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THE CHALLENGE OF PASTORAL CARE AND COUNSELLING TO THE BEREAVED FAMILIES OF KILLED POLICE OFFICIALS: A CASE STUDY OF LIMPOPO PROVINCE OF THE REPUBLIC OF SOUTH AFRICA

BY

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THESIS SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

IN THE SUBJECT OF

AFRICAN STUDIES

AT

THE UNIVERSITY OF VENDA

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DECLARATION

I, Zwodangani David Mudau, hereby declare that the thesis for the Doctor of Philosophy degree at the University of Venda hereby submitted by me, has not previously been submitted for a degree at this or any other university and that it is my own work in design and execution and that all reference material contained therein has been duly acknowledged.

Signature

2014/08/22

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ACKNOWLEDGEMENTS

My sincere thanks go to my promoter, Dr. G.M Lehloka and co-promoters, Dr. T.D. Thobejane and Dr. T.M. Mashamba who guided me and helped me to produce this quality work. I know that without their guidance and encouragement, this work would not have been successful.

I would also like to give thanks to all my research participants who were more than willing to participate in this study. I appreciate their availability when I needed to meet them at their respective homes for the purpose of this study. I know and understand that it was not easy for my participants to do this interview as it evoked emotional pain of having lost their loved ones through police killings. I want to say to all of them, thank you very much. I salute your courage and determination to move on with your lives.

My sincere thanks also go to the South African Police Service who granted me the permission to do this research with the bereaved families of the killed police officials and the support they have shown to me by granting me a scholarship to proceed with this study. I really feel that as an organization, the SAPS appreciates the significance of the contribution that I will make to all SAPS members through this research.

I would like to thank my family for their support during this difficult time. I did not spend as much time as I wanted due to my commitment to this study. I would like to thank you for your understanding and love during this difficult time.

Last, I would like to thank my God who gave me strength and courage to continue with this study amidst of all challenges of life. If it were not through the Grace of God, this research would not have been completed.

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DEDICATION

This thesis is dedicated to all the bereaved families in Limpopo province who lost their loved ones through police killings. I also dedicate this thesis to my late uncle Mr. Thanyani Alpheus Netshamutshedzi who always encouraged me to work hard in order to achieve greatness in life.

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ABSTRACT

Police killing is a global problem that poses a serious challenge to the security and stability of any country since police officials are responsible for making sure that every citizen is safe and secure. The current crisis of police killings in South Africa is a challenge to the bereaved families of killed police officials in Limpopo Province. The bereaved are faced with the challenge of coping with the loss of their loved ones. The South African Police Services employs chaplains who must provide pastoral care and counseling to SAPS members and their families. The objectives of this study are: to explore the intricacies that serve as stumbling block to counselling the bereaved families of killed police officials, to examine the psycho-social effects of killing of the police on the bereaved families of killed police officials, and finally to examine pastoral care that is relevant in the emotional healing of the victims of police killings. In this study, the researcher used a qualitative method to obtain data from individuals within Limpopo Province. A sample of 30 participants (bereaved family members of killed police officials) from Limpopo Province was used. Data were collected on an individual basis through the use of in-depth interviews. This was necessary because each bereaved family member is unique. This required proper listening skills to extract information from the participants. Data were collected and analysed using the seven steps proposed by Tesch, in order to understand how participants understand their personal experiences as bereaved family members of killed police officials in Limpopo Province. The findings of this study show that the bereaved families of killed police officials are experiencing many challenges,and that SAPS chaplains are not doing enough to provide pastoral care and counselling to address those challenges. This research will help to enhance the quality of pastoral care and counselling to the bereaved families of killed police officials in Limpopo Province. The research would make recommendations aimed at alleviating the plight of bereaved families of killed police officials in the Limpopo Province. The findings and recommendations emanating from the study will be useful in guiding all SAPS chaplains and pastors in providing pastoral care and counselling to the bereaved families of killed police officials in Limpopo Province.

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ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
GEPF	Government Employee Pension Fund
HIV	Human Immuno-Deficiency Virus
HRM	Human Resource Management
NKJV	New King James Version
SACC	South African Council of Churches
SAPS	South African Police Service
TRC	Truth and Reconciliation Commission
UHDC	University Higher Degrees Committee
UREC	University Research Ethics Committee

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CHAPTER 1: INTRODUCTION TO THE STUDY

1.1 INTRODUCTION

The killing of police officials in the world poses a serious threat to stability and the rule of law. Police killing is a social problem that challenges researchers from different disciplines to make specific contributions to this destructive human action in society. It is one of the numerous destructive human actions in society that has negative socio-economic effects, and it brings about spiritual and psychological challenges to the bereaved families. The impact of police killings on the bereaved families is huge. In some instances, children become orphaned, and in others, they are forced to leave school early to seek employment, in order to take care of the socio-economic needs of their siblings. Pastoral care and counselling to the families of killed police officials is a challenge to be addressed because, if it is not, the bereaved families may fail to cope with their stressful situations.

This chapter gives the background to the study, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, and definition of operational terms.

1.2 BACKGROUND TO THE STUDY

Police killing is a global problem and it impacts negatively on the security and stability of the country. Global incidents that have been reported indicate that police killing is a problem that affects the whole world. It has psycho-social effects on the lives of the bereaved family members. Commenting on the problem of police killing in Europe, Akpan (2013:1) reports that in the United States of America, police are paying a heavy toll for their bravery as the first line of defence against unthinkable violence against them. According to a study from the Johns Hopkins Bloomberg School of Public Health Nearly eight hundred police officials died in the line of duty in the United States of America between 1996 and 2010. Nine out of ten of these

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deaths were as a result of gun violence. Bryant (2012) points out that the problem of police killing in Britain invited the intervention of the political leadership. It reignited the debate over whether police officers should be armed or continue to serve the nation unarmed.

Commenting on the problem of police killing in Africa, Ekhomu (2013) argues that the killing of sixty police officers on the 10th of May 2013 in Nasarawa State in Nigeria is an indication that respect has been lost for constituted authority, law enforcement and military forces, as security operatives have become targets of various attacks. He explained that the killings in Nasarawa were sophisticated because the militia were informed that the officers were coming to arrest the killers, and they laid an ambush for the officers and killed them. McKenzie and Leposo (2012) indicate that in Kenyan living memory, thirty eight police officers were killed on the 13th November 2012 in northern Kenya by heavily armed cattle rustlers. The police officers were part of an operation to recover cattle belonging to the Samburu tribe that had been stolen by the Turkana tribe. They were ambushed in a valley by a large group of Turkana who fired on them and killed thirty-eight.

The Constitution of the Republic of South Africa (RSA), 1996 (Act 108 of 1996) stipulates that the South African Police Service has a responsibility to:

- Prevent, combat and investigate crime;
- Maintain public order;
- Protect and secure the inhabitants of the Republic and their property and uphold and enforce law;
- Create a safe and secure environment for all people in South Africa;
- Prevent anything that may threaten the safety or security of any community;
- Investigate any crimes that threaten the safety or security of any community;
- Ensure criminals are brought to justice; and
- Participate in efforts to address the causes of crime.

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Police officials get killed while doing their normal duties of preventing, combating and investigating crime, and also when they are off-duty. They get killed as a result of criminal activities, personal matters and other work related problems that are not addressed, resulting in police officials killing each other. When police officials get killed, the safety of the community is threatened and, furthermore the bereaved families experience the pain of losing a family member. Undoubtedly, the family of the killed police officers experience a lot of pain and suffering. The death of one police official affects so many people in different ways within the family. As a result, family members go through different emotional battles to come to terms with the loss in the family. Hence, they require pastoral care and counselling from the chaplain to help them cope with the pain of loss. In this context, counselling would mean helping the bereaved families of killed police officials to cope with the pain of loss, while pastoral care would mean the support offered by the chaplain to the bereaved.

Limpopo Province held a police summit on police killings and ritual killings in Polokwane on the 8th of May 2012. The delegates who attended the summit were from South Africa`s Department of Safety and Security, the South African Council of Churches (SACC), traditional leaders and traditional healers. Participants were all in agreement that police officials work twenty-four hours a day whether they were on or off-duty. It is clear that most community members understand that it is the obligation of every police official to provide them with security, whether the police official is on-duty or off-duty. Community members will always seek refuge from the police official whether he or she is on-duty or off-duty. Being a police official, whether on or off-duty, makes one a target for criminals who want to perpetuate their criminal activities.

Statistics below give a clear indication of the number of police officials per province killed from 2004-2011 in South Africa. Special attention in this study will be given to Limpopo Province.

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Table 1.1: Number of police officers killed from 2004 to 2013 in South Africa

YEAR	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	2010/ 2011	2011/ 2012	2012/ 2013
Eastern Cape	14	16	6	12	11	10	11	15	12
Free State	3	1	6	8	6	2	6	7	7
Gauteng	16	26	38	38	21	24	33	21	23
Kwa-Zulu Natal	28	23	32	21	28	25	17	14	18
Limpopo	4	4	2	6	7	8	2	8	3
Mpumalanga	7	7	7	9	6	4	8	8	3
North West	12	7	8	2	3	2	2	5	3
Northern Cape	0	1	3	1	2	0	1	0	1
Western Cape	10	10	6	10	11	10	7	3	12
Head Office	0	0	0	0	10	16	6	0	2
Total	**94**	**95**	**108**	**107**	**105**	**101**	**93**	**81**	**84**

Sources: SAPS, 2008/2009 Annual Report, July 2009, Page 93; SAPS, 2009/10 Annual Report, September 2010; page 92;SAPS, 2010/11 Annual Report, October 2011, Page 76, SAPS, 2011/12 Annual Report, August 2012, Page 91, SAPS, 2012/13 Annual Report, August 2013, Page 80..

Considering the statistics given above, it is clear that South Africa as a country is losing many police officials who have been trained to provide safety and security to all South African citizens through the killings. According to Pattison (1993:195), pastoral care is any form of personal ministry to individuals, families and the community by representative religious persons (ordained or lay) and by their communities of faith, who understand and guide their caring efforts out of a theological perspective rooted in the tradition of faith. Gerkin (1984:28) describes pastoral counselling as a dialogical hermeneutical process involving the counsellor

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and the counselee communicating across the boundaries of language. The outcome of any pastoral care and counselling must be to liberate those who feel oppressed by their crisis situations and to empower those who have lost hope in their lives. Clinebell (1984:26) contends that pastoral care and counselling seek to utilise and integrate both the psychological insight regarding the human situation and the healing of persons.

When the family is mourning the loss of their loved ones, they expect to be comforted and to get all kinds of support from those who are closer to them. It is during this time of bereavement that the chaplain gets to interact with the family and provide bereavement counselling as part of pastoral care. This is supported by what Jesus said in Matthews 5:4 that "Blessed are those who mourn, for they shall be comforted" (New King James Version (NKJV), 1982:1307). This is a clear indication that those who mourn the death of their loved ones anticipate comfort and counselling from the chaplains who visit them representing the kingdom of God and SAPS.

The SAPS has employed chaplains to provide spiritual support to the SAPS members and their families. Rothman (1980:60-62) outlines the functions of a chaplain in the SAPS and these include:

- Preaching and praying to the South African Police Members;
- Addressing family and marital problems;
- Visiting homes, barracks and hospitals to administer members of the South African Police;
- Visiting police stations;
- Being involved in the training of the South African Police members;
- Visiting SAPS members in their parades;
- Visiting South African borders;
- Doing pastoral care and counselling to police members and their families;
- Distributing of spiritual literatures to police members.

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All these roles are supposed to be performed by chaplains across racial and cultural backgrounds. Chaplains are ministers of their different denominations who have the added responsibility of rendering pastoral care and counselling to SAPS members and their families. Chaplains are employed to add value to the SAPS and are accountable to both the SAPS and the denomination they come from. The presence of chaplains in SAPS does not mean that they take over the roles and responsibilities of the local ministers. The role of a chaplain can be understood as an extension of the ministry of the church in the SAPS working environment. The SAPS chaplain does not take over the role of the local ministers, but he or she does an extension of the ministry of the church in an ecumenical sense.

Bereavement can be understood as a human crisis that people experience in their lives as a result of losing someone important. According to Clinebell (1984:218), clergy are the key professionals in helping people who experience bereavement. He argues further that ministers have automatic entree to the world of most grieving people. According to Oates (cited in Clinebell, 1984:218), the pastor is the primary person responsible for dealing with the bereaved irrespective of whether or not the pastor has accepted these responsibilities. He or she is compelled to carry out his duties with skill and wisdom. This is supported by Pretzel (1972:237) who says that more people initially take their emotional problems to clergymen than to any other professional group. Therefore, it can be argued that chaplains are better placed to provide pastoral care and counselling to the bereaved family than any other professional in the SAPS. Police killings provide chaplains with an opportunity and responsibility to provide effective pastoral care and counselling to the bereaved families. They guide the family and become part of their journey in their bereavement. Considering the significant role that chaplains play in the family during the time of bereavement, the researcher will argue that chaplains should develop a high level of competency in providing pastoral care and counselling since they deliver death messages to the family, and also provide guidance during the preparation for the funeral. They also provide bereavement counselling to the bereaved family after the funeral.

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The shootings and killings of police officials that took place on 16 December 2011 in the Mokgopong (formerly known as Naboomspruit) Police Station in Limpopo Province by one police officer, resulted in the Station Commander being killed together with the Station Community Service Centre officer. Two other two police officers were injured. The police officer who shot and killed his colleagues also committed suicide. The cause of this shooting is not known. Those who witnessed the shooting and the killing of those police officials at the police station were traumatised by the incident. The family members of those killed and injured in the shooting were also traumatised when they saw what had happened to their loved ones. Responding to this crisis, Provincial Police Spokesperson, Brigadier Hangwani Mulaudzi, indicated that "those affected police officers who witnessed the shooting and the family members who went to the scene received debriefing and counselling from SAPS chaplains" (SABC News, 16 December 2011).

1.3 PROBLEM STATEMENT

The problem of police killings in Limpopo Province poses a challenge to pastoral care and counselling for the bereaved families of killed police officials. This starts from the day of the killing incident and when death message is delivered to the family. The challenge continues after the funeral. This is usually caused by the fact that SAPS chaplains are not always available to deliver death messages to the bereaved families, and the bereaved families sometimes receive death messages from friends and colleagues of the killed police officials, who do so without providing pastoral care and counselling. This makes it difficult for the bereaved families to deal with the pain of losing their loved ones.

The bereaved families also find it difficult to deal with the reality of death shortly after the funeral when most people have gone. This is the time when most bereaved families begin to see the real effects of the police killings in their lives. This is because some would have lost breadwinners in the family and would have remained with nobody to look after them financially. This increases the emotional burden to the bereaved families, and it calls for

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chaplains to provide pastoral care and counselling to help the bereaved families to deal with their loss. However, chaplains are unable to visit the bereaved families often enough to help them in their emotional healing. Considering the number of families that are losing their loved ones as a result of police killings and other causes, it is clear that there is a challenge facing chaplains in the SAPS to provide pastoral care and counselling to the bereaved families of the killed police officials in Limpopo Province.

In the Provincial summit on police killings held in Limpopo Province on 08 May 2012 in Polokwane, members of the SAPS raised concern that whilst chaplains were very committed assisting the bereaved families with funeral arrangements, they failed to provide pastoral care and counselling to the bereaved families after the funeral. The bereaved family members go through different emotional stages after receiving the news of the passing away of their loved ones. The bereaved family members become confused and isolated when everyone has left them after the burial. It is only after the burial that family members start to battle with finding meaning in life. Thus, chaplains are expected to provide pastoral care and counselling to the bereaved families of killed police officials in Limpopo Province.

When chaplains fail to provide pastoral care and counselling to the bereaved families of killed police officials, it may lead to the bereaved family members experiencing more problems. The bereaved family members may experience depression as a result of failure to deal with the loss. The bereaved family members may also blame each other or God for the loss. Other members of the family may resort to alcohol and drug abuse as a way of dealing with the pain of loss. Other bereaved family members may resort to extreme measures such as committing suicide because they no longer see the value of life.

1.4 THE PURPOSE OF THE STUDY

The purpose of this study is to explore the challenge of pastoral care and counselling to the bereaved families of killed police officials in Limpopo Province.

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1.5 AIM AND OBJECTIVES OF THE STUDY

The aim of the study is to enhance the quality of pastoral care and counselling provided to the bereaved families of killed police officials in Limpopo Province.

The objectives of this study are to:

- Explore the intricacies that serve as a stumbling block to counselling the bereaved families of killed police officials;
- Examine the psycho-social effects of killing of the police on the bereaved families of killed police officials; and
- Examine pastoral care that is relevant in the emotional healing the victims of police killings.

1.6 RESEARCH QUESTIONS

The research questions of this study emanate from the objectives of the study, hence the research questions for this study are:

- What are the intricacies that serve as a stumbling block to counselling the bereaved families of killed police officials?
- What are the psycho-social effects of killing of the police on the bereaved families of killed police officials?
- What pastoral care is relevant in the emotional healing of the victims of police killings?

1.7 SIGNIFICANCE OF THE STUDY

Most of the previous research done on pastoral care and counselling has focused mostly on bereavement counselling, HIV/AIDS, suicide, marriage, lay counselling and teenage pregnancy. This research is filling the gap left by other scholars in that it focuses on pastoral care and counselling to the bereaved families of killed police officials in Limpopo Province. This study will benefit the chaplains of the SAPS in Limpopo Province in that they will know and understand

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how to provide pastoral care and counselling to the bereaved families of the killed police officials. The findings and recommendations emanating from the study will be useful in guiding all pastors in their provision of pastoral care and counselling to the bereaved families of killed police officials. This will, in turn benefit family members of the killed police officials in that they will know how to cope during the period of their bereavement.

1.8 DEFINITION OF OPERATIONAL TERMS

Bereaved family:

The word bereaved family refers to members of the family of killed police officers who are mourning the death of their loved one. For the purpose of this study, bereaved family refers to family members of killed police officials in Limpopo Province.

Chaplain:

The word chaplain refers to the office of the spiritual workers who perform specialised ministry in the uniformed services. The word chaplain, in this study, refers to ordained ministers of the church who are employed by the SAPS to render spiritual services to all SAPS employees and their families. SAPS chaplains provide pastoral care and counselling to the SAPS members and their families.

Family:

In this study, the word family will include children, parents, grandparents, uncles, aunts, brothers and sisters who may also have their own children and other immediate relatives of the killed police officials in Limpopo Province.

Pastor:

It refers to an ordained minister of the church who looks after the spiritual welfare of all the congregants. The word minister and clergy will be used interchangeably in this study to refer to the pastor.

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Pastoral care:

Pastoral care refers to any form of personal ministry to an individual, family and community by an ordained or lay persons who will give care and guidance out of a theological perspective rooted in the tradition of faith. For the purpose of this study, pastoral care is used as a term to describe supportive ministry to people in a crisis.

Pastoral counselling:

Pastoral counselling, in this study, refers to a helping and supportive service offered by ordained or lay persons to assist people in difficult situations. The aim of this process is to help them find better alternatives and make their own decisions.

Police officer:

A police officer is a person who, by the nature of their profession protects the lives and properties of citizens. He or she maintains order, catches law breakers, and prevents crimes. Police officers work in dangerous and stressful situations, and also deal with violent criminals. They may be injured or killed while on or off-duty. In this study, the word police officer would be used interchangeably with police official.

1.9 LIMITATIONS OF THE STUDY

The bereaved families who participated in this study were families of killed police officials who died on or off-duty, while still employed by the SAPS. The research was only limited to the bereaved families of police officers and did not include other employees of the SAPS. The researcher did not manage to interview all the bereaved family members who had initially agreed to do the interview since others later decided to withdraw their participation in the study.

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1.10 ORGANISATION OF THE THESIS

Chapter 1 gives an introduction to the study.

Chapter 2 reviews literature on pastoral care and counselling.

Chapter 3 discusses the research methodology that was followed in conducting the study.

Chapter 4 presents the findings of the study.

Chapter 5 provides a discussion on the findings of the study.

Chapter 6provides evaluation, makes recommendations, and draws conclusions for the study.

1.11 CONCLUSION

This chapter presented the background and the problem statement regarding the challenge of pastoral care and counselling of bereaved families of killed police officials in Limpopo province. It outlined the main aims and objectives and highlighted the significance of the study. Different concepts were defined, and the study was delimited. The following chapter reviews literature on pastoral care and counselling.

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CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter critically reviews literature on pastoral care and counselling. It locates pastoral care and counselling and its challenges in the context of the bereavement care and counselling. The researcher explores and describes pastoral care and counselling based on the reviewed literature. Pastoral care and counselling is critically analyses from an African perspective in order to address the needs of the people of Africa during the time of crisis. Viewpoints from the North and South (that is Western and Third World perspectives) are reviewed so as to explore pastoral care and counselling and in order to have a "bird`s eye view" regarding the two concepts. In particular, the chapter deals with the following: etymology and historical background to pastoral care and counselling, defining pastoral care, defining counselling, theories of counselling, defining counselling pastoral counselling, counselling from an African context, the uniqueness of pastoral counselling, functions of pastoral care and counselling, different types of pastoral care and counselling, clericalism of pastoral care and counselling, individualistic pastoral care and counselling, spiritualization of pastoral care and counselling, the confluence of religion and healing, pastoral care and counselling from an African perspective and the relationship between God and suffering.

2.2 ETYMOLOGY AND HISTORICAL BACKGROUND OFPASTORAL CARE AND COUNSELLING

The verb pastoral is derived from the noun pastor, which comes from the Latin verb *pascere.* Pascere means to feed (Leshota, 2007:50). Within Christian circles, the word pastor is used interchangeably with the term shepherd. Traditionally, the term pastor is generally understood to refer to an ordained minister of the church. Hence, it is easier to relate pastoral care with the care that is offered by pastors or priests to their congregations or community.

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This however, does not mean that pastoral care is strictly the responsibility of a church minister. That role can be fulfilled by any person within the church who is engaged in the task of restoring fellow human beings to physical, emotional and spiritual wholeness. It can be argued that the mission of the church is not only to serve those who are within the church, but to also serve every living human being, including those who do not believe in God. This is echoed by Waruta and Kinoti (2000:7) who state that the church, through its ordained ministers and lay people, is called upon to render pastoral care to all those who are in distress and are in dire need of support and care.

According to Carr (1997:9), the phrase pastoral care originates from the Jewish Christian tradition, and is derived from the image of the shepherd and the way he cares for his flock. In the Old Testament, God is displayed as the shepherd of the people of Israel (Psalm 23). The book of Job describes the role of pastoral caregivers that involved Job`s friends who visited him in his home and sat with him for seven days without saying a word to him to console and comfort him during the time of his suffering (Job 2:13). This was clearly pastoral care in the form of ministry of presence. Hunter (1990:827-829) maintains that the meaning of the word "pastoral" is not limited to that of shepherd or overseer, but it also implies the expression of the unity of persons and work in Christ. In the New Testament, Jesus calls Himself the Good Shepherd (John 10:11).When Jesus commanded Simon Peter to feed his sheep in John 21:15, He was entrusting Peter with the responsibility of feeding and tending the flock of Christ. Hunter (1990:836) points out that pastoral care derives from the Biblical image of shepherd and refers to the solicitous concern expressed within the religious community for persons in trouble or distress. Ward (2001:85-86) adds that one aspect of the meaning of the word "pastoral" is to be found in the process of telling parables (Luke 5:17-26, 7:36-50,10:29-37; John 8:3-11). Ward (2001) argues that all of Jesus' parables challenged the assumptions and the normal interpretation of everyday happenings. The parables uncover aspects of ministry that Jesus' listeners did not comprehend at first and, when they did, they were able to make appropriate changes, expand and transform their horizons and meaning in their lives.

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One of the African-American Pastoral theologians, Wimberly (1979:18), describes pastoral care as the bringing to bear upon persons and families in crisis the total caring resources of the church. Unlike other scholars, Wimberly provides a model for pastoral care within the context of the Black Church that emerges from Traditional Black Pastoral Care while making use of ideas from systems and crisis theories. In his model, Wimberly presents worship, care, nurture and witness as the four functions of pastoral care for liberation. In spite of focusing on crisis, which seems to be the core of pastoral care worldwide, Wimberly (1979:79) presents the categories and practice of pastoral care in the Black Church tradition as having emerged overwhelmingly, from preparing, strengthening and attempting to change those conditions which prevent persons from choosing healthy crisis-coping patterns within a framework which is communal and supportive. Lartey (2003:24) concurs with Wimberly when he argues that pastoral care in the Black Church tradition has to do with mobilising the resources of the whole community to care for the needs of individuals and groups.

According to Van der Ven (1993:37), pastoral care is one of the sub-disciplines of practical theology, which in the past was referred to as shepherding, *poimenics* and soul care. Buffel (2004:41) rightly states that pastoral care deals with the care of Christians for one another. In the past, pastoral care was confined only to pastors or priests as if they were the only ones who could take care of others. Buffel (2004:41) argues that pastoral care as a discipline has developed to the extent that it is liberated from individualism and clericalism, and it refers to the caring ministry of all the people of God.

Lartey (2003:23) sees pastoral care as a communal and congregational matter, while Hulme (1970:10) sees pastoral care as synonymous with the entire ministry of the church. According to Hulme, everything that a pastor does as a minister or the servant of God is pastoral care. Wise (1966:8) asserts that pastoral care is a function more than an activity, a living relationship more than a theory or interpretation, a matter of being more than of doing. It can be argued that good pastoral care does not ignore the physical needs of a person or community. Good pastoral

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caring should pay attention to physical comfort and economic necessity. God is concerned with human happiness that entails health, material benefits, peace and salvation.

Therefore, the pastoral work of the church is to be understood in terms of healing, guiding, sustaining and reconciling people with God. The Bible clearly indicates that God is the ultimate source of all pastoral care. This care involves deliverance from bondage, that is both social, political and economic bondage (Exodus 3:7-9). It also includes the restoration of personal health (Exodus 15:26). This is supported by Mwaura (2000:85) who believes that pastoral care in the church should be holistic, and that it should attend to all levels of human caring, such as physical, moral and spiritual care.

Pastoral care consists of helping activities practised by people who recognises a transcendent dimension of human life, which by the use of verbal or non-verbal communications, direct or indirect, literal or symbolic models of communication, aims at preventing, and relieving persons coping with anxieties (Lartey, 1993:5). Louw (1997:71) strongly argues that the aim of pastoral care is to integrate the redeeming work of Christ with our being, via faith. Ward (2000:27) however, maintains that the primary aim of the care-giver has most often been that of enhancing coping capabilities and providing emotional support in this time of isolation, fear and loneliness. She further states that there is an increased need for reassurance of love and care from others.

2.2.1 DEFINING PASTORAL CARE

It is very critical to have a clear definition of what pastoral care means from both Western and African perspectives before one engages into full discussions on the matter. There is need to review various definitions of pastoral care as offered by several scholars, but this will not deter the researcher from articulating a clear working definition of pastoral care that would be applicable in this research. The researcher will review a number of definitions of pastoral care

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and later adopt a working definition that will give guidance and direction throughout the whole research.

The definition of pastoral care by Clebsch and Jaekle (1967:4) marks the beginning of what may be described as the current history of pastoral care, in that it includes the functions of pastoral care. They define pastoral care as follows:

> Pastoral care consists of helping acts done by representative Christian persons, directed toward the healing, sustaining, guiding and reconciling of troubled persons, whose troubles arise in the context of ultimate meanings and concerns.

This definition of pastoral care demonstrates the critical influence of social and historical location on pastoral care. When identifying these four functions of pastoral care, Clebsch and Jaekle (1967:4) do not claim to be the pioneers or people who first discovered these functions. Buffel (2007:41) concedes that these four functions of pastoral care were used earlier by Hiltner (1958).

Clinebell is regarded as one of the gurus of Western Pastoral Care and Counselling. According to Clinebell (1984:26), pastoral care is the broad, inclusive ministry of mutual healing and growth within a congregation and its community through the life cycle. From this definition, it is revealed that there are issues central to Clinebell's understanding of pastoral care and these include the ecclesiastical (i.e. Christian Church) context, the importance of one-to-one or the small groups relationships, and the focus on individuals and their relationships. Hulme (1981:9) defines pastoral care as a supportive ministry to people in crisis and those close to them who are affected by the very same crisis. Pastoral care is a dialogical ministry which is oriented to the healing process during the time of pain and suffering. Pattison (1993:13) however, defines pastoral care as that activity, undertaken especially by representative Christian persons, directed towards the elimination and relief of sin and sorrow and the presentation of all people perfect in Christ to God. The language of Christian theology is clearly observable when one reads Pattison's definition of pastoral care since it includes the issue of sin and the

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reconciliation between people and God. Buffel (2004:40) defines pastoral care as the multidimensional ministry of all believers in the church, which is concerned with the wellbeing of all of God's people, be it as individuals or as groups or communities. In this ministry, which occurs in socio-economic and political contexts, each one is a brother or sister to another. This all inclusive ministry of keeping each other or mutually caring for each other takes the context of brother or sister into cognisance.

Ramsay (2004:3) points out that pastoral care is critically informed by authoritative sources in the Christian tradition and, frequently, also by the resources of social science such as development theory, grief theory and gender studies. Pastoral care functions interdependently with other forms of ministry such as education, preaching, liturgy, theology and ethics. It is both a restorative and transformative intent. This is echoed by Mwaura (2008:85) who argues that pastoral care should be holistic and should also attend to all levels of human caring, that is physically, morally and spiritually. This simply means that good pastoral care does not ignore other aspects of life. God is concerned with the wellbeing of the whole person and not only a portion in the life of a person. This is supported by Clinebell (1984:46), who states that pastoral care is a response to the need that everyone has for warmth, nurture, support and caring, and this need is heightened during times of personal stress and social chaos.

In view of the above mentioned definitions of pastoral care, one observes a strong link between Christian theology and pastoral care, which makes it easy to suggest that pastoral care is the activity of the Christian ministry. The researcher is in support of Hulme`s (1981) definition which views pastoral care as a supportive ministry to people in crisis and not necessarily a Christian concept. This means that pastoral care is not restricted to Christians alone, but everyone can offer support to people in crisis, in an attempt to bring healing to the people in distress.

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2.2.2 DEFINING COUNSELLING

Counselling has been defined by many different scholars in different ways, but each definition puts emphasis on different aspects of counselling. Hence, the researcher will use a definition of counselling that attempts to balance the role played by the counsellor and the process itself, which includes the skills and the techniques of the counsellor during counselling and also the needs of the counselee. The MacMillan English Dictionary for Advanced Learners (2002:316) defines counselling as advice and help that is given to someone experiencing problems. Hansen *et al.* (1994:6) state that counselling is largely concerned with the so-called normal individuals, in a bid to increase such individual` self-awareness, to help improve their problem-solving skills, educate the individuals and support them. A similar view is held by Nengo (1999:12) who states that counselling is the process of helping an individual to accept and use information so that the counselee can solve his or her present problem or cope with it successfully.

In view of the above, counselling can be seen as a one to one relationship between the counsellor and the counselee, in which the counsellor attempts to help the counselee to make personally relevant decisions that he or she can live with. The same opinion is shared by Leshota (2007:25) who points out that counselling is a structured conversation within a relationship of trust, between a counsellor and a counselee, aimed at enabling the counselee to utilise the resources that he or she has for solving or coping better with his or her problems. It is clear that this definition acknowledges the significance of having skills that should be developed, in order to have effective counselling. Oates (1974:9), however, defines counselling as a non-medical discipline, the aims of which are to facilitate and quicken personality growth and development, and to provide comradeship and wisdom for persons facing inevitable losses and disappointments in life. Engelkes and Vandergoot (1982:17) define counselling as an interactive process conjoining the counselee who is vulnerable and needs assistance, and the counsellor who is trained to give this assistance. Ndondo (2004:45) defines counselling as a process in which the counselee, having identified an emotional problem, is helped by the counsellor to see his or her problem clearly until he is able to give him or herself advice

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considering his or her opinions, abilities and limitations in solving it. Egan (1975:34) adds that counselling is the skilled and principled use of relationships that develop a self-knowledge, emotional acceptance and growth. Sikolia and Lutomia (2002:24) concede that counselling is the purposeful understanding of a person so as to promote self-understanding in that person.

It can be argued that people who seek counselling are normally going through internal and interpersonal conflict that needs to be resolved by the counsellor. They normally feel overburdened and wish to talk to someone who is not emotionally or socially involved in their problems. Hence, counselling becomes a formal relationship between a counsellor and the counselee within a specific time limit.

In view of the above definitions, counselling can be understood as a relationship between the counsellor and the counselee, in which the former gives advice and empowers the troubled person with skills to solve his or her problems. Thus counselling is a relationship where two or more people (counsellor and counselee) are brought together by the need or problem brought by the counselee. The relationship between the two should be that of mutual trust. This helps in shaping and determining the success or failure of the counselling process. The end result of this counselling process is that the counselee`s expectation and wish is that counselling should enable him or her to cope better with his or her problems.

2.3 THEORIES OF COUNSELLING

The term theory is often used as an opposite of practice. Practice is generally understood to refer to something that has to do with action, while theory has to do with a thought or a certain way of thinking. Theory is defined as:

> A discussion, consideration and planning pertaining to praxis (action). Hence every action has to be preceded by some kind of thinking and planning. Theory can also refer to an explanation of a phenomenon. An attempt to understand a phenomenon brings about a theory (Leshota, 2007:42).

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Theories of counselling are important in addressing the needs of the bereaved. Without these therapeutic intervention methods, the bereaved cannot cope with their distressful situations which may lead to more serious problems like death. Theories of counselling are able to provide counsellors with concepts and frameworks which allow them to think systematically about human development and practice of counselling. This, in turn, enables the counsellor to understand the problems of the clients better and to offer appropriate help. Theories of counselling include psychodynamic therapy, cognitive-behavioural therapy, narrative therapy, person-centred therapy and solution-focused therapy. These therapeutic methods of intervention are not aimed at the counsellor`s intellectual ability, but at the skill to work with the client to restore social functioning after the loss of a loved one. The intervention methods are also aimed at releasing a client`s own skills and capabilities to achieve the desired outcome.

2.3.1 PSYCHODYNAMIC/ PSYCHOANALYSIS THERAPY

One of the greatest psychologists, Sigmund Freud (1856-1939) developed the first formal theory of personality called psychodynamic theory. According to Shedler (2010:98), psychodynamic or psychoanalytic psychotherapy refers to a range of treatment based on psychoanalytic concepts and methods that involve less frequent meetings and may be considerably briefer than psychoanalysis proper. The essence of psychodynamic therapy is to explore those aspects of self that are not fully known, especially as they are manifested and potentially influenced in the therapy relationship.

Leshota (2007:43) argues that early childhood memories shape our personalities in a particular way. Understanding these memories helps us to freely choose our future. This is echoed by Shedler (2010:2) who concedes that:

> Psychodynamic theory recognizes that past experience, especially early experiences of attachment figures, affects our relation to, and experience of, the present. The focus is not on the past for its own sake, but rather on how the past sheds light on current

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psychological difficulties. The goal is to help patient free themselves from the bonds of past experience in order to live more fully in the present.

Psychodynamic theory pays great attention to unconscious factors related to infantile sexuality in the development of neurosis. Psychodynamic psychologists assume that our behaviour is determined by unconscious forces of which we are unaware as human beings. Psychoanalysis emphasises working through transference, which is when the counselees perceive their therapists as reincarnations of important figures from their childhood and the interpretation of dreams. Freud was convinced that as human beings, we have two main instincts driving our behaviour. As Langley (2011:3) puts it:

> Freud believes that our behaviour is driven by a life instinct that he called *Eros* for the Greek god for erotic and a death instinct he called *Thanatos* for the Greek god of death. We spend all our time being alive and only a certain portion of it focusing on death and destruction. The life instinct or libido (all mental energy) would drive sex, activity, construction, creativity, hunger, and all the activities involved in keeping us and our species going. The death instinct, on the other hand, would prompt aggression, destruction, and preoccupation with morbid topics. Dwelling on this could create antisocial or suicidal inclinations.

