

A Critique of Various Pastoral Care Methods in Regard to the Traumatic Death of a Child

The Traumatic Death of a Child - A Challenge for Pastoral Care

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Abstract

The purpose of the project is to evaluate various pastoral care methods which are employed to assist parents whose child has died in traumatic circumstances. In the light of this evaluation, then to propose an alternative approach which the pastor can exercise to support and help bereaved parents.

This thesis considered the variety of pastoral care methods by means of a literature review. A questionnaire was then sent to pastors from different denominations. The information gleaned from completed questionnaires was used to prepare a review of pastoral care at “ground level”, that is to form an idea of how the general run of pastors dealt with such cases. In addition, a number of parents were interviewed with regard to their experience of the pastoral care which they received when their child had died in traumatic circumstances.

The outcome of the thesis suggests that the perceptions of pastors and parents differed widely as to what constituted appropriate pastoral care. This study seeks to address this discrepancy and to formulate a proposed pastoral care method which can be used by any pastor in the event of the traumatic death of a child. The applicability of this thesis is somewhat limited by the fact that the sample used is relatively small. As a consequence other areas and communities might produce a different result.

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Glossary

Child – In this thesis a child is a child by status and not any particular age category. The child is the offspring of the parents and is of either sex and unmarried. The age is young adult that is between 18 and 27 years of age.

Traumatic death – In this thesis this term refers to sudden death consequent upon a motor vehicle accident.

Trauma – trauma is defined as “an emotional state of discomfort and stress resulting from memories of an extraordinary, catastrophic experience which shattered the survivors’ sense of invulnerability.” (Figley 1985: xviii).

Trauma defusing – is the immediate intervention of a care-giver at the time of the parents being informed of the death of the child.

Trauma debrief – is a delayed intervention of a care-giver after the death of the child. (between 48-72 hours).

Parents – In this thesis ‘parent’ refers to either or both mother and father. The relationship of these parents is within the confines of marriage.

Critique – critique in this thesis is used in the sense of an evaluation and/or appraisal.

He – The masculine pronoun is to be understood to include the feminine. The intention is not to be sexist but to aid the reading of this paper.

Pastoral care – refers to the overall ministry of the pastor. This ministry includes preaching, teaching, discipline, nurturing people, caring in times of need, etc.

Pastoral counselling – This is a more specialised aspect of pastoral care. It involves helping individuals, families or groups as they cope with the pressures and crises of life by means of deliberation.

Randburg – Randburg is within the Northern suburbs of Johannesburg, South Africa. The geographical makeup of Randburg is that of a middle class predominately white group. The church’s congregants generally reflect this trend. The churches are across the denominational spectrum and included English and Afrikaans.

CHAPTER 1

1 Introduction

South African society has for many years been exposed to trauma from a number of different aspects. (Crime-related, natural disasters, accidental, oppression, etc.) A form of trauma not related to the aforementioned aspects is that experienced by parents on the death of a child. This intense form of bereavement requires specific means of intervention in order to prevent unresolved issues which may result in complicated grief. Complicated grief of this nature can devastate families, destroy marriages and adversely affect the individual parents for years to come.

Church members are as likely as any other section of society to experience the traumatic death of a child. They would probably look to the church for assistance when this happens. What pastoral care methods do the churches employ in order to help resolve the hurt and complicated issues which are related to traumatic death of a child? Are there some pastoral care methods which help more than others? These are some of the questions which this thesis wishes to address in order to offer and empower pastors.

The author has been working as a trauma practitioner for 2 years (previously as an Emergency Services Chaplain for 9 years) and has been exposed to numerous incidents of traumatic deaths of children. He has frequently been frustrated by the very limited resources available for on-going and effective help to parents who have experienced this kind of loss. Possible resources are psychologists, therapists (social workers, traumatologists, etc.) and church ministers. It is the belief of the author that a church minister is the most suitable, the reason being that questions about death invariably lead to spiritual issues.

Under traumatic circumstances, an individual's sense of order and continuity of life is shattered. Often questions of meaning and purpose predominate as the parents experience the realization of the loss. It is suggested that ministers, by virtue of their calling, should be the preferred professionals and they ought to have specialised training in philosophical and spiritual matters which directly address these questions. Many ministers are also in a unique position of trust in which they can assist parents, especially during traumatic times.

Furthermore, Christian beliefs provide a foundation upon which a programme can be based to help the traumatised parents to assimilate even the most tragic of events. The Christian belief systems offer explanations for personal suffering, and further explain how a merciful God can allow pain, tragedy, and death to occur for the sake of good. The minister is in a position to reinforce these beliefs to grieving parents. He may also be aware of recourses and support groups within and without the church which may be able to assist the parents.

Andrew J. Weaver (PhD) is an author of numerous books and articles and director of "The Church Counselling and Career Center of Southern California". He wrote an article in the journal "Pastoral Psychology" which addresses the role of the clergy with regard to traumatic events as perceived by North Americans.

In this article Weaver refers to two research reports. The first was conducted by the University of Michigan research group in 1981. They published a survey using a representative sample of 2,267 Americans. "One of their findings was that even among people who declared that they never attended religious service, 16 per cent reported that they sought guidance from clergy for assistance with personal problems. The other interesting finding was that persons in "crisis" involving the "death of someone close" were reported as being almost five times more likely to seek the aid of a clergywoman or clergyman than all other mental health professionals (psychiatrists, psychologists, social workers and marriage and family therapists) combined. (Veroff, Kulka and Douvan, 1981: 233 as quoted in Weaver 1993:385).

Weaver then looked at a study in 1986 which was conducted by, Mollica, Streets, Boscarino and Redlich who surveyed 214 clergy in Connecticut (Catholic, Protestant, and Jewish). The results further supported the evidence that clergy are called upon by many Americans to be front-line mental health workers. It was found that "Eighty-five percent of the clergy surveyed, reported that they had counselled dangerous or suicidal persons, and most clergy stated they did some crisis intervention counselling in the course of their pastoral work. These authors summarized their study with this comment: "Parish-based clergy, especially the black clergy, function as a major mental health resource to communities with limited access to professional mental health services" (Mollica, Streets, Boscarino and Redlich 1986: 323 as quoted in Weaver 1993: 385).

In the context of the South African situation there are possible problems and questions which ought to be asked with regard to the above research:

1. Many ministers have a significantly lower level of knowledge in clinical and counselling psychology than others who offer similar services. The questions then arises;
 - a. Does the average minister possess the needed skills and pastoral care methods which would help them to recognize and assist parents who come to them for counsel in the aftermath of a traumatic death of their child?
 - b. Does the minister have a working knowledge of, and contact details for, emergency mental health resources including emergency psychiatric facilities; support groups viz. Hands of Compassion etc.?
2. There are so many needs in the country that the resources of churches and workload of ministers are often stretched beyond capacity.
 - a. This may be the reason why the requisite long-term counselling and care of parents who have lost a child appear to be neglected.
3. Generally, the office of a minister is not rated very highly in the South African society, and therefore expectations of quality service are diminishing. In addition services offered by the church and ministers are free of charge which may add to the perception of their being of inferior quality.
4. In many cases ministers work in a situation of isolation yet it seems evident that ministers are reluctant to make use of "Pastoral -care specialists" even with a complicated issue of a death of a child.
5. Due to theological teaching in some churches, Christian parents who have experienced the traumatic loss of a child may suffer "Crisis of Faith".
6. The office of a minister is not accorded the high esteem and reverence which was the case in days gone by. The minister should earn the respect of others by his actions and not expect them because of the robes he wears.

7. With respect to the child the question must be asked;
 - a. Is the minister perceived as compassionate, caring and non-judgemental and does he accept those in the traumatic situation?
 - b. Is the minister perceived as one with authority and someone who is able to offer assistance, care and help for the future?
 - c. Is the minister able to make practical use of Scripture, prayers and rituals to counsel and care for those who have experienced traumatic bereavement?

8. The existence of secular/ professional psychological resources is limited in the country and is often financially out of reach for the majority of the people in South Africa.
 - a. Do the church and minister fill the gap to those in society especially those who are not members of the church? What happens to these people when they experience the loss of a child?

1.1 Problem statement

The author suggests a hypothesis that the church and its pastors are not effectively assisting hurting parents who are struggling to come to grips with the death of their child, especially when the death has been traumatic in nature. In order to test this hypothesis this research sets out to examine and evaluate the different methods which are used in pastoral care with regard to the traumatic death of a child. Analysing the information will be used to validate or disprove this hypothesis. Either way, the analysed information will assist the author to propose a more effective working model which can be used by pastoral care givers especially those who work with parents who have lost a child through traumatic situations.

1.2 Research Gap

There is a thesis at the University of South Africa by Hugo Hendrick Biermann titled “The Death of a Child.” (2004).

1. The aim of this thesis is to help parents who have lost a child to deal with the loss.
2. This thesis uses a narrative approach. He makes use of one case study.
3. The causes of death are not an important feature in this thesis.

University of Johannesburg has a thesis by Anne-Marie Lydall titled *The Meaning of Parental Bereavement*. (2002).

1. The Aims of this thesis are to examine “... how the experience of parental bereavement motivates the search for meaning and the possible significance of this meaning in the continued life of the bereaved parent.” (Lydall 2002:2).
2. The methodology employed is “The methodology for the mini-dissertation is a literature review which explores the issues of bereavement with a special focus on parental bereavement.” (Lydall 2002:9).
3. The area of study of this thesis was in the Faculty of Psychology.
4. The age and manner of death of the child are not specified in any way.

The current thesis:

1. Addressing the pastoral care givers.
2. Various pastoral methods will be considered and evaluated with regard to traumatic death.
3. The manner of death and the consequential dynamics are important in this study.
4. The age of the child is also different. This thesis will be limited to young adults between the ages of 18 and 25 years.

CHAPTER 2

2 Methods and procedures

This thesis is in the field of social sciences and therefore it is required to meet the criteria which govern research in social science. Mouton and Marais in their book “Basic Concepts in the Methodology of the Social Sciences” define research in social science as “Social sciences research is a collaborative human activity in which social reality is studied objectively with the aim of gaining a valid understanding of it.” (1996:7). They go on to expound this definition by drawing five dimensions of research from it. These are: sociological; ontological; teleological; epistemological and methodological.

Sociological – Social Science does not happen in a vacuum but involves people; there are those in the research community, the research participants as well as the researcher. Each of these groups has an influence on the research. Study which exists in the research community needs to be investigated. This requires more than the mere consideration of empirical evidence provided and focuses on social aspects within the research. The research has many moral implications. The participants need to be aware of the ethics which govern social science research as well as their individual rights. Thirdly, the researcher’s own personality, culture, age, gender, worldview, etc. are all important factors in social science research.

Ontological – The Ontological Dimension refers to the different ways in which research domains are defined and classified. This dimension considers the problem formulation of the research and asks the question “what are we studying?” Mouton and Marais state that “an exact indication of the nature of the ‘object’ of the investigation and of which aspects, characteristic or dimensions of the ‘object’ need to be researched.” (1996:37).

Teleological – The Teleological Dimension refers to the goals of the research. There are a number of classifications of research goals but the primary ones are: exploratory, descriptive and explanatory. When considering research goals, a distinction is drawn between hypothesis-generating and hypothesis – test research.

Epistemological – The Epistemological Dimension concerns the quest for truth.

“Because of the complexity of the research domain of the social sciences, and the inherent inaccuracy and fallibility of research, it is necessary to accept that complete certainty is unattainable.” (Mouton, Marais 1996:31). This does not mean however that social research must abandon the ideal of truth because Mouton and Marais go on to say “It seems inappropriate to claim that a specific project or study will result in truth or even more far-fetched – certain and indubitable knowledge. At this level, we are more inclined to talk of validity, demonstrability, reliability or replicability of our research findings.” (1996:19). This statement is helpful for it clearly defines the boundaries and limitations of research within social science. Although this research (as are others in the domain of social science) cannot lay claim to “certain and inducible knowledge” the striving to valid, demonstrable and reliable findings are the goal of this research.

Methodological – The methodological dimension is concerned with the “how” of social science research. It looks at the planning, structure and execution and model in order to decide which is most appropriate for investigating the subject. This dimension is the decision making process. Under the methodological dimension there are three general approaches namely qualitative, quantitative and participatory action”.

This expounded definition of research within social science lays the basis upon which the following aspects of research can build.

2.1 Research Problem

A research problem can be demonstrated by making use of a hypothesis. “Hypothesis may be regarded as the guiding elements in research.” (Mouton and Marais 1996:161). This thesis has a clearly defined hypothesis which seeks to define the precise research problem. Making use of a hypothesis has a further purpose. It assists with the methodological approach. Mouton and Marais note that “Qualitative researchers are far more concerned with ensuring that the hypotheses have been formulated before the investigation is embarked upon.” (1996:161). Thus this research will be conducted using qualitative investigation with a clearly defined and predetermined hypothesis. A hypothesis is also useful in validating the study. “If logical gaps intervene between theory and hypothesis and if the data does not support the hypothesis, the theoretical model from which it was presumably deduced would not necessarily be invalidated; or, conversely, the hypothesis may be

supported, but if it was not rigorously deduced from the theory, one may not be able to say that the results strengthen the tenability of the theory itself.” (Scott, Wertheimer 1962:37).

2.2 Research Design

Research Design seeks to provide the answer to the question, “What are the means which I shall use to obtain the information I need?” (Mouton, Marais 1985:38 as quoted in McKendrick 1987:256). In order to answer this question in this thesis, the aim of the research must be clearly set out, the data sources well defined and issues of validity and reliability thoroughly considered.

2.2.1 Aim of Research

The aim of this research is to test the given hypothesis. This hypothesis should be subjected to strict testing and it may be rejected on the basis of the research findings.

A Descriptive Design will be pursued. “This (descriptive) design includes quantitative and qualitative descriptions of the phenomenon under investigation.” (McKendrick 1987, 257). Selltiz notes that descriptive study is intended “to portray accurately the characteristics of a particular individual, situation, or group (with or without specific initial hypotheses about the nature of these characteristics) or to determine the frequency with which something occurs or with which it is associated with something else.” (Selltiz as quoted in Fink 1974:368).

Descriptive Studies utilize many different types of research and seek to describe that which exists as accurately as possible. An important consideration is the collection of accurate information. This thesis makes use of a qualitative approach. Mouton and Marais explain the difference between quantitative and qualitative approaches as follows: “... For the purpose of this analysis the quantitative approach may be described in general terms as that approach to research in the social sciences that is more highly formalized as well as more explicitly controlled, with a range that is more exactly defined, and which, in terms of the methods used, is relatively close to physical science. In contradistinction, qualitative approaches are those approaches in which the procedures are not as strictly formalized, while the scope is more likely to be defined, and more philosophical mode of operation is adopted.” (Mouton, Marais 1996:155).

2.2.2 Data Sources

The first step in research is that of conducting of literature research. “A literature search acquaints the researcher with previous inquiries into the subject.” (McKendrick 1987:254). Professor Mike Bendixen states in a guide for Wits Business School: “The literature review or literature survey, as it is sometimes referred to, is a section primarily devoted to finding tentative solutions to the research problem.” (Bendixen 2002:24). The literature is derived from a broad spectrum, ranging from conservative Christian, to non-religious academics; from well-known international writers, to South African authors. The literature used ranges from books and journals, to websites, etc.

Secondly, research which has been conducted in similar areas of study to this thesis has been used to ensure that there is a research gap, in addition to ensuring that the “wheel is not reinvented” (see 1.2 Research Gap on page 11).

Thirdly, data has been gathered from the pastors of churches within the designated target area. This data was collected by means of a questionnaire (see Appendix A page 78).

Fourthly, parents who have experienced the traumatic loss of a child (within the parameters set in Appendix B pg 80) were interviewed. The purpose of carrying out these interviews was to obtain the perspective of the parents, as opposed to merely obtaining data from pastors. This data will be used to off set data gathered from the pastors of churches as the data from parents is from the perspective of the “client”.

