a separate entity with which a different relationship can be established. A narrative counsellor pays close attention to what counselees have to say about their experiences with the effects of emotional neglect.

#### **4.7 Telling and witness**

The narrative technique of "telling and witness" can be particularly useful in pastoral counselling with people who have experienced childhood emotional neglect. Someone whose primary caregivers did not pay adequate attention to their emotional needs and experiences as a child, through telling and witness, gets the opportunity to express themselves and be heard. Narrative pastoral counsellors can utilise the technique of "telling and witnessing" to facilitate the couples telling of their stories and listen to each other in a different way as they narrative about the effects of emotional neglect in their relationship. Partners listen differently when they have the task to "witness" the story of the other. This technique can facilitate the counselees' expression of feelings of emptiness, estrangement, and difficulty of understanding each other.

#### **4.8 Unique outcomes**

The narrative pastoral counsellor listens attentively for exceptions to the problem story the narrative counsellor can point out the exceptions, contradictions or gaps in the counselees' stories about neglect and its effects, such as loneliness or incapacity to

control their emotions. When someone relates their story of childhood emotional neglect and its effects, the narrative pastoral counsellor listens carefully in order to discern instances in which the counselees were able overcome the effects of neglect. While a partner narrates about instances where they could not resolve a conflict, another partner can say, "but it is not always like that". The narrative counsellor can ask more questions about such exceptions in order give an opportunity for the couple to narrate about occasions when, why, and how the exceptions took place. They can be asked to elaborate about exactly what they did, when they did, what they were thinking, who witnessed it when they overcame feeling unworthy of attention or emotional support. The couple can be asked what these stories of unique outcomes teach them about themselves in an effort to come up with a name for an alternate plot, an alternative storyline about their life and identity. These exceptions are strengthened and become the foundation for the new preferred story. With a greater stressing on the unique outcomes in the story, the power and dominance of the problem story diminishes. Narrative counsellors ask questions that prompt counselees to elaborate or deepen their answers into enduring, vivid stories based on their experiences, which can then be integrated into the problematic narratives. People's lives become more richly detailed and multi-layered in this way.

It is crucial to invite people to review occurrences after they have been identified as unique outcomes. By orienting themselves to these unique outcomes, just as one might orient themselves to mysteries, the counsellor can facilitate the generation and/or revive alternative stories once it has been established that certain events qualify as unique outcomes because they are deemed to be both significant and preferred. The counsellor can use a range of questions, sometimes known as "landscape of action" or "landscape of consciousness" questions, to facilitate this process. People are encouraged by landscape of action questions to place distinct outcomes inside temporal sequences of events that follow specific plots. Questions about the landscape of consciousness allow people to consider and interpret the changes that take place in the landscape of action.

Reminiscing about Christian stories can also involve remembering unique experiences that the individual might describe as "the hand of God" in their life. Moments of choice,



instances where the individual overcame hardships thanks to their abilities, and instances where they were compelled to reevaluate their life's course due to new difficulties. People would be urged to "story" these events into the present using a narrative technique, after which they might choose to identify with these accounts as their favourite way of looking at their lives (Galvin 2008).

## **4.9 Documentation**

Alternative narratives can be recorded, using the counselees exact words, as they surface during counselling. Stories about overcoming the effects of emotional neglect can be recorded. What can also be documented are unique outcomes, what they mean to the counselees, as well as the new story lines. The newly formed identity and the new meanings that emerge can be recoded for future reference and read aloud during counselling. They can be written in language that can be used as "evidence". Through the documentation of the preferred narrative, it is formally acknowledged and becomes evidence of how the individual has transcended the identity that was linked to the problem story of neglect. Letters written during the counselling process can be used later as a reminder of how the particular results were achieved. A newly distinguished event in a couple's history when they took a stand against the effects of neglect, achieve something new, or reach a turning point, can be commemorated by means of a "certificate" or document to officially recognize the transition.