In relation to the above, Langley (2011:2) asserts that the cornerstone of Freud`s psychoanalysis was his view that the unconscious mind continually influences us in ways the conscious mind does not realises. In his view, early experiences shape personality and create inner conflicts we wrestle with throughout our lives. This unconscious turmoil stirs up difficulties in conscious life. Westen (1998:334) concedes that all psychodynamic theorists generally adhere to five prepositions:

> Firstly, much of mental life- including thoughts, feelings and motives is unconscious, which means that people can behave in ways or develop symptoms that are inexplicable to themselves. Secondly, mental processes, including affective and motivational processes, operate in parallel so that, toward the same person or situation, individuals

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can have conflicting feelings that motivate them in opposing ways and often lead to compromise solutions. Thirdly, stable personality patterns begin to form in childhood, and childhood experiences play an important role in personality development, particularly in shaping the ways people form later social relationships. Fourthly, mental representations of the self, others and relationships guide people`s interactions with others and influence the ways they become psychologically symptomatic. Finally, personality development involves not only learning to regulate sexual and aggressive feelings but also moving from immature, socially dependent state to a mature, interdependent one.

In view of the above, one can state that since the psychodynamic approach generally explains complex behaviours as manifestations of more primitive biological drives, it can then be argued that the psychodynamic approach is reductionist rather than holistic in its approach to psychology. Furthermore, the psychodynamic approach is unique from other therapeutic theories in that it recognises the complexity of human motives and the irrationality of most human behaviour.

2.3.2 COGNITIVE-BEHAVIOURAL THERAPY

Poletto (2007:11) points out that cognitive-behavioural therapy involves a specific focus on cognitive strategies such as identification and modification of maladaptive cognitive errors and the restructuring of core beliefs and/ or representations of the self. Further focus is on behavioural strategies that are designed to activate clients in the environment with a view to effecting the desired behaviour change. The cognitive approach emphasises the role of thought in the development and maintenance of unhelpful or distressing patterns of emotion or behaviour. Furthermore, cognitive-behavioural therapy refers "to intervention that targets the observable and changeable behaviour of a client" (Brown 2006:142; Cigno 2006:186; Vonk and Early 2002:116; Watson and West 2006:82).Frequency and intensity of behaviour leads to clarity of information of what is happening and how often. Client logs or diaries are examples of

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how the frequency and intensity can be measured. Once the baseline is established through the measurement, then intervention can be planned. Intervention is aimed at behaviour, as well as at thoughts and feelings and the impact, thereof, on behaviour. Cognition behaviours such as 'I miss her every day', and 'I am a single person in society', are but two bereavement-related examples which the counsellor is often confronted with. Matthews and Marwit (2004:859) are of the opinion that cognitive-behavioural therapy might not be enough to address grief. It is therefore necessary to integrate different practice models to assist the client to incorporate the loss of a loved one into his or her life. Poletto (2007:15) concludes that cognitive therapy is founded on the notion that our core-beliefs, thoughts, emotions and behaviours are all interconnected.

It is understandable that all counselling approaches have both their merits and limitations. According to Poletto (2007:22), cognitive behaviour therapies are popular for their broad application, scientific validation and the structure they can create for counselling. Cognitive behavioural approaches teach clients the skills of evaluating their own thought patterns, and, as such, this approach can be successfully transferred to situations outside of the counselling room. It can be argued that for the cognitive behaviour therapy to be effective, it does not only require a comprehensive understanding of cognitive concepts, but also an appreciation for the time it takes to alter thought patterns, and an awareness of the fact that clients may need much practice before realising the benefits of cognitive strategies.

2.3.3 NARRATIVE THERAPY

Narrative therapy finds its base in the notion that people generate stories in an effort to make sense of their lives and the circumstances in which they find themselves. According to Morgan (2000:2), narrative therapy seeks to be a respectful, non-blaming approach to counselling and community work, which centralises people as experts in their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their

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lives. Narrative therapy holds the view that problems only survive when they are supported and backed by particular ideas, beliefs and principles. Therefore, narrative therapists are interested in discovering, acknowledging and de-constructing the beliefs and practices of the context and broader culture in which a person lives. This serves to assist the problem story.

Capps (1990:11) points out that an attitude of hope can be cultivated, inter alia, by the reframing of time, that is through taking a future perspective on a current problem, and giving a new meaning to the past in the light of present attitudes and intentions for the future. In other words, hope can be cultivated by crossing limits or boundaries of time. The first assumption of the narrative approach is that life should be understood as a journey. This is supported by Niebuhr (1963:92-93) who says:

> The past and the future are not the no-longer and the not-yet; they are extensions of the present. They are the still present and the already-present... My interpersonal past also is with me in all my present meetings with other selves. It is there in all my love and guilt. The self does not leave its past behind as the moving hand of a clock does; its past is inscribed into it more deeply than the past of geologic formations is crystallised in their present form. To be a self is to live toward the future and to do so not only in the form of purposiveness, but also of expectation, anticipation, anxiety and hope. Past, present and future are dimensions of the active self`s time-fullness. They are always with it from the moment it has realised that "I am I".

Stone and Muller (1998:330) contend that the narrative approach is future directed. The idea is not to work with counselees on specific strategies for the future, but to urge them to work for a better future within the framework of their own narrative. Like the fable, in narrative therapy, the solutions often come unexpectedly and in strange places.

In the narrative therapy, it is important that a counselee should be separated from his or her problems. In order to address the problem, the problem should be externalised, that is to say that it should be placed outside a person and re-named. It is in doing so that opportunities are

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created for the rediscovering of knowledge and skills that the person has, but which were overlooked in the face of the often overwhelming pressures of the problem-saturated story. Lamprecht (2010:67) contends that externalising conversations facilitates the re-naming of the problem-saturated story that dominates a person`s life. By focusing on the more hopeful and positive parts of their lives, new meanings are shaped and new life options become available to people.

Narrative therapy opens doors to a respectful, non-blaming and non-directive approach to counselling. It also de-centres the counsellors, and centres the counselees and allows them to be experts in their own lives. In the narrative therapy, the counsellor does not have the authority to give advice to the counselee or instructions in a direct way. Hence the counsellor has to make sense of a counselee`s grief or trauma, and this can be achieved when the counsellor is an interpreter of stories.

White (1993:36) proposes, in his discussion of the narrative metaphor, that all people, adults and children alike, live their lives by stories. These stories are what he calls the "shaping of life", and they are real, not imagined. Effects and these stories provide the structure of life. Mills and Sprenkle (1995:373) argue that since the narrative approach focuses on personal meanings that people assign to specific events in their lives and how they tell the story of these meanings, reality is furthermore defined by the stories people live by and therefore tell one another.

Narrative therapy aims at assisting clients to deconstruct the stories of their lives by, firstly, understanding it and then broadening and challenging them by creating new realities (Kelley 2002:121; Reyneke 2004:130). Thomas (2000:301) is of the opinion that self-conception, relationships and life experiences become meaningful once the client is allowed to tell his or her story. Key concepts of narrative therapy are: externalising the problem; problem-saturated stories; mapping the problem`s domain; unique outcomes and spreading the news (Kelley, 2002:122).

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Boyd (1996:220) states that narrative therapy plays a critical role in complicated grief intervention. Bowman (1999:179) excellently describes the use of narrative therapy by stating that the creation of a new identity after the loss can require grieving who or what we were- an earlier story- as a prerequisite for the new or adaptive story. When using narrative therapy, pastoral caregivers place themselves in a "not-knowing position". That position requires a type of "conversational questioning that leaves room for the counselee's story as told by the counselee in the counselee`s own words, unchallenged by preconceived therapeutic knowing Goolishian and Anderson (1988:536) believe that counselling is not to reveal the truth or to impose a reality, but to explore through conversation, through languaging, realities that are compatible with a particular client`s unique tendency to attribute meaning and explanation in his or her own life.

2.3.4 PERSON-CENTERED THERAPY

The person-centered approach was developed from the concepts of humanistic psychology. The humanistic approach "views people as capable and autonomous, with the ability to resolve their difficulties, realize their potential and change their lives in positive ways" (Seligman, 2006). This theory was founded by Carl Rogers. Leshota (2007:44) asserts that Carl Rogers believed that clients have the potential to resolve their problems without being given directives. His approach was non-directive, client centered and person-centered. Seligman (2006) concedes that Carl Rogers (a major contributor of the client-centred approach) emphasised the humanistic perspective, as well as ensured that therapeutic relationships with clients promote self-esteem, authenticity and actualisation in their lives, and help them to use their strengths.

The person-centered approach originally focused on the client being in charge of the therapy. This led to the client developing a greater understanding of self, self-exploration, and improved self-concepts. The focus then shifted to the client`s frame of reference and the core conditions required for successful therapy such as ensuring that the therapist demonstrates empathic

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understanding in a non-judgemental way. But currently, the person-centred approach focuses on the client being able to develop a greater understanding of self in an environment which allows the client to resolve his or her own problems without direct intervention by the therapist. The therapist should keep a questioning stance which is open to change as well as demonstrating courage to face the unknown. According to Corey (2005:17), the attitude and personal characteristics of the therapist, as well as the quality of the client-therapist relationship, are the determinants of a successful therapeutic process.

Poletto (2007:26) contends that with regards to the person-centred therapy, personality can be fully actualised when the individual is exposed to unconditional positive regard. An individual who has been exposed to conditional positive regard can have a low self-esteem and low feelings of worth. An individual who is self-actualised will be more open to experience and less defensive. That individual will learn to live in the moment, trust his or her own decision-making skills, and also have more life choices and become more creative.

Seligman (2006:37) summarises the goals of the person-centered therapy as follows:

- To facilitate client`s trust and ability to be in the present moment. This allows the client to be honest in the process without feeling judged by the therapist;
- To promote client`s self-awareness and self-esteem;
- To empower the client to change;
- To encourage congruence in the client`s behaviour and feelings; and
- To help people to gain the ability to manage their lives and become self-actualised.

It is critical to note that the techniques used in the person-centered therapy are employed by the therapist to create an environment that facilitates the process of self-awareness. The following techniques are discussed in relation to the person-centered approach: congruence, unconditional positive regard and acceptance, empathy and reflection of feelings.

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2.3.4.1 CONGRUENCE

Congruence refers to whether therapists are genuine and authentic or not in what they say and do. Seligman (2006) argues that if the therapist is saying one thing but the body language is reflective of something else, clients notice it; this may impact on their trust and openness in the therapeutic relationship. In view of the above, it can be argued that it is important for therapists to be aware of their body language and what they are saying, in order to avoid confusion. If confusion arises, the therapist should address the matter with the client.

2.3.4.2 UNCONDITIONAL POSITIVE REGARD

Unconditional positive regard refers to the attitude of the therapist, which displays accepting, respecting and caring about the wellbeing of the client (Seligman, 2006). It can be argued that what has been stated above does not necessarily mean that the therapist has to agree with everything the client says or does, but the therapist should see the client as doing the best that he or she can and demonstrate this by expressing concern rather than disagreeing with him or her. Therefore, unconditional positive regard allows clients to express what they are thinking without feeling judged. It also helps to facilitate the change process by showing that they can be accepted.

2.3.4.3 EMPATHY

Empathy refers to a skill used by person-centred therapist to show understanding of the clients` emotions. According to Leshota (2007:35), empathy means seeing the world the way the client sees it, that is, from their perspective. It is the capacity to participate in another person`s feelings or ideas without losing one`s identity or objectivity. Oden (1987:10) adds that empathy is an imaginative act, an engagement of the compassionate imagination, an event of the understanding. Its key feature is the capacity to penetrate the understanding of another from within, to read something inwardly or view one as one views oneself, to see from the inside.

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Empathy is described as the primary precondition of soul care. In view of the above, it can be argued that in empathy, the counsellor is involved with the client, but at the same time the counsellor is able to maintain the state of being different. Empathy is different from sympathy in that the latter is often seen as feeling sorry for the client whereas empathy shows understanding and allows the client to further open up.

2.3.4.4 NON-DIRECTIVENESS

Therapists who use the person-centred approach utilise non-directiveness as a technique. Polleto (2007:27) defines non-directivenessas circumstances in which the client is allowed to focus on the therapy session without the therapist giving advice or implementing strategies or activities.

The person-centred approach has been successful in treating problems such as anxiety disorders, alcoholism, psychosomatic problems, interpersonal difficulties, depression and personality disorders. It could also be used in counselling people with unwanted pregnancies, illnesses or loss of a loved one (Bozrath, Zimring and Tausch, cited in Corey, 2005:51). In essence, the person-centred therapy can be understood as a non-directive, optimistic therapy that focuses on the client`s ability to make changes in his or her life and to strive for self-actualisation.

2.3.5 SOLUTION-FOCUSED THERAPY

Solution-focused therapy is founded on the rationale that there are exceptions to every problem, and through examining these exceptions and having a clear vision of a preferred future, the client, together with the counsellor, can generate ides for solutions. Solution-focused therapists are competency and future-focused. In this approach, therapists highlight and utilise strengths to enable a more effective future. According to Bertolino and O`Hanlon

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(2002:21), solution-focused therapy emerged with the idea that solutions may rest within the individual and his or her social network.

The aim of the solution-focused therapy is to identify solutions to problems by utilising existing coping mechanisms and skills to resolve new challenges (Cooper and Lesser 2002:193; De Jong 2002:112; Watson and West 2006:53). The conversations in solution-focused therapy are similar to those of narrative therapy in that the focus is on what the client wishes to change and what is necessary to bring about the change. De Jong (2002:112) conducted a research and came up with findings that indicate that clients with clear visions of what they wished was different, made more progress than those who could not identify what must change. Solution-focused therapy assumes that the client is competent to co-construct goals and strategies, and is the expert in his own life. It further construes that something must be done to effect change (De Jong, 2002:113).

According to Corey (2005:62), the following assumptions provide the framework on which solution-focused therapy is founded:

- There are significant advantages in focusing in the positive and on solutions for the future. Focusing on strengths and solution-talk will increase the likelihood that therapy will be brief;
- Individuals who come to therapy do have the capacity to act effectively. This capacity is however temporarily blocked by negative cognitions;
- There are exceptions to every problem;
- Clients tend to present one side of the problem. Solution-focused therapists invite clients to view their problems from a different side;
- Small change fosters bigger change;
- Clients want to change, they have the capacity to change and they are doing their best to make change happen; and
- As each individual is unique, so too is every solution.

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The following section discuses techniques used in solution-focused therapy.

2.3.5.1 TECHNIQUES IN SOLUTION-FOCUSED THERAPY

- THE MIRACLE QUESTION

The miracle question is one of the techniques that can be used by counsellors to assist clients to think outside the box with regard to new possibilities and outcomes for the future. The miracle question is best asked deliberately and dramatically and the following is a good example:

> Now, I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house is quite, a miracle happens. The miracle is that the problem which brought you here is solved. However, because you are sleeping, you don't know that the miracle has happened. So, when you wake up tomorrow morning, what will be different that will tell you that a miracle has happened and the problem which brought you here is solved? (de Shazer, 1988:5).

When it is asked this way, the miracle question requests clients to make a leap of faith and imagine how their life will be changed when the problem is solved. It is understandable that this may not be easy for the clients, but it requires them to make a dramatic shift from problem saturated thinking to a focus on solutions. De Jong and Kim Berg (2002:37) admit that most clients need time and assistance to make that shift.

- EXCEPTION QUESTIONS

After the counsellor has created a detailed miracle picture, he or she has started to gain some understanding of what the client hopes to achieve and the counsellor, together with the client, can now begin to work towards these solutions. This can only be achieved through highlighting exceptions in a client`s life that would counter the problem. Consequently, this helps to empower clients to seek solutions. Poletto (2007:34) gives examples of exception questions:

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- Tell me about times when you don't get angry.
- Tell me about times you felt the happiest.
- When was the last time that you felt you had a better day?
- Was there ever a time when you felt happy in your relationship?
- What was it about that day that made it a better day?
- Can you think of a time when the problem was not present in your life?

The solution-focused approach challenges counsellors to be attentive to positive changes that occur in their clients` lives. Questions that presuppose change can be useful in assisting clients to recognise such changes. Questions such as, "What`s different, or better since I saw you last time?" This question invites clients to consider the possibility that change has recently occurred in their lives. If evidence of positive change is unavailable, counsellors can pursue a line of questioning that relates to the client`s ability to cope and ask questions such as:

- How come things aren`t worse for you?
- What stopped total disaster from occurring?
- How did you avoid falling apart?

These questions can be followed by the counsellor positively affirming the client for any action he or she took to cope. It is critically important to note that the solution-focused approach is more concerned with solutions than how or why a problem originated. For this reason, solution-focused practice has a broad application. It can be brief due to its focus on what works and its emphasis on action as a significant factor in change. This makes it an approach that can be well integrated into the typically fast-paced lifestyle of the contemporary client.

The solution-focused approach provides counsellors with a framework for exploring and utilising clients` existing resources, their strengths, support networks, ideas and theories of how change occurs. Solution-focused counselling seeks to redirect client thinking from being problem-focused to solution-focused. This can probably become very difficult, especially when the client has lived with a particular problem for many years. However, techniques such as the

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miracle and exception questions can serve as useful tools for inspiring new ways of thinking and generating ideas for solution building and the establishment of a preferred future.

2.4 DEFINING PASTORAL COUNSELLING

People often use the words "pastoral care" and "pastoral counselling" interchangeably without giving a clear distinction between the two terms. The temptation to use these two phrases interchangeably is based on the fact that one cannot carry out pastoral counselling without providing pastoral care. Although pastoral care and counselling are intertwined, there is a clear distinction between the two terms, and it is necessary to avoid confusion by distinguishing them. Magezi (2007:656) contends that the line of difference between the two is that whereas pastoral care refers to the broad caring activities, pastoral counselling emphasises pastoral caring in the form of dialogue and communication to alleviate distress within the context of pastoral ministry. Benner (1992:14-15) locates pastoral care and counselling within the context of pastoral ministry, and explains the difference in the following manner:

> Much as pastoral ministry is broader than pastoral care, so too is pastoral care broader than pastoral counselling. And to attempt to reduce all pastoral care to counselling is to fail to recognize both the breadth of pastoral care as well as the distinctive nature of counselling.

It can be argued that pastoral counselling differs from generic Christian counselling offered by ordinary Christians in that it is identified with pastoral roles but the principles that undergird them are the same. The distinction, however, is a functional one. This is supported by Louw (1998:260) who points out that pastoral counselling, as pastoral care, is specifically connected to the pastor and describes a more structured method of dealing with issues in a professional way.

Hunter (1990:849) defines pastoral counselling as a specialises type of pastoral care offered in response to individuals, couples or families who are experiencing and are able to articulate the

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pain in their lives, as well as willing to seek pastoral help, in order to deal with it. Hence, a pastoral counsellor is a person with commitment to and education for religious ministry. He or she is a person who functions in an appropriate setting for ministry and who is accountable to a recognized religious community. The criteria for pastoral counselling has more to do with the person and accountability of the counsellor than with the methods for the counselling. Clinebell (1984:26) however, observes that pastoral counselling is one dimension of pastoral care and it is the utilisation of a variety of healing (therapeutic) methods to help people handle their problems and crises more holistically, thus experience healing of their brokenness. He further states that pastoral counselling is a reparative function needed when the growth of persons is seriously jeopardised or blocked by crisis.

Maldonado (1990:6) maintains that pastoral counselling is a helping and supportive service offered by the church through ordained pastors or trained lay persons to assist people in difficult situations to find better alternatives and make their own best decisions. Crabb (1979:22) observes that the reason why people seek counselling is to remove obstacles in the path of Christian growth. A different view is shared by Ramsay (2004:4), who defines pastoral counselling as "a specialized form of pastoral care and accountable to religious communities through skilled representatives of such communities who practice this ministry within or alongside the communities". It is a ministry of relational humanness that intends to integrate critically and skilfully therapeutic resources with theological understanding in order to facilitate healing and justice for individuals, relationships and communities. Lartey (1987:121) maintains that pastoral counselling should start where people are. It should take their own theological, sociological and psychological notions seriously and recognise that there are, within these views, valuable insights which can enhance the process of counselling. Ma Mpolo and Kalu (1985:13) conclude that both pastoral care and counselling are essential parts of liberating, healing and ministering in the church. In view of the above statement, one can argue that both pastoral care and counselling are not only limited to liberating and healing, but they also cover other aspects such as sustaining, guiding, reconciliation, nurturing and empowering as suggested by Clebsch and Jaekle (1967), Clinebell (1984) and Lartey (2003).

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2.5 COUNSELLING FROM AN AFRICAN CONTEXT

It is worth noting that counselling is a service intended to help human beings in crisis situations. Its aim is to help individuals to resolve their problems. As individuals, we are unique and distinct human beings, yet at the same time are part of the clan, ethnic group, village, culture and nation. Every culture has its own values, traditions and taboos about life, health, sickness, sex and death. Every pastoral counsellor who wants to be successful in providing pastoral care and counselling in an African context should take these cultural values seriously when offering counselling to the people of Africa. Beuster (1997:5) contends that to ignore a client`s cultural background not only leads to misunderstanding, but it can also be anti-therapeutic and harmful in that the counsellor will not be able to meet the needs of the counselee.

African people did not only start caring and helping each other in crisis situation with the coming of the missionaries here in Africa. Instead, African people have always had their way of helping individuals who were experiencing problems. They have healed the sick, cared for the old and terminally ill and orphans. There were family councils which consisted of males and females that were created to address problems in the family. Leshota (2007:45) points out that in some African cultures; the role of addressing family problems was delegated to the elders of the family. Their role was to give advice and to mediate conflicts in the family and to oversee things pertaining to that particular family or clan. Their responsibility was also to ensure that cultural beliefs were transmitted from one generation to the next, and that there were being properly observed.

In Africa, there is no single word for counselling. Instead, African people use different manifestations or expressions of counselling. In Sesotho (language of Basotho), words such as *ho eletsa* (to advise); *ho tselisa* (to console); *ho tsehetsa* (to support); *ho tataisa* (to guide); *ho laola* (to divine) are used. In Tshivenda (language of Vha-Venda), words like *u eletshedza* (to advice); *u khuthadza* (to comfort); *u tutuwedza* (to encourage), *u laya* (to counsel), *u fhumudza* (to console); *u tsivhudza* (to advise) and *u tika* (to support) are also used. All these words refer

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to different ways of doing counselling. Therefore, if we are to define counselling from an African perspective, it would be defined as: to advise, to console, to support, to guide, to divine, to comfort and to encourage. It is important to note that each of these activities is a response to a specific situation that may be faced by an individual. It can be argued that when pastoral counsellors offer counselling, they should be mindful of the fact that cultural considerations are important in each of these stages, in order to meet the needs of the African people in crisis.

Pastoral counselling is only one of many different ministries that pastors are involved in; for example, preaching, teaching, praying for the sick, home visits and community building. Pastoral counselling does not function independently from the broader aims of the church in which the pastor is involved. In order for this pastoral counselling to achieve its objectives of healing, empowerment and growth within the lives of the people, there has to be people involved who will act as agents of this ministry. Ma-Mpolo (1985:13) views pastoral counselling as an essential part of the liberating, healing and ministry of the Christian church. This is echoed by Leshota (2007:50) who believes that when the church, through its members, is counselling people and restoring them to well-being, it is doing pastoral counselling. This is what Leshota (2007) calls the pastoral dimension of counselling. However, this is not to say that a pastor or a lay member of the church cannot specialise in another type of counselling. Thus, it can be said that pastoral counselling is a specialised approach within general counselling which, over and above purely psychological problems, also helps people to grapple with the spiritual and religious dimensions of their problems. Wright (1982:9) puts it clear when he says that pastoral counselling is a short-term ministry, and it is practiced mostly in crisis situations, but pastoral care is rooted in human life.

Pastoral counselling is described as a reparative expression of pastoral care, which seeks to bring healing to those who are suffering from crisis-induced dysfunction and brokenness (Clinebell, 1984:46). It can be argued that most people in crisis situations tend to view a pastor as a competent and trusted shepherd, whom they can walk with through their shadowed valleys. Comparatively speaking, if the pastor lacks the required skills to help those people in

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crisis, it would be like those people have received stones when they asked for bread. The pastor, therefore, should acquire all the necessary skills, in order to meet the needs of people when providing pastoral counselling.

In view of the above, one can argue that there is not much difference between counselling and pastoral counselling. Counselling is very close to pastoral counselling and it only becomes pastoral when it incorporates the use of religious resources such as prayer and bringing God into the picture. The other similarity is that both counselling and pastoral counselling are short term and they focus on stress that arises from situational and developmental crises. Like counselling, pastoral counselling enables a person to cope with a crisis and discover ways and means of coping and solving the problem. Like pastoral care, pastoral counselling is not the prerogative of the ordained ministers, but it is only one of their duties which they are expected to do. Carr (1997:17) argues that pastoral counselling is never a one-way transaction from the counsellor to the counselee. It is always an interaction in which the nature and accessibility of the pastor`s own faith is a key component.

2.6 THE UNIQUENESS OF PASTORAL COUNSELLING

Pastoral counselling provides a challenge of clarifying that which makes it different from other forms of counselling. It is critical to explore and describe factors that contribute to pastoral counselling becoming a specialised form of counselling, unlike other forms of counselling. Pastors and those involved in providing pastoral care and counselling need to understand their uniqueness as counsellors vis-à-vis other professionals who practice counselling and therapy, in order to maximise their special contribution in helping the troubled souls.

Clinebell (1984:67) states that the heart of our uniqueness is our theological and pastoral heritage, our orientation, resources and awareness. This is our frame of reference and the area of our special expertise. This shows that Clinebell (1984) wishes that people who provide pastoral counselling to excel when they offer pastoral counselling to people in crisis. He does

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not wish pastoral counsellors to be considered secondary as compared to other professionals who offer counselling; hence he wishes pastoral counsellors to get recognition like other counselling professionals.

Clinebell (1984:67) makes reference to Bornhoeffer's familiar statement that says, "God is the beyond in the midst of our life",in order to describe the unique focus of pastoral care and counselling (Bornhoeffer, 1972:124). It can be argued that the involvement of God in pastoral counselling is supposed to help pastors to recognise the spiritual dimension present in every counselling situation. It can also be argued that the presence of the Holy Spirit in every counselling session that a pastor is involved in makes it a unique counselling session. The presence of the Holy Spirit is expected to intervene and lead the pastor in guiding the counselee towards the right direction in terms of healing and empowerment in the whole process of counselling.

The training of pastors is quite unique since they are the only counselling professionals whose usual training includes the systematic study of philosophy, theology, ethics, biblical studies, church history, world religions and the psychology of religion, which are very important in their counselling. It can be argued that their special knowledge in these theological areas empowers them to be helpful in a unique way to persons whose problems and growth center on ethical dilemmas, religious conflicts, value distortions and also battles in trying to find meaning in life and fear of death. Clinebell (1984:67) asserts that a minister's area of expertise is in fostering spiritual wholeness as the core of whole-person growth. He believes that enhancing spiritual wholeness should be an explicit goal in the pastor`s mind, though it may not be discussed in a particular counselling relationship.

Another aspect that contributes to the uniqueness of the pastoral counselling is derived from the fact that pastoral counsellors are expected, in certain circumstances, to use the resources of their religious tradition as an important part of their counselling. These religious resources can be of great value if they are used in a disciplined way in providing different types of pastoral

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counselling such as supportive, crisis, bereavement, ethical and spiritual counselling. These sources include sacraments and prayer.

The sacrament of baptism can be offered in cases where the counselee repents as a result of pastoral counselling that he or she received and, ultimately, decides to ask the pastor to baptise him or her. The pastor will be expected to baptise the counselee, in order to meet the spiritual needs of the counselee. The pastor will also be fulfilling the mandate given by Christ in His great commission to go and make disciples of all nations, baptising them in the name of the Father and the Son and the Holy Spirit (Matthew 28:19). The circumstances may also demand that the pastoral counsellor offers a word of prayer at the end of a counselling session, once the counselee has requested it or if the situation requires a prayer as a way of empowerment and reconciling with God. Clinebell (1984:70) adds that pastors are unique among counsellors in their social and symbolic role. They are representative Christian persons- representatives of the beliefs, values and life together of a congregation and people, who bring Christian meanings to bear on human problems. He further argues that the fact that ministers are perceived as representatives of certain ethical values and religious beliefs probably prevents some guilt and doubt-laden people from seeking their help.

It can be argued that the understanding that pastors are considered to be the messengers of God and representatives of His kingdom here on earth has an impact on how people relate with pastoral counsellors. People who may feel guilty for what they have done may find it difficult to talk to a pastoral counsellor for fear of being judged. Thus, pastoral counsellors are expected to be non-judgmental and able to communicate acceptance through their total ministry. Pastoral counsellors differ from other helping professionals in that they do not charge for counselling. It is unethical for a pastoral counsellor to charge any fee for providing pastoral care and counselling to an individual. The fact that pastoral counsellors can counsel people without charging anything for their services makes them unique, and it also works as an advantage in that it allows them to see persons, including the poorest that come to the pastoral counsellor, on the basis of need. This makes it possible for a troubled person to see a minister without

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waiting several days, and often without an appointment in advance, due to the seriousness of the matter. The pastoral counsellor, unlike other helping professionals, cannot turn away people who seek help on the grounds that they are on leave or have knocked off from work. Pastoral counselling is considered to be a call from God, and those who do it should also know and understand that they are not doing it for financial gain. The easy accessibility of pastoral counsellors allows people who are too embarrassed to make appointments for counselling to get help from them for less life threatening reasons.

2.7 FUNCTIONS OF PASTORAL CARE AND COUNSELLING

Clebsch and Jaekle (1967:4) give a definition of pastoral care that offers four classical functions of pastoral care, namely healing, sustaining, guiding and reconciliation. In addition to these four functions, Clinebell (1984:26) adds nurturing as another function of pastoral care and counselling. Furthermore, Lartey (2003:62) adds two more functions, which intercultural pastoral care and counselling clearly serves. These are liberating and empowering. Healing and liberating were visible when Jesus Christ summarised his mission on earth when he said:

> The Spirit of the Lord is upon me, because He has anointed me to preach the gospel to the poor; He has sent me to heal the broken-hearted, to proclaim liberty to the captives and recovery of sight to the blind, to set at liberty those who are oppressed; to proclaim the acceptable year of the Lord (Luke 4:18-19).

Each of the above functions of pastoral care and counselling is discussed below:

2.7.1 HEALING

As living human beings, we sometimes find ourselves in situations that leave us heartbroken and bruised in different ways. As a result, we require physical, emotional, psychological and spiritual support for our personal restoration and personal growth. Healing presupposes that we have lost something very vital in our lives, and it is the process of regaining that which we

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have lost in life. It is understood that restoration will place us in a better position than we were in before. It can be argued that people seek healing, in order to regain confidence and courage that will enable them to face the challenges of life.

People understand healing differently. Some people understand healing to mean the performance of miracles, while others, view healing as the cure from physical pain. Rowatt (1989:22) defines healing as "a process of assisting persons to move towards wholeness, especially in the light of the brokenness brought about by crisis". The two Greek words *sozo* and *therapeuo* used for healing are not so much restricted to medical curing, but the restoration of the whole person. The word *"sozo"* is the same word used for salvation, whereas "*therapeuo*" is the root of an English word "therapy". It can be argued that theologically, healing is not restricted to the church, but is part of its mission as it was for Jesus.

Bate (1999:321) asserts that the goal of Christianity is the manifestation of signs of salvation in the lives of people. Bate (1999:321) concludes that healing is part of the process of inculturation and an essential dimension of the church`s mission to fight sin and evil. In view of the above, one can argue that healing does not only involve recovery from bodily symptoms, but it is also extended to the social and psychological reintegration of patient and community. Healing is normally done through the intervention of traditional healers. The work of traditional healers is to diagnose, heal people and account for the causes of the illness. They also prescribe to people what to do, in order to be spared or restored to good health. African traditional healers facilitate harmony between the living and the dead because of their ability to converse with ancestors or spirits. When that harmony is restored, the patient is healed together with the whole family, clan or community since African people believe that there cannot be an individual healing outside the context of the family, clan or community.

From a Christian perspective, healing is the act of God, which involves delivering a troubled person from the miseries of life. Healing is one of the critical ministries in the history of Christianity through which humanity is brought back to physical, spiritual and emotional health.

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Healing was also central to the ministry of Jesus Christ on earth. When Jesus was outlining his public mission on earth, he read a passage from the Prophet Isaiah 61:1-4 which is also recorded in Luke 4:18. When reading from Isaiah 61:1-4, Jesus was making a public declaration of what his mission entailed. Furthermore, it outlined the activities that he had to execute while he was still on earth. We learn from Jesus` proclamation that healing is not limited to physical health, but that it includes both emotional and spiritual dimensions. This was a holistic healing ministry that brought smiles to the lives of many people that Jesus ministered to. His entire ministry addressed issues related to poverty, injustice and healing. Hence he brought hope to the hopeless and destitute.

In view of the above, it can be argued that what Jesus read from Isaiah 61:1-4 provides a framework for a genuine healing ministry. Genuine or liberating healing is not about personal gratification and glory. Instead, it leads God`s suffering people to their final salvation, free from physical, emotional, psychological, social and spiritual bondage. Domingues (2000:80) gives us the essence of why Jesus healed the people:

> Jesus` wondrous healing and exorcisms were not intended to increase his own popularity, nor respond to popular craving for the miracles, nor even simply to deliver those people from suffering. The latter may have been the immediate motivation for some cures and acts of deliverance, but the whole healing activity of Jesus finds its full meaning only as a proleptic realization of God`s offer of universal eschatological salvation, which would be definitely accomplished in the mystery of Jesus` own death and resurrection.

This can be viewed as a summary of Jesus` healing activity which can arguably be applicable to any minister who is involved in the healing ministry. Bate (1995:163-164) puts it this way:

> Jesus healed because He cares for people, because He was hostile to what made them sick and because He wished to bring them to repentance for their sins and conversion to the Kingdom. Jesus` caring is a manifestation of His compassion: the experience of

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suffering with those who suffer which is a direct consequence of the incarnation and which attitude is brought to fullness on the cross.

In view of the above, Kelsey (1995:70-71) gives two reasons why Jesus healed the sick. He puts it this way:

> The most important reason that Jesus healed was that he cared about people and suffered when they did. The root meaning of compassion is just this: to know suffering together. He couldn't care without wanting to show mercy and to help. He was opposed to sickness because it caused needless suffering. Secondly, Jesus was hostile to what made people sick. He rebuked the forces that seemed to possess the mentally ill and expressed the same antagonism towards physical illness.

Christians believe that healing is only possible through the divine intervention of God in the life of a person. God is manifested as the source of healing. This is supported by Appiah (1997:73) who points out that many African theologians concur that total personal healing of spirit, psyche and the physical body is mainly the gift of God, which He pours on His believing community through Jesus Christ. Domingues (2000:80) shares similar views when he states that genuine healing ministry has its origin in Jesus` healing ministry which was the proleptic or anticipation of God`s offer of universal eschatological salvation. In view of this, it can be argued that the pastoral counsellor is only the agent of healing and not the source of healing. The pastor does not possess any power to heal, but God heals his people through the pastor. This does not make the pastor a healer, but God remains the only healer.

Vere and Wilkinson (1997:60) point out that Christians understand health as a state of complete physical, mental and social well-being, and not merely the absence of disease of infirmity. In view of this assertion, one can argue that making people healthy is not just a matter of curing their bodies or their minds from disease. It is making them whole in body, mind and spirit, thus bringing the different parts of their characters and lives together so that they can live in the way God has planned for them, instead of being broken into pieces by sin,

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evil and sickness. The God that heals His people is not far away from the people. He is present all the time and bears all the pain and anguish of the sufferer.