2.2.3 Validity and Reliability

There are two main types of consideration for validity – external and internal:

External Validity asks the question “Are the findings generalizable to the defined population?”(Mouton, Marais 1996:51). This thesis does not suggest that the conclusions which are reached are applicable to all churches, church members and pastors. The author recognizes that the sample is far too small, geographically limited and culturally restricted.

Internal Validity considers theoretical validity (conceptualization); measurement validity (operationalization); reliability (data collection) and inferential validity (analysis and interpretation).

In order to conclude whether or not research meets the consideration of being valid, it may be helpful to consider various threats to internal validity. The first may be arriving at a conclusion about a group when the subjects are individuals and vice versa. (Viz. collecting data from pastors and concluding that an outcome is applicable to all churches). Secondly, is what Mouton and Marais call “Reductionistic Tendencies”. “Reductionistic tendencies refer to the situation where researchers tend to consider and present those explanations and interpretations which are embedded in discipline-specific variables (1996:42). In order to overcome this threat, the solution is to involve other disciplines and thereby make use of an inter-disciplinary strategy. This thesis has investigated the writings of both Christian and secular authors.

Another important consideration is that of Inferential Validity. “This term refers to the validity of the logical inferences (both inductive and deductive) which are drawn during the execution of a research project.” (Mouton, Marais 1996:107). This thesis makes use of Deductive Augmentation. “In a deductive argument true premises necessarily lead to true conclusions; the truth of the conclusion is already either implicitly or explicitly contained in the truth of the premises” (1996:112).

Data collected from the questionnaires and interviews is considered to be reliable, due to the fact that the ethical considerations (see page 18) were strictly adhered to.

2.3 Data Collection Method

Social Science Research differs from that of physical science, due to the nature of the subject under investigation. The participants in social sciences research are to some extent aware of the fact that they are being studied and tend to react to it. This has the potential of altering the outcome of the research. Mouton and Marais state that “Reactivity becomes the largest single threat to validity of research findings when human behaviour or characteristics are the source of data or information.” (1996:78).

With the above limitation in mind, the methods of data collection are:

1. The completion of a questionnaire by pastors from twenty six churches in the Randburg area.
2. The interviewing of three parents who have experienced the loss of a child.

2.4 Data Analysis

In order to obtain results and feedback, this thesis will be making use of deduction argumentation and it may therefore be useful to quote from the book, *Basic Concepts in Methodology in the Social Sciences*: “In the deductive strategy the researcher embarks upon a research project with a clear conceptual framework in mind. This may be a model, a theory, or a typology or a set of explicit hypotheses. A framework of this nature leads to a relatively rigid manner of conceptualization, operationalization, and data collection and it will ultimately constitute the frame of reference for analysis and interpretation. As the author indicated in Chapter 2, this type of strategy is typical especially in hypothesis testing and in explanatory studies.” (Mouton, Marais 1996:103).

The purpose of the data analysis is not to prove a condition, but rather to compare the situation in Randburg with the literature survey undertaken in this research.

2.5 Limitations of Chosen Procedure

1. Pastoral care methods which will be examined in this thesis are limited exclusively to the work done within the Christian faith. Secular psychology, other religious faiths and alternative therapies will not be explored unless they have some bearing on the issues of Christian pastoral care.
2. Counselling will be viewed in the context of pastoral care, rather than seen as the prime objective of the study.
3. The work of pastoral care is examined exclusively, as it deals with the issue of the traumatic death of a child.
4. The traumatic death of a child covers a wide range of death (viz. suicide; murder; motor vehicle accidents; drownings, etc.). This thesis will address the manner of death as a result of motor vehicle accidents, exclusively.
5. The traumatic death of a child affects a wide range of people of all ages. The limitation of this research is that it examines the effects on parents of the deceased child and does not include the deceased child's siblings.
6. The title "child" refers to the status of the person with regard to his/her parents and does not refer to a developmental phase. In order to narrow the research even further, the age of the child has been narrowed to that of a young adult between the ages of approximately 18 to 27 years of age.
7. Due to the fact that the main gender in this thesis happens to be male (most of the authors are male, pastors in the researched geographical area are male, etc.) Therefore in order to simplify the

reading of this thesis, all gender references will be male - except if the context requires the mention of the female gender.

8. The geographical area of the research study will be restricted to the society, churches and pastors in the Randburg suburban area.

9. The demographics of the Randburg suburban area have resulted in the fact that the majority of the society, churches and pastors researched in this area are White.

10. This thesis has exclusively researched the loss of a child in White families. This is due to the fact that these families are within the geographical area of Randburg.

2.6 Ethic Considerations

2.6.1 Informed Consent

Informed Consent is required from research participants in order to ensure that they have knowledge concerning the participation and that they have given their permission to participate. This consent is usually written but may also be obtained verbally. Research participants will be informed that this research is for educational purpose with the aim of empowering pastors. This consent is free – which means that the participants voluntarily consent to participate in research and are not coerced in any way. This consent may be freely withdrawn at any time. This consent is compromised when the researcher is in a position of authority with respect to research participants. This is however not the case, as the research participants are either colleagues (in the case of the questionnaire to pastors) or acquaintances (with regard to the parental interviews).

The language used in the consent form / verbal agreement is comprehensible to the research participants.

2.6.2 Privacy and Confidentiality

The right to privacy is a fundamental value in today's society. It is the right of individuals not to have personal and identifying information concerning them disclosed without their prior permission. Therefore anonymity will be kept in this research.

2.6.3 Protection from Harm

The APA (American Psychological Association) Ethics Code 2002, 3.04 states: “Psychologists take reasonable steps to avoid harming their clients/patients or clients, research participants, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.” (2002:6). This avoidance of harm is a general ethical principle that applies across the broad spectrum of social science and ought to be especially adhered to in the domain of pastoral care.

2.6.4 Avoidance of Conflict of Interest

Avoiding conflict of interest, like avoiding harm, is a general ethical principle which needs to be adhered to by pastoral care givers. The APA Ethics Code 3.06 states: “ Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.” (2002:6). Conflicts of interest generally happen when the researcher is involved with research participants in some capacity outside of the research (viz. therapy or in their personal lives).

The author knows the research participants and is aware of the harm caused by the conflict of interest and aims to ensure that no harm is generated due to interviews conducted.

2.6.5 Avoidance of Deception

The use of deception in research is ethically problematic insofar as it undermines the principle of free and informed consent. Research participants cannot be expected to provide free and fully informed consent in research if they are systematically misled, at the outset of their participation, regarding the true purposes of the research release of findings.

The APA Ethics Code 8.07 (a) states that “Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study’s significant prospective scientific, educational, or applied value and that effective non-deceptive alternative procedures are not feasible.” (2002:11). This code suggests that there are times when the use of deception techniques are at times valid. This current research does not, however, make use of such techniques.

2.6.6 Conclusion

In this chapter the author has explained the methodology which has been employed to carry out this research. He has also attempted to justify why this particular approach has been used. This chapter has, further, dealt with the ethical issues which have been utilized in this research to insure quality, protection and fairness to the research as well as to the research participants.

The following chapter will explore the various approaches which are used in pastoral care currently.

CHAPTER 3

3 Overview of Various Pastoral Care Approaches

3.1 Introduction

“For most of this century pastoral theology has been in the doldrums” (Tidball 1991:13). According to Tidball, pastoral theology has become nothing more than handy tips on the “how to” practice of ministry. A quick survey of the books on the shelves of Christian bookshops displays a flood of simple techniques and methods to make ministry easier for the congregant as well as the pastor. However this comes at a cost for it results in pastors and their flock being theologically disadvantaged. Added to this problem, Tidball presents a number of factors which have contributed to the disempowerment the pastors in these days. Two of these factors are:

1. The pastoral role has been superseded. In days gone by it was the pastor who was called upon wherever there was any issue or problem which needed to be addressed: financial disputes; illness; child rearing; marital disputes; etc. Today the task of caring has been given over into the hands of the “professionals”. Social services, therapists, advisers, have all contributed to the pastor being considered as the amateur and unable to really make a difference in the real world.
2. The pastoral imagery is outdated. Consider the title “pastor” for a moment. The Greek word which is used in Scripture is “poimen” and is defined as “a shepherd, one who tends herds or flocks (not merely one who feeds them) is used metaphorically of Christian ‘pastors’, Eph 4:11” (Vine.1985:462). In today’s world which is dominated by urban societies and technological world-views, the imagery of a shepherd is irrelevant.

This analogy of “pastor” is further complicated by the perceived need of a team of pastors to address the requirements of larger congregations. The senior pastor is generally responsible for the preaching while the associate pastor is responsible for the counselling and care of the congregants. “Pastor” then is a title not a job description.

Another possible factor that may be contributing to the disempowerment of the pastor is that for every pastor there is a different pastoral care method. Some pastors make use of psychology, others believe in “Sola Scriptura”, whilst still others delve into the mystical. Each of the afore-mentioned fields covers a wide spectrum. Due to the limitations of this thesis, this subject will only scratch the

surface in so far as variety and in-depth study are concerned. Yet the value of these considerations cannot be ignored.

The discussion on psychology is undertaken in general terms and no particular school of thought will be scrutinized.

The discussion on Nouthetics will focus on this school of thought in broad terms.

The discussion on Theophostics is a particular technique of pastoral care which emphasizes the mystical.

The reason for focusing on these three areas is that they cover the basic spectrum of methodology used by pastoral care givers.

As this section of the thesis is a literature review, the author will not offer any personal interpretation. This will be reserved for Section 5.4 (see page 62.)

3.2 Current Trends

3.2.1 Psychology

The word psychology combines the Greek words (psyche) for mind and (logos) for study and thus means study of the mind. “We define psychology as the science of behavior and mental activity.” (Ruch1984:4). If it is true that psychology is in the domain of science, the goals of psychology must be to describe, explain, predict and control the observable facts which are its scrutinised subject. Psychology is a relatively new discipline which has its beginnings in 1879, when Wilhelm Wundt founded the first laboratory of psychology at the University of Leipzig in Germany. Subsequently, different perspectives have proliferated. “A psychologist’s perspective is the set of beliefs that guide his or her approach to all issues of psychology; it suggests what to look at and how, in seeking answers to questions about behavior.” (Ruch 1984:15).

Figure 1 summarises seven of the main perspectives which are considered in psychology (Ruch 1984:28).

Perspective	Founder	Summary
Psychoanalysis	Sigmund Freud	Proposes powerful instinctive drives toward sex and aggression that must be brought under control by learned constraints. Major concepts include id, ego, superego, and unconscious motives.
Behaviorism	John B. Watson, B. F. Skinner	Focus on overt behaviour. Strong nurture view of a relatively neutral child learning virtually all behaviours, primarily through their environmental consequences. Major concepts include reinforcers.
Humanism (third force)	Abraham Maslow, Carl Rogers	Developing flower view of innately positive human nature needing only a non punishing environment to allow it to grow. Focus on phenomenology. Major concepts include self and self-actualization
Social learning theory	Albert Bandura	Accepts behavioural view but adds focus on learning from the behaviour of others and the consequences they receive. Also more willing to consider covert behaviour. Major concepts include vicarious reinforcement and punishment, modeling
Cognitive perspective	Several founders	Information-processing focus on how human thinking develops and functions. Major concepts include computer models of problem solving.
Ethological perspective	Konrad Lorenz	Views the behaviour of our species as biologists view others, seeking evolutionary roots of survival-related behaviours such as child rearing and aggression. Major concepts include im-printing.
Physiological perspective	Wilder Penfield (and others)	Focus on the mechanisms of behaviour, primarily the brain and key glands. Major concepts include brain mapping.

Figure 1.

According to Hurding, we can discern five positions in pastoral care and counselling with regard to the interplay between theology and psychology: assimilative, eclectic, excluding, perspectivalist and intergrational: (1995:82).

1. **Assimilative** – At the beginning of the twentieth century pastoral caregivers looked towards scientific psychology for fresh insights This influenced following decades where a lot of pastoral counselling consisted of a blend of liberal theology and secular psychology. Seward Hiltner has been an important figure in this new assimilation of psychology and pastoral care with his “shepherding perspective”. “My observation is that from the pastor’s point of view there is no school or group of depth therapists mentioned herein which does not have at least a few

representatives to whom the pastor may with considerable confidence refer parishioners.” (Hiltner 1964:105).

MacDonald emphasizes the influential role Hiltner played with regard to further pastoral approaches. “Although the limits of the field theory model used by Hiltner need to be reviewed in light of the current models in systems theory is foundational for pastoral theology. (1969:167).

Don S. Browning writes” Theological and psychological concepts can be fruitfully compared and mutually corrective, according to Hiltner’s position, if the respective perspectival and relative characters of the two disciplines are both appropriately acknowledged and then bracketed or set aside” (Oglesby Jr. 1969:132).

2. **Eclectic** – this involves a borrowing from a number of sources and is a widespread stance among pastoral caregivers. Here is a pragmatic approach which seemed to work when applied. The one name that has championed this cause has been Paul Tournier. He looked at various schools of thought (viz. Freudian, Jungian, Rogerian, etc.). “Tournier was a pioneer in developing the now accepted belief that psychological, physical and spiritual issues are interrelated and must all be treated in counselling.” (Collins 1995:855).
3. **Excluding** – In contrast to the assimilative tendencies of the first two groupings, other Christians have adopted a theological position which rejects, ignores or plays down the value of psychological insight. (See section 3.2.2 Noutheics page 24).
4. **Perspectivalist** – Although both theology and psychology are two valid disciplines there is no overlap between them. “..life is inflexibly divided between the workaday world of psychology and the disconnected world of Christian belief.” (Hurding 1995:83).
5. **Integrational** – Here there is a deliberate attempt to bring together psychological and theological insight into specifically Christian methodologies. This approach seeks to find as much common ground as possible. Gary Collins says that “we limit our counselling effectiveness when we pretend that the discoveries of psychology have nothing to contribute to the understanding and solution of problems. We compromise our integrity when we overtly reject psychology but then

smuggle its concepts into our counselling – sometimes naively and without even realizing what we are doing.” (Collins 1988:22).

With regard to the influence of psychology, Christian counselling trends can currently be placed under the headings of behavioural/cognitive, analytic and Christian transpersonalist:

1. **Behavioural/ cognitive** – there are a number of evangelical Christians who insist that the Bible should be a basis for pastoral counselling. However, the range of schools of thought extends from nouthetic counselling (see Section 3.2.2 page 24) to the integrational style of Lawrence J. Crabb Jr. These methods stress the replacement of wrong patterns of action and thinking with those based on Scriptural principles.
2. **Analytic** – In recent times there is a fascination with the “journey back” which has stirred parallels among Christian counsellors. These approaches are experiential and creative rather than behavioural and cognitive. A couple of these methods are prayer counselling and healing of memories. (See Section 2.2.3 page 25).
3. **Christian Transpersonalist.**- Here the idea of inner journey towards union with God is fostered. The psychologist David Brenner has contributed a valuable analysis of Christian transpersonalism from a broadly evangelical viewpoint. He notes in his book “Sacred Companions: The gift of spiritual friendship and direction”, “An empathic focus on the inner world of the other must always be balanced by an equal focus on the activity of the Spirit of God in the other, the interaction, and in oneself in the moment.” (Benner 2002:360).

3.2.2 Nouthetics

Although the name is new, according to Jay Adams, from Biblical times onward, God’s people have counselled “nouthetically”. This word comes from the Greek verb: *noutheteo* and is translated “admonish, correct or instruct.” (Vine 1985:13) Adams is convinced that this term, “probably best describes Biblical counselling” (Adams 2006:1). Eduard Thurneysen was a predecessor to Adams. He does not use this term, but his belief was the same as that of Jay Adams. “Thurneysen argued that the exclusive ingredient of pastoral care is the word of God” (Tidball 1991: 233). He said that all of man’s problems can be traced back to sin and that the good news of forgiveness (as found in the Scriptures) is the main message of the pastoral caregiver.