## **4.10 The story of God**

For Christians, God is not only present in their lives, but he is also present in the counselling process. In the presence of God, the pastoral narrative counsellor listens as the counselees tell their story about emotional neglect they experienced and its effects. They can talk about how they sometimes do not trust people, narrate about the occasions where they did not express emotions to their intimate partners or how they experienced mental challenges.

The story of maltreatment is not the only story that is heard during counselling. A space for God's story is created. God's story is also told while the counselees tell stories about the lack of emotional support from their caregivers, feeling unlovable and



struggling with the symptoms of depression. The story of God, who hears the cries of humans is told alongside the counselees' accounts about being denied the ability to communicate their emotions to their parents. As the counselees share stories about growing up feeling unlovable, the story of God's love, support and affection for his children is discussed in the counselling session. The story of God's quest for relationships with human beings is narrated while the counselees' stories about the inability to maintain wholesome relationships is told. Creating a space for God's story in narrative counselling, is about, for an example, talking about God's compassion as a caregiver, while stories about the parents' lack of emotional support are told. The persons who were emotionally neglected by their parents, can be asked how they would perceive God as a parent and what they can learn from that. For someone whose caregivers did not show support, they can see an alternative model in God with respect to a supportive and attentive parenting practice. This can paint a different picture of what parenting is about against the background of parenting that was cold and uncaring to which the emotionally neglect person was exposed.

The counselees' understanding of God can also reveal something about what God is like in relation to them. As the story of neglect can shape a person's identity, so the story of God's care for people can also shape then counselees' identity. Rather than defining themselves in terms of negative childhood experiences, Christians can define themselves by their relationship with Jesus and by being part of his narrative. Listening to one's story about their childhood where attention was not adequately paid to them is an act of caring. It conveys a message of care to the storyteller. It can facilitate a change of meaning as well, from feeling unworthy of care, based on their caregivers' neglect and feeling worthy of care based on God's story of care. This narrative can then feature prominently in narrative pastoral counselling with Christian believers. In biblical narratives, there are many examples of people's failure to establish and maintain good relationships with God and others. In spite of that reality, there is ample evidence of God creating and maintaining relationships with human beings. In biblical narratives, there are many accounts of God hearing and responding to human expressions of emotions. Jesus shed tears and attended to the sick when they called out to him. There were also instances when Jesus met people's emotional needs.



As people recount their problem stories in narrative pastoral counselling, God's story of reconciliation and healing comes into play. This story shows God's tender, compassionate, and watchful aspect toward humanity. God recognizes and cares for human emotions and experiences. Even though their feelings were disregarded by human caregivers in childhood, God's care was and is always available to them. In counselling stories from the Bible that are utilised to demonstrate God's concern for human beings, their feelings and experiences, can contribute to shaping a new identity, which can transform the identity shaped by neglect. People who experienced themselves as unimportant because of having internalized neglect, can begin to see themselves differently when they externalize the problem and internalize the story of God's compassion.

Jesus' stories of healing the sick, performing miracles, and changing people's lives and circumstances are told in the New Testament. When these stories are discussed in counselling, they can inspire the counselees to be hopeful that the effects of neglect can be reversed through Jesus. Counselees can be motivated to contribute to the healing and transformation of their lives, relationships, and parenting styles as they hear stories about Jesus issuing certain instructions those who sought his support. The premise of narrative pastoral care is that God is an essential coauthor of our life stories.