The task of the pastoral healer is openness and attentiveness to the present. The pastoral healer listens deeply to the sighs and groans of humans in distress. When people are wounded or hurt, they need the pastoral function of healing. The pastoral counsellor seeks to heal the broken spirits of those who are hurt by providing pastoral care and counselling. Those who receive pastoral care and counselling should feel that their wounds are healed through the way they interacted with the pastoral counsellor. The pastoral counsellor has a responsibility to heal broken relationships. Those who visit the pastoral counsellor in a state of despair should find comfort from the pastoral counsellor.

During the time of apartheid in South Africa, many people who fought against the apartheid regime were killed and some family members did not know what happened to their relatives or where they were buried, in cases where they were killed. Through the establishment of the Truth and Reconciliation Commission, many families came to know what had happened to their relatives who had previously disappeared without a trace. The remains of some of those who were killed and buried in secret were exhumed and handed over to their relatives for proper burial. This helped the bereaved families to know what had happened to their relatives and to find closure in their lives and begin to go through the process of healing.

It is very difficult for African people to heal from the pain of death unless they see the body of the deceased and bury it according to their family rituals. It is generally understood among African people that the spirit of the deceased will never rest unless proper burial rites are conducted by the family. Thus, it is important for African people to exhume the remains of the body of their relative and bury them where other family members are buried. In this way, the dead continue to live in a community. It is not surprising that in most African cultures, families have a family graveyard where only members of that particular clan are buried.

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2.7.2 SUSTAINING

When death has actually occurred in the family, there is no amount of denial, natural as it is, that is going to reverse the situation. It is in such circumstances that the art of sustaining is required from the pastoral counsellor. To be sustained is to find strength and support from within and to cope adequately with what cannot be changed. It also has to do with the transformation of a situation by traversing through it, and it has more to do with attitude than escape. This is supported by Rowatt (1989:22) who maintains that sustaining is a process of supporting persons by standing by them and bearing burdens with them while responding to the crisis.

Sustaining as one of the functions of pastoral care and counselling continues to be one of the crucial elements in the helping profession. Pastors and everyone who is involved in pastoral care and counselling is often called to sustain the troubled persons through the provision of care and counselling. Clinebell (1984:170) maintains that in supportive care and counselling, the pastor uses methods that stabilise, undergird nature, motivate or guide troubled persons, enabling them to handle their problems and relationships more constructively within whatever limits are imposed by their personality resources and circumstances.

When people are overwhelmed or stretched to the limit, they need to be sustained. Pastoral counsellors give support in such times not by promising a favourable outcome or better times, but by helping them draw upon sustaining forces outside themselves, within their immediate social or cultural circumstances, and by facilitating coping mechanisms within them. The pastoral counsellor does not have to give false hope to people in distress, in order to make them feel better. Those who are involved in supportive care and counselling make use of guidance, information, reassurance, inspiration, planning, asking and answering questions, and encouraging or discouraging certain forms of behaviour.

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Rowatt (1989:22) adds that sustaining is an approach of bringing wholeness to a self, and reconciliation to the environment. It consists of supporting persons by standing by them in their quest for healing and reconciliation. Understanding, feeling with, and accepting an individual moves them toward wholeness, and is at the heart of the sustaining process.

The sustaining aspect of shepherding is also seen throughout the Old and New Testament. God is with the bewildered and lost slaves in Egypt, and He sustains them in their pilgrimage through the wilderness as they move toward their future in the Promised Land.

2.7.3 GUIDING

In many cases, the terms guidance and counselling are often used interchangeably to mean the same thing, especially in Kenyan educational institutions (Nyaga, 2011:13). The MacMillan English Dictionary for Advanced Learners (2002:633) defines guidance as advice about what one should do or how one should behave. Guidance services include processes of counselling, consultation, co-ordination, collaboration, instruction, information-giving, appraisal, referral and institutional support (Murwiwa, 1993:2). Mapfumo (2001:13) defines guidance as the provision of information to groups or individuals so that those individuals can reach informed decisions. The concepts 'guidance' and 'counselling' carry differing but overlapping meanings. Guidance is broader than counselling and contains the latter. Nyaga (2011:14) concedes that guidance is concerned with individual behavioural processes and helping a client understands his or her world.

Historically, spiritual guidance has often been the essential ministerial function. Pastors were and still are expected to be able to offer spiritual guidance at all times. In the context of pastoral counselling, this ministry expands to the educational work of a pastor, for example, preparing people for marriage or family life by providing marriage counselling. Guiding is about enabling people through faith and love, to draw out that which lies within them. Lartey (2003:64-65) adds that the term "guiding" has a paternalistic and archaic ring to it. In many

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contexts, the function it refers to is conveyed by current terms like "problem-solving" or "decision-making" skills. Guiding is about enabling people, through faith and love, to draw out that which lies within them. Rowatt (1989:22) contends that guiding is a process of assisting persons to make decisions by drawing from within them what was potentially available in their own decision-making.

Guiding has its foundation in Christian scripture. Guiding is seen throughout the Old Testament, where both the prophets and the priests proclaimed and taught the word of God in the hope of a response from their listeners. Furthermore, as Jesus talks with the accusers who brought the woman caught in the act of adultery, he draws, out of them, the criteria for making their decision when He says, "Let him who is without sin among you be the first to throw a stone" (John 8:7). As the accusers reflect on the implications of his statement, they turned away one by one and left him with the woman. In this way, the accusers were guided in the process of making their decision. They were never directly informed of the decision Jesus would have made.

When people are confronted with a challenge of making decisions in life, they may have recourse to many different philosophies, world views, value systems, ideologies and perspectives. For many people, several options will, for various reasons, be out of their reach. However, even in those circumstances, the contemplation of different options is possible. The critical question is how one is supposed to choose what is best for him or her? How does one weigh the relative merits and demerits of any option? How is one enabled to examine and decide among the different possibilities? One crucial function of pastoral care and counselling is that of attempting to respond to these kinds of questions. When people are confused or perplexed, they need the pastoral function of guidance. It is not the responsibility of the pastoral counsellor to provide solutions but the pastoral counsellor should always guide the counselee towards the solution to the problem.

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2.7.4 RECONCILING

The term reconciliation is not used very often in the bible, but the act of conciliation does occur several times in the bible. In the sermon on the Mount (Matthew 5:24), Jesus makes it clear that religious worship is not acceptable unless there is reconciliation with one`s brother. For Jesus, our vertical relationship with God and the horizontal relationships with our sisters and brothers are intertwined and cannot be separated from one another. Where there is division, reconciliation must be a priority.

Paul is the principal resource person in the bible who uses the concept of reconciliation. One should note that reconciliation with God does not happen the same way as reconciliation with fellow human beings. Paul makes it clear in his epistle to the Romans and 2 Corinthians that reconciliation is the work of God. It is God who reconciles us to Himself and nothing of our human effort. He puts it thus:

> Therefore, having been justified by faith, we have peace with God through our Lord Jesus Christ, through whom also we have access by faith into this grace in which we stand, and rejoice in hope of the glory of God. For if while we were enemies, we were reconciled to God through the death of his son, much more surely, having been reconciled, will we be saved by his life. But more than that, we even boast in God through our Lord Jesus Christ, through whom we have now received reconciliation (Romans 5:1-2, 10-11).

In this scripture, Paul deals with the gift of grace that is ours in Christ Jesus, by using various terms: "justification", "peace", "salvation" and "reconciliation". For Kittel (1964:255), the word "reconciliation" denotes a transformation or renewal of the state between God and of a person`s state. Still talking about reconciliation, Paul says:

> Therefore, from now on, we regard no one according to flesh. Even though we have known Christ according to the flesh, yet now we know Him thus no longer. Therefore, if anyone is in Christ, he is a new creation; old things have passed

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> away; behold, all things have become new. Now all things are of God, who has reconciled us to Himself through Jesus Christ, and has given us the ministry of reconciliation, that is, that God was in Christ reconciling the world to Himself, not imputing their trespasses to them, and has committed to us the word of reconciliation. Now then, we are ambassadors of Christ, as though God were pleading through us: we implore toy on Christ`s behalf, be reconciled to God (2 Corinthians 5:16-21).

This passage picks up the theme of Romans 5 and then develops it further. It might seem that this ministry of reconciliation is a purely religious one, that is evangelising and seeking the conversion of the lost. But if one reads the above passage in Corinthian`s context, one would realise that there is a deeper implication. Paul is writing this letter to his rivals in the church at Corinth, who have questioned his integrity, his apostleship and his whole ministry. Therefore, this ministry of reconciliation to which he refers to is not only about bringing people back to God, but it is also about bringing people back together again. According to Schreiter (1992:43), the reconciliation that Christians have to offer in overcoming the enmity created by suffering is not something they find in themselves, but something they recognise as coming from God. Thus the question is not how they can bring themselves, as victims, to forgive those who have violated them and their society. Rather, it is how they discover the mercy of God welling up in their own lives, and where that would lead them. Reconciliation, then, is not a process that humans initiate or achieve. It is a process that they discover; it is already active in God through Christ.

Reconciliation refers to the situation of bringing together people whose good relationship with one another has been destroyed. Reconciliation becomes a process of reuniting people whose relationship has been negatively affected. Reconciliation requires God`s intervention for it to be successful. It is aimed at bringing harmonious relations amongst people. Hunter (1990:1047) understands reconciliation as pastoral acts that call back together the estranged. He adds that reconciliation is the establishment of harmony with one`s world, one`s destiny, or oneself.

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The dimension of reconciliation is prominent in all Christian activities. It is based on the belief that God`s basic work always involves reconciliation. Pastoral care and counselling seeks to re-establish broken relationships with others, including our relationship with God. It can be argued that reconciliation focuses primarily on the healing of broken relationships. This was demonstrated by the death of Jesus Christ on the cross. Christ`s death served as a reunion between God and human beings after the fall of Adam and Eve in the Garden of Eden. The death of Jesus serves as atonement for the sin of humanity.

When people are alienated or separated, they need to be reconciled. This pastoral function lies in the active and creative search for means to bring together ways that are respectful of their differences. Reconciliation is solely needed in the world today at all levels, that is the national, communal, inter-religious and international levels. Pastoral counsellors need to be sensitive to culture, faith and personality, characteristics that reconciliation calls for. This lies at the heart of the purpose of God declared within the Christian message: "God was in Christ reconciling the world to Godself (2 Corinthians 5:19).

The pastoral counsellor has a huge responsibility to mend relationships that are broken. It is the function of pastoral care and counselling to ensure that people live in peace. The pastoral counsellor plays a pivotal role in reconciling people who are estranged to one another or to God. Confession and forgiveness play an important role in reconciliation. This is echoed by the Psalmist who says:

> Blessed is he whose transgression is forgiven, whose sin is covered. Blessed is the man to whom the Lord does not impute iniquity, and in whose spirit there is no deceit. When I kept silent, my bones grew old through my groaning all the day long. For day and night your hand was heavy upon me; my vitality was turned into the drought of summer. I acknowledged my sin to you, and my iniquity I have not hidden. I said, I will confess my transgressions to the Lord, and you forgave the iniquity of my sin (Psalm 32:1-5).

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When the Truth and Reconciliation Commission (TRC) was formed in 1995 by the South African parliament, it was based on the pursuance of the notions of national reconciliation. The TRC was a judicial entity with a political agenda rather than a spiritual or theological agenda. The South African government initiated the TRC which sought to bring together people who were harmed by apartheid. The aim of this commission was to allow the perpetrators of the apartheid regime to tell their untold stories and to allow the victims of apartheid to understand what happened to their friends and relatives, some of whom were buried in secret places. It was the understanding of this commission that unless the true story of what actually happened in the past was told, people will never have proper closure in their lives.

During this process of telling the truth, the old wounds of apartheid were reopened, in order for the victims of apartheid to clean them up properly to heal. The TRC was required to investigate as fully as possible the nature, causes and extent of gross violations of human rights. During the TRC, people who sought for forgiveness for their role in the apartheid regime were relieved when they were granted amnesty. In reconciliation, the pastoral counsellor should emphasise the significance of being truthful. Reconciliation can only be achieved when the truth is told.

2.7.5 NURTURING

Nurturing is one of the functions of the pastoral caregiver. The pastoral caregiver is a facilitator of growth. This process of growth takes different shapes, which include the nurturing that has an element of caring and confrontation. Nurturing is not an event, but an on-going process that takes cognisance of the crucial life stages that we go through in our lives. These stages include times of crises and opportunities that we receive. Clinebell (1979:17-18) describes a form of counselling which he calls growth counselling. He describes it as:

> A human potentials approach to the helping process that defines the goal as that of facilitating the maximum development of a person`s potentialities, at each life stage, in ways that contribute to the growth of others as well and to

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the development of a society in which all persons will have an opportunity to use their full potentialities.

The pastoral counsellor is required to have skills in both comforting and challenging people, in order to encourage growth. The pastoral counsellor has the responsibility to nurture children during catechetical classes and Sunday school teachings. The pastoral counsellor has the responsibility to nurture children to grow and follow the right path and follow God`s commandments in their lives.

2.7.6 LIBERATING

In South Africa today, many people experience different kinds of bondage in their lives. People experience inequality in many ways. Other people experience oppression from their cultural practices. Others still experience economic bondage and racial prejudice. There are women and children who are still experiencing abuse, and because of that, they do not enjoy the fruits of freedom that were attained through bloodshed. Where there is oppression, people expect liberation. People want to experience emancipation from their painful experiences.

When people feel stuck or trapped, they need to be liberated. Lartey (2003:67) adds that liberating involves the intricate and delicate processes of raising awareness about the sources and causes of oppression and domination in society. Liberation entails the critical and analytic examining of both personal and structural sources, causes and developments in the establishment of current situations of inequality.

Liberation theology began as a response to the oppressive situations people encountered in their lives. As one of the pioneers of liberation theology, Gutierrez (1988:13) describes liberation theology as a theoretical reflection born of the experience of shared efforts to abolish the current unjust situation and to build a different society, freer and more human. Berryman (1987:5) asserts that in liberation theology, the poor learn to read the scripture in a

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way that affirms their dignity and self-worth, and their right to struggle together for a more decent life.

According to Buffel (2007:52), liberation theology argues that God is on the side of the poor. Therefore, if God is on the side of the poor, how can the church be on a different side? Although Buffel does not give an answer to the question he raised, one can easily see from the story of Cain and Abel and the Jewish exodus from Egypt that God throughout the history of humanity is always on the side of the weak, powerless and the abused. Gutierrez (1990:13) asserts that the church is called upon to be the church of the poor. Stalsett (2003:12, 15) is convinced that just as God favours the poor, the church must do the same. Jesus furthered this preferential option for the poor, the oppressed and the marginalised in his statements and ministry. Equally, the church favours the poor and the oppressed that are called "the crucified people in the history" in liberation cycles. Tutu (1979:163) argues that liberation theology, more than any other kind of theology, issues out of the crucible of human suffering and anguish. It happens because people cry out, "Oh, God, how long?" or "Oh, God, but why?" Therefore, liberation theology is, in a sense, really a theodicy. It seeks to justify God and the ways of God to a downtrodden and perplexed people so that they can be inspired to do something about their lot.

Liberation theology has for so many years tried to locate God in the midst of suffering. There are many people who fail to understand "God the Almighty" and his relationship with the suffering people since sufferings is understood to be a sign of God`s forsakenness. One may ask the question, "Why is there suffering?" or "On whose side is God in the midst of suffering?" During the time of apartheid in South Africa, some people went as far as asking whether God was white or black, and whether God was on the side of the whites who were oppressing black people. Tutu (1979:163) contends that all liberation theology stems from trying to make sense of human suffering when those who suffer are victims of organised oppression and exploitation, and when they are emasculated and treated as less than what they are, human

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beings created in the image of the Triune God, redeemed by the one Saviour Jesus Christ, and sanctified by the Holy *Paraclete* (helper).

During the apartheid regime is South Africa, black people were oppressed by their white counterparts simply because they were born black. This was not by choice, but God`s own choice. Black people in South Africa were not oppressed for their religious choice, that is not because they were Christian or Muslim or African Traditionalists, but because they were not born white. To be born black was considered to be a curse from God, while on the other hand those who were born white enjoyed all the privileges and the wealth of the country. One of the South African liberation theologians, Allan Boesak, an advocate for black consciousness, puts it this way:

> The new consciousness that I am talking about, which gave rise to the development of a liberation theology in South Africa, is a human consciousness that we call black consciousness. Through black consciousness, black people discover that they are children of God and that they have rights to exist in his world. Black people discover that they are part of the history and that they share this history with God, which means that they are responsible to act as human persons (Boesak, 1979:170).

Pastoral counsellors are called upon to be actively involved in social and cultural actions that promote emancipation for personal and communal benefit. The pastoral counsellor should not only focus on the spiritual side of life, but he or she should also fight for the political, social and economic freedom of all people. The most critical question to be asked here is, "How do these words sound to people within situations of oppression?" We hear that after reading these words, Jesus said, "Today this scripture is being fulfilled in your hearing" (Luke 2:21). It can be argued that this prophecy is the one that set the agenda for Jesus` ministry as it is evident from everything that Jesus did in his ministry, as recorded in the gospels.

Jesus` preaching that the reign of God is near, his singling out the poor and those who hunger after justice for beatitudes, the way he fed and healed and welcomed the outcasts all revealed

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a choice and a preference for the poor. It is evident from scripture that Jesus read that it is God`s agenda for the poor that they be released and set free from grinding poverty and oppression. This is special good news for the victims of oppression. It means that their present oppressive situation is not the last word about their lives, but God has a mission to liberate them from their oppressive situations.

If indeed this is the way, Jesus` ministry is understood in liberation theology, one can argue that it follows logically that the cross is the price he paid for such a ministry. Johnson and Rakoczy (1997:47) rightly argue that Jesus did not only come here on earth to die, but to liberate the oppressed. He came to live and bring life abundantly to everyone. Doing so faithfully put Him at odds with the religious and civil powers not tuned into God`s ways. Jesus` death results from a very active ministry in which love and compassion for the dispossessed led Him into conflict with the powerful.

Jesus` story on the cross reveals that God identifies Himself with those who are unjustly executed, rather than with the rulers. From a liberation perspective, the cross shows victims that God is in powerful solidarity with them in their suffering, and this opens up the possibility of their own active engagement against the forces of oppression. In order for liberation to take place, both the oppressor and the oppressed must be liberated. True liberation does not happen when only the oppressed are liberated. The oppressor must first be liberated from within and have a change of attitude towards the oppressed.

2.7.7 EMPOWERING

The term "empowering" has been used in more recent discussions to point to the process of revaluing self and personal characteristics together with finding and using available resources outside oneself in such a way as to enable and motivate persons and groups to think and act in ways that will result in greater freedom and participation in the life of the societies of which they form part of (Lartey, 2003:68). Empowering takes various forms. It is seen most often as a

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communal affair. It expresses itself through working together with people to attempt to restore community spirit.

In pastoral care and counselling, empowering refers to the ability of the pastoral counsellor to enable the counselee to handle issues on his or her own. Empowerment serves to avoid the spirit of dependency on the pastoral counsellor by the counselee. The pastoral counsellor should assist people in a way that they will be able to stand on their own and face their own challenges. People must not be completely dependent upon the pastoral counsellor during a time of crisis. The pastoral counsellor should assist in building a positive attitude in the lives of the people and this, in turn, will assist people to have confidence in dealing with their crisis situations.

In view of the discussion above on the different functions of pastoral care and counselling, it can be argued that such functions are aimed at restoring the physical, social, spiritual and emotional needs of the people. Therefore, pastoral care and counselling have a serious impact in the wellbeing of people. Hence, there is need to address the challenges relating to pastoral care and counselling, in order to ensure that people live holistically. It is also necessary to discuss different types of pastoral care and counselling, in order to have a clear understanding of the subject.

2.8 DIFFERENT TYPES OF PASTORAL CARE AND COUNSELLING

Pastoral care and counselling differs in terms of its nature and context. The following section provides different types of pastoral care and counselling, and their application to the people who are experiencing difficult situations in their lives. This will provide us with a broad understanding of the concept of pastoral care and counselling.

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2.8.1 INTERCULTURAL PASTORAL CARE AND COUNSELLING

The term "intercultural", in this context, refers to pastoral care and counselling that are offered between different cultures. The term "culture" is very central in this type of pastoral care and counselling. The term culture, as it appears here is understood differently and it is a very complex term. The researcher uses the term "culture" to refer to the way in which groups of people develop distinct patterns of life and give expressive forms of their social and material life experience.

Kurasha (1998:34) argues that the first clear and comprehensive definition of culture was made by Taylor (1871), a British anthropologist who defined culture as one whole thing (though intangible) comprising knowledge, belief, art, law, morals, customs, habits and other features that a person acquires from his or her society. The description and definition of culture by Haviland (1990:30) is that "culture is shared ideals, values, beliefs and perceptions that set acceptable behaviour standards among people in a given society. It is learned mainly through language, is not biologically inherited, and its various characteristics form an integrated whole". Therefore, culture is the common denominator making an individual`s actions intelligible to the group.

Kurasha (1998:36) philosophically defines culture as people`s way of doing things that are shared and acceptable to that particular society. Culture influences the people`s way of thinking, feeling and believing, and it is unique in each group of people. Pretorius (1996:106) states that people who communicate within the same culture understand each other only about eighty percent of the time. In view of Pretorius statement, one can argue that communication becomes more complex when it crosses the boundaries of language and culture. It can be further argued that culture in every society is learned from one` society and transmitted or passed through symbols such as language to the next generation. This means that culture is not genetically acquired. One is born into a culture and not with a culture. Hence

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culture is passed from generation to generation. Culture is not static, but it is dynamic. It keeps on changing with time.

In order to understand a person within the global community, it is necessary to explore the ways in which culture, individual uniqueness and human characteristics work together to influence persons. This is supported by Kurasha (1998:46) who argues that culture is dynamic and changes in terms of both time and place. It is important to locate culture in the context of pastoral care and counselling. Phaswana (2008:60) argues that culture is the most influential ingredient in pastoral care and counselling.

An intercultural approach to pastoral care and counselling is opposed to reductionism and stereotyping. As an African theologian, Lartey (2003) is very critical about pastoral theology that is Western and individualistic. As a result, he advocates for an inter-cultural approach to pastoral care and counselling. An intercultural approach draws attention to culture, values, beliefs and the worldviews of the people it serves. An intercultural approach to pastoral care and counselling does not use one culture for all people in the world. The use of one culture would promote the concept of "super-culture mentality". Lartey (2003:32) maintains that the intercultural approach to pastoral care and counselling takes the view that stereotyping is a particularly neurotic form of reductionism, in which, as a result of the inability to cope with complexity or difference, an attempt is made to control by placing groups in hierarchical order, categorising them and seeing any particular individual member of a particular group as bearing the presumed characteristics of that group.

It can be argued that intercultural pastoral care and counselling recognises cultural differences. These cultural differences are located in social groups that are constituted on the basis of physical, geographical or cultural characteristics. This model recognises the fact that we are not all the same within a society. It also recognises the fact that each group within a society has an identity that is shared by all people who belong to that particular group. Augsburger (1986:19) argues for the need for culturally capable pastoral counsellors who have the ability to join

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another in his or her culture while fully owning one` s own culture. Crossing over to another culture with openness and reverence and then coming back to one`s culture is the spiritual adventure of our time. Crossing over with this mind-set and heart-set enables one to return to one`s own culture enriched, more aware, more humble and more alive. Commenting on the complexity of the relationship between counsellor and client when the counsellor is of ethnic minority extraction, Moodley and Dhingra (1998:296) state that for white clients, the appearance of a black counsellor may unconsciously evoke certain prejudices and stereotypes which could lead to the rejection of the counsellor. Sue (1990:70-71) argues that effective intercultural counselling occurs when the counsellor and the counselee are able to appropriately and accurately send and receive both verbal and non-verbal messages. When the counsellor is able to engage in such activities, his or her credibility and attractiveness will be increased. Effective counsellors are those who can also shift their helping styles to meet the cultural dimensions of their clients.

Pastoral care and counselling, from an intercultural perspective, advocates that pastoral care and counselling in other cultures was there long before the West invaded them. Lartey (1987:8) supports this when he says:

> Pastoral care of course has a long and important history in the various traditions, a history which John McNeil traces from Socrates who wished to be a healer of the soul right down to ages to Otto Rank`s radical revisions of psychoanalysis to affirm the operation of spiritual forces.

Lartey (1987:8) further cites Clebsch and Jaekle, who had this to say about pastoral care in church history:

> Each specific period reveals one or another function, or mode of performance that function to have been practised so pervasively or with such fascination that the era may be characterised by it. In any one era, a single pastoral function, healing or sustaining, guiding or reconciling polarised all the others round itself.

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From the above assertions, it can be argued that African cultures, like other culture, had some practices in different epochs of certain rituals that brought healing, sustaining, guidance or reconciliation to the people of Africa. This is in line with the conclusion reached by the Pan-African Conference of Third World theologians that met in Accra, Ghana in December 1977, which concluded as follows:

> We believe that African theology must be understood in the context of African life and culture and the creative attempt of African peoples to shape a new future that is different from colonial past and neo-colonial present. The African situation requires a new theological methodology that is different from the approaches of the dominant theologies of the West (Lartey, 1987:11).

An intercultural approach values diversity highly. In this approach, the cultural influence on belief and behaviour is taken very seriously. Interculturality is a creative form of response to the pluralism that is a fact of life in today`s society. It calls for the implementation of the three basic principles, namely contextuality, multiple perspective and authentic participation. Lartey (2003:33) states that the principle of contextuality asserts that every piece of behaviour and every belief must be considered in the framework within which it takes place. It is within this framework of surrounding beliefs and worldviews that its meaning and significance can be gauged.

It can be argued that context does not necessarily determine behaviour or belief, but it has a highly significant influence upon these beliefs. Behaviour and belief are considered to be meaningless or inexplicable if one does not pay attention to context. In order to be effective and relevant in their duties, pastoral counsellors should take social, cultural, economic, political and environmental contexts seriously, because these influence people`s life experiences and the interpretations they make of them. It can be argued that one needs more than just information about another culture, in order to become culturally aware. In order to offer cross-cultural counselling, it is necessary to be aware of significant and subtle issues of similarity and difference between people. One should not only become aware of superficial, visibly different

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cultural traits. This calls for an awareness of meaning within a different set of values and beliefs together with an ability to think and feel the difference. Augsburger puts it thus:

> The capacity not only to believe the second culture but to come to understand it both cognitively (thinking with) and affectively (feeling with) is necessary before one enters cross-cultural counselling (1986:26).

Previously, more attention was given to pastoral theology that is one-sided and that puts an emphasis on a Western individualistic approach. Today it is necessary to put more emphasis on the intercultural pastoral care and counselling approach that covers the issue of culture, values, beliefs and views of the people it serves. In order for pastoral care and counselling to be effective, it should not ignore other cultures. There is no culture that is better or superior than others. Each culture is unique in its own way, thus pastoral care and counselling should go beyond any cultural practice.

Phaswana (2008:55) states that pastoral care and counselling, from an intercultural perspective, argues that there was pastoral care and counselling in other cultures long before the West invaded them. This is also echoed by Ma Mpolo (1990:11) who puts it thus:

> In the Western sense, pastoral care and psychotherapy are relatively new disciplines in Africa. While both were part of the colonial and missionary medical and theological heritage, they have aroused the interests of researchers, governments and church institutions only within the last twenty years.

As previously discussed, the functions of pastoral care and counselling include healing, sustaining, guiding, reconciling, nurturing, liberating and empowering. Therefore, it is important to note that these functions of pastoral care and counselling have always been there in the lives of the African people. Africans lived to fulfil these functions of pastoral care and counselling, even though they were not referred to as functions of pastoral care and counselling. Africans strived to make sure that every individual in the community lived life to its fullest. This is supported by Phaswana (2008:56) who argues that even in different eras in

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African cultures, there were some practices or some medications or rituals to bring healing or sustain, guide or reconcile people.

In view of the above statement, it can be argued that pastoral care and counselling in the African context should also address the existential material conditions of Africa. African cultures and customs are not just another form of history, but they are what make and describe what it means to be an African. Lartey (1987:11) rightly argues that sociologically and historically, in spite of the colonial experience of depersonalisation and cultural invasion, African cultures have, by and large, preserved their vitality. This vitality is expressed in the revival of African languages, dances, music and literature, and in Africa`s contribution to human sciences and to the world church.

It can be argued that African theology should be understood in the context of African life and culture. The life experiences of the people of Africa require a new theological approach that is different from the one that is predominantly Western oriented. The colonial era did not only colonise African people physically but also spiritually. This is manifested in the way in which Christian churches with Western backgrounds express themselves during worship service. Africans tend to worship God in Western ways when they are in Africa. This kind of practice is not based on Biblical principles, but on the Western worldview.

In Venda culture, when a child speaks with a parent, the child should first sit down and begin to express oneself. The same cannot be said when the same Venda person speaks to God in the church that has Western origins. Instead of sitting down as a sign of respect, one would pray to God while standing. In African culture, it is a sign of disrespect to speak to an elderly person while standing. This brings confusion to Christians who respects his or her African culture. Lartey (1987:181-184) argues that an inter-cultural approach in pastoral counselling has three ingredients which are far-reaching in their effects. These three ingredients are psychology, theology and culture. Thus, culture becomes the most influential one in pastoral counselling. Therefore, pastoral counselling should not ignore the context in which it is operating.

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Thus, pastoral counselling in an inter-cultural perspective warrants that the importance of worldview dialogue in the task of the theologising in Africa is brought out in the first part of the work. This means that the inter-cultural approach to pastoral counselling will take the shape of the culture where it is operating. This is supported by Msomi (1992:220) who indicates that there are models of pastoral care and counselling in the culture of the Zulu people. He argues that these models are based on how the Zulu people believe and live, they are based on African theology. Msomi believes that African theology brings to the surface bridges for pastoral care and counselling. This label refers to those behaviours which must be attended to carefully, in order to facilitate care, and if neglected, caring would be superficial and irrelevant.

Intercultural caregivers work to affirm the full humanity of all persons. People`s experiences are held as human in all their complexity. In counselling, as well as in community caregiving, intercultural pastoral caregivers work with people to assure them that they are humans of worth, value and dignity irrespective of their social, economic or personal circumstances. They work with people to establish those means by which their humanity will be enhanced and their flourishing promoted. The pastoral caregiver who wishes to work in such an intercultural manner has to attend carefully to the common humanity shared by all people. He or she needs to face up to his or her own vulnerability in an open and honest way.

Intercultural pastoral caregivers pay close attention to specific socio-cultural and socio-economic views and practices relevant to the social groups the care receiver recognises as their own. The affirmative, as well as the self-critical and open exploration of those cultural views and practices is encouraged in an attempt to discover their influence upon the issue being examined. Within multicultural environments, the influence of other cultures needs to be investigated.

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2.8.2 SUPPORTIVE CARE AND COUNSELLING

Sustaining, one of the functions of pastoral care and counselling, continues to be one of the crucial elements in the helping profession. Pastors and everyone involved in pastoral care and counselling are often called to sustain the troubled persons through the provision of care and counselling. Leshota (2007:76) contends that supportive counselling is a process aimed at empowering people in a crisis to live positively in their own situation. Living positively would, therefore, mean living as normal a life as possible and looking after one`s physical, psychological and spiritual health and wellbeing.

People in crisis situations experience a lot of psycho-social, spiritual and financial challenges. Therefore, they need a variety of support. This may come from counsellors, family members and the wider community. While support may be given by a lot of people, supportive counselling, as a specialized form of support, can only be given by people who are trained in it. According to Leshota (2007:76), the aims of supportive counselling are to:

- Empower clients to manage their own problems;
- Help clients realize and mobilize resources for their benefit;
- Help clients identify and appreciate strong and positive aspects of their lives that they might otherwise overlook;
- Empower clients to take control of their lives; and
- Empower clients to develop skills for problem solving and decision-making.

Those who are involved in supportive care and counselling make use of guidance, information, reassurance, inspiration, planning, asking and answering questions, as well as encouraging or discouraging certain forms of behaviour.

One can ask how supportive counselling relates to general pastoral care. Clinebell (1984:170) maintains that in supportive care and counselling, the counsellor uses methods that stabilise, undergird nature, motivate or guide troubled persons, enabling them to handle their problems

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and relationships more constructively within whatever limits are imposed by their personality resources and circumstances. Clinebell (1984:172) further argues that supportive pastoral relationships are integral to the entire pastoral care ministry. He adds that a caring relationship becomes supportive counselling when counselling methods are employed to help an individual couple or family cope with a particular problem or crisis. Like the reinforcing steel in concrete, these methods are used at stress points to strengthen and enhance the helpfulness of on-going supportive care-giving.

Supportive care and counselling`s main objective is to help the troubled persons to achieve an attitude of acceptance towards the unchangeable aspects of their problems. When acceptance has replaced an attitude of bitterness, guilt and blame in a person`s life, there is often going to be a remarkable change in the person`s ability to live constructively within a given situation. Clinebell (1984:178) asserts that supportive growth counselling is a valuable approach in pastoral work since many people can utilise a supportive counselling relationship, not merely to continue functioning, but also as the psychological environment in which gradual personal growth occurs. The growth in person`s ability to handle life situations constructively takes place by making better use of his or her personality resources and relationships rather than in a fundamental reorientation of his or her personality. Supportive growth counselling shows that persons` coping abilities gain strength as they are used.

Supportive relationship allows troubled persons to gain enough objectivity to view their problem from a wider perspective and to explore feasible alternatives to the problem. As a result, supportive care and counselling assists the counselee to make wise decisions when confronted with a problem that requires serious decision making. It is vital to warn those who provide supportive care and counselling not to do things for the counselees which they could do for themselves since this may promote dependency. If the pastoral counsellor does things for the counselee, this may hinder the counselee and prevent personality exercise required to develop the strengths and skills that are needed to cope with his or her difficult situation. When the counselee shows some signs of anxiety, low self-esteem, guilt or tragic loss, it is often

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helpful for the pastoral counsellor to prescribe some activities that will keep the counselee functioning and in touch with other people.

2.8.3 PSYCHOTHERAPEUTIC PASTORAL CARE AND COUNSELLING

Pastoral care and counselling, as a discipline, was previously dominated by Western societies and its worldview. It also conversed with other social sciences like psychology. Couture and Hester (1995:45) indicate that during this process, psychology came to dominate American culture early in the twentieth century in the spirit of multi-disciplinary cooperation with other fields of study. Gerkin (1997:55) states that at the beginning of the twentieth century, the psychological sciences moved to the forefront of pastoral attention. Pattison (2000:19) argues that during this period, psychological and psychotherapeutic concerns became unquestionably dominant. This explains why the dominant model of pastoral care and counselling became psychotherapeutic.

Furniss (1995:2) contends that the therapeutic model of pastoral care and counselling focuses on the relationship between the care-giver and the care-seeker. Miller-McLemore (1996:13,16) maintains that in the psychotherapeutic pastoral care and counselling, theologians and educators mainly focused on one-on-one counselling, empathetic listening and the expertise of the pastor as prerequisites for ministry. Stone (1996:11) argues that this therapeutic approach made pastoral care and counselling lose their theological base. As a result, pastoral care and counselling had an identity crisis; it was not certain whether they were a theological sub-discipline or a psychological science. Miller McLemore (1996:13) asserts that:

> Pastoral theology took up the helpmate both to its benefit and its detriment. In a word, although it avoided theological abstraction and academic trivialization, it was lured towards technique, theological individualistic and subjective orientation.

According to Clinebell (1984:374), the word "psychotherapy" has deep roots in our biblical tradition. In the New Testament, the Greek word *"psyche"*, which is sometimes translated

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"soul", actually means "the living person as a total reality and unity", not a spiritual dimension distinguished from the physical and mental aspect of persons. "Therapy" is from the Greek word *therapeuo*, which, in the New Testament, is used to mean "to serve and also to heal".