Nouthetic counselling embraces three ideas: confrontation, concern, and change:

1. **Confrontation** means that one Christian (a lay person, clergy or a pastoral caregiver) gives counsel to another from the Scriptures. In other words, he does not confront him with his own ideas or the ideas of others, but limits his counsel strictly to that which may be found in the Bible.
2. **Concern** means that counselling is always done for the benefit of the counselee. Paul writes: “I am not writing these things to shame you, but to warn you as my dear children.” (1Cor 4:14, NIV 1985:202). Nouthetic counselling is considered to be “part of the sanctification process whereby one Christian helps another get through some difficulty which is hindering him from moving forward in his spiritual growth.” (Adams 2006:1).
3. **Change** means that counselling is carried out because there is something in the counselee’s life which fails to meet Biblical requirements and thereby dishonours God. Adams states that “Only Biblical counselors know what a counselee should become as the result of counseling: he should look more like Christ.” (Adams 2006:1). This counselling is done with the conviction that God is able to make the changes which are necessary through the Scripture and the power of the Holy Spirit. (Adams 2006:1).

“To put it simply, nouthetic counseling consists of lovingly confronting people out of deep concern in order to help them make those changes that God requires.” (Adams 2006:1).

Gary Collins in his book “Helping People grow: Practical approaches to Christian Counselling” says the following with regard to nouthetic counselling “All that is needed to form values, beliefs, attitudes, and behavioural styles is in the Scriptures.” (Quoted in Hurding 1985:193).

Scripture reminds us that “All Scripture is breathed out by God and useful for teaching, for conviction, for correction and for disciplined training in righteousness in order to fit and fully equip the man from God for every good task.” (2 Timothy 3:16, 17).

3.2.3 Theophostics

The term *theophostic* comes from two New Testament Greek words *Theos* (meaning God) and *Phos* (meaning light). The title conveys the idea of God enlightening a previously darkened area of one's mind by means of His truth.

Edward Smith, founder of Theophostics Prayer Ministry, defines Theophostics as: "Theophostic Prayer Ministry is intentional and focused prayer with the desired outcome of an authentic encounter with the presence of Christ, resulting in mind renewal and subsequent transformed life. (2005:13). As the definition indicates, prayer is the basis of the methodology. This prayer is considered to be focused and purposeful as the facilitator of the ministry session asks God to enable the ministry recipient to: "1) embrace, own and take responsibility for her emotional pain, 2) to be willing to let go of all defenses and other hindrances that the Lord exposes and that thwart her moving toward God's purposes in the process, 3) to understand, discover and expose the lie based causes of her emotional duress, and 4) to be willing to hold up everything exposed by the Lord to Him for His release and mind renewal." (Smith 2005:14).

The definition goes on to say "...a desired outcome of an authentic encounter with the presence of Christ..." Smith explains that "...both cognitive expansion and experience area necessary part of the mind renewal journey." (Smith 2005:15). He is advocating a need for people to have a genuine experiential encounter with God.

The result of this methodology according to the definitions "...resulting in mind renewal and subsequent transformed life." Smith says that "If a person has an authentic encounter with God, there should be a noticeable change. If there is not, then the encounter may be questionable." (Smith 2005:15).

Theophostic Prayer Ministry then is a process in which the Holy Spirit reveals specific and personalized truth to the hurt mind of the one seeking freedom and thereby freeing an individual of the lies that dominate his or her thinking, emotions and behaviour.

3.3 Critique of Current Trends

3.3.1 Psychology

Is psychology truly a science? Herein lays the age –old debate. Bulkley, who may be considered as anti-psychology states “Simply stated science in the systematically arranged knowledge of the material world which is gathered in a four-step process 1) observation of phenomena; 2) collection of data; 3) creation of a hypothesis or theory by inductive reasoning; 4) testing of the hypothesis by repeated observation and controlled experiments. (Bulkley 1994:50). Even Gary Collins who, as stated earlier, is an integrationist (see pg 23) states that “ it is difficult to use scientific standards to study emotions like love and hope, the behaviour of streets gangs, the religious experiences of churchgoers or the effectiveness of psychotherapy.” (Collins 1988:109). Collins appears to contradict himself when he notes that “During the past century, God has permitted pathologists to develop careful research tools for studying human behaviour and professional journals for sharing these findings.” (Collins 1988:22). He goes on to say, “But we limit our counselling effectiveness when we pretend that the discoveries of psychology have nothing to contribute to the understanding and solution of problems.” (Collins 1988:22). Collins seems to have a healthy belief that psychology is both a science and an art and these two aspects need to be held in balance.

In this time the rapid increase of knowledge has forced professionals to specialise in their chosen field. This acceptance of specialisation has intimidated many pastors into accepting a secondary role of care. Bulkley notes that “Pastors, churches and the laity have been brainwashed into believing that only psychologically trained professional counselors are competent to deal with serious problems (1994:74). Collins admits that “Clearly there is evidence that for most problems, lay people can counsel as well or better than the professionals.” (1988:45). Alistair Campbell also seeks to rescue pastoral care from “professional captivity and release it into the practical love expressed by the body of Christ.” (Quoted in Hurding 1995: 85).

According to Gary Collins, the five commonly accepted presuppositions of psychology, (Quoted in Bulkley 1994:213) which are the foundational concepts on which the profession is based, are all atheistic.

1. **Determinism** – all behaviour is caused and we are a product of our experience.
2. **Experimentalism** – if it cannot be reproduced in a laboratory it does not exist
3. **Reductionism** – behaviour can be reduced to smaller and smaller units until it can be studied.
4. **Naturalism** – natural forces control the universe.
5. **Relativism** – there are no standards of right and wrong- it all depends on circumstances.

Can Christianity and psychology be successfully integrated? William Kilpatrick, Associate of Educational Psychology at Boston College writes: “... true Christianity does not mix well with psychology. When you try to mix them, you often end up with a watered-down Christianity instead of Christianized psychology. But the process is subtle and is rarely noticed.” (Quoted in Bulkley 1994:184).

3.3.2 Nouthetics

There are a number of major weaknesses that are presented in the approach of Jay Adams. These weaknesses mostly arise from his desire to assert one aspect of truth so strongly, that he does so at the expense of others.

1. “ He (Jay Adams) so wishes to argue against the climate of non-directive counselling in which he finds himself that he almost exclusively sees counselling as directive and confrontational.” (Tidball 191:239). While there is a definite place for this approach, it is too often perceived as judgemental and uncaring. The methodology of Jesus, although confrontational at times, always recognised the person and out of His love he addressed the issue.
2. After reading through Adam’s chapter on “Evangelism and Counselling” in his book “The Big Umbrella” the author comes to the conclusion that Adams sees no point in counselling the unbeliever because they have a different world view and the bible has no relevance to or for them.
3. Nouthetics does not take into consideration what is known in psychology and psychiatry circles as “Abnormal Behaviour”. Although there may be some debate as to the criteria for abnormal behaviour, there are recognised disorders in this category (viz. schizophrenia, bipolar disorder, etc). Backus, in his book “Telling the Truth to Troubled People”, recommends that there is a

place for medication with regard to these disorders. With regard to schizophrenia, he says “Unless and until miraculous divine healing occurs, medication should be employed as a single most effective therapeutic agent now available.” (1985:213).

4. Larry Crabb seems to believe that Nouthetic counselling is nothing more than morality counselling. He says, “It’s time to go beneath the moralism that assumes that the church’s job is done when it instructs people in Biblical principles and then exhorts them to do right.” (2005:xvii).

3.3.3 Theophostics

Jan Fletcher, a faith journalist, has written a number of articles and a book taking a critical look at Theophostics. She also presented a paper “What Are the Theological and Methodological Concerns Over Theophostic Ministry?” at the 2005 Discernment Ministries Conference in Lafayette, Indiana on 1 July 2005. (See www.lyingspirits.com/speech) Fletcher’s book, “Lying Spirits: A Christian journalist’s report on Theophostic Ministry” she critiques this ministry by using a number of headings (viz. Theophostic Ministry’s search for memories; Theological concerns with Theophostic Ministry; Spiritual concerns with Theophostic Ministry; for pastors: The risks of Theophostic beliefs, etc.) This research will consider only one of these issues- that of memories. (For further information see Fletcher: 2005).

1. Theophostic Ministry’s Search for Memories

Theophostic Ministry has a rather simplistic understanding of what memory is and how memory works. Theophostics sees the human mind’s ability to store information in much the same way as computers do. All events and incidents are clearly and accurately stored without distortion and can be retrieved in the same way.

In his book “Remembering and Forgetting: Inquiries into the Nature of Memory”, Edmund Bolles says, “Remembering is a creative, constructive process. There is no storehouse of information about the past anywhere in our brain.” (Bolles 1988:xi.) The human brain is a vastly complicated matter and a lot is still unknown about its workings. Martin & Deidre Bobgan have attempted to provide some insight into the workings of memory. “First, the mind sifts through the multitude of stimuli that enters it during an actual event. Then time, later events, and even

later recall color or alter memories. During the creative process of recall, sketchy memories of events may be filled in with imagined details. And, an amazing amount of information is simply forgotten—gone, not just hidden away in some deep cavern of the mind. Memory is neither complete nor fixed. Nor is it accurate.” (Bobgan 1999:5). A quote from a recognised source in the area of memory research says “Research has shown that over time memory for events can be changed or reinterpreted in such a way as to make the memory more consistent with the person’s present knowledge and/or expectations.” (American Psychological Association, 1995. as quoted by Bobgan 1999:59).

The question is then: does it matter if the memories are inaccurate? Jan Fletcher in her book “Lying Spirits: A Christian journalist’s report on Theophostic Ministry”, records a number of case histories where inaccurate memories have affected families congregations and communities due to false accusations. “The risk of Theophostic ministry’s damage to personal relationships, because of mistaken memories of abuse, merits serious concern”. (Fletcher 1999:53).

The following observation from the publishers of The Berean Call seems to emphasise this point “Simple logic says that probing into the past to uncover ‘lost memories of former traumas, as in psychotherapy or the Christian brand known as ‘inner healing,’ is a vain pursuit for two reasons: 1) one can never be sure of the accuracy of such memories, due to a lack of objective verification; and 2) if one ‘lost memory’ could have such a heavy influence upon the person’s thinking, emotions and conduct, who can say that there may not be other ‘memories’ of equal or greater importance that likewise need to be recovered and ‘worked through’ endlessly?”(The Berean Call, October 2003:2 as quoted by Bobgan 1999:51).

Wikipedia, an internet encyclopaedia, quotes from the Royal College of Psychiatrists as they summarise their view with regard to Memory Recovery Therapy: “Psychiatrists have been advised to avoid using any “memory recovery techniques” which include RMT (viz. past sexual abuse of which the patient has no memory, etc.). Such ‘memory recovery techniques’ may include drug-mediated interviews; hypnosis; regression therapies; guided imagery; body memories; literal dream interpretation and journaling. There is no evidence that the use of consciousness-altering techniques, such as drug mediated interviews or hypnosis, can reveal or accurately elaborate on factual information concerning any past experiences, including childhood sexual abuse”. (http://en.wikipedia.org/wiki/Recovered_Memory_Therapy).

Theophostics goes to great pains to emphasize that it is not undertaking any Recovered Memory Therapy (RMT) and has actually warned of the dangers of this form of therapy (See www.theophostic.com/displaycommon.cfm?an=1&subarticlenbr=3). Despite this claim, the similarities between Theophostics and RMT are glaring. Dr. Paul Simpson, an accredited Christian family counsellor and author of “Second Thoughts: Understanding the False Memory Crisis and How It Could Affect You” (1996) states, “While recovered memory therapy has been completely debunked in the professional community, you’ve got this springing up from Ed Smith (founder of Theophostics). And that’s what it is: a dressed up version of recovered memory therapy.” (Quoted by Fletcher 2005:33).

3.3.4 Conclusion

This literature review has raised a number of important issues with regard to pastors dealing with parents whose child has died traumatically. The first issue is to clearly define the purpose and meaning of “pastoral care”. Hurding offers a most useful and uncomplicated definition of pastoral care. “Pastoral care is the practical outworking of the church’s concern for the everyday and ultimate concerns of its members and the wider community.” (1995:78). This definition emphasises three important aspects concerning pastoral care: God focused; caring and practical.

God Focused – Pastoral care is concerned with the things of God. The ultimate aim of pastoral care is to bring those who are hurting into a relationship with Christ and to find forgiveness and relief from the effects from sin, guilt and trauma in this relationship, as well as healing, care and comfort. The literature review has emphasised that the foundational precepts of psychology are humanistic and secular. Psychology in its pure form therefore clashes with the essence of pastoral care. The author suggests that no form of therapy or any other help can in itself replace the healing, cleansing and comfort which is found exclusively in the tenants which are grounded in the Christian faith. Psychology would have us believe that it alone has the capability of helping the hurt by means of therapy. The author fully agrees with the sentiment of Backus as he states “He (the psychiatrist) was considered the expert on human behavioral order and disorder, the professional who would know what is really wrong with people” (1995:19).

Caring – One of the primary criticisms against Nouthetics is that this method is considered to be uncaring, dictating, and threatening. God is perceived as almost exclusively judgemental, cruel and uncaring. One of the vital features of a pastoral caregiver is to manifest the love of God in practical manner.

Practical – Pastoral care involves practical aid – whether that is by means of relaying information or arranging necessary help. Theophostics is focused on the “mystical” and is dependent upon the subjective “intuition” of both the counsellee and counsellor. This method also lacks empirical and scientific backing. Pastoral care requires discernment and wisdom even if an approach is cloaked in well accepted religious jargon.

The author hereby concludes that psychology, nouthetics and theophostics have elements that are not favourable to the acceptable methodology of pastoral care. The danger however is to go to the other extreme and conclude that none of these methodological tools have value. Psychology has much value as it aids in the understanding of the working of the human mind and behaviour through research. Nouthetics recognise the centrality of Scripture. Pastoral care would not be authentic if Scripture were not used. Theophostics is based upon the ministry of prayer and prayer is a foundational facet to pastoral care.

Pastoral caregivers are to be wise, discerning and reliant upon the inner working of the Holy Spirit. Pastoral caregivers are to be humble, teachable and prepared to examine other views with an open mind and to then discard or use them after much prayer, contemplation and possibly discussion.

The author’s conclusion with regard to the question of the use of psychology in pastoral care may be summarised in the words of William Backus “From the ‘talk cure’ of Sigmund Freud, the behaviourism of Watson, and the current burgeoning research into the places of cognition in human behaviour, a therapeutic method has developed in psychology which provides a fitting and agreeable framework for the practice of counselling based on the Christian belief that truth can make you free. This agreeable framework is currently known as ‘cognitive psychology.’” (1985:23) Backus defines Cognitive Psychology as “the counselor attempts to help the counselee discover his (sic) harmful cognitions, grasp their false character, and replace them with the truth.” (1985:22).

The following chapter will consider various features regard death, bereavement and trauma.

CHAPTER 4

4 Overview of Death and Bereavement

Death and ensuing bereavement have always been a pressing issue of study for many scholars. The opening paragraph of Helmut Thielicke's book, "Living with Death" states "I do not think I am under a false impression if I say that in our days the question of the beginning and the end of human life is one of the most discussed ethical, or, one might say, existential, questions. However we put it, this question has explosive metaphysical force. It brings the horizon of human existence into view. In it the meaning of life becomes a problem" (1983:1).

There are a number of complications regarding death and bereavement as suggested by Thielicke. One of these complications is "When does death actually take place?" It has been suggested that death is "the permanent, irreversible cessation of the vital functions of the body." (Hood, 2004:29). This definition is acceptable from a medical point of view, but what of the spirit? Thielicke asks the question "... whether in dying we pass from being into non-being, or being no more?" (1983:5). If Thielicke, who as a theologian, struggles with this issue, then how much more the parents of a deceased child, when asking the question "Where is my child now?"