#### **4.11 Pastoral care and agency**

People who have experienced neglect, can think of themselves and their history of neglect, as stationary and can remain in that mould of sadness. They actively participates in the process of healing from the effects of neglect, while the caregiver acts as a behind the scenes guide. The counselees who were neglected must fully participate in the process of care, in order to recover from feelings of worthlessness. In the end, it is up to the counselees to put in the effort to confront feelings of inadequacy, unlovability, and unworthiness of attention. People are in control of their lives and the healing processes they go through after having bad parenting role models. People can have memories of childhood emotional neglect and feel its effects as they develop and become adults. In the midst of their anxieties and dedication to



completing the task that suggests a new future and different story, the narrative pastoral caregiver works alongside them and offers guidance. The pastoral caregiver serves as a companion in the journey of someone who has experienced childhood emotional neglect, together, with God, co-author an alternative story, meaning and identity. One must be able to change their own identity in order to take responsibility of their story.

#### **4.12 Summary**

People who were emotionally neglected as children can benefit from narrative counselling as it facilitates an opportunity for them to share stories of their experiences. The stories of childhood emotional neglect can vary and challenging for some. Narrative pastoral counselling allows individuals to express their emotions through multiple storytelling, revealing more specific details with each rendition. The narrative counsellor can facilitate the narration of the history of neglect and its effects. Narrative pastoral counsellors also pay attention to the discourses about the consequences of childhood neglect in counselees' adult lives and relationships. Pastoral counsellors avoid pathologizing and labeling, they focus on how the story of neglect is expressed and how language is used.

Pastoral narrative counselling offers a non-judgmental and respectful approach to emotional support, it addresses the needs of those who experienced emotional neglect as children. This approach listens intently, validates feelings, and discusses experiences, creating new meaning for those whose emotional needs were previously ignored. Neglectful individuals often view their history as static and remain in sadness. In narrative pastoral counselling, they actively participate in healing, with a caregiver acting as a companion. Counselees can confront feelings of inadequacy and unworthiness. People can control their lives and healing processes after bad parenting. A narrative pastoral caregiver can contribute to the counselees journey and co-author an alternative story and identity with God. Changing one's identity is crucial for taking responsibility for their story.



## **CHAPTER 5. FINDINGS**

### **5.1 Background of the study**

This chapter discusses the findings of the study with respect to the consequences of childhood emotional neglect in the lives of people and the efficacy of narrative pastoral counselling as a way to restoration and healing.

Parents or primary caregivers have the responsibility to care for, nurture, support and attend to the needs of the children under their care. How they raise them, plays a significant role in shaping the wellbeing, behaviour and future of these children. It will also affect how they relate to others in adulthood. While some children are raised in a supportive, caring, loving and nurturing environment, others do not have that experience. Some children grow up in adverse circumstances. One of these adverse circumstances is childhood emotional neglect. The aim of this study was to investigate the effects of childhood emotional neglect on the persons themselves throughout their lives, and also the consequences for their adult relationships, be it with an intimate partner or with their own children. The study explored what an effective narrative pastoral approach in this regard would entail and how pastoral counselling could contribute to the healing of the wounds and consequences of childhood emotional neglect.

### **5.2 Consequences of childhood emotional neglect**

#### **5.2.1 Generational effects and parenting**

Childhood emotional neglect can be perpetuated from one generation to the next. Parents who have experienced certain parenting practices can continue in the same pattern since that was their example and experience. That is all they knew as they were growing up. If parents lacked an emotional affirming model as children, it could lead them to neglect their children on an emotional level. Their parenting behaviour can be influenced by their upbringing and the emotional responses of their own parents. Children who grow up in this manner can view neglectful behaviour as “normal”. This can lead to them in perpetuating it. Caregivers who themselves have experience emotional neglect as a child often have a disorganized attachment which



causes anxiety, uncertainty, and distress. They often struggle with the management of their emotions. They miss important cues in human interaction. They have difficulty in forming sound attachment bonds with a partner and with their own children. Children who have suffered emotional neglect then lack basic social skills as adults. They then perpetuate the dysfunctional relationship cycle. Parents who have suffered emotional neglect as children then often struggle to give their children the necessary emotional attention, whereas adults who were emotionally validated as children are better able to validate the emotions of their children. If they themselves received support, they know how to provide support to others. The study found that childhood emotional neglect can lead to neglectful parenting. Negative childhood experiences such as neglect or trauma can increase the likelihood of the emotional neglect of their own.