When we talk about healing, it becomes evident that something has gone wrong with the proper functioning of the body, mind and spirit. The basic understanding of healing is that a person has encountered problems in life that have distracted the smooth and proper running of things in the person`s life. In medical terms, this may be understood as illness or in theological terms as alienation from essence or sin. Jesus commissioned His disciples to heal the sick (Matthew 10:8, Luke 10:9). In view of the above, it can be argued that pastoral psychotherapy is a model that can be used by clergy to reclaim the biblical heritage of healing. Pastoral psychotherapy is a healing process which seeks to help people remove blocks to their growth toward a Spirit-centered wholeness.

Clinebell (1984:373) describes pastoral psychotherapy as a long-term helping process aimed at effecting fundamental changes in the counselee`s personality by uncovering and dealing with the hidden feelings, intrapsychic conflicts, and repressed early life memories. It is used by ministers of psychotherapeutic methods to enable people to change basic aspects of their personalities and behaviour patterns to make these more constructive and creative.

Pastoral psychotherapy is different from other forms of therapy in that it regards changes in one`s spiritual life, one`s values, meanings and ultimate commitments as central and essential to the depth transformations that are the goal of all psychotherapy. Death may affect some of the bereaved family members to an extent that they may require long term counselling due to the fact that their loss has left them disoriented. Therefore, pastoral psychotherapy is essential to help them resolve these inner conflicts and enhance self-awareness and self-esteem.

As Clinbell (1984:382) rightly says, pastoral psychotherapy enables people to become more aware of their longing for deeper, more meaningful relationships with their own depths, with

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other people and with God. It also ensures that people develop the skills to relate in more mutually-growthful ways. Therapy is able to liberate people by helping them to learn how to live more fully, relate more constructively, and handle the inevitable problems and losses of living more creatively. It can empower them to initiate needed changes in their own lives and in their communities.

The task of pastoral psychotherapy is to remove or correct that which is wrong and to bring back the sufferer to the normal functioning order. It is the responsibility of the pastoral counsellor to make people feel better. The pastoral counsellor should bring back hope to those who are in a state of despair. The pastoral counsellor has the Messianic function to heal or save people from their unpleasant situations. Lartey (2003:55) states that the model of pastoral psychotherapy is based on the fact that it is possible to achieve the goals it seeks. Through the divine assistance, divine grace or divine intervention, things can be made better.

The strength of this model lies in the fact that it offers a clear and understandable problem to which there is a solution. It is premised upon diagnosing or recognising what is wrong and then investing in a solution. No solution can be sought without acknowledging the problem. This was evident during the TRC. It was imperative for those who sought for forgiveness to acknowledge their guilt and ask for forgiveness. Reconciliation was only achieved in instances where the perpetrators confessed their wrong doings and asked for forgiveness.

Pastoral care and counselling has functioned largely and effectively as a form of psychotherapy. Lartey (2003:56) argues that when pastoral care is modelled upon theology of redemption (*soteriology)* which places great emphasis on the sinfulness of humanity, the greatness of the salvation wrought by the death of Christ and humanity`s need for salvation, then pastoral care follows a therapeutic model and is subject to all the criticisms which such a view may be open to. Hunter (1995:21) concludes that while there are obvious benefits in this multi-disciplinary cooperation of pastoral theology with other sciences, especially psychology, the model that

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resulted from this failed to integrate political, economic and cultural features into its theory and practice.

2.8.4 COMMUNAL CARE AND COUNSELLING

Communal care and counselling refer to the caring ministry offered by the community to other community members. Here, it becomes important to describe the concept of community, in order to clearly understand the involvement of community members in providing pastoral care and counselling. Burck (1990:202) concedes that the term "community" refers to the obligations, gifts, or services that persons bring to one another, that is what they have, and what they have partly "in common". Here the term community is described from its function as the interaction of people. The prefix *co-* means getting into each other`s life. The opposite term to community is "immunity", which implies "not under obligation, exempt".

From the above description of community, we note that the community connotes service to one another. Community members interact with each other and service each other`s needs. Therefore, community members cannot be fully recognised to be living as a community if they do not care about each other`s needs and wellbeing. Communal life requires that people share each other`s joys and sorrows. In communal life, nobody is supposed to live as an individual, but everyone should have the interest of the community at heart.

Communal care and counselling can be described as informal in nature, and it takes place within an informal network of communities, friendship, small prayer groups and spontaneous reactions to crisis. It is centred on the concept that views people as community rather than as individuals. Communal care and counselling recognises the gifts of indigenous people in the community. It is the ministry offered by the laity within the community. It supplements official pastoral care and counselling offered by ordained ministers, which is professionally oriented. De Jongh Van Arkel (1985:76) laments the fact that mutual care, as he calls it, has been neglected in pastoral theology and the practice of pastoral care.

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One can argue that when the caring ministry has been left to the hands of a few ordained ministers, it is no longer the responsibility of everybody in the community. In some churches, pastoral care and counselling is left to the hands of ordained ministers, deacons, evangelists and elders of the church who are in the minority as compared to the people they serve. Theron (1996:12) argues that the change of the office of minister and the service of care is one of the elements that propelled the neglect of mutual care. As a result, the role of the clergy has become increasingly professionalised because of secularisation. A minister has to specialise in pastoral counselling and may be the only one in the congregation who is skilled in this field. In this specialisation, the emphasis of pastoral work has become too individualistic.

De Jongh van Arkel (1985:75) refers to mutual care as the foundation of all care. It is the basic form of pastoral care and it is essential in the life of the Christian church. He argues that one cannot speak of a church or congregation in the absence of mutual care. Patton (1993:100) maintains that mutual care is an informal way of caring that usually takes place within the informal network of communities such as prayer groups or spontaneous reactions to crisis. Its motive is community because it emanates from believers` commitment to one another and is associated with an acceptance of the community of believers. Mutual care supplements official pastoral care and counselling, which is mostly organised by the church.

Communal care and counselling is based on the fact that the caring ministry of the church is not centered only on ordained ministers, but also on the community. In communal life, one does not only care about his or her personal life, but also cares about the life of other people in the community. Stone (1983:5) advocates for the involvement of community members in the provision of pastoral care and counselling when he says:

> If all pastoral care could be summed up as counselling, then I agree. But if we readopt the traditional, historical tasks of pastoral care- healing, sustaining, guiding and reconciling and if we accept our responsibility to care for others as God has loved us, then the lay person is not only able but is commissioned to participate.

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Stone`s argument is that since pastoral care and counselling is not one and the same thing, the whole community must be involved in this great task of providing pastoral care. Most people who experience difficulties in their lives and are unwilling to seek professional therapy still share their problems with friends, family or somebody who is closer to them, with a purpose of receiving counselling. Throughout the history of African people, community members have played a pivotal role in addressing each other`s problems.

Burck (1990:202) gives an etymology of the term "community" by stating that the term refers to the obligations, gifts or services that persons bring to one another; that is what they have or what they have partly "in common". It can be argued that the basis of the model of African communal care finds its full support in the service of one another within a given community. A community that does not care about each other is not worth calling a community. Communal life is centered upon the saying; "I am because you are or I exist because you exist". Berinyuu (1988:4) rightly argues that pastoral care is not a new concept in Africa. This is supported by Mungazi (1996:65) who maintains that salvation is connected to healing and the African holistic understanding of healing is open to this point. Caring for one another is not a new thing in Africa; instead it has been in Africa as long as Africans existed in the continent. African people have traditionally excelled in caring for one another within a given society.

Communal care and counselling view the person, family and the community in an equally serious way. It also views the problem of an individual as the problem of the whole community. This simply means that one person`s problem affects the whole community. In the communal society, the welfare of the group is considered to be more important than the comfort of an individual. This is supported by Twesigye (1987:111) who maintains that in all indigenous African societies, the community starts from the family and its ancestors who are the living dead. This is echoed by Van De Venter (1989:47) who states that there are no concepts of a normal person living alone. Senghor (1964:93-94) supports this by saying that African society puts more stress on the group than on the individuals, more on solidarity than on the activity and needs of the individual, more on the communion of persons than on their autonomy.

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With regard to African traditional life, Kenyatta (1965:297) makes the following observations:

> Nobody is an isolated individual. Or rather, his uniqueness is a secondary fact about him; first and foremost he is several people`s relative and several people`s contemporary.

Mbiti`s understanding of the status of the person in African culture is expressed in the statement "I am, because we are; and since we are, therefore I am" (Mbiti 1970:141). This is echoed by Fox (2010:123) who points out that *Ubuntu* is the principle of caring for each other`s wellbeing and a spirit of mutual support. Each individual`s humanity is ideally expressed through his or her relationship with others and theirs, in turn, through recognition of the individual`s humanity. It also acknowledges the rights and responsibilities of every citizen in promoting individual and social wellbeing. A similar view is expressed by Menkiti (1984:171) when he states that "as far as Africans are concerned, the reality of the communal world takes precedence over the reality of the individual life histories, whatever these may be". Coetzee and Roux (2002:299) supports this when they say:

> Communitarianism immediately sees the person as an inherently (intrinsically) communal being, embedded in a context of social relationships and interdependence, never as isolated, atomic individual. Consequently it sees the community not as a mere association of individual persons whose interests and ends are contingently congruent, but as a group of persons linked by interpersonal bonds, biological and/or non-biological, who consider themselves primary members of the group and who have common interests, goals and values. It is the notion of common interests, goals and values that differentiates a community from a mere association of individual persons.

Communal care and counselling does not advocate that personal problems or one-on-one pastoral care and counselling should be abandoned. Instead, it attempts to bring a balance between the community and the individual in providing pastoral care and counselling. Couture

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(1996:97) argues that individualism has been popularly and narrowly associated with personal growth and the breakdown of families.

Communal care and counselling recognises the culture of the people in the community. People learn about communal care from the time they are born and grow with it as part of their culture. There is no specific school for culturally gifted care-givers to learn how to care for each other like other professionals. The mere fact that culturally gifted care-givers do not go to the university or any higher institution to learn about counselling, does not make them less effective in their caring and counselling ministry. Stone (1983:11) argues for the untrained care-givers when he says that training of lay people for pastoral care and counselling does not mean that if they are not formally trained, they cannot do it.

There are always people with gifts for caring and counselling in every community. These culturally gifted care-givers provide care and counselling for free of charge. They consist of close members of the family, neighbours, and family friends who are not far away from the bereaved family members during the time of grief. When pastors visit the bereaved family to provide pastoral care and counselling, these culturally gifted care-givers are found with the bereaved comforting and supporting them. Even when pastors leave the bereaved family, these culturally gifted care-givers remain behind with the bereaved family, providing support and counselling to the bereaved families. The culturally gifted care-givers offer their support to the bereaved family with practical issues like cooking food and washing clothes for the bereaved. Culturally gifted care-givers practice the ministry of presence than most of the helping professionals. They are able to sit with the bereaved family members without saying much, knowing very well that their presence helps to ease the burden on the life of the bereaved. Culturally gifted care-givers offer their support to the bereaved without expecting anything in return as a reward. This is where the strength of communal life lies. In African culture, one is not expected to experience pain alone; instead the whole community is expected to share the pain with the bereaved family in their time of suffering. African people practice the biblical principle of carrying each other`s burden as part of their existence.

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Communal care-givers provide care and counselling in the presence of their elders, who also help in guiding and showing the young generation how counselling is done. Communal care and counselling is not necessarily done in private, as is the case in a professional setting where it is only the counsellor and the counselee. Although counselling is not done in private, communal care-givers always respect the privacy of an individual. They do not share personal experiences of an individual with the rest of the community. Communal care-givers do not necessarily have to sign a secrecy code of conduct, in order for members to feel free to disclose their personal problems. Instead, African people relate to one another as members of the same family who belong to one big family called a "community".

Although communal care and counselling is not done in a well-designed structured interview pattern, it is offered in a more respectful way. One communal counsellor leads the process and other culturally gifted care-givers give encouraging words to the family to give them strength and courage to face their difficult situation. In the process, they also share their personal experiences to show the bereaved family members that it is possible to cope with the crisis and continue to live a normal life at a later stage. They also help the bereaved family by giving them advice on how to cope during difficult situations. Communal care and counselling recognises that every member of the community has an active role to play in providing care and counselling to members of the community who are experiencing difficulties. In view of the above, it can be argued that communal care and counselling does not look at the religious conviction or culture of an individual to determine whether or not to offer assistance. Instead, a person gets support and counselling by virtue of being a member of the community.

2.9 CLERICALISM OF PASTORAL CARE AND COUNSELLING

Pastoral care and counselling has traditionally been understood as the responsibility of ordained ministers, while excluding the laity. Ordained ministers were considered to be the only ones responsible for providing pastoral care and counselling. This was perhaps based on

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the usage of the term "pastor", which was traditionally linked to the clergy. Buffel (2004:44) describes this traditional way of looking at pastoral care and counselling as the sole responsibility of the ordained pastors as "the clericalism of pastoral care". For Buffel (2004), clericalism occurs when the clergy are made the only caregivers. Clericalism refers to an exclusive focus on ordained officials or pastors of the church. In this approach, the laity (un-ordained people) are not given the place and role they deserve in the care of God`s people. They are just passive recipients of service from clergy, who are considered to be professionals.

Pattison (1988:7) also laments this historical pastoral care tradition that revolves around the activities of the pastor or recognised leaders of the church. It can be argues that this approach of clericalism of pastoral care and counselling is disempowering to the community since it implies that the local people cannot address their problems unless someone from outside, who is highly skilled, can come to their rescue to solve their problems through the provision of pastoral care and counselling. Furthermore, It can be argued that the shepherding role of the pastor is not limited to the ordained, but to every human being. The duty to care and love, attributes of a good shepherd, cannot be limited to the clergy. Pastoral care and counselling is not the sole responsibility of ordained ministers, but it is one of many responsibilities which the clergy shares with the laity. It is not true that the responsibility to love and care is only designed for the ordained. Instead, this duty is required of every human being, regardless of culture, race, gender and religion, to care and support one another in times of difficulties.

Clericalism of pastoral care and counselling, in this study, refers to the kind of care and counselling expected by bereaved family members of killed police officials who expected to receive pastoral care and counselling only from the ordained ministers. The role played by community members in providing support and counselling cannot be isolated from pastoral care and counselling provided by the chaplains and local pastors to the bereaved families of killed police officials. It can be argued that what Hiltner (1958) stated many years ago is still the case for many people today. Hiltner (1958:15) argues that the word pastor has always been used as the functional extension of the noun "pastor". Pattison (1988:7) is also critical about

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the historical understanding of pastoral care and counselling which focuses on activities of the pastors.

In view of the above, it can be argued that clericalism of pastoral care and counselling disempowers ordinary members of the community, who have gifts and skills to provide pastoral care and counselling. This perception has led most Christians to withdraw from participating in pastoral care and counselling, thus leaving as the responsibility of ordained ministers alone. Phaswana (2008:35) argues that due to the spirit of professionalism in pastoral care and counselling, many people are afraid to commit mistakes in doing pastoral care and counselling since they are not trained for it. The informal training in church, which serves church committees, is not considered sufficient enough to enable a person to provide pastoral care and counselling. Thus, people expect those who are trained and hired for the ministry, the ordained ministers, to provide pastoral care and counselling since they are paid to do so.

In view of the above, one can argue that those who do not want to play an active role in providing pastoral care and counselling tend to shift their responsibilities to the ordained, arguing that the clergy are trained and also get paid for their caring ministry. Those who wish to be involved in pastoral care and counselling can also receive training that will empower them with skills and knowledge for this ministry even if they are not clergy. Caring for each other should be our individual call and caring for one another is expected of every living human being.

2.10 INDIVIDUALISTIC PASTORAL CARE AND COUNSELLING

Pastoral care and counselling has previously been offered from a Western individualistic approach. The individualistic approach, in this context refers, to the individual becoming the object of care. The individualism of pastoral care and counselling puts more focus on the person as an individual and his or her own personal problems and personal sin and salvation.

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Pattison (2000:82) laments that pastoral care and counselling is trapped in individualistic practices. This is echoed by Couture (1996:95-97) who points out that individualistic values in society have become the basis, not only for personal and interpersonal lifestyles, but also for national and international economic practices. Couture`s argument is that the individualism of pastoral care and counselling has been popularly and narrowly associated with personal growth and the breakdown of families. This is echoed by De Jong Van Arkel (1990:190) who contends that pastoral care and counselling is influenced by individualistic lifestyles of Western Europe and North America.

In view of the above argument, it can be argued that communal care and counselling dispels the perception that pastoral care and counselling is the responsibility of the ordained ministers. Communal care and counselling does not advocate that personal problems or one-on-one pastoral care and counselling are not accepted or should be abandoned. Thus, communal care and counselling bring the balance between the community and individual in providing pastoral care and counselling.

While the researcher is critical about pastoral care and counselling that is too individualistic, the researcher is not ignorant of the danger that can be posed by an over-emphasis of the involvement of the community in pastoral care and counselling. The researcher warns that the extreme emphasis of individualistic or communal based pastoral care and counselling poses a threat in the field of pastoral care and counselling. Central to the researcher`s aim is to bring back pastoral care and counselling that is community-based, which faded away with the introduction of pastoral care and counselling that is too individualistic and Western oriented.

Pastoral care and counselling that is too individualistic continues to fail to address problems faced by African people during their time of distress. Couture (1996:97) concurs when he argues that individualism has been popularly and narrowly associated with personal growth and the breakdown of families. This is echoed by Buffel (1997:184) who argues that individualism is a negation of what Christianity stands for as a religion, that is, a religion adhered to by those

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who believe in the "communion of saints or believers" as confessed in terms of the creedal statements of the universal (catholic) church and the Pauline understanding of the church as the "one body of Christ".

Pattison (2000:82) contends that many of the things which affect the wellbeing and growth of individuals for good and ill, originate in the wide social and political order. For Patton (1993:5), African communal care and counselling covers the new understanding in pastoral care and counselling in that it emphasises the caring community and the various contexts for care rather than focuses on pastoral care as the work of ordained pastor.

2.11 SPIRITUALISATION OF PASTORAL CARE AND COUNSELLING

The traditional understanding of pastoral care and counselling as the responsibility of the clergy has led to the spiritualisation of pastoral care and counselling. Pastoral care and counselling has focused more on the spiritual life of the person and neglected the psycho-social needs of the people in life. This has led many pastoral care and counsellors to ignore the social and political realities that affect people in their daily lives.

Wright (1986:8) concedes that most pastoral theologians agree that pastoral care is focused on the ambulance ministry, that is for people who are ill, or in trouble, whilst ignoring social, political and economic causes, which are responsible for those ills and troubles. He further argues that it is possible to misuse pastoral care and counselling, in order to avoid tackling fundamental political and social issues. In view of the above, it can be argued that any pastoral care and counselling that does not address the socio-political, spiritual and emotional issues does not meet the needs of the people it serves. We need pastoral care and counselling with a holistic approach. The needs of the people cannot be divided into pieces, but the person becomes complete when all his or her human needs are addressed. Pastoral counsellors can only be true to their calling if they do not spiritualize pastoral care and counselling because not every problem can be solved with a prayer. This is echoed by Harries (1991:4) who points out

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that the church often focuses on praising God and winning souls for Jesus Christ. Harries calls this a "thank you Jesus" mentality that concentrates on salvation from personal sin. Harries` argument is that this kind of approach overlooks oppression, injustice, poverty and other social ills in society. In view of the above, it is important for the pastoral counsellor to address all the needs of the counselee without only focusing on the spiritual life of the person. This proves that a person is a spiritual, emotional and social being, whose needs should be addressed in a holistic manner.

2.12 THE CONFLUENCE OF RELIGION AND HEALING

Healing plays a major part in all religions. Healing is central to all religions, and this is manifested by efforts shown by all religions in addressing all aspects of health in the people`s lives. Grundmann (1995:55) concurs when he argues that throughout the history of the church, the power to heal has not been, specifically a Christian pursuit. Furthermore, it is impossible to find an exclusively Christian claim to healing solely on the fact that there are various reports of healing in the New Testament. Sullivan (1987:226) contends that the Buddha was portrayed as a healer in his teachings on impermanence and meditation. Zoroaster used techniques of divine cure to overcome sickness resulting from the influence of evil. Yahweh says "I am the Lord your healer" (Exodus 15:26). Jesus was a healer through signs and wonders. In Islamic religion, the *Qur`an* and *hadith* express healing as originating from God. Indeed, the *Qur`an* refers to itself as a cure (10:57). In African traditional religion and culture, traditional healers mediate healing through the influence of ancestors.

Geertz (1973:100-108) points out that religious symbols respond to areas of limitedness in human experience in three main areas, namely the limit of analytic capacity to understand the world, the limit of powers of endurance in dealing with suffering principally in the two main forms of sickness and death, and the limit of moral insight expressed as the problem of evil. Bate (2001:383) contends that it is for this reason that religious discourse and praxis concerning

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illness and healing is inevitable for those sicknesses which transcend our human capacity to solve in the usual manner.

In view of the above, it is critical to realise that the basis of pastoral care and counselling in different cultural contexts lies in the healing and restorative rituals and arts practiced by priest-healers within their traditions, both in the past and in the present. In the African context, the traditional healer often combined the roles of a priest and physician. Many people in the community ran to the traditional healer during the time of difficulty. People expected to receive words and rites grounded in culture, the worldview and belief that were deemed efficacious in bringing relief and restoration to functioning order. The traditional healer had to be knowledgeable concerning a wide range of physical, emotional, social and cultural phenomenon.

Berinyuu (1989:12) attempts to be deeply rooted in the therapeutic practices and interpretations of the people of Africa while dialoguing critically with and attempting to integrate Western forms of healing. He defines a pastoral counsellor in Africa as a 'shepherding diviner who carefully guides a sheep through a soft muddy spot'. Lartey (2002:321) believes that this model of pastoral counsellor is essentially that of one who is adept at harnessing the African spirit-filled universe, as well as culturally recognisable symbolic forms of interaction such as storytelling, myths and proverbs, dance, drama and music, in the quest for appropriate responses to the exigencies of life. It can be argued that Lartey's view is essentially a representative of an African picture of a pastoral counsellor. Berinyuu (1988:93) believes that the minister should fill the position of the traditional healer. He suggests that a minister from an African perspective should be called a Christian "diviner"- a title given to a traditional healer. The Christian "diviner" should deal with the sick, taking into account the pre-Christian traditions. He argues that this is due to the fact that the diviner is a powerful figure and plays a profound role in treating and caring for the sick in the community.

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It is clear that Berinyuu does not want Christians to operate as if there was nothing in place before Christianity came into existence in Africa. Before the Missionaries came to Africa to spread the gospel of Jesus Christ, African people were sick and cared for by traditional healers. Christianity should not be seen as a religion that condemns traditional healing. African herbs cannot be seen to be evil, while Western medicine is acceptable in the Christian faith.

Healing is an integral part of most African religious world-views. This is supported by Thorpe (1991:122) who contends that:

> When people in traditional communities face a personal crisis, they too seek help, not only from the community at large but from specialists, appointed and accepted by the spiritual as well as the visible members of the community. The traditional doctor deals with the crisis not only by treating the observed or acknowledged problem at surface level, but by probing more deeply to find the underlying spiritual cause. By thus seeking a reason, an answer to the question, 'why', he or she enables the patient to deal with the crisis more effectively. In traditional societies, then, the sufferer is treated in a holistic manner, as if the body, the psyche and, in fact, the entire society were suffering by extension.

John Mbiti views God as the one who protects, sustains, upholds, saves and heals His people. He puts it this way:

> Many societies believe that God heals the sick. For this reason, prayers, sacrifices and offerings are made to God, on behalf of the sick, the barren and those in distress. Examples of this practice are reported from among the lla, Chagga, Indem, Shilluk and others. When healing comes, it is often attributed to God, even if medical agents may play a part in the healing process. God is thanked, or His help is otherwise acknowledged. For example, after recover from a serious illness, Akamba say, 'Ah, if it were not for God`s help, I (he) would be dead by now!' The same ideas are expressed concerning God`s saving work. People take it to be the result of God`s help when they are rescued from danger or illness. The lla, for example, describe Him as 'the Deliverer

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of those in trouble', and the Abaluyia name (Wele) for God carries, among other things, the idea of 'One Who saves, helps or steers' (guides). The Barundi have a name (Haragazika) for God which means 'There is a Saviour'. Thus, God is involved in the affairs of mankind, and people experience this involvement in terms of His continuing to create, sustain, provide, pastor, nurse, heal and save. Most of these function on the physical and concrete level of being and with special reference to the life of man (Mbiti, 1989:43).

In view of the above, one observes that healing may come from many sources, but at the end it all, comes from God and from other spiritual agents that are subordinate to God. It is mediated by God. African traditional religion reflects the needs of a traditional society in which life was often a struggle. Healing is holistic and it does not make a distinction between the ailments of the body, the mind, the soul and the problems caused by malign out spirits or ancestors who have not been properly cared for. Mwaura in (Waruta and Kinoti, 2000:73) echoes this when he says:

> Thus if the church is to effectively fulfil its mission to heal the sick, cleanse the lepers, raise the dead, cast out demons, it ought to reconsider its pastoral role of healing in the light of African world-view which determines the African understanding of health and disease; an understanding that is holistic for it includes spiritual, mythical and physical aspects among others.

This is supported by Bate (2001:371) who concedes that anthropological studies of the Christian healing ministry and religious healing, in general, focus on the role of culture in the process of healing. They also look at the way in which the structure of the cultural system and cultural, functions within it and influence the way in which sickness and healing are interpreted. Kleinman (1980:72) states that for anthropology, Christian healing like religious healing, is a cultural phenomenon. In the field of medical anthropology, both illness and healing are cultural constructs. Illness is linked with perception and the categories of perception are given to us by

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our culture. The relative stigma associated with various diseases is also cultural, and this has led to some sicknesses being considered more harmful than others.

The question to be asked is whether faith in God guarantees healing for those in pain. McNutt (1974:120) comments on the relationship between faith and healing by suggesting that healing by faith is normative. However, he further indicated that it does not always take place. This is supported by Hollenweger (1989:173) who points out that Christian healing is rooted in the belief in God's freedom and sovereignty. Hence, faith does not automatically lead to health.

In view of the above, one can also add that there are healing stories in the New Testament where faith played no role. This is supported by Luke 4:33-35 which reads:

> Now in the synagogue there was a man who had a spirit of an unclean demon. And he cried out with a loud voice saying; Let us alone! What have we to do with you, Jesus of Nazareth? Did you come to destroy us? I know who you are- the Holy One of God. But Jesus rebuked him saying; Be quite and come out of him! And when the demon has thrown him in their midst, it came out of him and did not hurt him.

In view of the above, one can argue that one does not necessarily have to be a Christian to be healed. Pastoral counsellors, therefore should consider people`s cultural and religious backgrounds when providing pastoral care and counselling. One does not necessarily have to be converted to the Christian religion to receive healing from the pain and misery of this life. What is more important is the attitude and commitment of the pastoral counsellor in providing pastoral care and counselling that is relevant in the process healing.

2.13 PASTORAL CARE AND COUNSELLING FROM AN AFRICAN PERSPECTIVE

Pato (in De Gruchy and Villa-Vicencio,1994:152) argues that many recognised biblical exegetes have not allowed the Bible to tell the stories of the people of Africa. Experiences in the New

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Testament which are distinctively African have been trivialised, presumably for the purpose of maintaining Eurocentrism. As Schreiter (1991:8) observes:

> For too long, embracing Christ and his message meant rejection of African cultural values. Africans were taught that their ancient ways were deficient or even evil and had to be set aside if they hoped to be Christians.

Pato in De Gruchy and Villa-Vicencio (1994:155) contends that:

> In South Africa, the emergence of the black consciousness movement in the late 1960s and early 1970s with its stress on blackness gave great impetus to a new respect for things African and black. This self-discovery led to the conviction that the African heritage is not and never was of the devil, but needed to be taken seriously and related to Christian faith. As a result of the impact of black consciousness, black people began to wake up to the fact that the colonial mentality did not necessarily convey the full truth. They began to realise that there are values in their cultures that are just as good as, if not better than those of their colonisers. Once this was realized, black people began to have confidence in their ability to work things out for themselves on their own terms and in their own way.

In view of the above, it is worth noting that, even though European colonists have long gone from the African continent, one can still observe that Western theological perspectives continue to dominate the ecclesiastical thinking of the people of Africa. Pastoral care and counselling can mean different things to different people in different communities. In order to undertake an adequate exploration of pastoral care and counselling in a multi-cultural societal context, it is therefore necessary to get an understanding of the nature and meaning of pastoral care and counselling in different cultural contexts.

It can be argued that pastoral care and counselling has been done predominantly from a Western point of view. Most books that are written on pastoral care and counselling have been influenced by Western thought. African theologians are expected to study pastoral care and

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counselling as a sub-discipline of practical theology and apply it in African context. As a result, pastoral care and counselling from a Western perspective is unable to talk directly to the daily experiences of the people of Africa. Most of the models for pastoral care and counselling that have been developed were done to address problems that affect the Europeans.

Msomi (1993:75), De Jong Van Arkel (1995:190) and Louw (1995:29) dismiss the Western-dominated models of pastoral care and counselling that are developed and practiced in Africa as carbon copies of European and American pastoral care and counselling. A system which rightly addresses mourning and counselling from an African perspective has to be sought. Msomi (1993:75) argues that this weakness in the Southern African context has persisted far too long as if the African pastorate were a carbon copy of the European, British and North American one. As a black theologian, Msomi is worried about pastoral care and counselling that is done in Africa without addressing the needs of the people of Africa. Such pastoral care and counselling becomes irrelevant and does not have an impact on the lives of the people of Africa.

This is not a cry coming from African theologians only, but there are some white theologians who feel that theology in Africa should address critical issues that affect the lives and are relevant to the culture of the people of Africa. One example is De Jong Van Arkel (1995:190) who argues that pastoral theology and practice which is developed in South Africa remains subject to the tutelage and captivity of the first world as a result of this uncritical importation. This argument is echoed by Louw (1995:29) who believes that pastoral care is mostly oriented to the European and North American model.

For the researcher, this is an unacceptable situation in the academic field of pastoral care and counselling. This gives the impression that African theologians cannot think properly or they are unable to come up with models of pastoral care and counselling that talk and address issues that affect the lives of the people of Africa. The same can be said about churches in Africa that are serviced by pastors from Europe. These European pastors come to Africa with their

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European culture and try to indoctrinate Africans to think and see things the way European people do. This was manifested during the missionary era. Those missionaries who came to Africa had one common weakness. They came with the Bible in one hand and their Western culture in another hand. They condemned African culture and declared many African practices as heathen. As a result, this brought confusion to the people of Africa since they were expected to leave some of their cultural practices, in order to be baptised into the Christian faith.

In order for an African person to be baptised, one had to be given a Western name whose meaning he or she did not know, called a Christian name. The impression which was given is that our African names are heathen and unacceptable before God. One had to change a name first and then become accepted into the Christian faith. This was a serious insult to the African culture that boasts its existence in the names of people, rivers and mountains. The missionaries never bothered to call Africans with their African names, but preferred to call them with Western names. Consequently, Christianity was seen as a religion that condemns black culture and tradition. Many African Independent Churches were formed to accommodate African culture within the Christian faith. These African Independent Churches used drums *(ngoma)* during their worship service as they previously did during their ancestral worship.

The arrival of missionaries here in South Africa brought a curse to African identity. Black people started to feel inferior to white people. Black people were made to feel that they had to become white in order to become truly human. This led some African people applying cream on their faces to change their black skin colour and become lighter in complexion like their Western counterparts. Unfortunately the side effects of such creams on those who used them were terrible when they stopped using them. Those who used those creams were in total denial of their identity as Africans. Those who advocated against this kind of practice started the campaign "black is beautiful", in order to encourage black people to love themselves as they are and not wish that they were born white.

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The African Independent Churches have large followings in Africa because they address the needs of African people. Eybers (1991:3) argues that this is an impoverished and half-hearted way of doing pastoral care as a sub-discipline of practical theology. Such pastoral care can never be adequate and effective in addressing the needs of the people of Africa. Ma Mpolo (1991:26) laments the position of pastoral care and counselling in Africa by stating that pastoral care and counselling were the most neglected areas of the office of the pastor in the missionary area. Tax collection, condemnation of sinful acts, judgments passed on traditional family arrangements and traditional rites were some of the main pastoral activities of the church. The tendency towards moralisation and clericalisation is still reflected in many churches, especially when communion is celebrated.

As an African and a pastoral counsellor who was educated partly in the West, Mathews Tshapaka Kapolo was confronted with the challenge of integrating his Christian pastoral training with his African cultural identity, in order to help in the family social context. Kapolo (2001:129-130) argues that African family crises cannot be dealt with adequately within the framework of Western family systems, especially those of Europe and North America. This however, does not mean that Africa has nothing to learn from the way the Western family operates, just as western people can learn from Africa. In view of this, it can be argued that Africans should study and practice their Christian theology within the African context. Theology that is done in Africa should address the needs of the African people. It should also seek to answer questions that people in Africa have about God. This is supported by Berinyuu (1988:91) who believes that Christian theology should relate its claims to African culture. This means that theology should be relevant to the context or situation where it is being practiced.

Berinyuu (1988:103) maintains that African culture cannot hamper the operation of pastoral care in Africa. He argues that God has not left himself or herself without a witness among all the peoples of the earth. The Spirit of God is actively present in what all people do to cope in times of crises or in their understanding of the mysteries of life. He further states that the mechanisms of coping and trying to understand the mysteries of life are worth sharing with the

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rest of God`s people and must, of necessity, be incorporated into the gospel of Jesus Christ to enrich the quality of relationships among all people.

Pastoral care and counselling in Africa cannot be effective without addressing the issue of ancestral worship and veneration. Ancestors are in the center of the life of every African. Many people in Africa practice ancestral worship or veneration as part of their existence. The question to be answered by the pastoral counsellor is the position of the ancestors in the Christian community. There are churches that would sympathise with members who visit traditional healers and are instructed to worship the ancestors when they experience serious problems in their lives, such as sickness or death in the family. In some Independent Churches, the instruction to make rituals to the ancestors comes from the office of the prophet.

In his Christology, Berinyuu (1988:103) suggests that Jesus can be seen as the first ancestor in an African society. Hence, praying to Christ is equated with praying to the first ancestor, the creator. Based on Berinyuu`s argument of Jesus as the first ancestor, it can be argued that Jesus is able to mediate on our behalf to God. As Christians with an African cultural background, we are able to relate and understand better the mediatory role of Jesus as our ancestor because we have been practicing ancestral worship before Christianity came to existence.

The issue of ancestors should not be avoided when providing pastoral care and counselling to people in Africa because it is at the center of the existence of African people. There are people who will come to the pastor for counselling because they believe that they are being haunted by the spirits of their ancestors. The pastoral counsellor cannot just say ancestors do not exist or this is demonic. The pastoral counsellor should be able to understand the cultural background of the person and be able to bring Christ into the culture of the African people. This is called inculturation. Christ must be seen to be caring about African people in an African way without losing the message of the Gospel. In order to address the needs of the people of Africa, pastoral care and counselling needs to undergo a fundamental paradigm shift. This

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paradigm shift involves moving from pastoral care and counselling with a Western worldview to an African worldview. This is echoed by Lartey when he reflected on his personal experience after completing his theological studies. He said:

> After completing the Masters Program in Pastoral Counselling at Loyola College in Maryland, where I learned many theories in counselling, I returned home in Ghana in West Africa with the hope of practicing the theories I had learned in the West. I realized, however, that though the theories I learned were good ones, most of them were not practicable in Ghana. The only way I could succeed in the counselling situations there was to contextualize and graft what I had learned with Ghanaian culture (Lartey, 2002:319).