A further complication is the fear of death. "According to Freud, the only explanation for the fear of death as a form of melancholia is that the ego surrenders because it feels that it is hated and persecuted instead of loved by the super-ego – by father, providence, or fate. This is the basis of the fear of evil." (Thielicke 1983:13). Such words are of no comfort to grieving parents and seem to suggest that their fear is as a result of their immaturity.

In western society, death is not an open topic for discussion and exposure to death is foreign. Every attempt is made to shield society from exposure to death. Biermann in his thesis quotes Foster and Smith (1987:12) who state that "They are removed to die 'tidily' behind drawn curtains in a hospital..." (2004:21). The author agrees with Biermann that this situation continues to exist in our hospitals today. This too complicates the acceptance of death.

Death and bereavement are deep issues and their implications will be examined in the course of this chapter.

4.1 Definition of Grief

Adams brings the devastation of distress to the fore when he notes “Grief may be called a life-shaking sorrow over loss” (Adams 1974:66). Even so, this may be a simplistic definition. Not only is sorrow felt but other emotions like anger, guilt, and fear, are also often evoked.

“Grief is a universal, complex and painful process of dealing with and adjusting to loss.” (Jackson 1992:6). This definition emphasizes the naturalness and inevitability of the grief of all mankind. Grief may be expressed and experienced and dealt with in different ways, yet the fact remains that one will be exposed to grief due to one's humanity. Grief is not a disease or a psychological disorder. Rather, a natural process which healthy beings experience in order to adjust to loss. A grief disorder is more likely to occur when this normal and natural process is not experienced. This is known as complicated, delayed, and/or dysfunction grief.

Freud has another view of grief “normal grief is the person's reaction to the loss of a loved one which may be resolved after unspecified time and after serious departures from everyday life” (Freud as quoted in Lyndall 2002:8). The value added by Freud is his specification that the grieving process has no specified time limit. However, the author questions the use of the word “resolved”. Although it is agreed that the griever arrives at a place of full functioning and adjustment, it is not believed that the griever “gets over” the loss, especially with regard to grieving parents.

4.2 Phases of Grief

A number of different theorists have noted that human beings experience various stages of grief. Penny Hood in her book “Mourning your Loss” has suggested 10 stages to grief and recovery (2004:6-22): Shock and Denial; Emotional Release; Physical Manifestation; Guilt; Anger; Idealisation; Depression; Realisation; New Patterns; Living with the loss. Alternatively, Jackson suggests 4 stages of grief: Accept the reality of the loss; Let yourself feel the loss; Learn to live with the loss; Reinvest in love. (1992: 16-26).

Colin Murray Parkes isolates four main phases of normal grieving: A phase of numbness, shock, and partial disregard of the reality of the loss; a phase of yearning; a phase of disorganization, despair and coming to the realization of the loss; a phase of reorganisation and resolution. (1998:7)

In the 1960s the name of Dr. Elisabeth Kubler-Ross came to be recognised as the authority on the subject of death and dying. She indicates that there are five phases which a patient goes through during his death: Denial and Isolation; Anger; Bargaining; Depression; Acceptance and Hope. (See Hospice Caregiver's Course 2005: Day 3: 7).

While there may be little agreement as to the exact number of grief phases, it is definitely agreed upon that there are phases associated with grief. Setting out some of the different views regarding these phases is helpful, as one is able to obtain an overview of the grief process.

There are other important considerations to note with regard to the grief process:

1. Grief is often cyclical and does not follow a particular pattern. C.S. Lewis wrote concerning his experience with the grief process subsequent to the death of his wife: "For in grief, nothing stays put. One keeps on emerging from a phase, but it always recurs. Round and round. Everything repeats" (1961:67).
2. Penny Hood presents a most useful diagram, Figure 2 (2004:22).

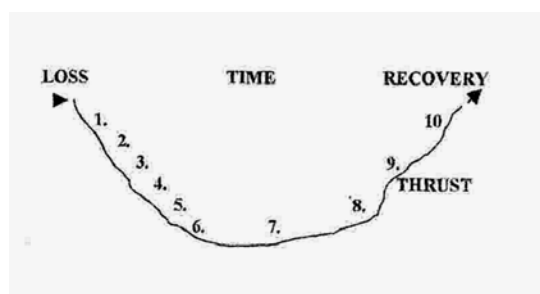


Figure 2

The figure suggests that the grieving parents regress before recovery takes place. This graph emphasises four key points to the grief process.

- a. Loss is the entry point for the parents subsequent to the death of their child.
- b. The grief Time is unspecified. Different parents grieve at different rates.
- c. Thrust indicates the parents' move towards recovery. It is interesting to note that Hood believes that recovery only takes place after eight stages are passed. (Hood's ten stages of the grief process are mentioned in Section 4.2, above). Here the parents learn to rearrange their lives. As a result of the significant loss, the parents are frequently changed people and attain a different status in society.

- d. Recovery is an ongoing process. The diagram suggests that the griever never actually “arrives” at a full recovery.
3. Death has such a dramatic impact on the parents that somatic complaints frequently occur throughout the phases of the grieving process. Anne-Marie Lydall refers to an article by Littlewood, J.L. in her thesis entitled. “Gender differences in parental coping following their child’s death” in the “British Journal of Guidance and Counselling,” Littlewood (1991) describes a wide range of somatic symptoms that may occur due to grief. However these symptoms are not necessarily experienced by everyone equally. Symptoms may include a sense of hollowness in the stomach or abdomen; a sense of tightness in the throat; chest and shoulders; dry mouth; muscular weakness; fatigue, tiredness and lack of energy; frequent sighing and breathlessness.” Oversensitivity to light and noise stimuli is also a common experience. Other symptoms frequently include appetite and sleep disturbances; visual and auditory hallucinations and dreaming of the dead person.” (2002:3). Somatic symptoms are an important key which is often overlooked when dealing with grieving parents. Another important aspect in this regard, is the influence which grief has on the immune system. “The immune system of the body can be upset by intense sadness resulting in the person becoming more susceptible to virus infections especially during the first six months of mourning” (Gschwend-Bosch 2000:250).

4.3 Determinants of Grief

What causes some grieving people react differently to others? Why do some people come through the experience of grief without breaking down, while others need psychiatric or medical help? Parkes attempts to answer these questions by examining various determinants of grief: relationship; gender; age; mode of death; personal vulnerability; social and cultural influences. (2002:117-160).

4.4 Implications of the Death of a Child

1. **The grieving parents and their marriage.** “When a child dies, it is inevitable that there is not a clean break. Along with the funeral and horror, there is a great deal of emotional wreckage left as a residue of the tragedy.” (Schiff, 1977:5). All too often, the death of a child leads to the parents enduring more than grief – there is often family crisis (viz. drunkenness, separation and divorce, etc.) It has been suggested that seventy percent of marriages break up after the death of a child. This statistic is often told to grieving parents and may become a prophecy of doom. This compounds their already tragic circumstances. There is no doubt that even the most

intimate relationship will be shaken, but it is not inevitable that the marriage will end in divorce. There are many added factors which contribute to the termination of a marriage when a child dies. Some of these factors only come to the fore because of death. Previously unapparent personal characteristics may be exacerbated. “Relationships in which partners are basically inconsiderate and self-absorbed continue to be so, or get worse, with predictable results.” (Bernstein, 1996:123).

Yet with everything that may indicate that a marriage cannot survive such a tragedy, Bernstein makes a most interesting observation as she concludes “For most, marriages heave and quake and endure. Numerous spouses expressed the sentiment that, having endured the worst that life can impose, this marriage would survive. The bond is unbreakable. Couples who didn’t know it before learn that it is vital to honor each other individually. They emerge the sounder and wiser for having learned that lesson. They learn the realistic limitations about what a marriage can and cannot provide. They learn they can lean on others outside the marriage without detriment to the marriage. They learn that anger doesn’t threaten the relationship if the anger is expressed respectfully. Many said that their spouse became a trusted and valued friend.” (1996:128). The odds of this happening are greatly improved if there is the supportive involvement of a pastoral caregiver.

2. **The philosophical implications.** Dr. Elliot Luby is quoted as saying “When your parent dies you have lost your past. When your child dies you have lost your future.” (Schiff 1977:23). There may be shifts in the philosophy of life, values and priorities. These things may cause alienation and emotional separation between the parents.

3. **The parents’ re-entry into society.** Parents are often confused regarding their societal roles, responsibilities and classification subsequent to the death of their child. Tough questions that need to be addressed are, for example “Should we acknowledge the lost child when asked if we have children?” Here Rando writes, “Parents are in a new world, an environment without the deceased child, but they still must operate in the ways of the old world, functioning in the same roles with the same types of parental demands.” (Rando 1986:48-49).

Bereaved parents sometimes find themselves in a difficult situation with regard to society. One of the greatest difficulties is that of friends, due to the fact that a filtering process occurs.

Sometimes terminating friendships is a choice that the parents make. Sometimes it is the friends who choose to sieve out the parents. “After the acute mourning has passed, the family may find itself with a substantially altered circle of friends.” (Bernstein, 1996:186).

Returning to social activities is difficult. It is not easy to see other people casually enjoying life while they, the parents, know nothing but pain and sadness. Then there is the sight of other families which are intact. Children and the parents interacting often arouse envy and longing.

4. **The grieving parents and their religion** – Schiff states that “Of all the confusing emotions to which a bereaved parent is subjected, perhaps the most difficult is that stemming from one’s attitude towards religion.” (1977:109). Parents who lose a child confront a huge dilemma. “How is it possible in a just and godly world that evil survives and goodness dies?” (Bernstein 1996:199). The author disagrees with Bernstein in terms of the world being just and godly, yet the question of theodicy still looms. A common question which a number of authors have attempted to answer or address is that of Rabbi Harold Kushner in his book “When Bad things Happen to Good People”. Kushner does not offer simple answers to complex questions. He suggests that it is not in finding the reason why one is stuck, but in asking the question of how one can move on. (Kushner, 1981). Bernstein comes to the following conclusion concerning religion “Religion brings few answers; it brings little diminution of pain.” (Bernstein 1996:204). This is not just the sentiment of unbelievers. Even Christian parents find themselves questioning. They feel deserted, alienated and without comfort. When connected to the church, parents potentially have someone who will join them on their journey of grief.

Often the minister is among the first who has contact with the parents who have lost a child. The minister is considered trained, experienced and knowledgeable to handle such circumstances. He therefore has a huge responsibility resting upon him. However, the expectations of the parents often exceed the ability of the minister. “Despite the fact that ministering to the bereaved is an important function they serve in the community, seminary training in the psychology of bereavement is often cursory at best.” (Bernstein, 1996:206).

Ministers can be broken into two categories: the helpful minister and the unhelpful minister.

- a. The helpful minister is the person who allows the parent to express the most outrageous feelings without negation. The helpful minister knows that the greatest comfort that they

can offer newly bereaved parents is their accepting presence and their compassion. This is not the time for religious platitudes or explanations. The helpful minister is not judgemental but seeks every opportunity to assist in the most practical ways. He provides appropriate and well-timed information, understanding and access to resources.

- b. The unhelpful minister is insensitive and uncaring. The unhelpful minister does not make any effort and has been known to avoid the parents even at church. He minister gives inappropriate advice and is dogmatic. Bernstein records an incident that happened to Anna. “The priest came to the hospital but he wouldn’t come into my son’s room because he had AIDS.” (1996:210). This is an all too typical case of a minister without any insight.

Parents (even Christian parents) at times want so desperately to make contact and confirm the child’s continued existence that they seek out the services of a psychic. “All that is clear from these interviews is that the parents who had readings with people with psychic powers came away eased and peaceful” (Bernstein 1996:213).

5. Differences in the male and female style of grieving. The gender differences between fathers and mothers become most apparent during grief. It is generally accepted that men and women grieve differently. Women are more inclined to seek interpersonal relationships than men. Women generally express feelings more openly than men. There is a difference in grieving between mother and father with regard to both the intensity as well as the emotional expression of grief. See below as the author focuses particularly on the grief of the father for further differences

When the mode of death of the child is due to a motor vehicle accident, the suddenness of the event places further demands on the grieving parents. There is no time to prepare or plan and there is no time to think of life without the child. “But while the mourning following sudden death may be more complicated, often taking longer to integrate and sometimes following a more turbulent up and down course, research evidence suggests that long-term adaptation is not different from that of mourners following anticipated death.” (Bernstein, 1996:56-57).

Grief of a father – The grief that a father experiences differs from that of a mother. The author has emphasized the grief of the father because the issues here are more complex than those of the mother. Schiff notes this difficulty in the following quote “Nowhere in the annals of sex discrimination is there a more glaring injustice than that thrust upon a bereaved father.” (Schiff 1977:26). Understanding fathers’ grief and its characteristics is of value to pastoral caregivers because it is more unlikely that it would be the father who would seek help for his grief. A discerning and understanding pastor would be of great assistance to the family if he were able to meet with the grieving father in his place of need.

It is helpful to consider a fathers grief under five headings as suggested in Staudacher’s book “Men and Grief” (1991):

1. **Cultural expectations** – Society and culture has a huge influence on men for it sets definite expectations (viz. be in control; be a provider; be courageous, etc.). Society also has definite exclusions (viz. don’t cry; don’t be afraid; don’t express the need for love and affection, etc.). These stereotypes often cause grieving men to conform to the expectations of others at the expense of resolving their own grief.
2. **Remaining silent** – The majority of grieving fathers react by keeping their thoughts and pain to themselves. Others are not made aware of the effects that the death has had upon them. The down side is that men are considered uncaring and defensive because of this silence. This may result in bereaved fathers isolating themselves.
3. **Secret Grief** – Most men find it easier to mourn alone. “The obvious alternative to expressing emotions openly, to grieving in the presence of your family members or friends, is for you to grieve when you are off by yourself. Grief seems to be safer when conducted in private, or secretly” (Staudacher 1991:21). Secret grief will eventually manifest itself for grief cannot remain a secret. Physical symptoms will begin to show (viz. ulcers, high temperatures, diminished appetite, high blood pressure, etc). It is not unusual to find fathers being hospitalised with stress related illnesses.
4. **Taking action (physical and legal)** – In many cases men who have lost a child through a motor vehicle accident seek legal advice. One of the reasons is the man’s need to “take

control” of the loss. The fact of the matter is that death usurps control making one feel helpless. Janice Lord, in “ Survivor Grief Following A Drunk Driving Crash”, writes “ Professionals who interface with the victim’s families from the time the crime is committed throughout early weeks need heightened sensitivity to the victim’s need to know and to have a sense of control over what happens to themselves and to the offender.” (Quoted in Staudacher 1991:29).

Aggression and violence are often used as grief substitutes. A grieving man may attempt to “take matters into his own hands” Aggression gives a sense of power and it is able to suppress the emotions of sadness and despair. The problem is that aggression is often free floating and anger is expressed inappropriately, resulting in unreasonable anger towards his wife, children, etc.

5. **Immersed in activity** – Grieving men “escape” by being pre-occupied with work. It is not uncommon to find such men totally absorbed by their work. Home is no longer a haven; there are too many reminders and too few distractions. Work on the other hand provides an opportunity to shut away emotional experiences.

Some grieving men get involved in risk-taking activity (viz. sky diving; driving outside of the speed limit, etc) to the point of deliberate self- destruction and the inadvertent possible injury of his own family.

- a. **The grieving father as protector.** – The role of protector may be evident in the father figure before the child’s death but it is at this time that the role becomes more pronounced. It is the father who is considered to be the “pillar of strength” whether this is true or not. The father takes the leadership role and becomes the primary decision-maker. Some of the decisions which are needed at this time have never before been considered (viz. form of burial; body viewing options; possible organ donation opportunities, etc.).

As the protector the father often attempts to “cushion the blow” and acts as a buffer

between the actual tragedy and the wife and surviving children. This may then continue by him fielding phone calls, intercepting visitors, etc. As previously stated men in general do not overtly express emotion due to societal norms and expectations. In “Recovering from the Loss of a Child” by Katherine Anne Donnelly, a bereaved father states: “Most people, even friends, will call and never ask how I am doing. They ask how Angela is. It’s as if my wife is supposed to have a reaction to the loss of our child, but I am not, and I find it drives me bananas – that you are a man and not supposed to be upset with these things. It’s not viewed as the same loss.” (Quoted in Staudacher 1991:26). The tendency is then for the father to turn grief inward and his health may suffer through incorrect eating, excessive use of alcohol and/or poor personal hygiene, etc.