### **5.2.2 Importance of emotional wellbeing in childhood**

In infancy and early childhood positive attributes such as empathy, caring, and sharing have to be experienced for children to be able to develop these attributes themselves. Caregivers significantly impact children's early development, influencing their socialization and emotion management skills. Their experiences during vulnerable childhood are crucial for forming healthy relationships. Caregivers' consistent responses foster children's self-worth and positive self-image. A supportive upbringing is crucial for physical, mental, and spiritual health. Children thrive in households with security, affection, and nurturing. Early experiences significantly can impact a child's emotional growth and development. Neglect and undervaluation can hinder emotional growth. Emotional security and attachment can facilitate the children's feeling safe and flourish. Understanding emotions affects behaviour and social dynamics, enhancing self-worth and caregiving abilities. Rejection, especially when in need, can have detrimental effects on development and self-worth.

### **5.2.3 Effects on psychological wellbeing**

Childhood emotional neglect can have a detrimental effect on people's mental health. Effective emotion regulation is crucial to mental health. On the contrary, emotional dysregulation can lead to psychopathology. The emotional unavailability of parents or



primary caregivers can cause a variety of emotional and social problems. Some people experience deep-seated anger or guilt. Unprocessed emotions can lead to depression. Children who had experienced emotional neglect tend to suppress emotions such as sadness, pain, loss, and anger. These emotions then accumulate in the body and become oppressive. People who suppress emotional pain are more likely to experience depression, anxiety as well as social disengagement and isolation.

Emotional neglect in children can lead to psychological problems because of poorly developed brain regions responsible for emotions and cognition. It affects the neural circuits that regulate stress responses and information processing. This can have a negative effect on social interaction later in life. The emotional neglect of children can lead to long-term physical, cognitive, emotional, and social development issues. It can also have a long-term psychobiological effect.

Pregnant women who experienced emotional abuse and neglect as children can struggle with mother-foetal bonding, which can be detrimental to their sense of self. Parenthood tends to trigger past emotions and memories and it activates the attachment system. A history of attachment dysregulation can contribute to prenatal depression.

Childhood emotional neglect is a silent yet significant issue that persists into adulthood. It can contribute to health issues and can have a significant impact on a child's social, cognitive, and emotional development. Internalizing harsh treatment or negative signals can lead to maladaptive interpersonal schemas and insecurities. Childhood emotional neglect can be the cause of social deficiencies. It can limit adaptive behaviours and lead to insufficient self-care. These realities highlight the importance of nurturing early childhood experiences in order for children to reach their developmental milestones.

#### **5.2.4 Emotional regulation**

Childhood emotional neglect can lead to inability to regulate emotion, which is crucial for managing behaviour. It can even lead to self-harming behaviour. Developing affect



regulation and affect tolerance is essential for processing distressing mental states. Emotional sensitivity and understanding are likely to be affected negatively by childhood emotional neglect. Early emotional neglect in children leads to a deficiency with regard to emotional clarity and understanding. A lack of emotional responsiveness and poor emotion regulation strategies can result in alexithymia. Childhood emotional neglect can impair a person's ability to maintain a healthy internal state of physiological regulation, which can have a variety of physical repercussions. In adulthood, the experience of childhood emotional neglect can result in compromised emotional processing, cognitive deficits, and even in some cases to psychopathology. Child abuse and neglect can disrupt emotion regulation. Emotions are suppressed rather than expressed. This can result in emotional problems or even mental health challenges later in life.