Counselling which has developed in the West is too individualistic, rationalistic, and it promotes the self (ego). This counselling can be compared with the materialistic ideology that places the highest value on the acquiring of measurable objects. From the 15th century, when the missionaries came to Africa to bring Christianity, they brought the Christian message along with their European cultural assumptions. They attempted to address African problems, as they understood them, from a European point of view. The missionaries brought the gospel of Christ with their central focus being on conversion, civilisation, education, modern scientific medicine, and often, all of this package came with a programme of destruction of the African culture, understood as 'pagan' , and/or 'primitive and/or 'wicked'. The missionaries ignored African belief in the ancestors and disregarded traditional healers. Even if their knowledge of traditional lore and herbs was unparalleled, the traditional healers were tainted by the suspicion that they were dabbling in demonic things. As a result, the inevitable happened, the responses divided the African people. Firstly, one group converted to Christianity and adopted Western culture and its traditions. For these people, healing ceased to be a central part of the religious life. Catholics, Lutherans and Anglicans who had abandoned healing in a liturgical context introduced a formal ministry of healing as they did elsewhere.

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Secondly, another group converted to Christianity but continued to practice traditional religion for certain aspects of life, including healing. They kept this side of their spirituality hidden from the missionaries and church leaders for fear of being excommunicated. For example, this group followed the rules of the church for public worship, but during the rites of passage and especially during funerals, they followed their ancestral beliefs and related to their ancestors in their traditional way. As some put it, "they were Christians during the day and Africans during the night". As a result, being African was associated with darkness and hypocrisy.

A third group adopted Christianity but converted to their cultural presuppositions and world-view. This was the route taken by most of the African Independent Churches. These African Independent Churches have a large number of following, and more especially in rural areas where African traditions are still observed.

Finally, those who refused to convert continued to practice traditional religion with its healing components. What is more interesting is that most of the churches that are growing in Africa are those that are responding to the needs of the people of Africa. Most of the mainline churches are stagnant in numbers. They normally grow as a result of infant baptism and marriage from other denominations. This should be clear to us that African people do not feel at home when they are in churches with Western backgrounds.

2.14 THE RELATIONSHIP BETWEEN GOD AND SUFFERING

People experience pain and suffering in life due to life crises they encounter. In the history of Christianity, theologians debated for many centuries on the biblical understanding and the causes of illness and suffering. In the Old Testament, God is perceived as the cause and the source of all that happened to humankind. Hence God can be understood as the source of health and illness. This is clearly demonstrated in Deuteronomy 32:39 where it reads:"I, and I alone, am God; no other god is real. I kill and I give life, I wound and I heal, and no one can oppose what I do". The Bible addresses the problems of evil, affliction and disasters and in so

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doing, God is displayed as the source of healing but also permits suffering to His people. Hurding (1992:72) concedes that sickness was also understood as punishment for human sin. An example is given in 2 Kings 5:20-27 of Gehazi who was punished by God with leprosy for his disobedience to Elisha.

Many theologians have wrestled with the concept of sickness and suffering, and have not come up with a common understanding on the subject. Even though there are conflicting positions on this matter, many theologians seem to understand that the will of God is that people should be free from all kinds of suffering. This is confirmed by Mac Nut (1999:67) who points out that "God has revealed himself as being on the side of life (he is life), of wholeness, of health in spirit, mind and body. In general, it is God`s desire that we be healthy rather than sick". In view of the above, it can be argued that it is God`s will that people stay healthy, spiritually, emotionally and psychologically. Therefore, the suffering of people is against God`s will.

In order to understand God`s involvement in the lives of the people during the time of suffering, it is important to debate whether God causes suffering, pain and misery in the lives of His people. When people meet difficulties in their lives, they look at the cause of the problem. The Old Testament depicts God who punishes people for their sinful activities as demonstrated by the death of the firstborns after Pharaoh refused to release the people of Israel from Egypt (Exodus 12:29. When African people with a Christian faith background experience painful events in their lives, they try to find out if it is God`s punishment for their sins or if they were bewitched.

When Jesus was in the company of His disciples, He saw a man who was blind from birth and His disciples asked Him saying, "Rabbi, who sinned, this man or his parents, that he was born blind?"(John 9:1-2). This was a clear indication that the disciples believed that for a person to be born blind, it means God is punishing that person for a sin committed. When Jesus answered His disciples, He did not say it was because of his sin or that of his parents. Instead, He said, "It was made that the works of God might be made manifest in him" (John 9:3). In this argument,

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Jesus makes it clear that punishment has nothing to do with the man`s blindness. We learn from Jesus` answer that sickness is not punishment, but a human condition. Sickness is an enemy; hence Jesus heals sicknesses, in order to liberate humanity.

The story of Job does not displays God as the cause of Job`s misery but as the one who allowed the sufferings to befall Job (Job 1:8-12). Phaswana (2008:107) argues that God cannot be included in the pain of His creation. This is supported by Louw (2000:28) who states that God`s identification with pain and suffering shows that He is not the cause of pain and suffering. Therefore, one can conclude that God identifies Himself with those who are afflicted by any kind of pain. This means that God can be seen as being on the side of the afflicted and not on the side of those who cause the pain on other people.

The suffering of Jesus on the cross is an indication that there is no one who is exempted from pain and suffering here on earth. Suffering is not an indication that one has done something wrong that angered God. It can be argued that the suffering of this world presents us with an opportunity for spiritual growth. The more we suffer, the more we become vulnerable and begin to realize that we depend upon God for our sustenance. This deepens our spiritual life in that we begin to depend on God for everything.

The way people respond towards their suffering is based on the personal belief. Those who believe that they are experiencing suffering because their ancestors are not happy about something will definitely appease their ancestors as a way to find healing in their lives. Those whose beliefs are based on the biblical principles will respond accordingly to their spiritual needs. This is supported by Phaswana (2000:219) who maintains that the way people respond to pain is in accordance with their faith in God. In view of the above, it is important to ask whether there is any meaning in suffering and why there is suffering in life. When people are suffering, they go in search of help and meaning in their suffering. When people are lamenting, they confront God with questions such as “Why me Lord?” or “What have I done to deserve this?” This is supported by Louw (2000:21) who states that lamentation is the search for the

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meaning of suffering because, through it, righteous people struggle to express their experience of the injustice of suffering to God.

According to Chul-Min Son (2002:116), theodicy opposes lamentation. Though it is not a biblical term, it is the way to justify God in the injustice of suffering. This implies that while a lamenting person says to God; "You cannot let me suffer like this, theodicy says; "God, everything is in your hands and You are justified to let me suffer". Louw (2000:25) states that theodicy is a compound of two Greek words: God *(theos)* and justice *(dike)*. It is used in justifying God in the existence of evil prevailing in the lives of the people and creation. Theodicy is an attempt to reconcile belief in the goodness and power of God with the fact of evil in the world.

In the Old and New Testament scriptures, God is praised under two aspects. Firstly, God is totally transcendent beyond the earth. No one has ever seen God or knows His thoughts or is able to control God in any way. God is manifested as the creator of the earth and everything in it. God`s transcendence is based on the fact that suffering cannot touch the divine being. Secondly, God is present in creation and dwells at the heart of all creatures. As history develops, God becomes involved and cares about the covenanted people of Israel. He reprimands them, and tries anything possible to entice them to keep the covenant. When the Israelites were enslaved in Egypt, God called upon Moses to lead the struggle for their release in Egypt. God spoke to Moses in the burning bush and said:

> I have seen the affliction of my people who are in Egypt; I have heard their cry because of their taskmasters; I know their sufferings; therefore I have come down to deliver them (Exodus 3:7-8).

The usage of the Hebrew word *"yadah"* which means to "know" (I know their suffering) is the same word used in the book of Genesis 4:17:"And Cain knew his wife, and she conceived and bore Enoch" (Genesis 4:17)".The word *"yadah"* as used in the above text is more than an intellectual knowledge. It is an experimental knowing- they knew each other bodily and the

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child was conceived. When God says "I know their sufferings", He is talking about an interior personal kind of knowledge. This means that God is involved in the sufferings of the enslaved people of Israel and He is not distant, or beyond reach of their cries. The prophet Hosea quotes God as saying about sinful people, "My heart turns over within me, my compassion grows warm and tender" (Hosea 11:8). As we exegete the text, the word compassion is broken down to its root; it means to suffer with, to feel with. According to Johnson and Rakoczy (1997:62), the root word for compassion in Hebrew is the same as the root word for woman`s womb (*rhm*). To say that God has compassion on us is literally to say that God has womb love for us, and loves us the way a mother loves the child of her womb.

One of the German theologians, Jurgen Moltmann, who was a prisoner of war during World War II, depicts a God who does in fact literally suffer on the cross, thereby identifying with the suffering of the whole world (Johnson and Rakoczy, 1997:64). For Moltmann, to say that God does not suffer is to make of God an unfeeling monster in the face of so much suffering today. However, it is not right to say that God suffers without any choice in the matter. This is our way of suffering- it overtakes us, and holds us in its grip; it is part of our creatureliness that we cannot escape. But such a condition would not do justice to God who is supreme over all the earth (Johnson and Rakoczy, 1997:64).

In view of this, one can argue that when God suffers with us, it is out of the fullness of His unconditional love for humanity. This means that God does not suffer out of weakness in the divine nature, but out of the fullness of love. This can easily be exemplified by the death of Jesus Christ on the cross with the involvement of the Triune God. When the world was overshadowed by the darkness of sin, the Father desired to save the whole world by sending His Son to die on the cross. The Son willingly obeys His Father and allows Himself to be handed over ("Not my will but thine be done"-Matthew 26:39). While Jesus suffers on the cross, both the Father and Son are suffering in different ways. The Father is suffering the grief of the loss of His Son. The Son is suffering the loss of His own life and the abandonment by His Father ("My God, my God, why have you forsaken me?" –Matthew 27:46). The two of them are deep

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in suffering and from a Trinitarian perspective, God is suffering. Johnson and Rakoczy (1997:65-66) argues that the cross opens a pathway for all the suffering of the world to be taken into the very being of God. God is now so tied into history through His freely-given love on the cross that the pain of the world is admitted into Himself. To speak of God who did not feel the suffering of His creatures would be really to make God a demon, an unfeeling, unthinking, uncaring, unhelpful monster. Therefore, God`s presence is found on the cross, on the gallows and there where everyone suffers.

The Bible portrays God as love and everyone who abides in love abides in God (1 John 4:16). It was through the love of God that He sent His only begotten Son to come and die for the sins of the whole world. God`s love for humanity is unconditional. God loves us not because of what we have done for Him but because of who we are as part of His creation. The attributes of love are happiness and peace. Where there is God there is love. Steyn (2003:1) states that Christians are often "crucified" by word and deed and that their crucifixion often becomes messy and that to those who have never experienced this, they would find it very strange since the general opinion is that Christians are victors in Christ, not victims of our circumstances.

One of the greatest challenges in life is to reconcile the love of God and the pain that people experience. It is difficult to comprehend that God is love while experiencing turmoil in life. When Job was confronted with afflictions in his life, his wife advised him to curse God and die (Job 2:9). One cannot easily blame Job`s wife since she could not understand how a loving God could allow such a faithful servant as Job to go through such kind of suffering. It was not easy for Job`s wife to believe that God is still love in that kind of circumstances. Most people associate God with love while Satan is associated with pain and suffering. Hence it becomes difficult to locate the love of God in the situation of pain. Through the death of Jesus on the cross, God reconciled love and pain while people distance God from pain.

Paul maintains that there is nothing that can separate us from the love of Christ. He goes further to say that even death cannot separate us from the love of Christ (Romans 8:35). In

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view of this, it can be argued that God does not love us only when we are happy, but He still loves us when we experience pain. The experience of pain and suffering is not only meant for those who do not believe in God, but, it is something that every human being experiences. It is thus, important to note that to believe in God does not exempt anyone from suffering. Human crisis and natural disasters still befall those who believe in God. But this does not mean that God has forsaken us. God did not assure those who believe in Him that they will not suffer in this world. Instead, He promised to be with them in every situation (Matthew 28:20). This means that God is not distant from our human sufferings since He never left Jesus alone to suffer on the cross.

2.15 CONCLUSION

This chapter reviewed literatures on pastoral care and counselling. Pastoral care and counselling is a broad ministry that is aimed at meeting the needs of the people in distressful situations in life. In order for pastoral care and counselling to meet the needs of the people it is aimed at, it should take into consideration the cultural concerns and the world view of the people concerned. Using the literature above will help us to describe pastoral care that is relevant in emotional healing the victims of police killings in Limpopo Province. The following chapter discusses the research methodology used to in this study

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CHAPTER 3: RESEARCHMETHODOLOGY

3.1 INTRODUCTION:

This chapter provides a description of the research design and methodology that was used by the researcher to answer the research questions of this study, in order to achieve its objectives. This research employed a qualitative method, in order to obtain the real life experiences of the bereaved families of the killed police officials in Limpopo Province. The purpose of this empirical study is to explore and describe pastoral care and counselling received by the bereaved families of killed police officials in Limpopo Province. In order to achieve this objective, the researcher used in-depth interviews as a measuring instrument to collect data.

3.2 RESEARCH DESIGN

Research design can be understood as the arrangement of conditions for the collection and analysis of data in a manner that aims to combine relevance to the research purpose (Shajahan, 2005:62). The Social Work Dictionary (1995:63) defines research design as that plan of a research project through which data is gathered, in order to investigate the hypothesis or to realise the aim thereof. Fouche and Delport (2002:104-105) state that the researcher should orientate himself or herself with regard to different approaches in conducting a research. As a result, the researcher decided on which approach to be followed while conducting this research. There are two types of approaches that one can employ in conducting research, namely quantitative and qualitative approaches. According to Strauss and Corbin (1990:17), the term qualitative refers to any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification. It can refer to research about person`s lives, stories, behaviours, but also about organisational functioning, social movements, or interactional relationships. Ezzy (2002:45) adds that qualitative methods explicitly identify a person`s understanding of the situation as something to be discovered rather than assumed.

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One can ask, why we do qualitative research. Straus and Corbin (1990:19) state that qualitative methods can be used to uncover and understand what lies behind any phenomenon about which little is yet known. It can be used to gain novel and fresh slants on things about which quite a bit is already known. Also, qualitative methods can give the intricate details of phenomena that are difficult to convey with quantitative methods. Fouche and Delport (2002:79) contend that the quantitative approach seeks to measure the social world objectively, test hypothesis and predict and control human behaviour. This approach deals with clinical facts, figures and statistics. Saunders *et al* (2009:108) say that the advantages of qualitative research are that the findings often have greater validity and less artificiality as the process of observing phenomena in natural, real-life settings often allows researchers to develop a more accurate understanding of those phenomena. Good qualitative research often reveals depth of understanding and richness. Fouche and Delport (2002:79) add that the qualitative approach is holistic and it aims to understand social life and the meaning that people attach to it. The fact that the researcher has chosen a qualitative approach in this study does not mean that it is without any weakness. Saunder *et al* (2009:108) state that research driven by qualitative approach is sometimes undermined by the subjectivity of the researcher and the poor reliability of the findings in that, two researchers may arrive at different conclusions based on their observations of the same phenomena at the same time.

Sarantakos (2005:46-47) identified major differences between the quantitative approach and qualitative approach as follows:

- Quantitative approach sets researchers apart from reality while qualitative research sets researchers close to reality;
- Quantitative research analyses data only after collection while qualitative research analyses data during and after collection;
- Quantitative research studies reality from the outside while qualitative research studies reality from the inside; and
- Quantitative methodology is passive, distant from the subject, dualism while qualitative methodology is active, equal; both parties are interactive and inseparable.

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Trochin (2006) makes the following observation on both quantitative and qualitative research methods:

- Quantitative research is based on meanings derived from numbers, whereas qualitative research is based on meaning expressed through words;
- In quantitative research, collection of data results in numerical and standardised data, while in qualitative research, collection results in non-standardized data requiring classification into categories; and
- Analysis conducted in quantitative research is through the use of diagrams and statistics, while analysis in qualitative research is conducted through the use of conceptualisation.

Through the qualitative approach, the researcher was able to obtain data using individual interviews from the bereaved families of killed police officials in Limpopo Province. Reid and Smith (2002:105) state that users of the qualitative approach are likely to obtain a "first-hand" and holistic understanding of the phenomenon at hand. The researcher decided to use the qualitative approach in this study, in order to get a better understanding of the feelings and experiences of bereaved families of killed police officials in Limpopo Province with the aim of exploring and describing the challenge of pastoral care and counselling to the bereaved families of killed police officials in Limpopo province. This is echoed by Trochin (2006) who argues that qualitative data is sensitive, nuanced, detailed and contextual.

3.3 LOCATION OF THE STUDY

The study was conducted in Limpopo Province in the Republic of South Africa. Limpopo Province is found in the northern part of South Africa. It shares borders with Botswana in the west and Zimbabwe in the north, as well as Mozambique in the east. There are five district municipalities in Limpopo Province, namely Capricorn, Greater Sekhukhune, Mopani, Vhembe and Waterburg. The study was conducted in all five districts. Limpopo Province has 93 police

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stations, serviced by 11265 police officials who, together with their families, are served by 21 chaplains.

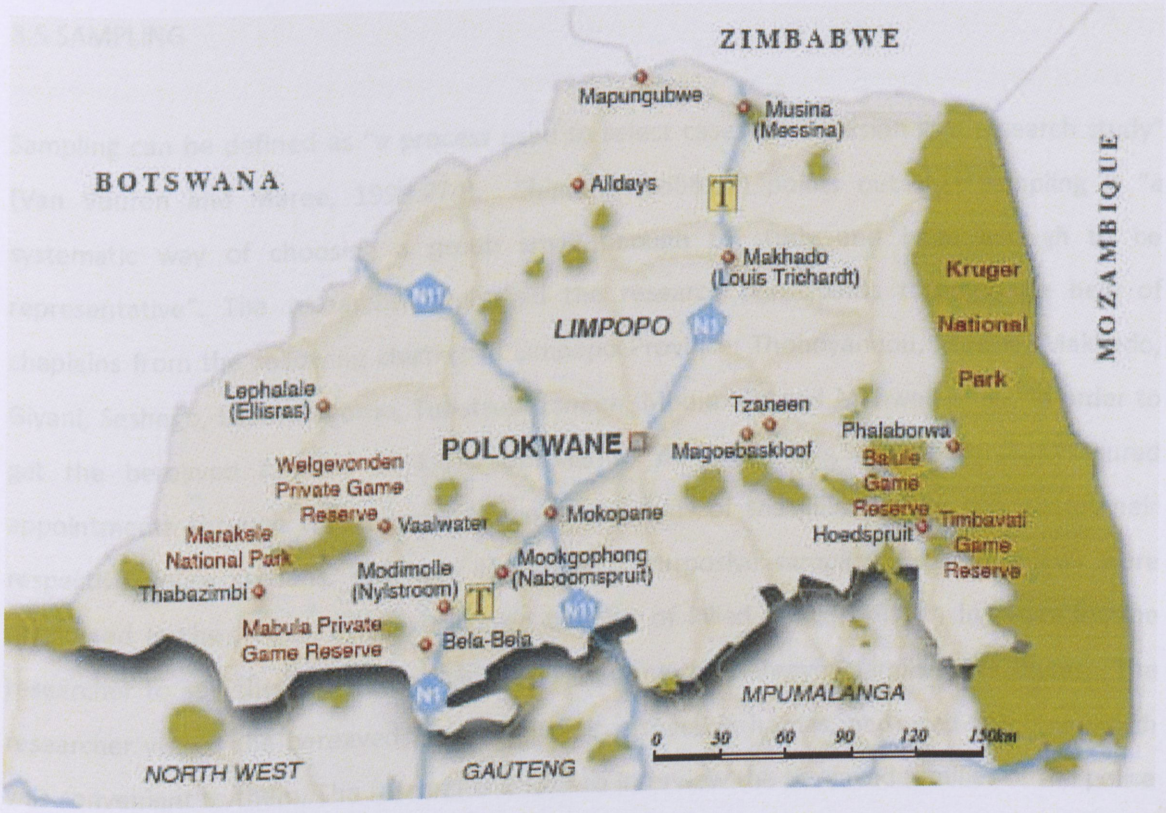


Figure 3.1: Limpopo Province Map

3.4 POPULATION

Bless and Higson-Smith (1995:84) defines population as the entire set of objects or people which is the focus of the research, and about which the researcher wants to determine some characteristics. According to Strydom and Venter (2002:198), the population is where all the measurements of interest to the practitioner or researcher are represented. Neuman (1997:202) adds that population is a large pool, which has an important role in sampling. The group of participants for this empirical study comprised of family members and close relatives

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of killed police officials in Limpopo Province. The participants came from all five districts in Limpopo Province.

3.5 SAMPLING

Sampling can be defined as "a process used to select cases for inclusion in a research study" (Van Vuuren and Maree, 1999:274). Shipman (1988:52) points out that sampling is "a systematic way of choosing a group small enough to study and large enough to be representative". The researcher identified the research participants through the help of chaplains from the following clusters in Limpopo Province: Thohoyandou, Musina, Makhado, Giyani, Seshego, Lebowakgomo, Tubatse, Tzaneen, Modimolle and Mahwelereng. In order to get the bereaved families of killed officials to do interviews, the researcher secured appointments through the commanders and chaplains of the killed police officials in their respective police stations. This was, therefore, a purposive sampling. The interviews were conducted in the homes of the bereaved families of killed police officers, in order for the researcher to see the experiences and the situations the bereaved families live under. The researcher visited the bereaved families in their respective homes, and used the time which was convenient to them. The researcher chose to interview the bereaved families of the police officials who had died within a period of ten years from the period of study.

It was not possible to use the whole population of the study in the province, but the sample that was collected was representative of the feelings of the bereaved families of the killed police officers in Limpopo Province. De Vos (1998:10) concedes that most of the time researchers are not able to study an entire population owing to limitations of time and costs, and they are also obliged to draw a sample.

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3.5.1 SAMPLING SIZE

Braun and Clarke (2013:55) point out that qualitative research tends to use smaller samples than quantitative research. Therefore, a sample size of between 15 to 30 individual interviewees tends to be common in qualitative. The researcher interviewed 30 bereaved family members of the killed police officials in Limpopo Province. The population of the study consisted of 18 females and 12 male participants.

3.6 RESEARCH INSTRUMENT

According to Cresswell (2009:88), research instrument include questionnaires, interview schedules, observation and focus group discussions. The instrument that I found to be appropriate for the data collection is semi-structured interviews. The researcher used a case study in order to collect comprehensive, systematic and in-depth information about the challenge of pastoral care and counselling to the bereaved families of killed police officials in Limpopo Province. Cresswell (2009:93) states that semi-structured interviews are based on the use of an interview guide (see Appendix 1). The first four questions in the interview guide deal with the profile of the participants. Other questions address the issue of pastoral care and counselling received by the bereaved from the chaplains. Cresswell (2009:93) adds that semi-structured interviews have the following advantages:

- They are flexible;
- In-depth information is gathered by closed ended questions; and
- The researcher gets a complete and detailed understanding of the issue under research, by using both the open and closed-ended approach.

3.7 DATA COLLECTION

Data were collected on an individual basis through the use of in-depth interviews. This was necessary because each bereaved family is unique, and it requires proper listening skills to

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extract the information. Marshall and Rossman (1995:80) state that in-depth interviewing is a data collection method relied on quite extensively by qualitative researchers, and it is described as "a conversation with a purpose".

It took the researcher twelve weeks to complete the interviews. Each interview lasted forty-five minutes on average. The interview guide was prepared in English and translated to Tshivenda, Sepedi and Xitsonga, so that the bereaved families could clearly understand the subject and express their feelings freely. Data collected were translated from Tshivenda, Sepedi and Xitsonga into English. The researcher collected data using Tshivenda language and also made use of two research assistants who were fluent in Sepedi and Xitsonga, in order to ascertain that the English translation is a true reflection of what the respondents articulated in their vernacular languages during the interview. The researcher used the digital voice recorder and note book, with the consent of the respondents, in order to capture the information from the respondents and to ensure that all words articulated by the participants were recorded. Fossey(2002:728) concedes that note-taking and digital voice-recording are useful when they are used together because they provide a holistic analysis of the information and give details to specific components of an interview.

3.8 DATA ANALYSIS

Data analysis is the process of bringing order, structure and meaning to the mass of collected data. Qualitative data analysis is a search for general statements about relationships among categories of data; it builds grounded theory (Marshall and Rossman, 1995:111). Digital recorded data was transcribed. Transcribed data were analysed using the seven steps proposed by Tesch (in Cresswell, 2009:186). This enabled the researcher to understand how participants in this study comprehend their own experiences as bereaved family members of killed police officials in Limpopo Province. The steps are as follows:

- All transcripts were read carefully by the researcher, in order to get the whole sense, while jotting down ideas that came to mind in the process;

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- One short and interesting transcript, together with the one on top of the pile, were read, in order to find the underlying meaning of what the researcher was reading, and to further write thoughts in the margin as they came;
- The researcher listed all topics identified after the reading of several transcripts. Hence, topics were clustered according to similarities and these were marked as major topics;
- All marked topics in the list were noted. The topics were abbreviated as codes and the codes were written next to the appropriate segments of the text. This was done, to enable the researcher to see if there were new categories and codes that were emerging while using this preliminary organising scheme;
- The most descriptive wording for the topics was turned into categories. Thus, topics that were related to each other were grouped together, in order to reduce the long total list of categories;
- The researcher made a final decision on the abbreviation of each category, and gave alphabets to the codes; and
- Data material that belonged to each category was assembled in one space and analysed.

The research findings from this study were grouped together into themes that emanated from the research questions, in order to address the issue of pastoral care and counselling provided to the bereaved families of killed police officials in Limpopo Province. The main reason for doing this was to ensure that the researcher remained focused on the conceptual framework of the study and the research questions that focused on the experiences of the bereaved families of killed police officials in Limpopo Province.

3.9 MEASURES TO ENSURE TRUSTWORTHINESS

The issue of trustworthiness ensures that there is validity and reliability of the research findings. The researcher applied strategies described in literature to ensure trustworthiness. According to Lincoln and Guba (1985) and Krefting (1990), these include truth value,

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applicability and neutrality. Therefore, the following measures were followed in this study to ensure trustworthiness.

3.9.1 TRUTH VALUE

Truth value determines the extent to which other explanations can be eliminated (Talbot, 1985; Brink, 2000; Morse & Field, 1996). In conducting this study, the researcher met the ethical principle of truth value, by ensuring credibility through prolonged engagement, reflexibility and triangulation of data, use of the researcher`s knowledge and authority in the field of pastoral care and counselling.

3.9.2 APPLICABILITY

This refers to the criterion used by the researcher to determine the extent to which the findings of a particular study can be applied in other contexts or with other informants. The researcher ensured this through the strategy of transferability as suggested by Krefting (1990) and Matwa *et al* (2003). Therefore, the researcher ensured transferability through an in-depth description of the research design and methodology, as provided in this chapter.

3.9.3 NEUTRALITY

The researcher ensured neutrality in this study through the strategy of conformability as suggested by Krefting (1990) and Matwa *et al.* (2003) by keeping appropriate distance between participants and the researcher, in order to avoid influencing the findings of the research. The researcher managed to do this by introducing himself to the participants as student from the University of Venda rather than a chaplain in the SAPS.

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3.10 ETHICAL MEASURES

Ethical issues were observed by the researcher throughout the whole research process, in order to protect the rights of the participants. Bless *et al.* (2013:28) argue that ethical measures in research help to prevent research abuses and assist investigators in understanding their responsibilities as ethical scholars. Research ethics place an emphasis on the humane and sensitive treatment of research participants who may be placed at varying degrees of risk by research procedures. Braun and Clarke (2013:61) add that ethics cover our relationship with participants, with academic communities and with the wider world in which we conduct research, as well as our research practice. Therefore, the following ethical standards were followed by the researcher:

3.10.1 PERMISSION

Permission to conduct this study was granted after the researcher had presented the research proposal to the school of Human and Social Sciences at the University of Venda. The University Higher Degrees Committee (UHDC) gave approval to the research proposal. Thereafter, the University Research Ethics Committee (UREC) issued an ethical clearance to conduct the research. Last, the researcher visited the participants to seek their consent before the research was conducted.

3.10.2 VOLUNTARY PARTICIPATION

Strydom (2002:65) argues that research has to do with voluntary participation. The participants were informed about the purpose of the study and that their participation was voluntary. The researcher explained to the participants that they had a right to refuse participation or to withdraw from participating in the research if they felt that they were no longer comfortable to continue with the research.

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3.10.3 INFORMED CONSENT

It is crucial that the researcher informs the respondents from the beginning that they will form part of a research project and request their consent. This implies that all possible or adequate information on the goal of the investigation, the procedure that will be followed during the investigation, the possible advantages, disadvantages and dangers to which respondents may be exposed, as well as the credibility of the researcher, should be rendered to potential subjects or their legal representatives. After the researcher had explained to the respondents the purpose of the study and their voluntary participation, all respondents were requested to sign and return a consent form indicating their willingness to participate in the study, and their acceptance of the conditions thereof. A consent letter was signed by the researcher and participants (See Appendix 2).The research participants were not forced to contribute towards this research but did so out of their free will. Research participants were informed that this research was being done for educational purposes, with the sole purpose of empowering SAPS chaplains and the bereaved families of the killed police officials.

3.10.4 CONFIDENTIALITY

Confidentiality implies that only the researcher and possibly a few members of his or her staff should be aware of the identity of participants, and that the latter should also have made a commitment with regard to confidentiality (Strydom, 2002:68). The principle of confidentiality undergirds all counselling activities. This principle requires that personal information, revealed within a counselling session should not be disclosed to any other person without the consent of the person who provided it. Personal information refers to all aspects of a person's private life that are not openly disclosed or shared with the public, but are only shared with trusted friends or relatives. The confidentiality of the participants was guaranteed by the researcher to safeguard their privacy. The researcher informed all participants in the research that their identities would be anonymous and confidential. The researcher maintained the confidentiality of the respondents by not disclosing the names of the respondents in this research study.

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Confidentiality of the information supplied by the respondents was kept in a locked place only known and accessible by the researcher. Participants were linked to their information using pseudo names.

3.10.5 PRIVACY

Privacy is that which normally is not intended for others to observe or analyse (Strydom, 2002:67). In this study, the respondents` right to privacy was observed throughout the research process since the researcher interviewed each respondent as an individual in a private place. This helped the respondents to open up and discuss their feelings without fear of being judged by others.

3.10.6 RESPECT

Lartey (2003:94) maintains that the belief that the client knows best is not simply an advertising ploy aimed at attracting unsuspecting customers into purchasing things they do not need and, probably will never use. Instead, respect is a cornerstone upon which theory and practice is based. Hence counsellors should respect their clients, and they should value them as persons of worth and dignity. The researcher respected the opinions and beliefs of all the respondents without showing any sign of disagreeing with them when they expressed their feelings of hurt or disappointment. The researcher managed to value the contributions of each respondent as a person irrespective of the person`s age, gender, race and academic qualification.

3.10.7 DEALING WITH COUNTER BALANCING THE EMOTIONS OF PARTICIPANTS

Strydom (2002:73) points out that in some situations where the qualitative approach is utilised, a problem can sometimes arise, for example, participants may suffer harm on completion of the programme. The issue of police killings is a sensitive matter and, in the process of the interview, the researcher at times evoked some painful emotions in the bereaved families.

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When the researcher realised that the participants were failing to deal with open wounds of the grief, the researcher stopped and asked the research participant if he or she wanted to continue with the interview or not. The researcher also referred the research participants who were struggling with their loss to a counsellor in the SAPS, so that they could be given counselling to help them deal with the open wounds of grief.

3.11 CONCLUSION

This chapter presented the research design and methodology used to collect data. The qualitative research method was used to collect data from the bereaved families of killed police officials in Limpopo Province. Collected data were analysed using seven steps proposed by Tesch, in order to understand how participants understand their personal experiences as bereaved family members of killed police officials in Limpopo Province. Ethical issues and measures to ensure trustworthiness were considered in this study, in order to protect the rights of the participants. The presentation of the research findings is done in the next chapter.

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CHAPTER 4: PRESENTATION OF RESEARCH FINDINGS

4.1 INTRODUCTION

This chapter presents the research findings of the study as guided by the research questions, in order to address the challenge of pastoral care and counselling to the bereaved families of killed police officials in Limpopo Province. The findings of these results are based on the pastoral care and counselling provided to the bereaved families and they are categorised under the following six themes: Pastoral care and counselling during the delivering of the death message; pastoral care and counselling during funeral preparations; pastoral care and counselling after the funeral; gender-based difference when mourning the death of a loved one; caring and counselling through support group; and healing of the emotional wounds through cleansing ceremonies.

4.2 PROFILE OF PARTICIPANTS

Pseudo names were used in the profile of the participants in order to keep the identity of the participants anonymous.

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TABLE 4.1: PROFILE OF THE RESPONDENTS

NAME	RACE	AGE	GENDER	OCCUPATION	LANGUAGE	RELATIONSHIP TO THE DECEASED
Murunwa	African	38	Male	Civil servant	Sepedi	Brother
Tebogo	African	45	Male	Civil servant	Sepedi	Brother
Lufuno	African	48	Male	Self-employed	Tshivenda	Brother
Rhulani	African	43	Female	Civil Servant	Xitsonga	Mother
Maluta	African	31	Male	Unemployed	Sepedi	Brother
Masindi	African	51	Female	Unemployed	Tshivenda	Mother
Munzhedzi	African	43	Female	Unemployed	Tshivenda	Wife
Phathutshedzo	African	29	Male	Unemployed	Sepedi	Brother
Mashudu	African	53	Male	Unemployed	Xitsonga	Father
Mukatshelwa	African	46	Female	Unemployed	Sepedi	Wife
Malete	African	49	Male	Self-employed	Sepedi	Husband
Thikolelwi	African	55	Female	Civil Servant	Sepedi	Wife
Khathutshelo	African	24	Male	Unemployed	Tshivenda	Son
Marubini	African	59	Male	Self-employed	Tshivenda	Father
Katlego	African	43	Female	Private sector	Sepedi	Wife
Mukwevho	African	72	Male	Pensioner	Sepedi	Father
Maluleke	African	43	Female	Self-employed	Xitsonga	Wife
Mulalo	African	19	Male	Scholar	Tshivenda	Son
Mushoni	African	47	Female	Unemployed	Sepedi	Wife
Tinyiko	African	42	Female	Unemployed	Xitsonga	Wife
Mashego	African	58	Female	Civil Servant	Sepedi	Mother
Musawenkosi	African	43	Female	Unemployed	Sepedi	Wife
Pheko	African	38	Female	Civil Servant	Sepedi	Sister
Khakhu	African	42	Female	Unemployed	Tshivenda	Wife
Mokoena	African	46	Female	Civil Servant	Sepedi	Wife
Raedani	African	45	Female	Self-employed	Tshivenda	Wife
Vuledzani	African	48	Female	Unemployed	Tshivenda	Wife
Rudzani	African	43	Female	Unemployed	Tshivenda	Wife
Tlale	African	57	Male	Unemployed	Sepedi	Husband
Dikeledi	African	46	Female	NGO	Sepedi	Wife

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4.3 THEMES AND SUB-THEMES THAT EMERGED FROM THE RESEARCH FINDINGS

Aronson (1994) defines themes as units derived from patterns such as conversation topics, vocabulary, recurring activities, meanings, feelings or folk sayings and proverbs. Themes are identified by bringing together components or fragments of ideas or experiences, which are often meaningless when viewed alone. Themes that emerge from the informants' stories are put together to form a comprehensive picture of their collective experience.