Grief of a husband - In most households the father is not only father but also a husband. The author has considered it important to continue the study of a man who has lost his child to death and to look at its effects on him in his role as husband.

As stated earlier a man seeks to protect his family from further hurt and therefore frequently shield his wife from the truth. This often causes a communication gap. “You may find it difficult to share your emotional feelings and reaction after the loss of your child for fear of intensifying your wife’s grief, keeping it going for a longer duration, or reminding her of a past you believe is better left forgotten.” (Staudacher 1991:133).

Because a father does not always share his painful thoughts with his wife, the communication gap will inevitably grow ever wider. This results in emotional distancing between the spouses. “Regardless of the specific changes in dynamics which may occur in your marriage, one outcome is certain: your relationship will not be the same as it was prior to your child’s death. It may grow stronger. It may have a different emphasis, direction, or quality. Or it may deteriorate. Being aware of the major factors which are influencing your relationship can be the first step toward preventing a poor outcome.” (Staudacher 1991:135).

Warning signs of functional deterioration in a marriage under these circumstances include differing intimacy and sexual needs; disagreements about methods of child rearing the surviving

child/children; the traumatic effects of the sudden and/or violent death of the child and the negative reactions to the respective wife’s presence, activities and/or beliefs, etc.

4.5 Overview of Trauma

Bisbey and Bisbey have suggested a useful definition of trauma “When the brain is thought of as an information-processing system, a trauma can be described as an overwhelming input of information of sufficient magnitude to bypass an individual’s capacity to selectively direct his attention” (1999:23). This definition is especially useful with regard to parents whose child has died traumatically. It explains that while the parents themselves were not involved in the traumatic incident of the motor vehicle accident, they experience trauma first hand. They are therefore vulnerable to the ensuing recognised trauma reactions and phases.

Yvonne Retief in her book “Healing for Trauma in the South African context” has suggested the diagram below to explain the effects of trauma. (Figure 3). The author believes that this explanation is helpful to understand the experience of grieving parents.

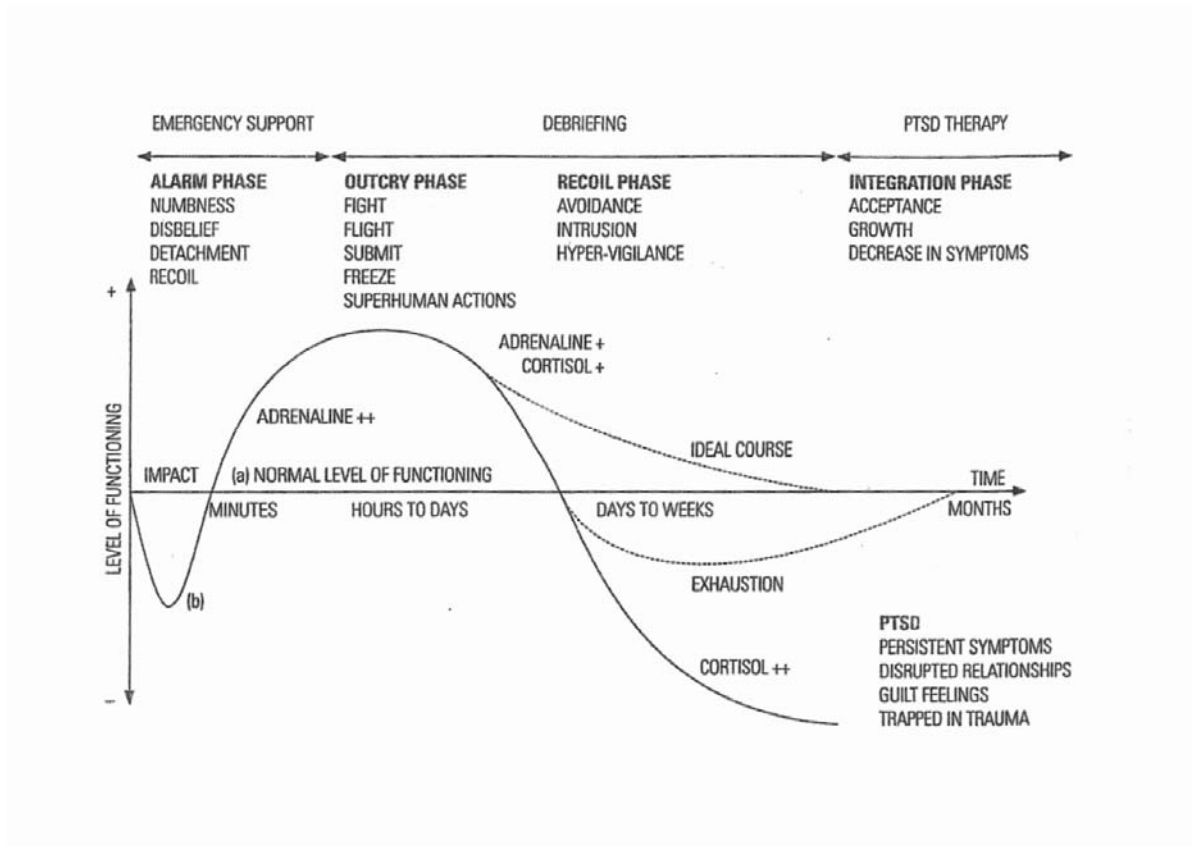


Figure 3

There are four phases illustrated above: Alarm phase; outcry phase; recoil phase and integration phase.

The alarm phase portrays the initial reaction after the start of the incident. There is a state of numbness and disbelief. The brain's functioning is affected; it seems as if everything is happening in slow motion. The level of functioning drops dramatically. This phase lasts for only a few minutes before the next phase takes place.

The outcry phase commences when adrenaline is released in the body and the reaction of fight, flight or freeze is displayed. "In this phase you will find that you are able to do things which are physically impossible under normal circumstances." (Retief 2005:33). This phase may last from minutes to many hours depending upon the situation and the individual.

The recoil phase is also known as the Avoidance phase. Places, people and situations are avoided because of the reminder they bring of the incident. However, it is in this phase that the incident "invades" the victim by means of nightmares, flashbacks, etc. The body, mind and emotions react as if the threat was real and the incident is re-lived. This phase can last from days to weeks to months depending upon, amongst others, the coping abilities and support base of the victim.

When one enters **the integration phase** one's exaggerated reactions and intense involvement with the traumatic event tend to fade. Gradually the victim will again begin to function as normal.

The above-mentioned phases may be viewed as "normal" and expected phases of trauma. However as the figure highlights, Post Traumatic Stress Disorder (PTSD) may develop when the individual fails to successfully pass through these phases and shows signs of increased disturbance resulting in an inability to function appropriately. PTSD requires intense professional psychological intervention.

4.6 Understanding the relationship between trauma and grief

It is important to recognize that in traumatic grief, both trauma and grief reactions may occur together. The reactions of trauma and grief have similarities but there are also crucial differences between them. Only in recent times has the relationship between grief and trauma been jointly addressed. Charles Figley, for example, has written extensively on this subject.

There are a number of factors which may result in bereavement being prolonged or complicated. These factors include the characteristics of the death; the characteristics of the relationship with the deceased person; the survivor's particular vulnerabilities including past mental health; previous life experiences including losses and trauma; support in the survivor's family and social network after the death; other crises which may arise in the aftermath of the death; etc.

Theresa Rando, in her book "Treatment of Complicated Mourning" says "While all deaths may be perceived by the survivors as personally traumatic, there are circumstances that are objectively traumatic." (Ambrose 2005:1). The nature of the death or the circumstances surrounding it is a very significant factor in traumatic grief. Circumstances in which the death is sudden, unexpected, or untimely offer no opportunity for psychological preparation. The outcome may be guilt, resentment etc. due to possible "unfinished business". Horrific or brutal deaths involving mutilation or extreme pain are mentally disturbing and further compromises the parents' ability to cope. The visual horror (real or imagined) or other negative intrusive memories often interfere with reminiscing and pleasant memories which is necessary in the processing of grief. Disturbing images of the scene of the trauma can result in the parent being fixated with the traumatic event itself, whereas in "normal" bereavement, the bereaved parent is more likely to be preoccupied with the deceased child and experience their loss of that child's "presence". External circumstances can therefore be seen to exacerbate emotional distress and trauma

The combination of trauma and grief may affect the bereavement process in a number of ways. Common grief and trauma symptoms may escalate and complicate the healing process thereby leading to PTSD and other psychiatric disorders. Trauma symptoms may also hinder or complicate issues of bereavement such as the relationship with the deceased child, issues regarding parental identity and the processing of parental anger and rage.

Grief and trauma may then be seen as sharing many common characteristics including intrusive thoughts; painful and intense sensations; fears of being overwhelmed and efforts to avoid reminders of the death. Traumatic bereavement therefore introduces the dual process of working through the trauma on the one hand and being flooded with the intrusive traumatic imagery on the other.

CHAPTER 5

5 Results and Discussion

Twenty six (26) questionnaires were personally delivered to pastors from various Christian Churches in the Randburg area. These churches comprised of different denominations and different languages. Twenty one (21) questionnaires were collected. Four (4) pastors said that they had not dealt with any parents who had lost a child traumatically and therefore did not complete their respective questionnaires. One (1) of the pastors gave no reason for failing to complete the questionnaire.

Question one is a qualifying question. Thereafter questions and responses have been grouped according to common themes. The questions asked in each theme are listed below. Their results follow in the form of a tabulated graph.

Question 1 – “Have you pastored parents whose child has died traumatically?” (See Appendix A for qualifying notes)

Four (4) pastors answered this question negatively. The author decided not to include these questionnaires with the remainder of the questionnaires. It was felt that the inclusion of these four (4) questionnaires would compromise the credibility of the study. Pastors were required to have attended to the actual traumatic deaths of children and not to merely respond concerning how they thought they may intervene in such situations.

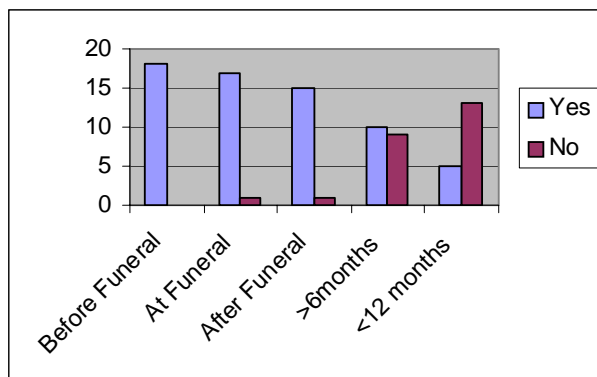
Question 2 – “Were you in contact with the family before the funeral?”

Question 3. - “Did you conduct/attend the funeral?”

Question 4. – “Did you continue pastoring the family after the funeral?”

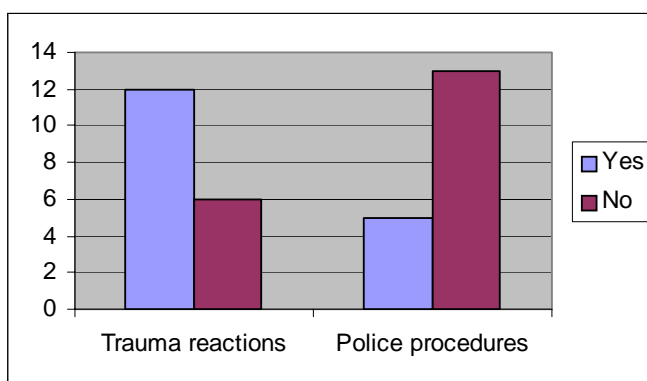
Question 5. – “If you answered yes to question 4, did you continue pastoring 0-6 months after the funeral?”

Question 6. – “If you answered yes to question 4, did you continue pastoring more that 12 months after the funeral?”



Question 7. – “Are you familiar with the recognised trauma reactions?” (See Appendix A for qualifying notes)

Question 8. – “Are you familiar with police procedures under these conditions?” (At the scene, mortuary, etc.)

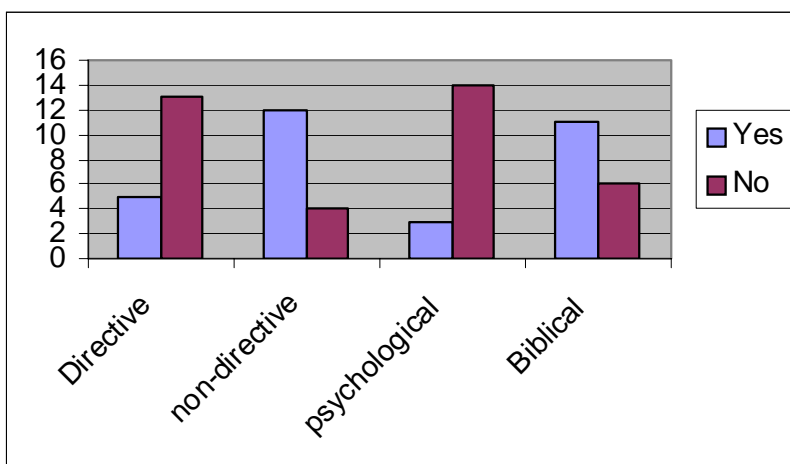


Question 9. – “Was your pastoral care/counselling approach predominately directive (viz. Instructive, giving direction, advice, etc.)?”

Question 10 – “Was your pastoral care/counselling approach predominately non-directive (Client centred, prompting the parents for their own solutions, etc.)?”

Question 11 – “Was your pastoral care/counselling approach predominately a particular psychological approach (behaviourist, cognitive, Freudian, etc.)?”

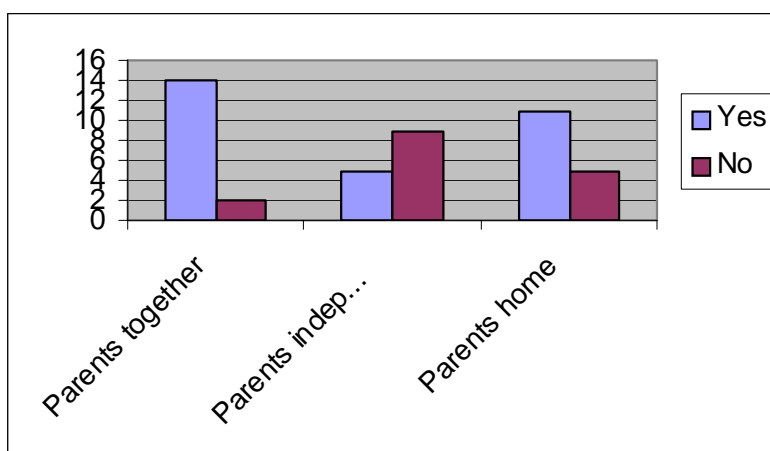
Question 12 – “Was your pastoral care/counselling approach predominately an exclusively Biblical approach (nouthetic, etc.)?”



Question 13 – “Did you pastor the parents together with each other?”

Question 14 – “Did you pastor the parents independently?”

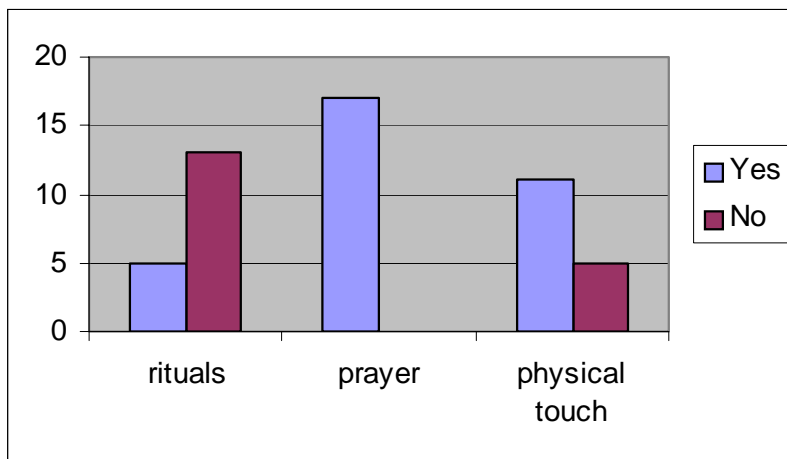
Question 18 – “Did the pastoral care take place predominately at the parents home?”