### **5.2.5 Attachment**

Childhood emotional neglect can have a negative impact on the parent-child attachment and bond in adulthood. Childhood emotional neglect has a detrimental effect on children's attachment to family, friends, and peers. It affects their development of key attachment capacities. It can lead to attachment insecurity, impair psychological development and result in avoidant or ambivalent attachment behaviour. Poor bonding between children and caregivers can lead to emotional issues. This highlights the importance of nurturing attachment relationships. Childhood emotional neglect can lead to a negative self-model, attachment anxiety, and avoidance, which result in insecure attachment styles. Secure attachment with caregivers can facilitate healthy brain maturation. Emotional neglect disrupts psychological development and puts individuals at risk for attachment insecurity. Caregivers provide a secure foundation for children's growth and emotional regulation. Optimal attachment bonds with parents or caregivers are crucial to future relationships. The secure attachment that is formed during infancy, lays the foundation for healthy relationships later on in life. The early years of a person's life are critical to the healthy development of those neural networks that enable emotional attachments.



### 5.2.6 Relationships

Childhood experiences significantly influence life decisions such as the choice of an intimate partner. Parents' love can be deeply influences a child's later emotional life and their first experience of romantic love. Despite dysfunctional love at home, people are prone to seek genuine, comforting, and familiar love. Adults who had suffered childhood emotional neglect can be attracted to each other even if the relationship is not very good. Childhood emotional neglect can have a negative impact on relationships. Such adults often lack the ability to show love, affection, and support to another because they did not experience it themselves. That makes it challenging to build strong relationships with loved ones. Children who receive love and care develop a sense of worthiness and trustworthiness, whereas those who are emotionally rejected or go unnoticed, feel unimportant and without support. Emotional neglect or maltreatment in childhood has an impact in adulthood in terms of relationships, self-image, and self-esteem. It can also have a negative effect on mother-child bonding. Positive child-caregiver relationships provide a strong foundation for healthy relationships in adulthood. Childhood emotional neglect can hinder stable family relationships later in adulthood. The person who experienced neglect in childhood often has the tendency to withdraw and finds social interaction challenging, also within the own family.

Childhood emotional neglect can lead to adults having difficulties with trust and understanding emotions – both their own and others' emotions. This can lead to a sense of disconnectedness and the inability to grow in interpersonal relationships. The fact that they had an insufficient example in childhood prevents these individuals from developing a sense of security and positive relationships in adulthood. Emotional deprivation before the age of three can hinder forming meaningful connections later in life. The tendency toward self-criticism and a focus on accomplishment can be detrimental to interpersonal relationships and affect people's ability to maintain close connections with others. Individuals who experienced emotional neglect as children often struggle to understand their own emotions in adulthood.



Childhood emotional neglect and the maltreatment of children can lead to increased relational violence and decreased romantic competence in adulthood. The experience of severe neglect or abuse can limit the development of adaptive social behaviour. Adults carry the effects of childhood emotional neglect throughout their lives. This has an impact on their relationships and sense of self. Childhood emotional neglect can lead to attachment avoidance, dissatisfaction in romantic relationships, and a lack of nurturing of their loved ones in adulthood. Early experiences significantly impact a person's ability to form intimate, emotionally secure relationships. Successful social interaction requires four competencies: emotional abilities, emotional awareness, communication skills, and self-awareness. Negative childhood emotional experiences can lead to conflict avoidance and loneliness, as partners can feel empty and unfulfilled if emotional intimacy is not attained.

The conversations of adults who had experienced emotional neglect in childhood often remain rather superficial. They tend to be awkward and lack emotional connection. Emotional neglect experienced as a child can lead to the adult making inaccurate assumptions about others, struggling with communication issues, being unable to resolve issues successfully, and exhibiting either passive or violent reactions. Their intimate partnerships can suffer emotional neglect, which will affect both parties. The experiences of childhood emotional neglect significantly influence decisions regarding relationships and other aspects of life.

Emotions are crucial in our psychological constitution as social beings, providing social interaction scripts, understanding relationships, and navigating competitive environments. They facilitate the reality of navigating the complexities of being a social animal, ensuring we approach and back off situations with calmness and understanding.