4.3.1 PASTORAL CARE AND COUNSELLING DURING THE DELIVERY OF DEATH MESSAGES

In the SAPS, chaplains are the only helping professionals who are expected to deliver death messages to the bereaved family members, the moment they are notified about the death of a police official. There is no police official or a family friend who is allowed to deliver death messages to the bereaved family except the chaplain. If the local chaplain is not available to deliver a death message, another chaplain from another police station, who is available, will be given the responsibility to deliver the death message to the family. Delivering death messages is not just a matter of announcing the death of a person to the family members, but it involves pastoral counselling and support to the bereaved, while they battle to come to terms with the sad news of the passing on of one of their family members.

4.3.1.1 PEOPLE WHO DELIVERED DEATH MESSAGES

As shown by the following statements from the participants, people who delivered death messages to the bereaved families of killed police officials in this study vary from police officers, station commanders, chaplains and relatives.

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4.3.1.1.1 MURUNWA

Murunwa still remembers how dramatic the delivery of the death message in his family was. Community members came to the family thinking that there was a fight between the family and the police officials who had visited the family to deliver the death message of his brother. Murunwa puts it this way:

> *When the chaplain came to our family to deliver death message, he came along with one of the police officials who used to work with my brother. But when the two arrived in our home, the police official did not wait for the chaplain to deliver the death message to us as the family. Instead, after greeting me and my mother in the house, the police official just said to my mother who was busy cooking, they killed your son (referring to my brother).*

4.3.1.1.2 RAEDANI

As opposed to Murunwa, Raedani was informed about the death of her husband by the station commander who was accompanied by other police officials. She puts it this way:

> *I got the message of the passing away of my husband through the station commander where my husband worked at the time of his death. When I got the message that my husband died while on duty, I denied that it was my husband who had died because I knew very well that my husband was only going to resume duty in the evening. When I asked how it was possible that my husband can be on duty before his exact time, one of the police officials told me that things change any time in the South African Police Service and he further emphasized that my husband had booked on duty before his death. After the station commander delivered the message of the death of my husband, he did not offer any counselling, but he went back to his normal duties and I was left alone traumatised without knowing what to do.*

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4.3.1.1.3 VULEDZANI

Vuledzani also shared her painful story when she received the death message of her husband over the telephone. This is how she puts it:

> *I received a telephone from one of my relative while I was still at school in Gauteng province. One of my relatives called me and said; did you hear what happened? After I had indicated that I had not heard anything, she told me that she had heard from the radio that there was a shooting incident in the police station and my husband was also shot and he is dead. The media had not reported the matter in the exact way that my husband was killed and I felt very bad about it.*

4.3.1.1.4 RUDZANI

Rudzani is another participant who received a death message through the telephone from her neighbour. She explicitly narrated her story as follows:

> *When I was busy selling vegetables in the market, I received a telephone call from my neighbour who told me that I should come back home urgently. When I arrived at home, I found that my house was full of people and I could sense that something wrong had happened since there were people who were crying. I immediately asked my neighbour who had called me to tell me what was happening and she did not answer me. One of the ladies who was inside the house bravely told me that when my husband was on his way to collect his colleague for them to go to work, he met criminals who shot him and he had died.*

4.3.1.1.5 TEBOGO

Tebogo indicated that when the chaplain arrived to deliver the death message of his sister, his family had already heard the news from one of the colleagues of his sister through the telephone. He added that when the chaplain visited the family to deliver the message, the

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family saw him as a person who had come to confirm the death message since the family had already heard about the sudden death of his sister. Tebogo says:

> *When the chaplain arrived in our family to deliver the death message, we were already in tears since we had got the message from one of the police officials via the phone and this made the chaplain unsure of what to do or say. When the chaplain arrived in the family and found the family members crying, he sat down with us and mentioned that it looks like we already knew what had happened. He said, he had come to provide support for the family. And that he was very sorry about what had happened to our relative.*

4.3.1.1.6 DIKELEDI

Dikeledi pointed out that the manner in which she received the message about the death of her husband from the chaplain was strange and she puts it this way:

> *When my husband was still alive, he told me that if you see a chaplain coming to the house when I am at work, you must know that I am dead or something wrong has happened to me. And immediately when I saw the chaplain coming to the house in a police vehicle, I could sense that something was wrong. When the chaplain arrived in the house, I was seated with my children watching television and he did not greet us. Instead the chaplain looked confused and he was trembling. While he was still standing, the chaplain said I do not know what is happening. Some people cannot control their anger. There was an argument at work and after that there was a shooting incident. After that the chaplain took out a piece of paper from his pocket and read from it and said your husband Warrant Officer K.J. Malebane (fictitious name) was also shot and he is dead. I am sorry mam. Is this house number 4164?*

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4.3.1.1.7 MUKWEVHO

Mukwevho admitted that when his daughter told him that there was a police vehicle outside his house at midnight, he sensed that something terrible had happened. However, he did not suspect that his son might have been killed. Mukwevho points out that:

> *The chaplain introduced himself and indicated that he was compelled to come to see the family although it was late due to the nature of the message that he was supposed to share with the family. When the chaplain broke the news, he told me that my son had been stabbed by his wife while at home and that he had later died in hospital. The chaplain mentioned that the cause of the fight was not yet known.*

4.3.1.1.8 TLALE

Tlale laments the manner in which he received the message about the death of his wife. He indicates that he received the message from his young daughter who was called by the police official when he could not be reached on his cell phone. Tlale explained how he received the death message of his wife:

> *I received a phone call from my daughter while she was at school. My daughter told me that she had received a phone call from the police station where her mother worked and that they were failing to get hold of me over the phone. She told me that the police officer told her that her mother had been shot and that she had died on the spot. My daughter stated that the police officer also asked her to inform me that my wife had been shot by her colleague in the police station and that she had died.*

4.3.1.2 REACTION TO DEATH MESSAGE

When sudden deaths are violent and unexpected, reactions of close relatives to the news may take different dimensions. People react differently after hearing of the death of their loved

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ones. The research findings in this study show that reaction to death varies from calmness to irrational behaviours such as running to the street.

4.3.1.2.1 MURUNWA

Murunwa states:

> *My mother was busy cooking and, immediately, after hearing about the death of her son, she ran from the kitchen to the street with only her towel covering her lower body and screamed, "These people have killed my son" (referring to the chaplain and the police official). The police officer was shocked by my mother`s reaction and ran after her, in order to explain exactly what had happened. After hearing the death of my brother, I was personally shocked and did not know what to do at that particular time and I became more confused with the reaction of my mother. When this was taking place, the chaplain was still confused looking on, not knowing what to do. I could see that the chaplain was disappointed by the manner in which his colleague had handled the issue of delivering the death message to us as a family.*

4.3.1.2.2 VULEDZANI

The loss of a spouse represents a multiple loss because in that particular loss, one loses a confidante, sexual partner and other social roles played by the deceased partner. Upon hearing the message of the death of her husband, Vuledzani says:

> *I was shocked, trembling and couldn't believe or understand what was happening in my life and I felt vulnerable because I was far away from my family. I was also told that when my children were told about the death of their father by one of the police officials, they ran away from the house in disbelief and left the police official alone stranded inside the house.*

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4.3.1.2.3 DIKELEDI

Dikeledi conceded that when the chaplain visited her to deliver death message of her husband, she did not react immediately to the news due to the fact that the chaplain had mentioned the wrong initials of her deceased husband and this is how she puts it:

> *After hearing the news from the chaplain, I was calm and I could not move from the chair on which I was seated and I immediately told the chaplain to go back to the police station and get the right initials of my husband or he must first verify who actually the deceased person was because those initials he mentioned are not for my husband. After some few minutes, the chaplain phoned me again and told me that he had confirmed it in the police station, and it was indeed my husband who had been killed. The chaplain told me over the phone that it is just that he did not get the initials right at first.*

4.3.1.2.4 RUDZANI

The death of a spouse brings serious challenges to the remaining partner. After hearing the death message of her husband, Rudzani points out that:

> *I was shocked and couldn't believe it and it felt like I was dreaming and I threw myself on the ground and cried uncontrollably. What worried me more was that when I received the death message, there was no police official in the house to provide me with details of the incident that had led to my husband`s death and I thought I was dreaming.*

4.3.1.2.5 MUKWEVHO

Mukwevho became confused when the chaplain told him that his son had been killed by his wife. This is how Mukwevho puts it:

> *I was confused and did not understand what the chaplain was talking about when he said that my son had been killed by his wife because I knew that my son was not married. It was then that I learnt that my son was staying with a woman in his house at*

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work. The woman who stayed with my son was not married to him since the family did not pay any dowry for her and, I as the father of the deceased did not know her. After the chaplain had left, I wept uncontrollably and could not sleep when I realised that I had just lost my last born and he was very close to me.

4.3.1.2.6 MASINDI

When denial cannot be maintained, anger takes control of the person`s emotions. Masindi struggled to accept the death of her son and the manner in which he was killed which was totally inhuman. She states that:

When the chaplain told me that my son had been killed in the line of duty by criminals, I was angry at the criminals who had killed my son and it felt like the end of the world. I began to realise how difficult life was going to be for us since the whole family depended on him financially because he was the only person working in the family. Now that my son was dead, I did not see any reason why I was still living because he meant everything to me.

4.3.1.3 SUPPORT FROM THE CHAPLAIN

When the participants lost their loved ones, they expected to receive support from SAPS chaplains.

4.3.1.3.1 LUFUNO

Lufuno reports that when his sister was killed and after the chaplain had conveyed the death message to the family, there was chaos in the family when everybody started crying uncontrollably. Lufuno points out that:

The chaplain did not stop the family members from crying but instead he kept quiet until the situation was calm. Thereafter, the chaplain began to share with us about the pain

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of losing someone you love and also related his personal experience when he lost his uncle due to a car accident. His experience of losing his uncle helped me to understand that death can happen to anyone. When the chaplain was offering counselling to the family, he maintained that there is no one who suspected that anything of this nature could have happened. I was consoled when the chaplain stated that the family is not alone in mourning the death of our loved one, but many people from the police station where the deceased was stationed are also deeply affected by this situation. When the chaplain had finished comforting us, he prayed for us to remain strong and united during our difficult time and promised that the family would get all the necessary support from the SAPS.

4.3.1.3.2 RHULANI

Rhulani was satisfied with the pastoral care and counselling provided by the chaplain after she received the sad news of the death of her son. She indicates that:

After the chaplain had informed me that my son had been killed, I could not understand why my son had died at such a young age. I always thought that my son would bury me one day when I am in my old age, but never thought that I would be the one to bury my son. After delivering the death message, the chaplain spent several hours with me comforting and consoling me and he also explained that death can happen to anyone irrespective of age. The chaplain told me that our lives are in the hands of God and it is only God who knows our future. The chaplain`s words gave me encouragement to remain strong in my faith and also to develop a positive attitude towards life as a gift from God.

4.3.1.3.3 DIKELEDI

Dikeledi is one participant who pointed out that she did not receive any pastoral care and counselling from the chaplain after the delivery of the death message of her husband. She

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understands why she did not receive any counselling from the chaplain after the death of her husband. Dikeledi says:

> *I understand that the chaplain is also a human being who can be overwhelmed with emotions. When the chaplain came to deliver the death message, he was confused and terrified and was in no condition to give counselling to me and my children since he himself needed counselling to calm down after witnessing what had happened to my husband during the shooting incident.*

4.3.1.3.4 TLALE

After receiving the message about the death of his wife from his daughter, Tlale drove straight to the police station where he met the provincial commissioner, chaplain and social worker. He puts it this way:

> *I went to the police station, together with my son who is also a police officer, where my wife worked as a station commander. Upon arrival, I was taken to my wife` state house and the social worker explained to me and my son in detail that which had happened which led her death. Both the social worker and the chaplain who were in the house offered counselling and it was through such counselling that I managed to become strong and I was then ready to go and view the copse of my wife before it was taken to the mortuary.*

4.3.2 PASTORAL CARE AND COUNSELING DURING FUNERAL PREPARATIONS

Funeral preparations happen when the family is still shocked about the death of their loved one. This is one of the most confusing stages during the grieving period and it is important that the chaplains guide and support the bereaved family members, in order to ensure that they feel that they are not alone in their difficult times. The chaplain, family, friends and neighbours also play an important role in ensuring that the bereaved families get enough support during their grieving period.

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4.3.2.1 SUPPORT FROM THE CHAPLAIN

The research findings show that chaplains played an important role in providing support and counselling to the bereaved families of killed police officials during funeral preparations. One of the most traumatic things for most of the bereaved families is to witness post-mortems being conducted in their presence, when they are still emotionally unstable and trying to deal with the feelings of loss. Most of the people feel uncomfortable witnessing a post-mortem of the people who are very close to them.

4.3.2.1.1 MASHUDU

Due to some legal obligations, the bereaved families are required to be present when the post-mortem is conducted like in the case of Mashudu when he lost his daughter through police killing. Mashudu points out:

> *The manner in which my daughter was killed made me feel distracted and I could not see the purpose of living anymore. Since I am physically handicapped and my wife is unemployed, my daughter was a breadwinner at home. My daughter was the only one who was looking after the welfare of the family. But her boyfriend shot and killed her when it seemed like the relationship was leading towards marriage. When I was told to go to the hospital for a post-mortem of my daughter, I felt overwhelmed and asked the chaplain to accompany me, in order to get moral support from him. The presence of the chaplain helped me to feel better although it was one of the most traumatic experiences that I have ever experienced in my life. After the post-mortem, I continued to receive support and counselling from the chaplain and I have developed a good relationship with the chaplain due to the way in which he showed support to me and the rest of the family during funeral preparations.*

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4.3.2.1.3 TLALE

Tlale pointed out that the funeral preparations of his late wife went well and he appreciated the support he received from the chaplains who transported him to all the places he was supposed to go for funeral arrangements. He puts it this way:

Chaplains were very helpful during funeral arrangements of my wife. They came to my house to fetch and transport me to different offices in Polokwane for the funeral arrangements. They made everything look easy for me even though I was going through a difficult situation in my life. During that time, I was so emotionally affected that I could not even manage to drive my car. But the assistance that I received from the chaplains was very instrumental in stabilising my emotions.

4.3.2.1.3 KHAKHU

When Khakhu`s husband was shot and killed in his yard, she was accused of killing her husband by her in-laws and was also not allowed to get involved with the funeral preparations. Khakhu thanked the support she received from the chaplain during her difficult time. She narrated her story as follows:

When my husband was coming back home in the evening, the criminals were waiting for him at the gate and they shot him before he could even get out of his car. When I heard a gunshot, I went out of the house to see what was happening. I found out that my husband had been shot and I cried out for help. When the neighbours came to assist, we discovered that he was already dead and nobody knew who had killed him. The family of my husband turned against me and accused me of paying criminals to kill my husband in order to get his wealth. The whole family disowned me and they did not want anything to do with me. When the chaplain visited the family for funeral preparations, he told the family members that he will not continue with funeral arrangements unless I was present as the wife of the deceased. It was then that I was called to be part of the funeral arrangements. The chaplain emphasised that it was important that we become

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united as a family during our difficult time and that changed the negative attitude of most of the family members towards me during that time of funeral arrangements. The chaplain called me aside and offered me counselling that enabled me to be strong and courageous during the funeral arrangements and later after the funeral.

4.3.2.2 SUPPORT FROM NEIGHBOURS, FRIENDS AND RELATIVES

4.3.2.2.1 MUNZHEDZI

In African culture, a funeral is not a private affair, but neighbours, friends, relatives and members of the community also play an important role in providing support and counselling to the bereaved family members. This is supported by Munzhedzi who says:

When my husband died, I received enormous support from my neighbours, friends and relatives who spent more time with me, consoling, and preparing food for me to eat. Both my neighbours, friends and relatives were always there for me, making sure that whatever I needed was made available to me. My friends and neighbours also washed my blankets so that they may be used by the visitors. My neighbours also brought wood to cook food for the visitors and also helped to prepare food for the visitors who had come to offer their condolences.

4.3.2.2.2 KHAKHU

Khakhu appreciated the support she received from her friends during the funeral arrangements of her husband. She says:

When my friends heard that my in-laws were accusing me of having contributed towards the death of my husband, they came in large numbers and spent more time with me, providing me with moral support and counselling and it helped me to cope with that difficult situation. My friends made sure that they prepared food for me to eat since there was no one in the family who cared whether I ate or not. Some of my friends

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stayed with me during the funeral arrangements and after the burial just to make sure that I was safe from any harm that I may get from my in-laws. I think that if it had not been for the presence of my friends, it would have been very difficult for me to cope with the death of my husband since I was isolated by my in-laws. My friends slept in the same room with me, in order to make sure that I did not feel lonely and they shared their life experiences with me, and that also contributed in healing me emotionally.

4.3.2.2.3 MALULEKE

Maluleke indicated that when her husband died, the elderly people in the family played an important role in helping her to come to terms with the death of her husband. She states:

The elderly people in my family and some neighbours were always there to give me counselling when I was mourning the death of my husband. Those elderly people stayed with me in my bedroom, providing me with counselling and support and it helped me to deal with the death of my husband. Those elderly people made sure that I ate on time and also prepared water for me to bath on a daily basis. The care and support that I received from my family and community members during my difficult time helped me to realise that it is important to live peacefully with other members of the community. Throughout the death of my husband, I have learnt to value every member of the community more than I did before due to the assistance that I received from my family, friends and community members.

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4.3.3 PASTORAL CARE AND COUNSELLING AFTER THE FUNERAL

With regard to post-funeral support and counselling, participants mentioned different experiences. Some experiences were positive while others were negative. Though some participants received support after the funeral of their loved ones, others had negative experiences, as they were left alone. Some were also suspected of having contributed to their spouse`s death. These experiences are discussed below.

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4.3.3.1 SUPPORT FROM THE CHAPLAINS

- POSITIVE SUPPORT FROM CHAPLAINS

4.3.3.1.1 MALULEKE

Maluleke appreciated the support that she received from the chaplain after the funeral of her husband. This is how she puts it:

> *When my husband died, I was emotionally exhausted and wished that I could also die and follow my husband. But through the pastoral visits that I received from the chaplain, I felt the need to live again and began to appreciate the gift of life. The chaplain used to visit me to give me support and words of encouragement.*

4.3.3.1.2 THIKOLELWI

Thikolelwi maintained that the chaplain played an important role after the funeral of her husband. She says:

> *After the death of my husband, I was aggrieved and I couldn't cope with life. I almost sold my house and relocated to Johannesburg with my children to start a new life in a different environment. I only changed my decision to sell the house because of the support and counselling I received from the chaplain after he told me that it is not advisable for me to take such a major decision when I am still emotionally hurt.*

4.3.3.1.3 RAEDANI

Raedani indicated that the chaplain often visits her to render support and counselling on the challenges that she is facing as a single parent. She states that:

> *I am very happy with the support that I am receiving from the chaplain. He is the only one who visits me from the SAPS. He is the only person I visit when I go to the police*

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station since he is the only one from SAPS who cares about the wellbeing of my family. The chaplain always encourages me to remain strong and focus on raising my children.

4.3.3.1.4 RUDZANI

Rudzani indicated that she is coping with the death of her husband through the support she is receiving from the chaplain. Rudzani says that:

I stay alone most of the time since both of my children are studying far away from home in Gauteng Province. I appreciate the support and counselling that I am receiving from the chaplain who constantly visits me and this makes me feel that I am not alone in my situation. If it had not been for the support of the chaplain, I don't think I would have coped. I owe my gratitude to the chaplain because I am coping through his encouraging words.

4.3.3.1.5 MUKATSHELWA

Mukatshelwa stated that after the chaplain visited her after the funeral of her husband, she was encouraged by the positive words spoken by the chaplain. She states that:

The pastoral visit of the chaplain encouraged me to be optimistic about life. I was happy when the chaplain visited me because it sent a message to my in-laws that even if they do not care about me, the police still care about me and the children. I would appreciate more visits from the chaplain but I understand it is not easy for him to visit regularly since he has a lot of work because he is serving many people.

- NEGATIVE SUPPORT FROM CHAPLAINS

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4.3.3.1.6 TLALE

Although most of the participants were happy with the support they received from chaplains after the funeral, but there are those whose experiences are negative regarding the support they received as demonstrated by the assertions of Tlale. He puts it this way:

Since my wife was buried, the chaplain has never visited me to give me support and counselling. The last day I saw the chaplain was during the funeral of my wife. Since then, the chaplain has never visited me to find out how I am coping. The only person that visits me constantly is the social worker from the province who stays next to my house. The social worker usually visits me because she is also staying in this township.

4.3.3.1.7 MARUBINI

Marubini is not satisfied with the support she received from the chaplain after the funeral of his son. He puts it this way:

The chaplain only visited me once after the funeral of my son. When the chaplain visited me, I shared my frustrations about the misfortunes that I am experiencing in my life and the chaplain encouraged me by telling me that the challenges that people encounter in life are not meant to destroy us but to build our personalities and attitudes towards life. But I feel that the chaplain should regularly visit me to help me deal with the challenges that I am going through after the death of my son. I am failing to cope and I need support and counselling from professional people.

4.3.3.1.8 MUKWEVHO

Mukwevho indicated that he is not happy with the support he is getting from the chaplain. He puts it this way:

I am not happy about the support from the chaplain. I cannot see any support from the chaplain because I last saw him on the day of the funeral. From that day I have never

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seen the chaplain or received a phone call from him inquiring how I was coping after the death of my son. I think he does not care about us as a family. If he cared about our wellbeing, he would have visited us or at least phoned because it is now more than a year since my son was buried.

4.3.3.1.9 DIKELEDI

Mukwevho`s experiences were also echoed by Dikeledi who pointed out that after the funeral of her husband, the chaplain has never visited her. She puts it this way:

Since the funeral of my husband, the chaplain has never visited me to find out how I am coping with the children. I cannot say it is because the chaplain is too committed because I am staying a few metres from the police station where he works and it would only take him a few minutes to walk to my house to visit us. But I know why the chaplain is not interested in visiting me and the children. The reason for the chaplain`s failure to visit me is due to the fact that before my husband died, I had an argument with him when he was intervening in the marital problems I was encountering with my late husband, and from there our relationship has been strained. The chaplain does not feel comfortable when he is around me. Maybe that explains why he struggled to deliver the death message since he confused the initials of my husband. I can sense that the tension is still there between me and the chaplain.

4.3.3.2 SUPPORT FROM FRIENDS AND RELATIVES

Support received by the participants from friends and relatives reveals that is was both positive and negative. Various statements by the participants prove that there was positive and negative support from friends and relatives.

- POSITIVE SUPPORT FROM FRIENDS AND RELATIVES

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4.3.3.2.1 MALULEKE

Maluleke indicated that after the funeral of her husband, the elderly people in her family provided her with counselling on how to behave and raise children as a single parent. She puts it this way:

> *After my husband`s funeral, elderly people in the family sat down with me and told me that I should not rush into having a relationship with another man because it would confuse my children. I was told that I should respect myself, family and the children in the manner in which I handle myself as a widow. I was also warned that I should be careful of men who may come pretending to love me when all they want from me is money. I was advised that my children should take preference in whatever I do in my life.*

4.3.3.2.2 TLALE

Maluleke`s experience was echoed by Tlale who indicated that he is getting support from his friends and relatives who constantly visit him to give him support and comfort. Tlale points out that:

> *Since the death of my wife, I am now staying alone because my son is working as a police officer far away from home and my daughter is studying in Gauteng Province. I am getting enough support from my friends and relatives because they sometimes visit me and stay over for a weekend, helping me with cooking and washing my clothes and this makes me feel better.*

4.3.3.2.3 KHATHUTSHELO

Khathutshelo conceded that after the funeral of his father, elderly people in the family sat down with him and guided him on how he should live. This is how he puts it:

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The elderly people in my family told me that since my father had been buried, I have to remain strong and be a responsible young man because I was now going to be the head of the family. I was warned not to follow the advice of my peers since they may mislead me. I was encouraged to consult elderly people in the family whenever I encountered problems in my life rather than running to my friends who may give me wrong advice. The counselling that I received from the elderly people in my family helped me to realise that although I am still young, I am expected to live a life that is exemplary to my siblings and concentrate on my academic work rather than pleasing my friends.

4.3.3.2.4 MARUBINI

Marubini appreciated the support that he received from his friends after the funeral of his son. This is how he puts it:

After my friends realised that I was failing to cope with the death of my son and that I preferred to be alone most of the time, they encouraged me not to spend too much time alone, but to join them when they go to watch soccer at the stadium, in order to be in a different environment and forget a little about the death of my son. I can tell you that spending time with my friends helped me to calm down my nerves and it enabled me to appreciate the little time that I spent with my son when he was still alive because there are people who have never experienced what it means to be a father in their entire lives.

4.3.3.2.5 RAEDANI

Raedani mentioned that after the funeral of her husband, most of her close relatives and friends kept on visiting her to find out if she was coping with the death of her husband. She states that:

I received enormous support from my friends and relatives after the death of my husband. After they realised that I was not coping with the death of my husband, most of my friends and relatives visited me to offer counselling and it helped me to become

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strong and courageous to deal with the pain of losing my husband. My friends and relatives played a pivotal role in transporting me to different places when I was processing the claims and other issues related to the death of my husband.

4.3.3.2.6 VULEDZANI

Vuledzani pointed out that although it is difficult to accept the death of her husband, she is getting strength from the support she is receiving from her in-laws. This is how she puts it:

My relationship with my in-laws is very good and I usually visit them at their home to find out how they are coping. When we are together, my in-laws encourage me to be a good widow who respects her family and children. I learn a lot of things from my mother in-law since she always shares her experiences on how she survived as a single parent when her husband died.Through the experience of my mother in-law, I am able to learn how I should raise my children as a single parent. My children also visit my mother in-law during school holidays and it has helped them to cope with the death of their father.

- NEGATIVE SUPPORT FROM FAMILY

4.3.3.2.7 MUKATSHELWA

The research findings show that not every participant received positive support from the family after the burial of their loved ones. This is demonstrated by one of the participants. Mukatshelwa puts it this way:

After my husband died, I felt isolated when my family members blamed me for the death of my husband. After the funeral, my in-laws have never visited me in my house to see how I am coping. From where I am sitting, I lament that my friends have also deserted me because of the rumour that has spread in my village that I was responsible for the death of my husband.

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4.3.3.3 SUPPORT FROM THE LOCAL PASTORS

The research findings show that the support provided by the local pastors to the participants after the funeral was both positive and negative. The following statements show the positive support shown by the local pastors.

- POSITIVE SUPPORT FROM LOCAL PASTORS

4.3.3.3.1 MUNZHEDZI

Munzhedzi was very happy about the support she received from her pastor after the death of her son. This is shown by the following assertions:

> *After I heard about the death of my husband, I immediately phoned my pastor and told him what had happened. My pastor did not waste any time, instead he came to my family and gave me counselling. My pastor was the one who was conducting evening prayers on a daily basis in the middle of the week prior to the day of the funeral and this comforted me a lot. My pastor was also present on the day of the funeral to give support to me and my family. When I struggled to deal with the loss of my husband, my pastor provided me with counselling and he constantly visited me to make sure that I received support and counselling. Even today, I still receive support from my pastor and I appreciate the way in which he treated me during my difficult time.*

4.3.3.3.2 THIKOLELWI

Thikolelwi found comfort from the support she received from her pastor when her in-laws did not give her the necessary support after the death of her husband. This is confirmed by the following assertions:

> *My pastor was very supportive to me and he is the reason today I am still strong in my faith. He was there to give me support from the beginning when he heard about the*

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death of my husband and he still continues to give me counselling on how I should raise my children as a single parent.

4.3.3.3.3 DIKELEDI

Dikeledi appreciates the support she is receiving from her pastor and this is demonstrated by the following statement:

After my husband died, my pastor played an important role in guiding me spiritually. He often visits me in my family to offer prayer and counselling and he always calls me to find out how I am coping. If it happens that I fail to go to church for one reason or another, my pastor calls me or visits me here at home to find out if I have a problem. This makes me feel that I have a pastor that cares about my well-being.

4.3.3.3.4 MALULEKE

Maluleke is very proud of her pastor in the manner in which he showed support during the funeral of her husband. This is shown by her assertion:

When my husband died, my pastor played an important role in making sure that evening prayers were conducted. My pastor visited us every day in the family leading to the day of the funeral and he also played an important role on the day of the funeral. He is the one who preached on the day of the funeral and the chaplain conducted burial rites in the cemetery. Even today, my pastor still visits me in the family to offer support and counselling.

- NEGATIVE SUPPORT FROM LOCAL PASTORS

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4.3.3.3.5 KHAKHU

Although some participants received positive support from their pastors, others received negative support and this is confirmed by the following assertions. Khakhu experienced negative support from her pastor during the funeral arrangements of her husband and this is how she puts it:

> *When my pastor heard that my family was accusing me of plotting the death of my husband, he decided that he was not going to visit me because he did not want to be accused by my family. When I called him and told him that my husband was killed, he did not come to visit me for support and counselling. I also did not see my pastor on the day of the funeral nor did he visit me after the funeral to find out how I was coping. After I realized that my pastor did not care about my spiritual well-being, I decided to join another church because I could see that my pastor did not care about me.*

4.3.3.3.6 MUNZHEDZI

Munzhedzi tells of lack of support from her pastor. She believes that it is because she is unemployed. She feels that she is not receiving the same support that other people who are rich in her congregation are getting from her pastor. She puts it this way:

> *When my husband died, I informed my pastor and he sent elders of the church to visit me, and he only came three days later. After the burial of my husband, my pastor has not visited me for support and counselling. I only meet my pastor on Sunday when I go to church and he only asks me if I am fine. What surprises me is that my pastor spends more time with families of those who are well to do financially than us poor people in his congregation.*

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4.3.3.4 FINANCIAL ASSISTANCE

When the chaplains visit the bereaved families for pastoral care and counselling, they are supposed to help the bereaved families to process death claims. The chaplains are expected to liaise with the Human Resource Management office to ensure that no documentation is missing, in order to prevent delays in the processing of the payments of funds to the bereaved families. The chaplains are also expected to update the bereaved family on the progress regarding their claim. The chaplains play an important role in making sure that bereaved families get paid in time. Due to the commitment of the chaplains in this regard, most of the bereaved families feel indebted to the chaplains for their support.

4.3.3.4.1 TINYIKO

Tinyiko indicates that she is very thankful for the assistance she received from the chaplain who was very helpful in making sure that she received her payment without any difficulty. She puts it this way:

> *The chaplain used to inform me about the necessary information that needed to be submitted to the office of Human Resource Management in order to speed up the process. The chaplain also provided me with transport to different offices when I was in the process of claiming my money. When the money was paid into my account, I informed the chaplain and asked him to visit me at home. When the chaplain came to my house, I offered to give him some money as a token of appreciation for all the troubles he went through in ensuring that I got my money. To my surprise, the chaplain refused to accept money and he told me that what he did for me, he could have done it for anybody. The chaplain told me that he is paid by the government for doing what he did for me. Although it was part of the chaplain`s duty to help me, I would have felt good if he had accepted my token of appreciation because I was taught from childhood to appreciate people who do good to other people.*

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4.3.3.4.2 MUSHONI

Mushoni indicates that when she got her death claim from the government, she called the chaplain and told him what she had planned to do with the money since the chaplain was very supportive throughout the whole process of claim. She says:

> *I was worried when some of my family members wanted a share from my death claim. I became very confused when my mother in-law told me that she was entitled to get a share from my money because she is the one who gave birth to my husband. My mother in-law reminded me that when I got married to my husband, he was already working and she is the one who took care of him from the day he was born until he married me. When I felt overwhelmed by the situation, I called the chaplain for counselling. The chaplain told me that it is important to live peacefully with your mother in-law irrespective of the circumstances. The chaplain told me that I was not legally bound to give my mother in-law money that I have claimed but on humanitarian grounds, it is advisable to give my mother in-law a certain portion of my money, in order to maintain peace in the family since we are staying together. The advice that I got from the chaplain helped me to restore peace in the family since I am currently living harmoniously with my mother in-law.*

4.3.3.4.3 MASHEGO

Mashego looked sad when she narrated her experience when she was helping her daughter in-law to claim the estate of her late husband. She puts it this way:

> *I took my daughter in-law to the Government Employee Pension Fund (GEPF) offices to register a claim for the estate of her late husband. When we arrived at the GEPF offices, we were told that there were two other women who had come to register their claims for my deceased son claiming to be his widows. Upon inquiry, we realised that the two women were not married to my son but falsely claimed that my son bore children with*

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them. I appreciate the support we received from the chaplain throughout the whole situation and the chaplain still updates us regularly on the progress regarding our claim.

4.3.3.4.4 KATLEGO

Katlego states that the assistance she received from the chaplain when her husband died was enormous. This is how she puts it:

When my husband died, my family did not have enough money to bury him. But when the chaplain realised that we did not have enough money for burial, he arranged a loan from the SAPS provincial office which was to be paid after the family had received death claims. After the funeral, the chaplain helped me to complete the necessary documents for the death claim and my claim did not take long before I received my money. After the claim was processed, I managed to repay the loan and pay for other important things in the family.

4.3.3.4.5 MOKOENA

Mokoena was very thankful for the assistance she received from the chaplain when she claimed death benefits for her husband. This is how she puts it:

I got frustrated when the SAPS did not want to process death claims for my husband citing wrong reasons. The SAPS claimed that my husband died on-duty and not in the line of duty. I did not understand the difference between these two statements. Upon inquiry in the Human Resource Management (HRM) offices, I was told that I did not qualify to receive the money because my husband did not die fighting crime or doing one of his normal duties, but he died when he was on standby. It was through the intervention of the chaplain on the matter that enabled me to receive the money that was entitled to me. The chaplain wrote a death report and submitted it to the SAPS management confirming that my husband died in the line of duty. The report of the

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chaplain was accepted and that is how the chaplain assisted me in the process of receiving my money from SAPS.

4.3.3.4.6 VULEDZANI

Vuledzani appreciates the assistance that she received from the chaplain with regard to the payment of the pension fund. She puts it this way:

When I went to the police station to claim the pension pay-out of my husband, SAPS members working in the office of HRM pretended not to know me but I always spoke to them when I visited the police station when I was visiting my husband at his work place when he was still alive. To my surprise, the police recognized the younger wife of my husband and neglected me as an older wife. My co-wife was favoured because she worked in the same police station and she had manipulated my husband to marry him legally without my consent as the first wife who was married in a traditional way. When the chaplain realized that I was not getting any help in the police station, he took me, together with my in-laws, to the head office in Pretoria and that is where I got help. Although I was told in the police station that my customary marriage is not recognised, I was told at the head office that as the first wife, I am entitled to my husband`s pension fund. The payment that my husband`s second wife was receiving was stopped with immediate effect and it was transferred to my name. I was very thankful for the assistance that I received from the chaplain and I am happy that the chaplain continues to visit me to offer support and counselling to me and the children.

4.3.3.4.7 TLALE

Tlale points out that after the death of his wife, he is failing to cope with life due to his financial problems since he is not working and he has not received his wife`s pension from the government. He points out that:

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I am not working and my wife was the one who was supporting the whole family and her death is making it difficult for me since I am unable to meet some financial obligations in the house. My financial problem is one of the things that is holding me back when it comes to healing from the pain of losing my wife. I believe that if I was getting my wife`s pension money, I would have coped better because the stress levels would have been less. My biggest worry is that the chaplain has not visited or phoned me to explain what is causing the delay in the pension pay-out. But I have decided that I am not going to phone him, instead he will phone me if there is anything I need to know. It frustrates me to realise that I did not get any financial assistance from SAPS to help me burry my wife, but I only managed to bury her with the funeral policies that my wife had joined. During the healing and cleansing ceremony, the provincial commissioner asked me if I had received the death claim to help me with the burial of my wife and when the provincial commissioner realized that I had received nothing, the provincial commissioner turned to the chaplain next to him and said you are disappointing me my pastor.