Question 15 – “Did you make use of any rituals in your pastoral care of these parents?”

Question 16 – “Did you make use of prayers in your pastoral care of these parents?”

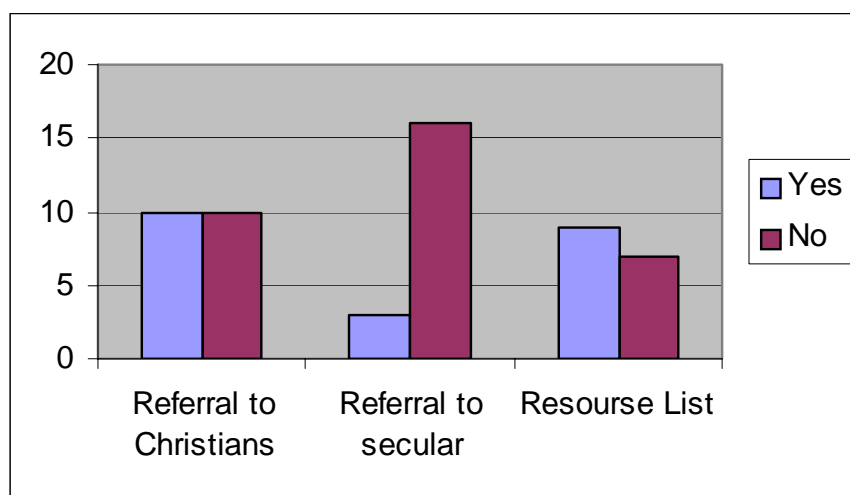
Question 17 – “Did you make use of physical touch in your pastoral care of these parents?”



Question 19 – “Did you refer the parents to a Professional Christian counsellor? (psychologist, social worker, pastoral counsellor)”

Question 20 – “Did you refer the parents to a secular counsellor? (psychologist, social worker, psychotherapist)”

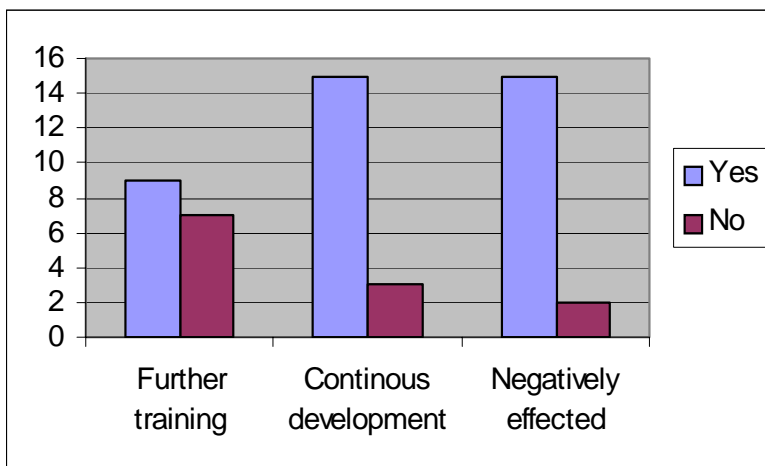
Question 21 – “Do you have a resource list of service providers and support groups with regards to traumatic death?”



Question 22 – “Do you have extra seminary training in counselling/ pastoral care?”

Question 23 – “Are you continuously developing your skills and knowledge by means of books/ courses?”

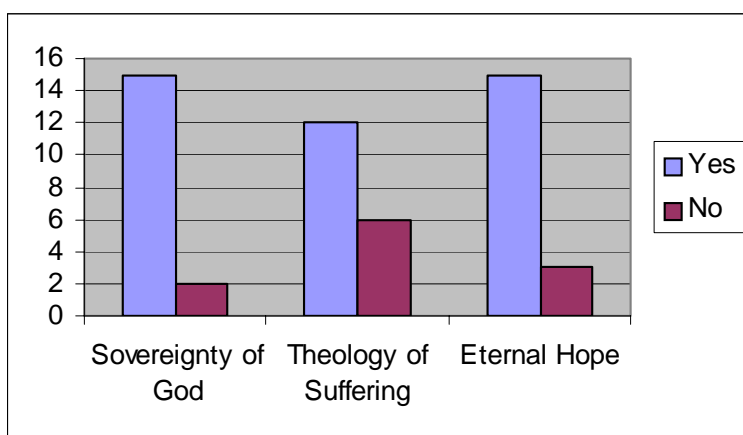
Question 24 – “Did the pastoral care of the parents affect you emotionally and/or, spiritually, etc.?”



Question 25 – “Did you integrate the doctrine of Sovereignty of God in your pastoral care of these parents?”

Question 26 – “Did you integrate the doctrine of Theology of Suffering in your pastoral care of these parents?”

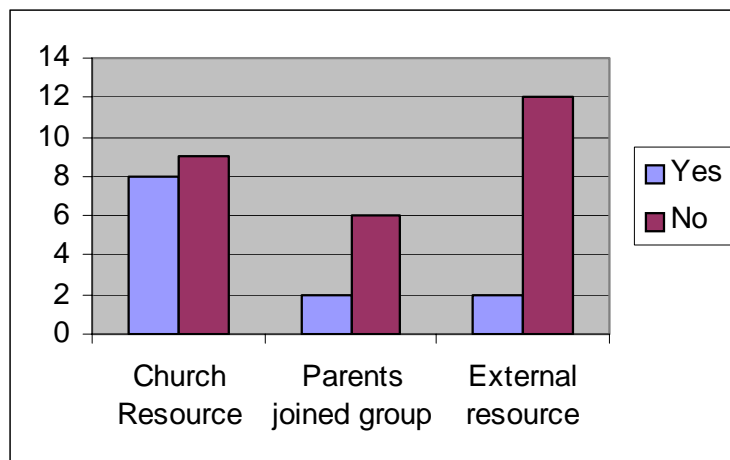
Question 27 – “Did you integrate the doctrine of Eternal Hope in your pastoral care of these parents?”



Question 28 – “Does your church have a grief support group?”

Question 29 – “If you answered yes to Question 28, did any of the parents join this group?”

Question 30 – “Did the parents join another support group outside of the church?”



5.1 Explanation of results

As one looks at the results of the first group of questions (Question 2 - 6) the following observations may be made:

1. All of the pastors were involved with the parents before the funeral. This implies that the pastors were notified of the traumatic deaths very soon after the incidents.
2. In most of the data the pastors conducted the funerals of the children. The role of the pastors was then that of a Spiritual guide that was seen to fulfil a much needed role.
3. The information collected suggests that the pastors continued to give pastoral care to the parents for a time after the funeral.
4. It is interesting to note as to the length of this pastoral care. Nearly fifty percent (50%) of the pastors indicated that they stopped caring for the parents in less than six months after the funeral. It is even more interesting to note that between the period of six months and one year, sixty two percent (62 %) of the pastors were no longer caring for the parents.

Question 7 and 8 raises the following observations:

1. The information gathered suggests that although the majority of pastors (66%) have an understanding of the possible reactions that parents may manifest due to the nature of the death of their child, thirty four percent (34%) were unsure of the traumatic reactions the parents could display.
2. Data shows however that most pastors seventy two percent (72%) are not familiar with police procedures at the scene of the motor vehicle accident as well as at the government mortuary to which the child's body was taken.

Questions 9-12 display interesting results:

1. Most pastors seventy two percent (72%) indicated that they followed a non-directive pastoral approach which implies that they facilitated the parents in finding their own solutions to their issues. Further, it shows that the pastors did not take the directive approach of being instructive or giving advice.
2. When it came to the methodology that pastors used for pastoral care, seventy eight percent (78%) stated that they do not make use of any psychological approaches. Sixty four percent (64%) of the pastors declared that their approach is predominately an exclusively Biblical approach.

Questions 13, 14 and 18 ask the questions who and where the pastor did provide pastoral care:

1. Seventy eight percent (78%) of the pastors indicated that they pastored the parents as a couple. 36% of the pastors said that they provided individual pastoral care to the respective parents.
2. The data suggests that most of the pastoral care took place at the home of the parents as sixty eight percent (68%) of the pastors indicated that they preferred to visit the parents rather than meet them in the pastor's office.

Pastoral care involves more than counsel. Questions 15-17 explore other possible means that the pastors made use of in pastoral care:

1. The use of rituals by the pastors is not considered useful (Seventy two percent (72%) of the pastors did not use rituals in the pastoral care of the parents).
2. All the pastors indicated that they prayed with the parents.
3. Sixty nine percent (69%) of the pastors made use of physical touch in the pastoral care of the parents.

Do pastors refer the parents to other care givers is the issue that Questions 19-21 explore.

1. It is interesting to note that fifty percent (50%) of the pastors referred the parents to other Christian care givers (viz. psychologists, social workers, pastoral counsellors, etc.).
2. Most pastors eighty four percent (84%) chose not to refer the parents for secular counselling.
3. Fifty six percent (56%) of the pastors indicated that they have a resource list of service providers and support groups with regard to traumatic death.

Questions 22-24 look at the pastors and ask how they manage to cope with offering pastoral care to distraught parents:

1. Fifty six percent (56%) of the pastors indicated that they had completed post seminary training in counselling/ pastoral care.
2. Eighty three percent (83%) of the pastors continue developing their skills and knowledge by reading books.
3. A staggering eighty eight percent (88%) of pastors indicated that they were emotionally and/or Spiritually affected by working with bereaved parents.

Questions 24 - 26 explored three doctrines of the Christian faith which may be expounded by the pastors in their pastoral care of the parents.

1. The doctrine of the Sovereignty of God was integrated into the pastoral care of the parents by eighty eight percent (88%) of the pastors.
2. The doctrine of Suffering was expounded by sixty seven percent (67%) of the pastors.
3. The doctrine of Eternal Hope was integrated by eighty three percent (83%) of the pastors.

The last three Questions (28-30) explored the possibility of support groups within and without the church.

1. It was interesting to discover that forty seven percent (47%) of the churches surveyed have a grief support group. Yet despite this large number of support groups it is interesting to note that seventy five percent (75%) of these grieving parents did not join these in-house support groups.
2. External or secular support groups were also not an option for these parents as only fourteen percent (14%) joined such groups.

5.2 Interpretation of results

The author was surprised to discover the number of pastors who have not dealt with parents who have lost a child due to traumatic death. This is in the light of the statistics put out by organisations such as Stats SA and Gun Fire SA. Below is a graph of stats recording causes of death in South Africa in 2000. This graph shows that Motor Vehicle accidents were the second highest cause of unnatural death. It is difficult to believe that these pastors did not have such an incident in their congregations at some time. The author has not discovered the reason for the pastors not having pastored such parents.

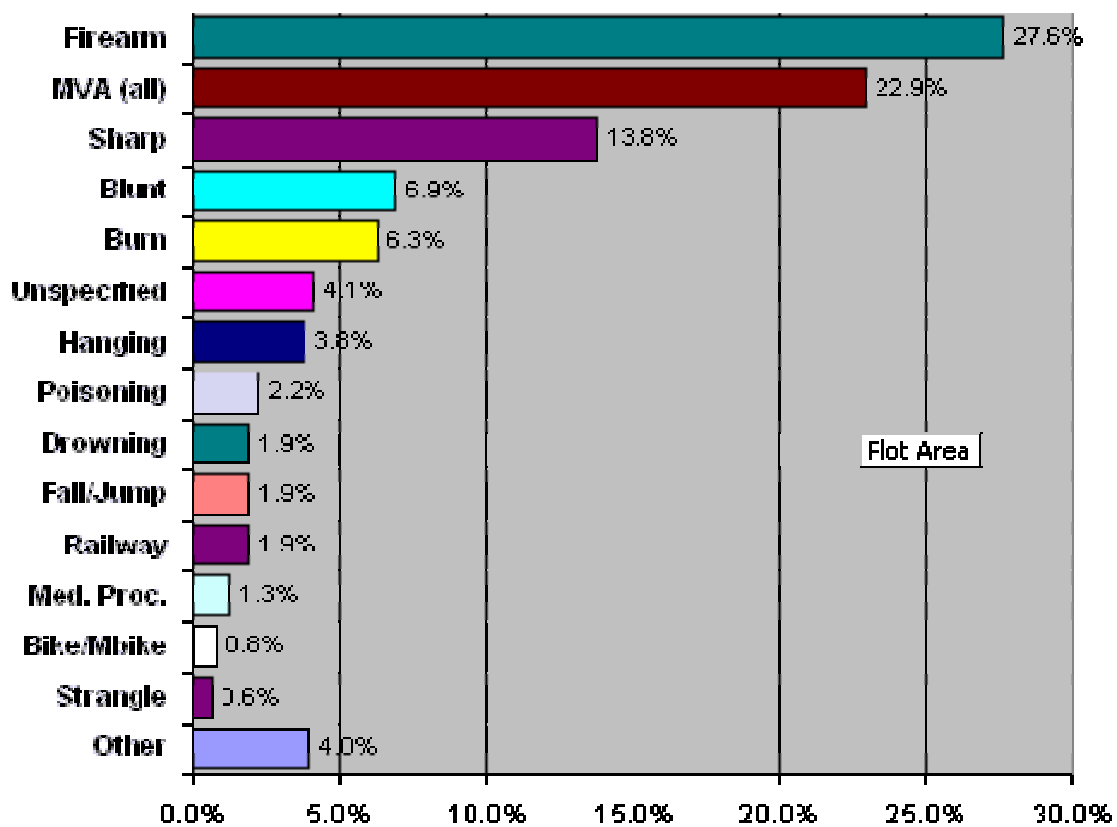


Figure 4

All the pastors whose questionnaires were considered valid were contacted and they met the parents soon after the incident. It would seem that there are generally two reasons that the pastors were contacted: to make funeral arrangements or for pastoral-care. Whatever the reason, the pastors have a critical role to play in the life of these families. It is at such times that the parents need practical as well as emotional and Spiritual support. As it is recognised that the parents are in state of

traumatisation, it would seem a necessary requirement that pastors have an understanding of traumatic reactions. Yet thirty four percent (34%) of the pastors said that they were unfamiliar with recognised trauma reactions. Being with the parents in these early stages would necessitate information concerning police, mortuary procedures, etc. To this question seventy two percent (72%) of the pastors admitted that they did not know what these procedures were. This may also indicate that the pastors did not accompany the parents through the traumatic process of viewing and identifying their recently deceased children.

It was not surprising that the pastors either conducted or attended the funerals of the children. The surprise was how soon after the funerals pastoral care of the parents ceased. It is indicated that half (50%) of the pastors discontinued pastoral care within six months of the traumatic death and within a year, sixty two percent (62%) of the pastors no longer provided pastoral care for the parents. There were some very interesting results with regard to the pastors' pastoral care approaches. The vast majority seventy eight percent (78%) said that they did not make use of a psychological approach in their pastoral care and sixty four percent (64%) declared that they followed an exclusively Biblical approach. An interesting aspect, is the answers given to the question concerning whether their approach is directive or non-directive. Here seventy two percent (72%) of the pastors affirmed that they followed the non-directive, client based approach. Yet most pastors (an average of eighty percent (80%)) said that they had expounded three difficult- to- grasp doctrines. (The Sovereignty of God, The Doctrine of Suffering and The Doctrine of Eternal Hope) The author proposes that these teachings would require a directive approach. As previously noted, sixty four percent (64%) of the pastors followed an exclusively Biblical approach. This Biblical approach is not recognised to operate in a client-based methodology.