### **5.2.7 Other effects**

Childhood emotional neglect can lead to difficulties in coping, personality development, and emotion control. It can lead to substance use disorder, disruptive behaviour, eating disorders, obesity, and high-risk sexual conduct. People who have



suffered childhood emotional neglect are confused by the emotional outbursts of others. Young persons who have suffered childhood emotional neglect can struggle to find meaning and purpose in life as they have to make decisions about a future career. They can be prone to impulsive actions, irritable or aggressive behaviour, and unhealthy coping mechanisms such as self-harm, alcohol and drug use disorders, and risky sexual behaviour. Childhood emotional neglect can lead to significant harm to a young adult's sense of identity and security. Not having had their emotional needs met, can cause health issues, learning challenges, low academic achievement, and behavioural issues. It can result in psychosomatic issues.

### **5.3 Efficacy of the pastoral narrative counselling**

The study found the pastoral narrative approach to be a suitable paradigm to facilitate healing and wholeness for persons who have experienced childhood emotional neglect and bore the consequences throughout their lives and adult relationships.

Narrative pastoral counselling provides persons who have suffered childhood emotional neglect and have encountered countless problems in their adult lives as a result, with the opportunity to tell their story. As they relate their history of neglect, the counselling facilitates the creation of the narrative by means of relevant questions about the experiences and consequences. They avoid pathologizing the problem stories. As counselees recount the story multiple times, each iteration reveals more specifics. That indicates progression in the storying process. Through telling the story, they allocate meaning to events and experiences and reveal how these have shaped their identity. Pastoral counsellors listen and respond with empathy and are non-judgmental and respectful. They utilize the technique of externalization to separate the person from the problem. The counselling facilitates the creation of meaning and identity. The telling and witnessing technique is beneficial for counselling with families and couples. It facilitates emotional expression and support. Couples can share their stories with each other and relate how their lives are affected. In such a setting, partners listen differently. They can safely express their feelings of emptiness, estrangement, and the difficulty they have in understanding each other's experience.



The narrative pastoral counselling listens for unique outcomes in the story. These are positive instances and abilities of the counsellee that go unnoticed when overwhelmed by the problem story. These unique outcomes become the foundation on which an alternative preferred narrative can be built. In the process of re-authoring the alternative narrative progress is documented and recorded in order to capture newly formed meanings and identities for future reference. Through the act of respectful and attentive listening and validating the counsellee's emotions, the counselling creates an experience of attentive care that the storyteller did not have in childhood. Such an experience can open possibilities for a preferred future story.

The pastoral caregiver brings the God story into play and explores with the counsellee how the story of neglect and the story of God interact. The aim is to foster trust and growth in the counsellee. The pastoral counselling facilitates the creation of new meanings and a new identity based on the interconnectedness of the God story and the person's story. The one story is a story of neglect and pain. The other is a story of love and support. Biblical narratives of God's response to people's emotional needs and God's acts of love are utilized.

In pastoral counselling, the counsellee is facilitated to externalise the childhood problem story and name the experiences of emotional neglect. The person can then internalize God's love and support to direct their preferred future story. The role model of how God as parent interacts with God's children can become the example and motivation for counsellees to deal more effectively with their own emotions and learn how to maintain healthy, loving and supportive relationships. Narratives from the Bible can serve as the foundation for decision-making and inspire people to take responsibility for their lives and re-author their own life story. In the new preferred story, they can see themselves as deserving of love.

The Jesus narrative demonstrates empathy and emotional responsiveness to people. This narrative provides a role model for positive and constructive human interaction. It also provides motivation and inspiration for people to overcome the fact that they are insignificant. The counsellee's story of neglect can then be transformed into God's story of care and attention to their emotional needs, allowing them to see themselves



as significant and deserving of love and attention. This process facilitates the discovery of a new identity, purpose, meaning, and a new story in Christ.



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