4.3.3.5 POST-FUNERAL REACTIONS

After the funeral, participants experienced different emotional, physical, cognitive and behavioural changes as reactions to grief. This is shown by the following reactions.

- PHYSICAL REACTIONS

4.3.3.5.1 MASHEGO

Some people often think of grief as a strictly emotional process, but grief often involves physical problems. When one goes through the stages of grief, one also experiences some bodily changes or sicknesses that affect the proper functionality of the body. This is supported by the following assertions from Mashego:

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After the death of my son, I began to experience shortness of breath and was taken to the hospital for treatment. Immediately after I was discharged from the hospital, I experienced severe headaches. I often experience dizziness and I am still undergoing treatment and I don`t know if it will become chronic.

4.3.3.5.2 MUSAWENKOSI

Musawenkosi also shared her inability to cope with the death of her husband. She puts it this way:

The death of my husband affected me so much that even after five years since he died, I have completely lost my sexual desire and has therefore, decided not to be involved in sexual relationships. I loved my husband so much that after his death, I do not think that there is any other man who can love me the way my late husband loved me. I also feel that the way my children were so close to their father, it would be extremely difficult for them to accept another man as their step-father. Since the chaplain visits me for counselling, I feel much better than before.

4.3.3.5.3 MUKATSHELWA

Mukatshelwastated that immediately after the death of her husband, her in-laws wanted her to get married to one of the family members as required by her culture and she refused. She points out:

I told my in-laws that I do not want to get married again and I not believe in arranged marriages. My refusal to re-marry one of the family relatives made my life difficult since from then I am no longer receiving moral and financial support from the family. The whole family has turned against me and I am failing to cope with the situation. I have also lost interest in sex, hence I have decided to concentrate on raising my children as a single parent. I have lost weight as a result of being worried about the lack of support from my family during this difficult time.

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4.3.3.5.4 RAEDANI

People resort to the use of different things as a means of coping with their loss. This is shown by Raedani who resorted to using sleeping tablets as a remedy for the headache she developed when she could not deal with the death of her son. Raedani puts it this way:

> *I became worried when I could no longer sleep without using sleeping tablets. When I shared this with the chaplain, she told me that using sleeping tablets may have negative effects on my health conditions since I was using them without medical prescription from the doctor. The chaplain advised me to consult the doctor, in order to get help. The doctor prescribed medication for me but I am still finding it difficult to sleep during the night. The chaplain assisted me by arranging for the services of a psychologist who is providing me with counselling and I believe with time I will be able to come to terms with the death of my husband. I am very thankful that the chaplain played a pivotal role by referring me to the psychologist who managed to address issues that were central to my inability to accept the death of my husband.*

4.3.3.5.5 RHULANI

Rhulani indicated that two days after she received the message of the death of her husband, she experienced muscle pain and backache. She puts it this way:

> *It was difficult for me to wake up in the morning due to the massive pain that I was experiencing because of my inability to cope with the death of my husband.*

4.3.3.5.6 MASINDI

Masindi mentioned that the death of her son had serious impact in her life to an extent that she was later diagnosed with high blood pressure. She states:

> *I started to realise that something was wrong when I began to experience shortness of breath and I always felt tired.*

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4.3.3.5.7 MURUNWA

Murunwa also experienced fatigue as a result of the death of his brother. He puts it this way:

> *I always considered myself a person with a strong personality and never thought that I could be so vulnerable. My fatigue was accompanied by tension headaches and I had consulted different doctors without any help. However, I am grateful that with the help of my friends and colleagues, I have managed to cope with the death of my brother.*

- EMOTIONAL REACTIONS

4.3.3.5.8 MUKWEVHO

People are emotional beings. When death occurs in a family, people get emotionally affected in a different ways. Mukwevho indicates that when he realised that the person who had killed his son had been released from prison without the police informing him as the father, he became frustrated and disappointed at the way in which the police handled the case relating to the death of his son. He further mentions that he became angry at the police department for their failure to update the family on the factors that led to the release of the person who killed his son. He further elaborates that what made him to be more furious was the fact that he only heard that the person who had killed his son had been released from prison, and yet, the police did not bother to call him and inform him about the development of the case. He further indicates that due to the anger that he had towards the police, Mukwevho decided to call the chaplain and said to him:

> *Pastor, I just want to inform you that I am disappointed and angry at the whole police organisation for their failure to cooperate with me as the father of the killed police official. Since my son was killed, none of you has ever bothered to call me and tell me what was happening with the case of my deceased son. It has now taken twelve months since my son was killed. I am the one who always calls you to ask for answers, and I have never received any satisfactory answer as to what actually happened to my son*

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since he was killed by his girlfriend while at work. I want to inform you that I am no longer going to call you and don`t call me either. I will talk to my lawyers and they will help me because the police have failed to help. At least I have the support of my family.

Mukwevho indicated that the death of his son is still a mystery to him, and it stresses him a lot. He mentioned that he is desperate to know exactly what happened which led to the killing of his son. He stated that he will never have peace of mind until he knows exactly what led to the killing of his son. Mukwevho is worried that his son`s killer is walking free in the streets and working while his son is buried.

4.3.3.5.9 MASHEGO

Mashego indicates that she is still stressed due to the untimely death of her son. She elaborates it this way:

I feel very much stressed. I did not expect my son to die so soon and his death came as a shock to me. What frustrates me more is that my son left behind a young wife and a son who need to be looked after. I become very anxious and frustrated when I realise that I have to pay for the education of my daughter in law knowing very well that she may still get married to another man when I am the one who took her to the University. This thought stresses me and I feel that I cannot discuss it with my daughter in-law because it is a sensitive issue". I am finding it difficult to deal with the reality of the death of my son. But I am happy that I have the support of the chaplain. I hope that in due course, with the continuous support and counselling of the chaplain I will feel better.

4.3.3.5.10 THIKOLELWI

Thikolelwi shared the same experiences as Mashego after she lost her husband. Thikolelwi narrates her story in this way:

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After my husband passed away, I became stressed and experienced the feelings of loneliness and anxiety. I could not imagine life without my husband. My husband meant everything to me and his death made me feel like it was the end of the world. I started to feel lonely about two weeks after the burial when my children went back to school and I remained alone in the house. Whenever I found myself alone, I was always thinking about my future being shattered and my entire life being a mess. As a result, I was admitted to hospital and was treated for depression. My pastor often visits me to give me counselling and encouraging words from the bible.

4.3.3.5.11 MASHUDU

Mashudu mentions that he used to believe that God is our protector, but he could not understand why God allowed his daughter to be killed when she was the breadwinner. He states that he is angry at God for allowing his daughter to die and he still fails to see the love of God because since his daughter passed away, the family is experiencing difficulties when it comes to livelihood. He still questions those who still say that God is love to explain to him what it means when his family is experiencing financial difficulties while God allowed his daughter to die. He asked:

If God is love, why did he allow my daughter to die while she was still young and she was a breadwinner in the family? Does God enjoy seeing us in pain? Love does not bring pain in the family, but it brings joy and peace of mind.

4.3.3.5.12 MUKATSHELWA

Some people direct their anger to the deceased as expressed by Mukatshelwa who says:

I was angry at my late husband for dying before I could reconcile with my in-laws. My relationship with my in-laws was bitter and I had asked my husband to initiate reconciliation and he did not take me serious and now he died before he could do it. I am worried that I am receiving bad treatment from my in-laws since my husband died

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before I could reconcile with them. I am of the opinion that had it not been for the ignorance of my late husband towards my request, I could be receiving a better treatment from my in-laws. I am worried that ever since my husband was buried, my in-laws have never phoned or visited me to find out if I was coping. I thank the chaplain who is continuously giving me support and counselling in this difficult time.

4.3.3.5.13 MUNZHEDZI

Munzhedzi is another participant who blamed herself for the death of her husband. She puts it this way:

I have a gift of seeing things in my dreams but I am not a traditional healer or a prophet. While I was sleeping, I saw a vision where there were three people conspiring to kill my husband alleging that he works too hard and he gets the accolades from the management while they are always blamed for poor service delivery. I wanted to tell my husband about this dream and also warn him to be cautious with anything he does and everything he eats or drinks at work. But I did not tell him because he always told me that I was too superstitious and I believe too much in dreams. But today I blame myself for not warning him to be careful wherever he is at work since there are people who are jealous of his good work. The cause of my husband`s death is still a mystery since he was hijacked and killed on his way back home. I believe that my husband`s death was planned since the hijackers did not take anything from him or the car. The support that I am getting from my pastor is enormous and it is helping me to cope with the death of my husband.

- COGNITIVE REACTIONS

When one experiences death of a loved one, it affects the way a person thinks or perceives things in life. The manner in which death affects the person`s thoughts differ from person to person. This is confirmed by the following statements from the participants.

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4.3.3.5.14 KATLEGO

The death of Katlego`s husband changed her attitude and that of her children towards the way she perceives police officials. This is supported by her assertion that:

> *The death of my husband made me loose trust in police officials. My attitude towards the South African Police Service has changed drastically. Before my husband was shot and killed by his colleague, I always respected the police officials as men and women of integrity, people who are there to protect the nation. But since my husband was shot and killed by his colleague I do not see anything good about SAPS and I would not like any of my children or relative to become a police officer. Since my husband`s death, all my children do not want to see any police official visiting us in the family. My children told me that they feel unsafe around any police official since their father was shot and killed by a police official. My children told me that they do not want to see any police official visiting them because it brings fear in their lives and they are unable to heal from the pain of losing their father. I am currently getting support and counselling from the chaplain but when he comes he does not use a marked police vehicle.*

4.3.3.5.15 MULALO

Children also suffer from psychological trauma after they have lost their loved ones. Mulalo conceded that the death of his father had a serious impact on his mind. This is how he puts it:

> *Before my father died, I was a brilliant student and was able to grasp things easily at school. The impact of the death of my father made me to forget things easily. I am currently experiencing difficulties in concentration since I am always thinking about my late father. Before my father died, he had wished me to become the first pilot in my village. I am willing to live to the expectations of my father. I am worried that my father died before he could see my dream fulfilled. But I will try by all means to make sure that my father`s dream of seeing me become the first pilot in my village is realised. I tried to*

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take medication to help me concentrate at school because it may jeopardize my future dreams. I put more efforts on my studies than I used to do before because my mental ability to concentrate is not as good as it used to be before my father died.

4.3.3.5.16 MALULEKE

Grief is often associated with confusion. People who have been bereaved may find it difficult to concentrate, prioritise or otherwise order their thoughts. Tasks which were relatively simple to perform prior to the death may become major obstacles or be perceived as being too difficult to cope with. This is supported by Maluleke who states that:

I always feel confused every time I think about my late husband. Each time I enter my bedroom, I feel as if my husband is still alive and maybe he is late from work and he will ultimately come back home as he normally did. I continuously feel as if it is not real that my husband is dead. My husband was loved by many people in the community and it is difficult to accept that he is truly dead.

4.3.3.5.17 KHATHUTSHELO

Some people become negative towards life after they have lost an important person in their lives. Their attitude towards life becomes negative. This is supported by the following assertion from Khathutshelo:

Since I lost my father through police killing, I am always negative about life and I don't see any reason why I am still alive. My hopes for a bright future were dependent on my father since he was very supportive both emotionally and financially towards my education. Now that my father is dead, I don't think that my dreams of becoming a medical doctor will be fulfilled since I will no longer get the support that I used to receive from my father while he was still alive. I no longer see anything good about life without my father. My friends and cousin are supportive and they always encourage me to be strong.

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4.3.3.5.18 PHEKO

Pheko indicated that since she lost her brother through police killing, she can no longer handle her temper and this is how she puts it:

The death of my brother has affected me negatively. Nowadays I easily get irritated by small things and this makes people around me to feel uncomfortable. I was very close to my brother and when I heard about his death, I felt confused and I failed to think straight for a very long time. When the chaplain visited me and found that I was struggling to come to terms with the death of my brother, he referred me to the psychologist who has helped me to deal with my temper. The chaplain continued to visit me to find out if I was coping with the help I was receiving from the psychologist.

- BEHAVIOURAL REACTIONS

4.3.3.5.19 MASHUDU

Some people change their lifestyles when they are unable to handle the death of their loved ones. This is supported by the following statements from the participants. Mashudu pointed out that witnessing the post-mortem of his daughter has negatively affected him and this is how he stated it:

After witnessing the post-mortem of my daughter who was killed by her boyfriend, it became difficult for me to eat since I had completely lost appetite to eat. It took me almost three months to eat meat since the day I witnessed the post-mortem of my daughter. Even today, I hardly eat red meat since it reminds me of the trauma I witnessed during the post-mortem. It was very difficult for me to sleep during the night and I resorted to drinking alcohol to forget about what I had seen in the post-mortem. Before my daughter died, I did not drink alcohol, but I was forced to drink in order to cope with the death of my daughter. I have realized that alcohol is not solving my problem because whenever I drink alcohol, I forget about the death of my daughter for a

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little while and immediately when I am sober, I usually experience the flash backs of the post-mortem in my mind. The chaplain has warned me that I shouldn't use alcohol to avoid feeling the pain of losing my daughter.

4.3.3.5.20 MASHEGO

Mashego is another participant who is experiencing alcohol problems as a result of failing to cope with the death of her son through police killings. She puts it this way:

Before my son was killed, I used to drink alcohol, but immediately after his death, my drinking habit has changed excessively. I have resorted to drinking alcohol as a way of dealing with the pain of losing my son. I presently find it difficult to spend a day without drinking alcohol. My drinking habit has led me to face two disciplinary hearings for failure to report at work. I often do not go to work if I had been drunk the previous day, and among my colleagues this has made me look like I do not respect my job. I really want to get professional help to stop drinking alcohol since it is destroying my life. The chaplain is very supportive of me and he has promised to look for professional help that will help me deal with my alcohol problem.

4.3.3.5.21 MALULEKE

Maluleke also turned to drinking alcohol hoping that it would help her to cope with the death of her husband. She puts it this way:

I started drinking alcohol when I realised that I was always thinking about the cruel way in which my husband was killed. I thought that drinking alcohol was going to help me to deal effectively with the pain of losing my husband. I am worried that drinking alcohol is negatively affecting my work since I am self-employed. When I drink alcohol during the week, I fail to go to work the following day and there is no one who will force me to go to work because I am self-employed and the customers are leaving my business.

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4.3.3.5.22 MULALO

Some people avoid visiting the scene where the traumatic incident took place for fear that it would remind them of the traumatic experience they went through. This is confirmed by Mulalo who says:

> *Each time I visit the police station where my father was killed, I am reminded of the painful way in which my father died. After visiting the police station where my father was killed, I usually experience nightmares during the night when I am sleeping. Now I have decided not to go to the police station where my father was killed since it brings back bad memories.*

4.3.3.5.23 MURUNWA

Murunwa indicated that the death of his brother helped him to change his bad behaviours and he now lives a responsible life. This is how he puts it:

> *Before my brother died, I did not care much about my family and I used to live a reckless life because my brother was responsible for everything in the house. My brother used to take good care of my mother while I used my money for anything I wanted. But since my brother died, I am the only one working in the house and I have to live a responsible life. I have now become a Christian and I make sure that I take care of my mother and my brother`s children. I no longer go to night clubs with my friends; instead I spend quality time with my family since I have now seen the importance of family in life.*

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4.3.4 GENDER-BASED DIFFERENCE WHEN MOURNING THE DEATH OF A LOVED ONE

The research shows that men and women experience their grief differently due to their gender differences.

4.3.4.1 MUNZHEDZI

Munzhedzi is one of the participants who experienced difficulties when she was mourning the death of her husband. This is how she narrates her story:

> *When my husband died, my in-laws sat down with me and explained to me how I should conduct myself during my grieving period. My in-laws told me that I should mourn the death of my husband for twelve months. I was also told during my twelve months mourning period, I was expected to wear black clothes as a sign that I am mourning. During my mourning period, I was told that I am not allowed to fall in love with another man as this would bring a curse to me and the family. Many people did not want to associate themselves with me. But I thank my pastor who constantly visited me to provide me with support and counselling and it really made me feel better.*

4.3.4.2 TINYIKO

Tinyiko expressed her disappointment in the manner in which her in-laws treated her when she was told how to mourn the death of her husband as compared to how her brother in law was treated when he lost his wife. She narrates her story as follows:

> *I was hurt when my in-laws told me that I must wear black clothes for a period of six months as an indication that I am mourning the death of my husband. I felt aggrieved by the fact that when my brother in-law lost his wife, he was not told to wear black clothes as an indication that he was mourning the death of his wife. My brother in-law only took four months before he could introduce another woman as his new wife to the family, while on the other hand I was told that I am not expected to fall in love with a man*

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before the family conducts a cleansing ceremony for me after twelve months. I feel that our culture does not treat women the same way as men when it comes to the mourning process. I also do not understand why the cleansing ceremony is only made for women who lost their husbands while men who lose their wives do not go through the cleansing ceremony. The way our culture treats women during the mourning period becomes stressful and it is not liberating more especially when one considers the time we are living in. Although I was expected to wear black clothes all the time as a sign of mourning the death of my husband, I did not do it as expected by my family because it is oppressive. I only wore black clothes when I attended family gatherings. I could not bear the pressure of wearing black clothes even when I was attending wedding ceremonies because it made me feel out of place. I thank the chaplain and my pastor who were very supportive and it helped me to feel that the pressure on me was less through their counselling.

4.3.4.3 KATLEGO

Katlego was disappointed with the manner in which her in-laws treated her after the death of her husband. This is shown by the following assertions:

When my husband died, my in-laws told me that I am no longer allowed to sleep on my bed and I was told that I must sleep on the floor on a mattress as a sign that I am mourning the death of my husband. I was told that I cannot enjoy the comfort of my bed while my husband is lying in a mortuary. What surprised me is that when my mother died, my father was not told to stop sleeping on his bed as a way to mourn the death of his wife. The chaplain told me that I must respect this kind of instruction before the burial, in order not to offend elderly people, but immediately after the funeral I must sleep on my bed. I believe that it is wrong to force women to sleep on the floor as a way to mourn the death of their husbands while men are allowed to sleep on their beds when their wives die.

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4.3.4.4 MALETE

Malete states that when his wife was buried, he was overwhelmed with feelings of pain that he could not control his emotions. He indicates that when the coffin began to descend into the grave, he cried uncontrollably. He points out that:

> *When I was crying, one of my friends took me aside and rebuked me and said; why are you embarrassing us? You must be a man and stop crying like a woman. Look, now your children are also crying uncontrollably because they see you crying. I had to pretend like I was strong, whilst I was suffering inside.*

4.3.4.5 MURUNWA

Malete's sentiments were echoed by Murunwa when he says:

> *When my brother was buried, I was overwhelmed with emotions and as I began to cry, my friend told me to stop embarrassing myself. I still feel that my friend denied me an opportunity to mourn the death of my brother freely by stopping me from crying and the feelings of pain are still bottled inside me. I feel that when my friend stopped me from crying, he suppressed my emotions and I still feel that I did not pour out all my emotions during the funeral of my brother for fear of being labelled a coward.*

4.3.4.6 MUKATSHELWA

Some people believe that if a woman does not cry during the funeral of her husband, it is an indication that she played a role in the death of her husband. This is shown by the following statement from Mukatshelwa who says:

> *When my husband was buried, I was still in a state of shock and I felt like everything that was happening was not real. I did not cry during the funeral of my husband and this later became a serious issue in the family. My in-laws told me that I did not cry because I was the one who killed my husband. People expected me to cry during the funeral of my*

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husband but they did not know what I was going through emotionally. When I told the chaplain what my family thought of me, he encouraged me by telling me that I shouldn't worry about what people think about me, but that I should be more concerned about getting better emotionally.

4.3.4.7 MALETE

The experiences of men are different from those of women who lost their husbands, for example, how long it takes a man to marry another woman after he has lost a wife. This is shown by the following assertion from Malete who says:

Hardly five months after my wife`s burial, my father told me that it is not normal for a man to live without a wife. During that time, I was still dealing with the pain of losing my wife and the last thing that I wanted to hear was getting married again. I had no intention of getting married soon after the death of my wife since I wanted to mourn the death of my wife freely. When I told my pastor about this challenge, he told me not to rush into marriage simply because there are people who feel that I am delaying. My pastor told me to be mentally ready before I can even think about getting married again.

4.3.4.8 DIKELEDI

Dikeledi`s experiences of mourning the death of her husband were different from that of many women. This is how she puts it:

After my husband died, my in-laws did not give me any instruction on how I should mourn the death of my husband. After the funeral of my husband on Saturday, I went back to work on Monday and most people were surprised since they expected me to take leave to mourn the death of my husband. I did not take leave to mourn the death of my husband because I felt that I must continue with my life. My pastor told me that now that my husband is dead, I should not allow anybody to put pressure on me, but try to do anything that would make me feel better.

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4.3.5 CARING AND COUNSELLING THROUGH SUPPORT GROUPS

The research findings show that support groups play a pivotal role in helping the bereaved families to get support and also get an opportunity to share their experiences and also learn from other people`s past experiences on how they managed to deal with their loss. This is supported by the following statements from the participants.

4.3.5.1 RAEDANI

Raedani indicated that when the police failed to give her information on what she must do to get help regarding the payments of her late husband, she got help from members of the support group. This is how she puts it:

> *When I joined the support group for the widows in the SAPS, I shared my experiences with other widows and they provided me with relevant information on what I must do to get assistance. After I joined the support group, I realised that many widows experienced the same problems as mine and it helped me to get the necessary information on how other people managed to handle their problems. Our support group visits different places while on tour and for me being in a different environment helps me a lot to cope with the death of my husband.*

4.3.5.2 KHAKHU

Khakhu states that she managed to find strength from members of the support group since it was difficult for her cope with the death of her husband, especially since most of her family members did not give her support. She puts it this way:

> *After my husband died, the chaplain told her that there is a support group for the widows of the police that has been formed to bring together all the widows for the purpose of moral support. When we meet as a support group, different speakers are*

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invited to address us on different issues that affect us as single parents, and this has helped me a lot in coping with the death of my husband.

4.3.5.3 THIKOLELWI

Thikolelwi is another participant who got help after the death of her husband from one member of the support group. This is how she puts it:

After my husband died, I found it very difficult to support my children financially because I was unemployed. After sharing my frustrations with another member of the support group, I got advice on how to start my own business. Since starting my own business, I am able to support my children financially and also to look after other members of the family. I always feel good when I am with other members of the support group because I get empowered all the time. The support group has developed into one big family because my children have also become friends with children of other killed police officials. I often visit other widows in their homes when I feel lonely or when I need someone to speak to and this has helped me a lot to deal with the death of my husband.

4.3.5.4 MUNZHEDZI

Through the support group, the participants learnt a lot of things from one another. This is confirmed by the following statement made by Munzhedzi:

Through the support group, I have managed to learn about different services that are offered by the SAPS to the bereaved family members. It was through the support group where I learnt that my child who was failing to deal with the death of her father was entitled to receive counselling from the psychological services in the SAPS without financial implications. As a result, I managed to send my child to the psychologist in the SAPS who offered counselling to my son. After attending various sessions with the psychologist, I can now see improvements in my son`s life since he is performing well again at school.

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4.3.5.5 VULEDZANI

Vuledzani maintains that the support group played a critical role in her healing process. This is how she narrates her story:

> *I joined the support group after the chaplain informed me that it was necessary to interact with other people who had experienced what I was experiencing after the death of my husband. I should admit that when I first joined the support group, I was sceptical about it. I thought the support group was formed by a group of frustrated people who wanted people to feel sorry for them. But when I realised that there were different programmes and activities carried out in the support group, I then realised that it was very important for other people who may have similar experiences like mine to be part of the support group since it helps a lot in the recovery and healing of emotions.*

4.3.6 HEALING OF THE EMOTIONAL WOUNDS THROUGH CLEANSING CEREMONIES

The following statements by the participants indicate the extent to which healing and cleansing ceremonies helped them in their recovery process.

4.3.6.1 MALUTA

Maluta is one of the participants who benefited from the healing and cleansing ceremony organised by the chaplains in the SAPS. He pointed out how it helped him in the following manner:

> *It was difficult for me to accept the death of my brother who was shot and killed by his colleague in the police station. When I received the news that my brother had been shot in the police station, I quickly ran to police station and found the lifeless body of my brother in a pool of blood. I was petrified and horrified by the manner in which my brother had been killed. The healing and cleansing ceremony that was arranged by the*

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SAPS spiritual services helped me to confront my fears and enabled me to accept that indeed my brother was killed. It was through the healing and cleansing ceremony that was held in the police station where my brother was killed that I managed to get emotional healing from the words of support offered to the bereaved family by the SAPS management and the word of God from the chaplain.

4.3.6.2 PHATHUTSHEDZO

Phathutshedzo was happy with the support he received from the SAPS during the healing and cleansing ceremony. He puts it this way:

The support showed by the SAPS members and the local community during the healing and cleansing ceremony played a pivotal role in bringing healing in my life since I was struggling to come to terms with the death of my brother. The multitude of people that attended the healing and cleansing ceremony was evidence enough to show that as the affected families, we were not alone in mourning the loss of our loved ones. It was an indication that the death of all the people killed in the police station affected many people in so many different ways.

4.3.6.3 TLALE

Phathutshedzo`s opinion was shared by Tlale who also pointed out how attending the healing and cleansing ceremony helped him to deal with the death of his wife. He puts it this way:

During the healing and cleansing ceremony, I realised that SAPS cares about the well-being of the family members of police officials who were killed in the line of duty. The ceremony helped me to feel comforted.

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4.3.6.4 DIKELEDI

Dikeledi`s experience about the healing and cleansing ceremony was more emotional and this is shown by her assertions:

> *When I heard about the death of my husband, I did not cry and even during the day of the funeral until I attended the healing and cleansing ceremony. The healing and cleansing ceremony helped me a lot in terms of healing my emotional wounds. When I arrived at the police station for the healing and cleansing service and saw what was happening, I cried uncontrollably. When I saw those people who had survived the shooting sitting on wheel chairs, I cried a lot and I thought to myself, "Why didn`t my husband survive like these ones who are sitting on wheelchairs?" At that moment, I wished my husband could have survived and I could have been pushing him on a wheel chair like other family relatives of those people that survived during the shooting incident. The healing and cleansing service helped me to get emotional healing because for a long time I was unable to cry and not because I did not want to cry, but because I was failing. After I had cried, I realised that crying plays an important role in the healing process.*

4.3.7 CONCLUSION

This chapter presented the research findings in six themes, namely, pastoral care and counselling during the delivering of the death message; pastoral care and counselling during funeral preparations; pastoral care and counselling after the funeral; gender-based difference when mourning the death of a loved one; caring and counselling through support group; and healing of the emotional wounds through cleansing ceremonies. The presentation of the research findings will help us to explore the intricacies that serve as a stumbling block to counselling the bereaved families of killed police officials in Limpopo province.

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CHAPTER 5: DISCUSSION OF THE RESEARCH FINDINGS

5.1 INTRODUCTION

This chapter discusses the findings of the study. The results in the previous chapter are discussed in this chapter. The discussion is linked to the literature, which either supports or argues against the findings of the current study. The following themes emerged from the research conducted with the research participants: pastoral care and counselling during the delivery of death messages; pastoral care and counselling during funeral preparations; pastoral care and counselling after the funeral; gender-based difference when mourning the death of a loved one; caring and counselling through support groups; and healing of the emotional wounds through cleansing ceremonies.

5.2 PASTORAL CARE AND COUNSELLING DURING THE DELIVERY OF DEATH MESSAGES

Delivering the news of the death of a loved one or as it should be called, the death message, is one of the most difficult things that a chaplain has to do in the SAPS. Most people do not do it easily considering that it is emotionally draining. Delivering death messages to the family requires good counselling skills that would make it easier for the bereaved family members to come to terms with the death of their loved one.

5.2.1 PEOPLE WHO DELIVERED DEATH MESSAGES

The research findings show that people who delivered death messages in this study comprised of police officers, chaplains and relatives of the deceased. According to Harvey and Bahr (1980:11), delivering the death message is one aspect that must be handled with the utmost care and diligence. Constant (1993:5) adds that the passing of a death message should be handled strictly by professional people, preferably a chaplain. Collins (1988:358) adds that the death message must be communicated gently, somewhat gradually, and if possible, in a

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location private enough to permit the free expression of emotion. It is advisable that during the delivery of the death message, the counsellor should give the survivor time to respond, ask questions, and to be surrounded by two or three friends who will provide continuity with regard to the initial support base. Weaver *et al.* (2003:24-25) argues that clergy are the people who are most often called upon in crisis situations associated with grief, depression, death of a spouse, death of a close family member, death of a family member or death of a close friend (Weaver *et al.*, 2003:24-25).

The research findings show that although SAPS chaplains are expected to be the ones to deliver the death message and provide pastoral care and counselling to the bereaved family members when a police official dies, but it was not always the case in Limpopo Province. Some of the participants received the death message either from a police official, neighbour or relative who was neither sent by the South African Police Service management nor by the chaplain. According to Harvey and Bahr (1980:11), certain responses towards the death of a loved one can be made worse by the manner in which they are first reported by the media personnel. As a result, the bereaved may also direct their anger at the media as a result of the extensive and graphic media coverage which may have been viewed as insensitive by the bereaved family members. People who deliver death messages to the bereaved families of killed police officials in Limpopo Province should have empathy as a skill that is used by person-centred therapists, in order to show understanding of the emotions of the bereaved family members. Ward (2001:196) likened empathy to walking in another person`s shoes for a time, being aware of the consciousness of the other and yet not absorbing their experience.

5.2.2 REACTION TO DEATH MESSAGE

The response of the participants who received death messages from the chaplains indicate that the provision of pastoral care and counselling was both positive and negative. Violanti (1997:2) concedes that the way in which death notification is handled, by who, when and how, has an impact on the family. There is evidence from the research findings that there is a need for

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chaplains to deliver death messages and also to provide pastoral care and counselling to the bereaved families, in order to address the emotional needs of the bereaved families of the killed police officials in Limpopo Province. This is supported by Constant (1993:5) who points out that the police chaplain within the organisation should be primarily concerned with the spiritual, emotional and mental needs of the police family.

The research findings show that the participants who received death messages of their loved ones over the phone found it very difficult to deal with their loss, more especially because they did not receive any pastoral care and counselling afterwards. It can be argued that African people have always been sensitive when it comes to the manner in which death messages are passed to the bereaved family. Thus, death messages were not delivered by just anybody and anywhere. The person sent to deliver a death message had to meet with the affected family members and prepare them to receive the sad news before conveying the message.

But the research findings show that with technological developments, death messages have been sensationalised. When people hear the news of the death of the person they know, most of them want to become the first ones to deliver the message and send their condolences by phoning the affected persons without considering whether it is appropriate to deliver such a message. Most People no longer care how the bereaved person receives the death message, as long as they have played a part in breaking the news. The bereaved family members are usually left stranded after receiving the news with no one to provide counselling. This may become dangerous to the health of the bereaved person.

When sudden deaths are violent and unexpected, reaction to the news may take different dimensions. Raphael (1984:29) concedes that "the violence of sudden deaths compounds the trauma and shock effects of sudden death, and these responses are difficult to resolve". It is worth noting that people react differently after hearing about the death of their loved ones. Reaction in this study varies from being calm to irrational behaviours such as running to the streets, denial and crying. Commenting on the death of a sibling, Humphrey and Zimpfer (1996:

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80-81) stated that when a sibling dies, the surviving sibling experiences a variety of thoughts and feelings. The surviving sibling may have lost a close and trusted companion, and the grief will emerge during many milestones of their childhood and adult life.

The loss of a spouse represents a multiple loss because in that particular loss, one loses a confidante, sexual partner and other social roles played by the deceased partner. Littlewood (1992:148) asserts that the personal loses of a spouse may be accompanied by economic deprivation resulting from the loss of earning power and or the necessity of making alternative child-rearing arrangements.

Littlewood (1992:42) states that shock is associated with sudden deaths, and disbelief that the death has actually occurred, is a common and usually transient reaction to bereavement. It is likely to occur amongst people who were not present at the scene of the incident of death, and who, for whatever reason, did not see the body. This is supported by Rando (1994:257) who points out that:

> With no time to gradually anticipate and prepare for the loss, the full and total confrontation of it all at once is overpowering. The mourner`s coping abilities are assaulted by the sudden death and dramatic knowledge of death, and adaptive capacities are completely overwhelmed. The sequence of sudden, unanticipated loss of a loved one tends to leave the mourner stunned, feeling out of control and confused, unable to grasp the full implications of a loss that is perceived as inexplicable, unbelievable and incomprehensible.

The death of a spouse brings serious challenges to the remaining partner. This is supported by Humphrey and Zimpfer (1996:79) who point out that a spouse is the primary person who confirms one`s sense of identity and self-worth. Therefore, adjusting the identity from "we" to 'I" is one of the poignant issues to contend with. Very often, one`s social world also ends with the death of a spouse.

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The research findings show that denial was a very common reaction to most of the participants upon hearing the news of the death of their loved ones. Denial can be understood to be a temporary defence mechanism. The state of shock causes a total obstruction of emotions in the person`s life. A deathly feeling of being completely drained and numb flows over the emotional world of the bereaved persons. Connor (1994:160) concedes that denial is often thought of as a process of repudiating a painful reality, and sometimes replacing it with a more pleasant version. Constant (1993:2) contends that people tend to have some common reactions when they are notified of a death of a loved one and denial is more common. Raphael (1984:34) adds that during denial, there is a feeling of being in a dream or nightmare from which the bereaved will awake.

When denial cannot be maintained, anger takes control of the person`s emotions. Collins (1988:110) contends that anger is an emotional state experienced by everyone, but is impossible to define precisely. It occurs in varying degrees of intensity, from mild annoyance or aggravation to violent rage. Littlewood (1992:45) adds that anger is one of the commonest and, perhaps, the most disturbing reactions associated with grief. According to Dyregrov (1990:20), anger takes different directions. It can be directed against God for having taken the dead person or for letting it happen, or it could be anger at others for not preventing the killing, could be anger at themselves for not preventing the death, and anger at those they hold responsible for the death. Payne *et al.* (1999:25) add that anger may also be directed towards the deceased for leaving the survivors alone to cope with the responsibility of rearing the children or running a family business.

5.2.3 SUPPORT FROM THE CHAPLAIN

The research findings show that the participants received positive support from SAPS chaplains after delivery of the death messages. Chaplains provided pastoral care and counselling to the bereaved families, which helped them to cope with their loss. Mc Donald (1993:544) points out that to work with the bereaved persons, the pastoral counsellor needs to come to personal

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terms with his or her own experience of loss. Furthermore, Melges (1982:212) states that people who want to help persons in their grief need a "capacity for reflective review" on personal loss and grief, as well as "preparation" for a journey that is difficult for all concerned. The pastoral counsellor can help the bereaved family to replace despair with hope, fearfulness with hope, guilt with the feelings of forgiveness and through spending time with them and listening to their fears and concerns over life. The pastoral counsellor cannot do this if he or she does not spend time with the bereaved family, sharing their pain and sorrow.

5.3 PASTORAL CARE AND COUNSELLING DURING FUNERAL PREPARATIONS

Funeral preparations happen when the family is still shocked about the death of their loved one. This is one of the most confusing stages during the grieving period and it is critically important that the chaplain guides and supports the bereaved family, in order to ensure that the family feels that they are not alone in their difficult times. The family, friends and neighbours also play a critical role in ensuring that the bereaved families get enough support during their grieving period. Weizman and Kamm (1987:29) state that funeral is a ceremony to acknowledge death and pay tribute to the loved ones. It is also a ritual, which supports the mourning process.

5.3.1 SUPPORT FROM THE CHAPLAIN

The research findings show that all the respondents were satisfied with the pastoral care and counselling they received from the chaplains during the funeral preparations. During this period, chaplains are confronted with a challenge to provide pastoral care and counselling to the bereaved family members of killed police officials, while at the same time administering funeral logistics, in order to make sure that during the funeral service, the bereaved family members are able to cope with the death of their loved ones.