It was encouraging to note that sixty eight percent (68%) of the pastors visited and provided their pastoral care at the homes of the parents. This is a vital service at such a time, in order to assist and care for both parents. Seventy eight percent (78%) of pastors cared for both parents together. However, the author's concern is the number of pastors who cared for the respective parents individually – especially the fathers/husbands. This concern arises in the light of the literature review which indicates that the grief of the father is different to that of the mother. (See 4.4.1 Grief of a father pg 39) It may have been helpful if the pastors cared for the parents both independently and as a couple due to the differences in gender grief.

As pastors cared for the grieving parents they indicated that they prayed with and for the parents one hundred percent (100%). Sixty nine percent (69%) of the pastors encouraged and assisted the parents by means of physical contact (this could be anything from a hug to a hand on the shoulder.). When it came to using rituals in order to help the parents, most of the pastors thought that these acts needed to be avoided. Only twenty eight percent (28%) of the pastors made use of either formal or informal rituals to aid the parents.

A number of questions explored various resources that the pastors may have used in order to further help the parents through their time of grief. Fifty percent (50%) of the pastors referred these parents to professional Christian counsellors (viz. social workers, psychologists, pastoral counsellors, etc.) On the other hand, only sixteen percent (16%) of the pastors referred parents to secular counsellors. This would indicate that pastors do not trust secular psychology. A resource list of service providers seems to be a fairly common possession amongst pastors. With regard to support groups, it was pleasant to note that as many as forty seven percent (47%) of churches ran grief support groups. A surprising fact which came to light was that only twenty five percent (25%) of the parents actually joined these church-run support groups. It was also distressing to note that only fourteen percent (14%) of the parents joined support groups outside of their local church. Question 23 explored the ongoing training of pastors. In the Health Professions Council there is a requirement that service providers continue with ongoing training through the CPD point system, as a means of updating their theoretical knowledge and expertise. This unfortunately is not a prerequisite for pastors. It was however encouraging to note that fifty six percent (56%) of the pastors had extra seminary training in pastoral care, while eighty three percent (83%) indicated that they were continuously developing their skills and knowledge by means of books and courses. A concern is that while pastors are seemingly well equipped in pastoral care, there is still a need for significant referral to other service providers - both Christian and secular.

A very important fact which emerged through the questionnaire was that eighty three percent (83%) of the pastors indicated that they were emotionally and/or spiritually affected through their pastoral care of the parents. This raises the question as to who the pastors are turning to for their own well-being. Service providers within the health and safety industry are strongly recommended to receive counselling and to care for themselves, in order to continue their work in a fit manner. Again there is no such requirement placed upon pastors and they run the risk of burnout and compassion fatigue.

5.3 Case Studies

Case study 1

Nine years ago, John, the son of Doris and Tom, was killed when he drove his car into the back of a truck. John was only twenty one years old and unmarried.

Background to this case study is important, because it has bearing on the parents' reaction to the death of their son. John began experimenting with drugs at the age of thirteen. This developed into a fully fledged addiction to drugs. Doris and Tom were devastated when the situation with John gradually worsened. At the age of sixteen, John left home and had very little contact with his parents. Just after John turned eighteen years of age, he decided to return home. Although the reunion was heartening, the dynamics between John and his parents were often strained. However the situation slowly improved and John re-dedicated his life to God.

When Tom and Doris were informed of the death of John, they immediately contacted their pastor. Pastor Charles came to their house straight away. Doris and Tom had a very close relationship with the church and knew Pastor Charles well. It was Pastor Charles who had been instrumental in assisting Tom and Doris to deal with John's drug addiction and his decision to leave home.

From the time of John's death and throughout the difficult days that followed, Tom and Doris relied on each other for support and comfort. There was a lot of hugging and crying on each others shoulders as well as positive communication between them. Each was available for the other.

The expression of grief and the phases that were experienced differed from Tom to Doris. Tom portrayed the typical male reaction of not crying in public; being involved in the practical funeral arrangements; absorbing himself in his work and not talking about his feelings openly to others outside of the family; etc. Doris was far more expressive in her grief but still sensitive to the needs and hurts of her remaining children. She also knew when and how to help Tom when he began to become obsessed with his work, etc.

When asked how they managed to cope so well through this traumatic time, Tom and Doris reminded the author that this was yet another chapter an existing crisis that had begun when John was thirteen years old. They indicated that they had learnt coping skills over these long years of struggle and heart-ache. It was during these years that Doris and Tom experienced marital conflict, disagreements regarding the way forward, etc. It also was during this time that they had sought care and support from the church.

Nevertheless, when John was killed, Tom in particular, had nagging questions concerning the Person and Work of God. Both Tom and Doris expressed that they were not angry towards God at this time, however. An interesting emotion that was expressed by both parents was that of relief that at last there was an end to their struggle. John had confessed his acceptance of Christ as Saviour and Tom and Doris are relying on the Mercy of God in accepting John to heaven. The church and Pastor Charles remained supportive and helpful throughout the early difficult days, months and years that followed John's death. Pastor Charles was practically helpful, supportive and available to the parents throughout this time.

Tom and Doris did not attend formalized counselling sessions but met informally at sporadic intervals with Pastor Charles. Tom and Doris also did not join a support group.

Case Study 2

Ann is a single mother who lost her twenty seven year old son Ian in a motor vehicle accident ten years ago.

Ann was not notified of the death of her son for almost a week. She was aware that there was something wrong and for that week frantically searched for Ian at friends, houses hospitals, etc. It was only after an article appeared in the local newspaper regarding a fatal accident that had taken place that evidence of Ian's death came to light. Ann contacted the mortuary to discover that it was indeed her son's accident that the paper had reported on.

Ann's initial response to the news was denial. However as the reality set in during the ensuing weeks and months, Ann experienced panic attacks and suicidal thoughts. These panic attacks and suicide thoughts are still ongoing. Ann expressed that she was so caught up in her own grief that she became unaware of her younger son, Peter.

Ann is a Christian and did not blame God for what had happened to Ian. Nevertheless she asked many questions about God. Although Ann had attended church all her life she never inquired help from a pastor with regard to answering these questions. Instead, Ann turned to a psychic. The psychic, according to Ann, was most helpful as she was able to give "accurate" information concerning the accident. Ann experienced a sense of comfort when the psychic told her that Ian was in a good place.

Ann's pastor was informed of her son's death on the same day she received confirmation thereof. Her motivation for contacting the pastor was to make funeral arrangements. Ann was required to make an appointment to see the pastor at his office. Ann was not disappointed by this arrangement, because she had no expectation of the pastor visiting her at her home.

Although the pastor conducted the funeral, he did not guide Ann through the process. Rather, she received this help from the funeral directors in this regard. The pastor did not contact her subsequent to the funeral, however he did ask about her well-being in passing, as he greeted her together with the rest of his congregants after Sunday church services.

Ann joined Compassionate Friends soon after the death of her son and received much assistance. She experienced compassion, caring, counsel and understanding from the group support. Ann has never sought pastoral care to date.

Ann believes that "the church is narrow-minded" when it comes to dealing with bereavement.

Case study 3.

Below is an interview the author conducted with Ruth (not her real name). The researcher was unable to meet with the father and therefore this story is from the mother's perspective. Although this accident involved an aircraft and not a motor vehicle, the researcher considers the similarities between them to validate the use of this case history in this thesis.

Charles and Ruth had three children born to them, two daughters and a son by the name of John. Five and a half years ago, John a 20 years old pilot was killed in an aircraft accident. At the time of the incident Charles and Ruth were in different places in the country. Charles told Ruth the devastating news over the phone. Ruth was distraught and totally overwhelmed. She did not

know what to do or where to go. She wanted to go to the place of incident yet also needed to be with her husband. The eventual outcome was that Ruth and her family came together to make the necessary funeral arrangements.

Ruth noted that although the initial emotional pain and sadness were intense, a year after the event, the emotional pain worsened. Depression set in, a sense of failure to protect her child as a parent was experienced, suicidal tendencies occurred and sorrow became all encompassing and chronic. Ruth also expressed that the pain increased and anger and bitterness were deeper rooted than previously. Initially Charles and Ruth clung to each other in every way; a year later they began to move apart emotionally, physically, and mentally. During this time the sense of meaning and purpose of life was lost. Once the family had been close knit and life was a wonderful adventure. Now all was gone.

Charles and Ruth are and were at the time of the incident strong Christian believers. Spiritually both parents recognised God as a resource to whom they could turn in their time of crisis. Their Faith kept them grounded, however the questions later turned to "Why" as they sought meaning in the event. Ruth expressed a disappointment with God but never became angry and blamed Him. Scripture reading was important to the parents and they religiously read and prayed together every day.

The minister of the church was informed a couple of days after the incident in order to make funeral arrangements. Ruth expected that the minister would visit them at their home but he did not. She was very disappointed by this lack of sensitivity, care and concern. Although the minister did not eventually conduct the funeral, the first contact the parents had with the minister was on the day of the funeral. One other person from the church visited the family. Ruth did not find the minister helpful in any way and has expressed anger towards this minister and the church in general.

Rituals have played an important part in Ruth and Charles dealing with their loss. Candles have been lit and displayed photographs have played a big part in their healing and coping - especially at each anniversary of the incident.

Ruth commenced grief counselling with a psychologist six months after her son's death. Soon after this, she joined Compassionate Friends, a bereavement support group (where she is currently a grief counsellor). It was only a year after her son's death that Ruth turned to the counselling centre run at a local church for care. The help she received was not from a pastor but from a lay counsellor. Assistance from the pastor was not offered. Charles did not attend any of these counselling sessions.

In closing Ruth said " Pastors need to show interest and initiate contact" when tragedy befalls a family.

5.3.1 Expected impact of results

The above case studies assist with the understanding of the first-hand experiences of those parents who have received pastoral intervention at the time of the traumatic deaths of their children. The author expected that the parent's experiences with pastors at this time would be consistent with the responses from the pastors in the questionnaires administered to them. However, although the pastors seemed to view their intervention as favourable, the case studies indicate that the parents did not always experience their intervention constructively.

5.4 Discussion

This thesis has examined the subject of the traumatic death of a child from the aspects of literature review, pastors' perspectives as well as the experiences of a number of parents. The following discussion will integrate these three aspects and highlight positive intervention and shortcomings in the opinion of the author.

The majority of the literature utilised is from the perspective of authors from the United States of America. This is unfortunate because, in a number of instances, there are differences between the experiences of Americans and South Africans. Wherever possible, literature written within the South African context was consulted. The literature chosen was from a wide range, extending from books to academic journals, to theses and internet websites. Although the literature review had its limitations, valuable insight and universal understanding and possible application was gleaned. It is from this understanding that a foundation was laid and every other mode of gathering information then interacted with it.

This foundation consisted of a basic understanding of three pastoral care approaches, namely: integrating psychology into pastoral care; an exclusively Biblical approach and inner-healing. Attention was also focused on generalised grief phases, gender differences with regard to grief and recognised trauma reactions.

It was necessary to ascertain the pastors' perspective and experiences. The questionnaire, although limited in scope due to the yes/no answers, was valuable in terms of obtaining insight. The case studies presented the opportunity to test the parents' perceptions of the pastors' pastoral care. The experiences of the parents interviewed were very similar to the information found in the literature, which suggests that the reactions and experiences of grieving parents are generally universal. This is an important aspect because valuable and meaningful methods of dealing with traumatic deaths are not limited to a uniquely South African context.

An interesting aspect of the study has been the differences in perspective between the pastors who participated and parents who were interviewed. This study cannot be considered as pure empirical research due to the limited sampling and method used. Therefore conclusions reached in the study cannot be homogeneously applied to pastors and the church. Nevertheless, this thesis hopes to promote questions with regard to methodology and approaches within the pastoral fraternity.

As evidenced in this thesis there is much debate between the various pastoral care methods. The literature review indicates the deep entrenchment that exists within each school of thought and the fierce "interaction" between them. It is suspected that South African pastors are divided amongst themselves with regard to various pastoral care methods. This division may cause pastors to be reluctant to engage with other pastors who have a different view. Health professionals frequently consult with each other as a means of gaining a better understanding regarding a difficult case. They also attend conferences and workshops regarding recent technological advances in their field. Pastors seldom do this. They may attend conferences and read books, but these usually fall within the spectrum of their individual frames of reference and theological biases. The author is of the opinion that it may be helpful for the pastors to interact with each other more frequently, in order to engage with viewpoints that differ from their own pastoral methodology.

Many pastors have resource lists and many refer bereaved parents to other "professionals" - whether these are Christian or secular. This would suggest that pastors consider their work as basic

and feel unable and unqualified to deal with more difficult cases. This message may filter through to the parents, thereby resulting in them bypassing the pastors and going straight to the "professionals". Pastors need to question the validity of the work of Pargament, who notes in his book "The Psychology of Religion and Coping: Theory, research, practice" : " In addition to offering the social support of community, religion provides a healing means of addressing traumatic experience that can facilitate recovery (Quoted in Weaver et. Al. 2003:216). This suggests that pastors should not be too quick to refer and then have no further pastoral contact with the parents.

The case studies demonstrate that recovery for grieving parents is a long journey and pastoral care givers need to journey with these parents for a longer period of time than they presently do. Case Study 1 highlights the fact that pastors have so much to offer, because there is so much which has to be dealt with at different times during the grieving process. This means that pastors need to be present with grieving parents. It also means that pastors need to be well equipped in knowledge and practical skills and resources in order to handle each unique situation as it arises.

Pastors have the important role of teaching, directing and guiding. In order to fulfil this role, pastors need to be sensitive, present, caring, loving, compassionate, discerning, open-minded and accepting. The greatest need however, is for pastors to be wise in terms of how and when to best apply their pastoral skills.

5.5 *Alternative method*

Worthington asks, what may be considered the core of this thesis, in his book "When someone asks for help", "How can the many therapies, which differ so greatly, be equally effective?" (1982:46). He goes on to answer his question, "There are many ways to think about problems; therefore, there are many ways to help people" (1982:46). Worthington suggests that it does not matter what approach is used as "all roads lead to Rome" and parents are helped irrespectively. This does not seem to be the case as one considers the literature, pastors' responses and most importantly, the experiences of the participating parents in this thesis. The aim of this chapter is therefore to examine the evidence presented and suggest an effective means to pastor hurting parents. An alterative method should start by questioning the validity of a statement that Buckley makes, "One reason today's Christian is more likely to seek out a psychologist than a pastor for counsel is

that many pastors have not prepared themselves to guide their people through life's trials." (1994:351).

This appears to be a harsh statement, but is it true? Most pastors in the questionnaire answered that they had extra seminary training in counselling and were continuing their skills through courses and reading. Yet, the fact remains that many bereaved parents seek help from counsel outside of the church. The question then arises as to whether the average pastor possesses the needed counselling skills and pastoral care methods which would enable him to recognize and assist parents who come to him for counsel in the aftermath of the traumatic deaths of their children. Even pastors appear to doubt their capabilities and most indicated in the questionnaire that they preferred to refer bereaved parents to counselling outside of the church. Buckley may then have a valid point when he says "It is time that we reclaim our God-given mandate to shepherd our flocks." (1994:351).

5.5.1 Pastor as person

The office of "pastor" needs to be seen as more than a mere job description. It is the identity of a person. "The truly called minister of the Word of God is a person who has himself (sic) drunk deeply of the fountain of life after he (sic) has thirsted mightily for the salvation that God alone provides; he (sic) is a person who has himself (sic) searched with desperate longing for contact with the Lord after he (sic) has felt disqualified for such fellowship." (Nederhood 1986:47).

The pastor needs to be a person of piety. Piety is such an old fashioned, seldom used, word yet the following definition by Erroll Hulse explains why this word was chosen to portray how the pastor ought to be: " Our own definition of piety at this point is that constant culture of the inward life of holiness before God, and for God, which in turn is applied to all other spheres of life and practice." (1986:65). The author is aware that a pastor is a pastor, no matter where he may be found. Further, he must be without guile.