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The findings show that chaplains play an important supportive role during funeral arrangements by transporting the bereaved family members to different places while they are making funeral arrangements for their loved ones. This is echoed by Collins (1988:88) who points out that support to the bereaved family should be more action-oriented than intellectual conversation. Counsellors should try to avoid intellectual talk that may sound reassuring but does nothing to help people plan and take direct specific action in dealing with anxiety.

Constant (1993:6) concurs when he adds that police organisations should create the post of a family assistance officer who must work hand in hand with the chaplain during funeral arrangements, in order to make sure that all practical and personal needs of the family are taken care of, and also to give the chaplain enough time to take care of the spiritual, emotional and mental needs of the bereaved family members. What Constant (1993) suggests, however, is not applicable to addressing the needs of the bereaved families of killed police officials in Limpopo Province since such a post has not yet been created in the SAPS. The chaplains in Limpopo Province should continue to give practical support and counselling to the bereaved families of killed police officials in a way that would make it possible for them to meet both the spiritual, psychological and emotional needs of the bereaved family members.

5.3.2 SUPPORT FROM NEIGHBOURS, FRIENDS AND RELATIVES

When death occurs, the first people who are available to offer support and counselling to the bereaved family members are usually their relatives, neighbours and friends. Other community members also join, in order to offer their condolences and practical support to the bereaved families. The research findings show that the participants received support and counselling from friends, relatives, neighbours and community members during funeral preparations. This also helped the bereaved to cope with the death of their loved ones.

It is evident from the findings that relatives, friends, neighbours and community members visited the bereaved families to offer practical support such as washing of clothes and cooking

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for the bereaved family members and other visitors. This shows the important role played by friends, neighbours, relatives and community members in providing support and counselling, which enabled the bereaved families to cope with their loss. Support from friends, relatives and neighbours helped the bereaved families to grieve the loss of their loved ones without having to worry about doing some practical things such as cooking and washing of clothes which may also be emotionally exhausting for a person who is mourning the death of a loved one. The fact that the bereaved families of killed police officials in Limpopo Province received support and counselling from their friends, relatives, neighbours and community members proves that pastoral care and counselling is not only the responsibility of the ordained pastors, but it is also the responsibility of every community member. We are all called by God to care for one another. This calling is not meant for people of a certain religious background, but it is a call to all humanity. This means that it is vital to involve lay people in providing pastoral care and counselling in order to meet the needs of the bereaved families of killed police officials in Limpopo Province.

5.4 PASTORAL CARE AND COUNSELING AFTER THE FUNERAL

During the funeral, friends and community members visit the bereaved families to show their support. This helps the bereaved family to feel better when they are faced with different challenges. But after the funeral, the bereaved families remain alone battling to come to terms with the death of their loves one. This is the time when the bereaved families begin to search for answers to different questions. This is the most confusing stage and the presence of the chaplains helps the bereaved family members to cope during their grieving period. The pastoral care and counselling that is provided by the chaplains after the burial plays an important role in uplifting the morale of the bereaved family members. It is through pastoral care and counselling after the burial that chaplains are able to help the bereaved families to deal with critical issues that are still hanging in their lives. After the funeral, when everybody has gone home, the bereaved family remains alone battling with questions without getting any answers.

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This is an opportunity for the chaplains to give guidance and counselling to the bereaved families.

5.4.1 SUPPORT FROM THE CHAPLAIN

The research findings show that some participants experienced positive support, while others experienced negative support from chaplains after the funeral of their loved ones. The pastoral care and counselling which was provided by the chaplains helped the bereaved families to cope with their loss.

The research findings show that the chaplains referred some participants to other helping professions when they could not assist them professionally. Clinebell (1984:311) defines referral as a means of using team effort to help a troubled person. It is a broadening and sharing, not a total transfer of responsibility. Brammer (1987:32) notes that referral is an arrangement of other assistance for a client when the initial counselling is not or cannot be helpful. It is the act of therapeutically connecting a client to another helper with the objective of finding the best possible therapist for the client. According to Morales and Sheafor (1998:170), professionals should refer clients to other professionals when specialised knowledge or expertise is needed to fully serve clients. Reference should take place when professionals believe that they are not effective or not making reasonable progress with clients, and that additional service is required. In addition, Gladding (1988:19) outlines some of the reasons for referral, and they include the following:

- When the client has a problem and the counsellor does not know how to handle it;
- When the counsellor is inexperienced in a particular area and does not have the necessary skills to help the client;
- When the counsellor knows of a nearby expert who would be more helpful to the client; and
- When the relationship between the counsellor and the client is stuck in the initial face of counselling.

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Cowley *et al.* (2002:36-38) maintain that referrals thrive where there are strong links between services and where sincere sharing of information takes place. It can be argued that it is necessary for the counsellor to prepare the client for referral, in order to avoid giving the client the impression that he or she is being rejected by the counsellor.

The participants who were not satisfied with the support from SAPS chaplains were disappointed at the chaplain services and the SAPS. This also affected the image of the SAPS to the public since some participants felt that SAPS does not care about the families of killed police officers. The bereaved indicated that they needed more pastoral visits from the chaplains to help them deal with their loss.

5.4.2 SUPPORT FROM FRIENDS AND RELATIVES

The research findings show that some participants received positive support, while others received negative support from their friends and relatives. Positive support is manifested through the provision of counselling by the elderly people in the family, and friends with regard to issues relating to raising children as a single parent. The bereaved also received counselling on how to live positively after losing a loved one in the family.

5.4.3 SUPPORT FROM THE LOCAL PASTORS

The research findings show that local pastors also played an important role in providing pastoral care and counselling to the bereaved families of killed police officials in Limpopo after the funeral. The support of local pastors is manifested through counselling, house visits, spiritual guidance and preaching during prayer services and on the day of the funeral. This is an indication that local pastors have a special role to play in providing pastoral care and counselling to the bereaved families of killed police officials during funeral preparations. This, in turn, makes it easy for the bereaved to mourn the death of their loved ones.

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It is important to note that most of the local pastors are living close by or stay in the same community as the bereaved families of killed police officials in Limpopo Province. Some of these local pastors are family pastors of the bereaved and they have a close relationship with the bereaved family members than the chaplain. This makes local pastors easily accessible during the time of crisis to provide pastoral care and counselling.

The same cannot be said about most chaplains who normally travel long distances to visit the bereaved families of killed police officials to deliver death messages and pastoral care and counselling after the burial. It is, therefore, important to involve local pastors in the provision of pastoral care and counselling to the bereaved families of killed police officials in Limpopo Province since they play a key role in ensuring that the bereaved are healed emotionally by offering support and counselling.

Oates (1976:4) observes that through the centuries, the pastor has been the primary person responsible for dealing with the bereaved. The pastor is the one to whom people still turn to for the care of the bereaved. Whether or not the pastor has accepted these responsibilities, he or she should carry them out with skill and wisdom, or even appreciated the weight of the expectations placed upon him or her. This is supported by Clinebell (1984:218) who points out that ministers are the only professional persons with training in counselling, who have automatic entrée to the world of the most sorrowing people. As a result, this gives pastors an unparalleled opportunity and responsibility to be effective guides and companions of the bereaved as they walk through their shadowed valley of loss.

5.4.4 FINANCIAL ASSISTANCE

Helping the bereaved families to obtain their death claims is one of the challenging issues faced by the chaplains in the SAPS. The participants experienced several challenges with the SAPS when they claimed the money for their loved ones. Staudacher (1987:58) states that often than not, financial matters are not in order when a husband dies.

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The research findings show that chaplains played an important role to the bereaved with regard to financial assistance. This became possible when the chaplains provided the bereaved with necessary information which helped them to process their death claims.

Chaplains assisted the bereaved by transporting them to different offices in Limpopo Province, and also gave them advice regarding their claims. Chaplains also played an important role by updating the bereaved on the progress regarding their claims. This also helped to improve the working relationship and trust between the chaplains and the bereaved. The research shows that other participants did not receive financial assistance from the chaplains. The bereaved identified lack of pastoral visit as the main contributing factor which made it difficult to receive financial assistance from the chaplain.

5.4.5 POST-FUNERAL REACTIONS

The research findings show that the participants experienced different post-funeral reactions. There are a number of reactions to the grieving process and each grieving person experiences this individually. Even people from the same family cannot experience grief the same way, their reactions to grief also differ. The research findings show that the participants experienced physical, emotional, cognitive and behavioural reactions as responses to the loss of their loved ones. The reactions of the participants varied from stress, depression, loss of interest in sex, anger, anxiety, difficulty to sleep, difficulty in concentration, change of attitude towards SAPS or life to the excessive drinking of alcohol. There are no formulas for how much a loss will hurt or how long grief will last.

Adams (1974:66) contends that grief may be called a life-shaking sorrow over loss. Jackson (1992:6) asserts that grief is a universal, complex and painful process of dealing with and adjusting to loss. Grief is not an illness, but a natural process that must be allowed to run its course, and this takes time. During the grieving period, a person experiences different emotional, physical, cognitive and behavioural changes as reactions to grief. Switzer (1970:182)

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concurs when he says that during the time of grieving, there are sharply unpleasant emotions, physiological distress, inability to think clearly, a sense of the loss of meaning, the inability to perform one`s usual job and engage in useful projects, and lack of enjoyment in activities that formerly produced pleasure. Lewis (1961:67) wrote concerning his experience with the grief process after the death of his wife and said, "For in grief, nothing stays put. One keeps on emerging from a phase but it always recurs. Round and round. Everything repeats". Leshota (2007:109) defines grief as an emotional response experienced after the loss of a significant attachment. Jackson (1992:6) defines grief as "a universal complex and painful process of dealing with and adjusting to loss. On the other hand, Goldman (2000:25) defines grief as "a normal, internalised reaction to the loss of a person. Hunter (1990:473) states that grief is a process and not a state. It is a set of symptoms which starts after a loss and then gradually fades away. Clinton *et al.* (2005:364-365) adds that the grieving process is a natural, innate, God-given means for humans to accept, adjust to, and live on in light of the death of a loved one.

Corr *et al.* (2000:231) argue that mourning can be said to be advancing satisfactorily when the survivor is able to think of the deceased person without the same intensity of pain that was previously experienced. Some people often think of grief as a strictly emotional process, but grief often involves physical problems. When one goes through the stages of grief, one also experiences some bodily changes or sicknesses that affect the proper functionality of the body. Lindemann (1976:198) reports that many people become sick following the death of a loved person.

The research findings show that some participants experienced emotional reactions after the death of their loved ones. This simply means that people are emotional beings. When death occurs in a family, people get emotionally affected in different way. Weaver *at al.* (2003:33-34) argue that generally, the more unexpected an experience, the less prepared is. That can contribute to a greater sense of vulnerability or powerlessness. Watts (2002:158) concedes that the shock of a sudden unexpected death can prolong and complicate the grieving process. An

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unexpected loss can be so much harder to make sense of; bewilderment and protest can endure for years. If the death was traumatic and was witnessed by the survivor, dealing with the traumatic memories of the death may require specialist help. Balswick (1997:20) argues that when one member of the family suffers, all the other members share in and are affected by that pain. In fact, family pain is so powerful that if it is left unnoticed or unattended, it can become part of the family`s heritage, passed down from one generation to the next. Zhang *et al.* (2006:1188) state that research has proven that the death of a loved one is among the most stressful experiences in life and further accentuates the need for counsellors to be able to distinguish between normal and pathological grief reactions, identify risk factors for pathological grief, and take informed actions to prevent and intervene, in order to minimise the complications of the grieving process.

The research findings show that anger was a common reaction to grief for most of the participants. Littlewood (1992:45) argues that anger is one of the commonest, and perhaps one of the most disturbing reactions associated with grief. In addressing the issue of anger, Weaver *et al* (2003:44) point out that anger can be triggered by numerous sources, including God for having created the world that can be dangerous and unfair. If not expressed, honoured and understood, anger can poison a person; it can result in bitterness, erupt into violence or chronic irritability and cause serious health problems such as high blood pressure.

Collins (1988:347-348) points out that a period of anticipation and prior preparation can make the grief process smoother, especially if the deceased person and the survivors had an opportunity to absorb gradually, the reality of the impending death; were able to express their feelings including sorrow; had an opportunity to complete "unfinished business"; and were able to say good-bye and make plans for the future.

Anxiety following the death of a loved one can take different forms. According to Littlewood (1992:42), the bereaved persons may fear that they will not be able to survive without the dead person or they may be afraid of being overwhelmed by feelings of grief. Therefore, if the

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deceased was someone the bereaved individual normally relied upon for emotional support, the bereaved persons may come to doubt their capacity to cope with their loss.

Depression is the point at which the bereaved person approaches reality, faces the truth and decides if he or she can walk through it. Schlebusch (2000:46) states that sadness is considered to have passed into depression when one`s depressed mood has become pathological (abnormal), or has been observed to persist for too long and is interfering with one`s normal functioning. Depression is the most common reaction to bereavement.

Research findings show that participants experienced cognitive reactions after the funeral. When one experiences the death of a loved one, it affects the way a person thinks or perceives things in life. The manner in which death affects the person`s thoughts differ from person to person. Weaver *et al* (2003:19) point out that just as physical trauma can cause suffering by wounding and disabling the body, psychological trauma can cause suffering by overwhelming the thoughts and feelings. Children also suffer from psychological trauma after they have lost their loved ones. According to Weaver *et al* (2003:21), children can have much the same set of post-traumatic stress disorder features as adults, although these would be expressed in somewhat different ways. Littlewood (1992:45) states that grief is often associated with confusion. People who have been bereaved may find it difficult to concentrate, prioritise or otherwise order their thoughts. Tasks which were relatively simple to perform prior to the death may become major obstacles or be perceived as being too difficult to cope with.

The research findings show that some participants became negative towards life after they had lost an important person in their lives. Their attitude towards life became negative. Humphrey and Zimpfer (1996:80) concede that when one`s parent dies, the experience is often a lonely and unrecognised loss. This is echoed by Littlewood (1992:45) who points out that a sense of meaningless commonly follows a major bereavement. Bereaved persons may feel that the external world makes little sense to them since their internal world is badly damaged. The past

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may frequently be seen to be as meaningless as the present and the future. Lake (1984:2) argues that there is a purpose in grieving the death of a loved one when he states that:

> Its purpose is to enable us, over a period of time, to adapt to what has happened, and to bring us back to life. In the first shock of bereavement we are closer to death than life. But through our grieving, at the loss of those near to us, we can find ways eventually closer to life, if our grieving can be complete than perhaps we have ever lived. Grief allows us to feel and accept fear; anger and worry in new ways and allows us to experience greater joy and peace. Unlike death itself, grief is never wasteful nor pointless.

Spaten *et al.* (2011:2) contend that many existential philosophers have argued that life is inherently meaningless and that individuals need to create meaning for themselves in the light of this anxiety provoking fact of existence. This is necessary if human beings are to face the world with fortitude and passion.

In contrast, Frankl (1997:45) argues that man`s basic motivation in life is to find (not create) meaning. According to Davis and Hoeksema (2001:731), people have the capacity to find meaning in a given event, although this may not be easy, by explaining the event as being in accordance with their existing view of the self and the world by changing the picture so that it is consistent with their meaning of the loss. Nadeau (1998:212) observes that the death of a loved one may also be viewed positively by survivors. There is the notion of growth as a result of someone`s death in that some start to rediscover themselves and what they are capable of doing on their own without depending on the deceased. Lydall *et al.* (2005:12) contend that the ability to find meaning after the loss of someone significant seems to have a major impact on the quality of future life. However, the process of meaning-making is not static and appears to evolve through the grief experience.

The research findings show that the lifestyles of some participants changed when they were unable to deal with the loss of their loved ones. Dutton Chentsova and Zisook (2005:901) state

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that many people are able to make sense of bereavement and manage their feelings in an adaptive way. The experience of difficulty, such as the loss of a loved one, may result in positive changes. Tedeschi (cited in Sheikh and Morotta, 2005:66) coined the term "post-traumatic growth" to describe this phenomenon:

> Post-traumatic growth represents a shift in perception, knowledge, and/ or skill that may occur in survivors who begin to accommodate the effects of a traumatic event, enabling them to recognize positive changes in their interpersonal relationships, in their perceptions of themselves, and/ or in their philosophy of life.

Davis and Hoeksema (2001) conducted studies on the experiences of the bereaved, and they observed positive developments after bereavement. The report found that the vast majority of the participants reported experiencing positive changes after the death of a loved one. The study found that individuals who were able to find explanations and benefits in the loss experience, tended to state growth in character and that they had developed stronger relationships and an improved perspective of life (Davis and Hoeksema, 2001:733). This is supported by Bugge *et al.* (2003:39) who state that for some people, grief work is a positive, self-reflective and personal growth process.

However, Stroebe *et al.* (2001:72) warn that there is also evidence that the loss of a partner may lead to an increased mortality rate for the surviving partner, suggesting that understanding successful ways of coping and recovering from loss are particularly important. It can be argued that solution-focused therapy provides exception questions as a technique to address the psycho-social effects of police killings in the lives of the bereaved family members. This is supported by Polatto (2007:34) who argues that exception questions provide clients with the opportunity to identify times when things have been different for them.

It can be argued that through exception questions, the bereaved family members of killed police officials will be able to have a different perception about life, as they will begin to reflect on the times when they felt better as compared to their current stressful situations. They will

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begin to develop a positive attitude towards life, which will give them hope for a better future. Instead of concentrating only on their current stressful situation, they will begin to look at the happiest moments they experienced in their lives in the past and begin to realise that life is not all about stressful situations.

5.5 GENDER-BASED DIFFERENCE WHEN MOURNING THE DEATH OF A LOVED ONE

The research findings show that there is a great difference between men and women when it comes to mourning the death of their loved ones. This is echoed by Glanville (2007:41) who points out that society has a huge influence on men, for it sets definite expectations such as being in control, being a provider and being courageous. Hence, Staudacher (1987:58) argues that more often than not, financial matters are not in order when the husband dies. Society also has definite exclusions such as expecting man not to cry or not to be afraid. It can be argued that these stereotypes often cause grieving men to conform to the expectations of others at the expense of resolving their own grief.

According to Raphael (1984:184), men should not feel that they are like women, weak or ashamed to cry. Payne *et al.* (1999:21) add that mourning is a natural process, and one who is in grieving or is in pain must be allowed time to feel and express one`s emotion. Littlewood (1992:52) adds that crying is often perceived by people who have been bereaved as a sign of self-indulgence or weakness and, as such, may often be controlled or avoided. Thus, some people find themselves unable to cry.

Furthermore, Littlewood (1992) adds that crying is an activity which is bounded by cultural constraints, and many people attempt to control this expression of sadness often because they are afraid of upsetting others or of making other people lose control. In view of the above, most men find it easy to mourn alone secretly because of the fear of being labelled weak in character. Most men resort to an alternative way in expressing their emotions. Instead of grieving in the presence of their families and friends, they grieve secretly when they are alone.

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Staudacher (1991:21) states that grief for men, seems safer when conducted in private or secretly. It can be argued that secret grief eventually manifests itself openly since grief cannot remain a secret. If grief is kept a secret, physical symptoms or reactions show up and these manifest themselves through the development of ulcers, high blood pressure, hypertension or stress.

In many African cultures, there is a great difference between males and females when it comes to grieving. It is generally accepted in the African culture that males and females grieve differently. Women often experience difficulties caused by cultural practices when mourning the death of their husbands. Some of the cultural practices put so much emotional strain on the grieving person that instead of grieving for the death of their loved ones only, the bereaved member also grieves for the harsh treatment he or she is receiving from relatives. Research findings show that chaplains, together with the local pastors, played a pivotal role in providing pastoral care and counselling to the bereaved families of killed police officials who were experiencing cultural constraints during their bereavement. Chenube and Omumu (2011:3613) concede that:

> Widowhood is accompanied, naturally, by psychological stress associated with bereavement, yet there are other features of marginalization, and breach of fundamental rights. The discrimination, stigma, lack of rights and systematic violence in the private sphere of the family and in the public space is a cross-cultural phenomena.

There are numerous methods for assisting the bereaved to develop new rational beliefs as a way of coping with their loss. Poletto (2007:14) argues that cognitive-behaviour therapy through cost-benefit analysis encourages clients to compare the costs and benefits of holding a particular belief or set of beliefs. Clients are encouraged to think about the advantages and disadvantages of holding a particular belief on a regular basis. Furthermore, clients are encouraged to teach others to dispute their irrational beliefs. This serves as a learning tool and it reinforces strategies learnt in counselling.

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While the research findings show that the shedding of tears by men was perceived to be culturally unacceptable, the research also shows that women who did not cry during the funeral of their spouses were perceived uncaring/unfeeling about their killed husbands, and further suspected of having played a role in the death of their husbands. This is an indication that African cultural practices with regard to mourning the death of a loved one, puts strain on both men and women. It is the responsibility of pastoral counsellors to openly oppose any cultural practices that oppress people in society today. Shedler (2010:98) concludes that psychodynamic therapy encourages exploration and discussion of the full range of a patient`s emotions. The therapist helps the patient describe and put words into feelings. The session will deal with contradictory feelings, feelings that are troubling or threatening, and feelings that the patient may not initially be able to recognise or acknowledge.

5.6 CARING AND COUNSELING THROUGH SUPPORT GROUPS

Support groups play a pivotal role in helping the bereaved families to get support, and to get an opportunity to share their experiences with other support group members, as well as to learn from other people`s past experiences in the group on how they managed to deal with their loss.

Research findings show that the chaplain services in Limpopo Province initiated a support group programme to help both men and women of the killed police officials to cope with the loss of their loved ones. It was through the sharing of experiences, interacting with others and motivational talks by different speakers that these participants were able to find it easy to deal with the pain of losing their loved ones. Research shows that the support group is only for women of the killed police officials, while men do not have support groups where they can also share their pain and experiences with each other. This gives the impression that men find it easy to cope with the loss of their loved ones, while women find it difficult to live without their loved ones.

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The fact that there is no support group for men does not mean that they are stronger than women in terms of dealing with the emotional pain of losing a loved one. Instead, it makes it more difficult for men to deal with the pain of losing their loved ones since they deal with their personal pain in isolation. It can be argued that women do not have a support group because they are weak, but because a support group is important for people to enable them to share their experiences and help each other on how best to deal with the challenges one can face after losing a loved one. The support groups were formed to empower women of killed police officials, in order to learn coping skills after their loss. It is important for chaplains to initiate support groups in all clusters in Limpopo Province. This would make it easier for the bereaved families of killed police officials to deal effectively with the psycho-social effects of police killings.

5.7 HEALING OF THE EMOTIONAL WOUNDS THROUGH CLEANSING CEREMONIES

The research findings show that the cleansing ceremony played an important role in healing the emotional wounds of the bereaved families of the killed police officials. Kay and Weaver (1997:164) state that, psychologically, mourning is a helpful process. People who repress their emotions and pretend that they feel no sense of loss, end up repressing all their emotions in the process. Furthermore, the repression of one emotion blocks out other emotions. Therefore, it can be argued that people who do not weep cannot laugh.

Bate (2001:373) points out that for anthropology, ritual plays an important role in effecting healing. Dow (1986:58) further argues that the psychological understanding of religious healing suggests that the central feature of the process is emotional transaction. In view of this statement, it can be argued that the way in which emotions are transacted in the healing process is complex and not easy to understand. Healing can be understood as the change from the feeling of being unwell to feeling well. Therefore, healing is then understood as having to deal with negative feelings that a person has about oneself and one`s life and, thus, replacing these feelings by more positive feelings. Bate (2001:368) argues that religious healing is often

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concerned with the establishment of emotion charged environments which enhance the emotional transaction. This can be done in two ways, namely by increasing the emotional stimuli or by repressing the emotions. The former tends to happen in the healing service and is achieved through music, dance, preaching, environment and décor as well as other culturally appropriate dramatic mechanisms. The latter occurs in the different forms of meditation, counselling and prayer which are healing processes for some religions, including some forms of Christianity.

Research shows that it was not easy for some of the participants to deal with the loss of their loved ones, more especially considering the manner in which they had died. This was evident when some of the participants avoided going to or visiting the places where their loved ones were killed. According to Shedler (2010:99), people do many things, knowingly and unknowingly, to avoid aspects of experiences that are troubling. This avoidance (in theoretical terms, defense and resistance) may take forms such as missing sessions, arriving late or being evasive. It may take subtle forms that are difficult to recognise in ordinary social discourse, such as subtle shifts of topic when certain ideas arise, focusing on what is psychologically meaningful, attending to facts and events to the exclusion of the effect, focusing on external circumstances rather than one`s own role in shaping events and so on. Therefore, psychodynamic therapists actively focus on and explore avoidance. In view of the above, it becomes clear that psychodynamic therapy helps clients who are struggling to come to terms with their loss, and who are unable to confront their challenges.

Research findings show that the bereaved families of killed police officials who attended the healing and cleansing ceremony arranged by the chaplain services in Limpopo Province, experienced emotional healing through the healing service. The words of support from SAPS management and the sermon preached by the chaplain during the healing and cleansing ceremony played a pivotal role in the bereaved family`s journey to emotional healing. Muller and Stone (1998:330) argue that the narrative approach towards healing assumes that life

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should be understood as a journey. This is supported by Niebuhr (1963:92-93) who made the following statement:

> The past and the future are not the no-longer and the not-yet, they are extensions of the present. They are the still-present and the already-present. My interpersonal past also is with me in all my present meetings with other selves. It is there in all my love and guilt. The self does not leave its past behind as the moving hand of a cloak does, its past is inscribed into it more deeply than the past of geologic formations is crystallised in their present form. As for the future, the not-yet, it is present in my now in expectations and anxieties, in anticipations and commitments. To be a self is to live towards the future and to do so not only in the form of purposiveness, but also of expectation, anticipation, anxiety and hope. Past, present and future are dimensions of the active self`s time fullness. They are always with it from the moment it has realized that "I am I".

It can be argued that life is a journey. This means that it starts off somewhere and goes somewhere. It can be argued that healing is a journey, hence, people often find themselves in need of guidance. According to Muller and Stone (1998:330), in the narrative approach to counselling, there are also a few clear solutions. Therapists take on a not-knowing position as they urge counselees toward a better future. The narrative approach is future directed. The idea is not to work with counselees on specific strategies for the future, but to urge them to work for a better future within the framework of their own narrative. Narrative therapy is an approach of expectation and hope.

5.8 CONCLUSION

In this chapter, the research findings were discussed. The experience of the participants with regard to pastoral care and counselling, were discussed and literature was also used in the discussion to support or argue against the experiences of the bereaved family members of killed police officials. The findings indicate that there are serious challenges relating to pastoral

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care and counselling to the bereaved families of killed police officials in Limpopo Province, especially with regards to the delivery of the death messages, funeral preparations, death aftercare, gender-based differences when mourning the death of a loved one, caring and counselling through support groups, and healing of the emotional wounds through cleansing ceremonies. This chapter will help us to describe the psycho-social effects of killing of the police on the bereaved families of killed police officials in Limpopo Province.

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CHAPTER 6: EVALUATION, CONCLUSION OF THE STUDY AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter presents the evaluation of the study to determine whether the purpose and objectives of the study were achieved. This chapter evaluated the findings of the study and how they were achieved. The findings of the study enabled the researcher to make recommendations that would assist in addressing the challenges of pastoral care and counselling to the bereaved families of killed police officials in Limpopo Province. This chapter also presents general conclusion to the study.

6.2 SUMMARY OF THE FINDINGS

The purpose of the study was to explore the challenge of pastoral care and counselling to the bereaved families of killed police officials in Limpopo Province. The following were the objectives of the study:

- To explore the intricacies that serve as a stumbling block to counselling the bereaved families of killed police officials;
- To examine the psycho-social effects of killing of the police on the bereaved families of killed police officials; and
- To examine pastoral care that is relevant in the emotional healing the victims of police killings.

Both the purpose and the objectives of the study were achieved. The study has established that the shortage of chaplains in Limpopo Province served as a stumbling block to counselling the bereaved families of killed police officials. Chaplains were unable to deliver death messages to all the bereaved families of killed police officials. The result is that the participants struggled to cope with their loss since they did not receive counselling after they received the sad news of the death of their loved ones. Some of the participants also found it difficult to cope with the

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death of their loved ones after the funeral, since they did not receive support and counselling from the chaplains. The study has shown that it is not proper to deliver death message over the phone. This study argues that death message should be delivered properly and counselling should be provided thereafter in order to assist the bereaved families to cope with the pain of loss.

The research shows that police killing has serious psycho-social effects on the lives of the bereaved families of killed police officials in Limpopo Province. This was manifested through the experiences of the participants as some were angry at God for allowing their loved ones to die, and angry at SAPS for lack of support. Other participants experienced stress, anxiety, depression, loneliness, and they also became negative about life. This study has shown that it is necessary for the SAPS chaplains to provide support and counselling the bereaved families in order to help them to cope with the psycho-social effects of police killings in their lives. The study has also shown that it is important for the SAPS chaplains to refer the bereaved family members who are psychologically affected by their loss to other health practitioners for psychotherapeutic healing.

The study has shown that pastoral care that is provided by SAPS chaplains, local pastors, and community members is more relevant in the process of healing the victims of police killings emotionally. It is important for chaplains, local pastors, and members of the community to work together and not compete with each other in addressing the needs of the bereaved families. This would ensure that the bereaved are healed emotionally. This study indicates that prayer services that are offered to the bereaved families of killed police officials in Limpopo Province played an important role in comforting and healing their emotional pain. The support and counselling offered by SAPS chaplains, local pastors and community members was vital in ensuring that the bereaved families are emotionally healed.

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6.3 SUGGESTIONS FOR FURTHER RESEARCH

The study focused only on the challenge of pastoral care and counselling to the bereaved families of killed police officials in Limpopo Province. This study looked at the psycho-social effects of killing of the police on the bereaved families of killed police officials in Limpopo Province. In future, the researcher might have to look at the psycho-social impact of trauma caused by killings of police in the employees of the South African Police Service. Therefore, there is a need for further research on the subject of police killings and pastoral care and counselling, focusing on the lives of the SAPS employees.

6.4 RECOMMENDATIONS

Based on the research findings, the researcher makes the following recommendations that would be helpful in addressing the challenges of pastoral care and counselling to the bereaved families of killed police officials in Limpopo Province:

6.4.1 Due to the high rate of police killings and the shortage of chaplains in Limpopo Province, SAPS should employ more chaplains who will be able to provide pastoral care and counselling to the bereaved families of killed police officials.

6.4.2 The issue of delivering death messages to the bereaved families should not only be restricted to the chaplains in the SAPS, but it should also be open to social workers and psychologists. These can also provide counselling to the bereaved families of killed police officials.

6.4.3 There is a need for the SAPS through the office of the chaplain to recruit and train more local pastors who will assist them in providing pastoral care and counselling to the bereaved families of killed police officials in Limpopo Province. This will also help to improve the relationship between the SAPS and the community where the local pastors reside and work.

6.4.4 Chaplains should identify and train lay counsellors in all 93 police stations in the province. These will assist chaplains in providing pastoral care and counselling to the

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bereaved families of killed police officials in Limpopo Province. The number of lay counsellors to be trained should be determined by the size of the police station. This will benefit the bereaved families since they will be able to receive support and counselling from the local lay counsellors who will be easily accessible in their local police stations.

6.4.5 There is need to appoint a funeral co-ordinator in each police station who will look into the administration and funeral arrangements whenever a police official dies. This will enable the SAPS chaplains to focus on providing pastoral care and counselling to the bereaved families, whilst the administrative issues are being handled by a funeral co-ordinator. The funeral co-ordinator should work hand in hand with the chaplain when making funeral arrangements, in order to help the bereaved families to bury their loved ones in dignity.

6.4.6 The SAPS should encourage men to become members of support groups. Support groups should include both males and females. This will also give men who have lost their loved ones an opportunity to share their experiences and learn from other members of the support group who have gone through the same experiences.

6.4.7 The SAPS should initiate a bursary that will be accessible to every child who has lost a parent through police killings. This will assist children whose future dreams may be shattered after losing financial support because of the death of a bread winner in the family. This will, in turn, help the children of killed police officials to cope with the death of their parents since they will be receiving financial support from the South African Police Service.

6.4.8 SAPS chaplains should work in partnership with traditional leaders, religious leaders and community leaders in addressing cultural practices that put strain on bereaved family members of killed police officials in Limpopo Province when mourning the death of their loved ones.

6.4.9 Chaplains should work hand in hand with psychologists in the SAPS to address the psycho-social effects of police killings on the lives of the bereaved family members, in order to help them cope with their loss.

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6.5 CONCLUSION

This study concludes that pastoral care and counselling are not the responsibility of ordained ministers only. In view of the above, the researcher argues that, in order to address the challenges of pastoral care and counselling to the bereaved families of killed police officials in Limpopo Province, chaplains, local pastors, friends, relatives and community members (culturally gifted care-givers) should provide care and counselling that would meet the psycho-social needs of the bereaved families of killed police officials in Limpopo Province. This research managed to explore the challenge of pastoral care and counselling to the bereaved families officials in Limpopo Province. The objectives of this study were achieved. This research managed to explore the intricacies that serve as stumbling block to counselling the bereaved families of killed police officials in Limpopo Province. Pastoral care that is relevant in the emotional healing of the victims of police killings was clearly examined. The psycho-social effects of police killings on the lives of the bereaved families of killed police officials were also examined. This study moved from philosophic, psycho-analysis to be psycho-therapeutic in nature.

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APPENDIX 1: INTERVIEW GUIDE

1. What is your name?
2. How old are you?
3. What is your occupation?
4. What is your relationship to the deceased?
5. Who delivered death message to you?
6. How were you informed about the death of your loved one?
7. How did you respond to the death message of your family member?
8. What type of support did you receive after the delivery of death message?
9. What kind of support did you receive during funeral preparations?
10. What were the psycho-social effects of the death of your family member in your life?
11. What kind of support did you receive after the funeral of your loved one?
12. How are you currently coping with the death of your loved one?

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APPENDIX 2: INFORMED CONSENT LETTER

I am a PhD student at the University of Venda in the school of Human Sciences. I am conducting a research on the challenge of pastoral care and counselling to the bereaved families of killed police officials: A case study of Limpopo province of the Republic of South Africa.

The purpose of the study is to explore and describe the challenge of pastoral care and counselling to the bereaved families of killed police officials in Limpopo province. The objectives of this study are as follows:

- To explore the intricacies that serve as a stumbling block to counselling the bereaved families of killed police officials.
- To describe pastoral care that is relevant in the process of emotionally healing the victims of police killings.
- To describe the psycho-social effects of killing of the police in the bereaved families of killed police officials.

I would like you to know that you are not forced to participate in this interview. If you feel that you can no longer continue with the interview, you are free to discontinue at any time and I would not take offence of that. Your participation in this study will benefit SAPS chaplains and the bereaved families of killed police officials in Limpopo province since the findings of this study will assist in addressing the challenge of pastoral care and counselling to the bereaved families of killed police officials in Limpopo province. The information you provide in this interview will remain confidential and your name will not be made public.

Your cooperation will be highly appreciated

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Yours faithfully

.....

Zwodangani David Mudau

Researcher

.....

Date

.....

Dr. G.M. Lehloka

Promoter

.....

Date

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APPENDIX 3: CONSENT FORM

I ..... hereby consent to participate in a research study entitled "The challenge of pastoral care and counselling to the bereaved families of killed police officials: A case study of Limpopo Province of the Republic of South Africa". I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop this interview at any point should I want to discontinue. The conditions of the study have been fully explained to me and I fully understand the circumstances of my participation.

.....

Signature of participant

Date .....

.....

Signature of researcher

Date .....

Telephone numbers

015 534 7449

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