A question for pastors to honestly answer is "do you love the people whom you counsel?" There are so many benefits to counselling for the pastor and it is easy to do this work with selfish motive. The pastor ought to follow the example of Jesus in this regard: "His gracious, solicitous, tender and loving compassion is everywhere evident in the four Gospels, which contain the brief history of his ministry." (Gibbs 1939:37). Grieving parents will quickly, even amidst their hurt and confusion, discern whether or not the pastor is loving towards them. This will have the greatest impact on

them as demonstrated in the case studies of this thesis. This aspect has been highlighted in the following quotes from the Doctoral thesis by Barbara Deemer Douglass: “Rather, I experienced the caring presence of a pastor who came and sat with us. I don’t remember a single word he said. I only remember that he was there. This began my long journey back to the church” (2005:5) and: “The minister who came and sat with us when my sister’s baby (Geoff) died said not a word about God or Jesus, yet he talked very profoundly to me about God.” (Douglass 2005:36).

A related thought is that of professionalism. Pastors invest a lot of time, effort and finances in order to prepare for the work they do. Surely they have the right to recognition and adequate financial compensation for “services rendered”? To further complicate this matter, the office of “pastor” does not always have a high status in the South African society. Expectations regarding quality service from them are therefore diminished. In addition, services offered by them are often free of charge – a factor which may contribute to the perception of the inferior quality of the services. Another important factor also needs to be taken into consideration in this regard: the existence of secular/ professional psychological resources is limited in South Africa and professional counselling is often financially out of reach for the majority of South Africans. Pastors, as followers of Christ, need to walk in His example and be true to His teaching. They therefore need to ensure that they do not find themselves competing with professionals in the secular world and to avoid the trappings of professionalism. They should be content to be used by the Sovereign God.

Adams notes that "As ministers, you and I need to do much thinking about grief, and it is also our task to speak and write definitively about the matter" (Adams 1974:65). If pastors wish to assist grieving parents, they need to have a realistic attitude towards death. Without a solid and healthy attitude towards death, the pastoral care-giver may become a harmful complicating factor in such situations. This implies that it is vital for pastors to settle their own theological stance towards life, death, grief and God, etc. It also necessitates pastors confronting and working through their own fears and anxieties with regard to death in general and to the certainty of their own future deaths.

James Boice gives very good advice concerning the pastor and training: “Get all the formal training you can; never stop learning; set aside specific times for study; tackle some big problems.” (1986:95-100). The issue of “tackling some big problems’ is worth expanding. Pastors ought to know where their limitations lie. At the same time, they also need to be constantly expanding these

limitations by means of study and working outside of the comfort zones at times. As in every discipline, practical experience becomes an excellent teacher. According to Buckley, "After being fully convinced of the truth and power of God's Word, the most important step is to have a thorough working knowledge of the Scriptures." (1994:252). This working knowledge is what sets pastors apart from any other secular service providers. Pastors cannot merely rely on their formal seminary training. They must continue to grow and develop in their understanding and knowledge of the Scriptures.

Adams poses an important question regarding pastors: "Does the man (sic) mold the method or does the method mold the man (sic)?" (1983:18). He answers, "If personality is the determining factor behind the various types of counseling, then of course the counselling presuppositions and methods set forth here are relative and do not rest upon a divine imperative." (1983:18). This may be true, yet when one considers the directive and confrontational counselling approach of Adams, it would seem to fit only a certain personality type. The author considers Adams' quote to be simplistic as in his opinion, pastoral care is not for anybody and everybody.

Pastors are servants of God and need to seek nothing but His will. No matter how well experienced, qualified or gifted, pastors will do well to always be reliant upon the guidance of God and to pray for His wisdom.

One of the dangers in all helping professions – the pastorate being no exception- is that of what is commonly known as burnout (now known as Compassion Fatigue). In many cases, pastors work in a situation of isolation and without emotional, psychological and Spiritual support for themselves. They are therefore at a high risk for burnout. Burnout may be described as "a progressive loss of idealism, energy and purpose and is accompanied by feelings of futility, powerlessness, fatigue, cynicism, apathy, irritability and frustration. The counselors who believe in warmth, genuineness and empathy instead become cold, aloof, unsympathetic, detached and worn-out." (Collins 1988:35). Collins goes on to suggest a number of steps to help prevent burnout, such as: "taking regular periods of prayer and meditation; obtaining support from others "who accept us for who we are rather than what we do."; constantly evaluating the underlying drive to achieve and take time off." (1988:35-36). Other aids to self care may be added to this list: correct eating habits; a regulated sleep pattern; regular physical exercise and regular, scheduled meetings with a confidant/supervisor/ counsellor.

5.5.2 Pastor as teacher

Grief is generally viewed as having psychological and social repercussions. However it is also a significant spiritual condition in that it impacts on relationships with God, self, and others. Pastors therefore have a key role to play in the well-being of bereaved parents.

One important aspect is that of the relaying of information. Most parents do not understand what has happened, what is happening and what will happen in every aspect of their lives. There is so much opportunity for pastors to inform and educate parents at various points in the adaptation process. Adams notes an important point in this regard: "Grieving is affected by hope or the lack of it and hope is affected by information or the lack of it. Hope does not grow out of misunderstanding and ignorance. Hope is based on information." (Adams 1974:76). Here follows some necessary information which is essential for pastors to come to grips with:

Pastors must be aware of recognised grief processes. While there may be different models of grief processing, there is also a common thread amongst them. Pastors need to be conscious of the differences which exist between women's and men's grief and to care for each gender with informed understanding. This thesis has been highlighted the distinctions between male and female grief. Women are more likely to recover at a quicker pace than men from the traumatic death of a child. This may be due to the fact that women are more likely to ask for help from a caregiver and are more open to the expression of their emotions, etc. Fathers and husbands on the other hand need to be recognised by pastors as possibly needing extra attention while dealing with their grief and hurt. Aho notes "The defense mechanisms were apparent in the fathers for a long time if the death of the child had been sudden." (Aho et al.2006: 654). This would indicate that pastors may be required to alter their approach to that of a more informal method of pastoral care. Men are more open to and in need of male friendships. They seem to shy away from formal counselling, as it does not correspond with masculine stereotypes. Should pastors be able to fulfil this role, the fathers/husbands would be greatly assisted in a non-threatening environment.

As indicated in the "Glossary" (page 6) the term "child" refers to a young adult between the ages of 18 and 27 years of age and who is unmarried. Pastors ought not to forget the deceased child during their work with the bereaved parents. For these parents, their children were at the threshold of independent, adult life. Now the aspirations, dreams and wishes of the parents have been shattered.

Thoughts of weddings, graduations, grand children, etc. are shattered. As time goes by, thoughts of how the children may have changed physically, followed careers and married, etc. continue to “haunt” the parents. Pastors would do well to be conscious of the parents’ thoughts in this regard and to acknowledge the unique identity of the deceased children.

Pastors need to be well acquainted with the doctrine of theodicy. Pastors know the doctrine theoretically. However they also need to have worked through the deep implications thereof and to have come to personally internalised conclusions in this regard. Much has been written on this subject and the question of “where is God in my suffering?” needs to be addressed. "God is not indifferent to our suffering but has himself experienced, in Christ, the depths and anguish of it." (TidBall 1991:284). C.S. Lewis emphasises: "Try to exclude the possibility of suffering which the order of nature and the existence of free-wills involve and you will find that you have excluded life itself." (1957:22). The task of pastors is to then personally struggle through and arrive at some understanding of this hefty question. Hicks reminds us that: "For many the trauma produces a second crisis, a crisis of faith and a total re-evaluation of their religious experience." (1996:25). This is where pastors must "step up to the plate" in helping bereaved parents to integrate their personal suffering with the knowledge of a Sovereign God. This is the message of the Christian gospel.

It is necessary for pastors to increase their level of knowledge and understanding of trauma and trauma reactions. "Persons are considered to be in a situational crisis when their disturbance has begun not more than about six weeks before, and when the external event which can be logically connected with the particular symptoms of the disturbance proceeds the onset of the symptoms by no more than a few days." (Switzer 1989:48). Therefore should the bereaved parents who are in a place of crisis not receive help within the six week period subsequent to the deaths of their children and have few resources or not utilise them, a positive outcome may not result. Pastors should provide normalizing information and a framework for understanding an overwhelming, confusing and often conflicting set of experiences for hurting parents.

Pastors need to be familiar with the possible struggles that bereaved parents may encounter. It is worth remembering that these struggles differ between fathers/husbands and mothers/wives. Pastors must be prepared to face additional complicating issues concerning marriage, substance

abuse, parenting issues, blame, guilt, decision-making, etc. which may seem unrelated to the grief itself, but is a natural consequence thereof.

Pastors need to work through some basic Christian doctrine that the bereaved parents may already be familiar with, but may view in a different light due to their existing circumstances. Doctrines such as forgiveness, assurance, etc. may require special attention in this instance. Adams notes that "Grief providentially affords one the greatest opportunities to help persons to finer living for Jesus Christ than they have experienced before." (1974:89).

5.5.3 Pastoral tools

There is no greater tool that pastors have at their disposal than that of their physical presence. "Being there" is the expression of caring. Crabb believes that the power to help others lies in connecting with, supporting and accepting them. "The power lies in connection, that profound meeting when the truest part of one soul meets the emptiest recesses in another and finds something there, when life passes from one to the other." (2005:31). This quote expresses the deepest and most profound need of bereaved parents and explains how pastors can meet that need. Crabb goes on to note that, "We make a serious mistake when we substitute moralism for connection. When we think that pressuring people to do what's right will promote good change, we aren't concerned with connecting with people. We address the will and require its cooperation rather than connect with the heart to release the life of Christ that God placed in its center." (2005:37). Adams notes something very similar. "Ministers who perfunctorily make two or three visits before or after death, and who perform expected rites and ceremonies at the funeral and at the grave, have become technicians of death." (1974:65). Mere functional and clinical interaction between pastors and bereaved parents will not promote their healing and recovery. Pastors need to use themselves as tools. They are in a privileged and unique position of trust from which they can assist parents, especially during traumatic times. This involves a concerted effort and a certain level of vulnerability.

The Scriptures should be considered the first and most important tools in the hands of pastors. However, as with any tool, abuse and hurt are always possible when they are used incorrectly. Rather than focusing on the misuse of Scripture, it is more helpful to consider the valued use of Scripture. John Sutherland Bonnell, in 'Pastoral Psychiatry', notes that "When he feels the occasion is appropriate at the conclusion of the interview, he gives a short scriptural text to the parishioner,

perhaps first discussing its meaning, giving it sometimes orally and sometimes on a card." (Quoted in Hiltner 1969:209). The more concise and relevant a given Scripture is to the current situation, the more likely the bereaved parents will gain needed value.

All of the pastors who answered the questionnaire used prayer in their pastoral care of the parents. Prayer is natural in times such as these; however praying can also be used inappropriately. Hiltner notes that "The resort to prayer is therefore a resort to obfuscation, to repression of the conflict, to 'whipping up the will' with no attempt to understand what is behind the situation." (1969:198). Not only is the timing of prayer critical, but its content is also of utmost importance. Pastors need to be aware of their audience and to be sensitive to their circumstances. It may even be that the bereaved parents do not wish for prayer at a particular time. For the pastor to be insistent in this instance may not necessarily be the best approach. Hiltner offers helpful advice in this regard: "If people ask for prayer or obviously expect it, because of tradition or other reasons, it should always be offered. In other cases we may be guided by appropriateness to the situation as a whole." (1969:202).

Funerals can themselves be used as tools in the hands of skilful pastors. Varying cultural and sub-cultural norms and customs should also be taken into account when pastors assist bereaved parents in this regard. For example, an African funeral is a very social event. "A private funeral would be an anomaly." (Simfukwe 2006:1462). Support for bereaved parents would come from neighbours, work colleagues, church members and extended family, etc. African funerals are also characterized by overt and communal expressions of emotion. "There is no sense of apology for wailing and outing one's grief." (Simfukwe 2006:1462). There is Biblical evidence to support this form of mourning (Gen 50:1). This ought to become commonplace in all the cultures of South Africa. Pastors are often the ones who determine what is acceptable and what may be considered inappropriate behaviour at a funeral. Pastors therefore need to rather consider what is best for the bereaved parents and the rest of the mourners, than to be concerned about societal norms. The author would suggest that pastors consider integrating aspects of communal support and open expression of grief as found in the typical African funeral.

This thesis has highlighted the low priority of the use of rituals by pastors. Pastors have often gone to the extreme of avoiding rituals altogether, as they are seen as having no value and detracting from the grieving process. The author is convinced that these rituals have spiritual and psychological power. Simfukwe notes that "Christians should not simply ban them, but should

thoughtfully and sensitively replace them with alternative rituals that will meet the spiritual and psychological needs..." (2006:1462). Rituals have been used in most churches throughout history and to good effect. They fulfil a vital role of education and symbolic representation. In other words, they portray abstract truth in a concrete manner. In the same way, suggesting appropriate rituals to bereaved parents can prove extremely useful due to the fact that they give concrete expression to an abstract experience.

Practical help is vital for bereaved parents in the initial phases of mourning. This help assumes many different forms and falls within the sphere of pastoral care. The pastors' first task should be to go to the bereaved parents as soon as they are notified of the deaths. When necessary and appropriate, pastors need to assist the bereaved parents with liaising with hospital personnel, mortuary employees, police, and/or funeral directors. Pastors, for example, need to be well informed before advising the parents regarding the viewing of their children's bodies - either at the mortuary and/or at the undertakers. Pastors must know that it is not always to the beneficial for the parents not to view the bodies of their children - no matter how mutilated they may be. Parents often fantasise regarding the extent of mutilation of the bodies when the bodies are not viewed by them. These fantasies may cause repulsion, nightmares and fixation. It may actually be easier for the parents to cope with the sight of the bodies or parts of the bodies than to cope with the imagined mutilations. In addition, when the bereaved parents are not permitted see the bodies of their children they may suffer from pathological denial. This can in turn lead to complicated grief and other psychiatric disorders. Pastors must therefore be sensitive to the needs of the parents in this regard and assist them as much as practically possible with this decision. During the finalising of the funeral arrangements, pastors need to take the bereaved parents suggestions regarding the readings, music and other service details into consideration. Pastors need to make a concerted effort to contact the parents on significant days (viz. the child's birthday, the anniversary of their child's death, etc.).

One of the Compassionate Friends information leaflets raises an important point: "The clergy may be skilled with words. However, when called upon to touch the lives of parents who have experienced the death of a child, you may need to be sparing with words." There is nothing irreverent about silence. Pastors need to remember that it can be used as an important pastoral tool.

Each pastor should have a working knowledge of, and contact details for emergency mental health resources - including emergency psychiatric facilities, hospitals, support groups, etc.

Another of the tools in the pastors' "toolbox" is that of counselling. It must be clearly understood that pastors are not exclusively counsellors; however counselling is a major part of pastoral care. Adams notes that "The first question we need to ask is, what is Christian counselling?" (1974:126). Adams then goes on to discuss the merits and demerits of Rogerian or client-based counselling. The pastors' answers to the questionnaires seem to indicate that client-based counselling is their norm. Yet according to Adams, "Counselling involves both instruction and persuasion from the Word of God." (1974:129). In light of these extreme methods, it is worth considering the "counselling style" of Jesus. Jesus' counselling style was mainly directive and confrontational, but He remained person centred. Jesus employed a variety of counselling techniques depending on the situation, nature of the person and the specific problem at hand. This may be something for pastors to consider and emulate. They have no need to tie themselves to one exclusive pastoral care method. Pastors should ensure that they do not offer false reassurance. They also need to be aware of their own possible emotional detachment as a means of protecting themselves from the hurt and pain that could so easily be absorbed by them. Lastly, the pastors need to avoid "pressure tactics". It is the parents who are in the place of grief and pain and it is the parents who need to be the point of focus - and not some teaching or counselling approach.

The author believes that there is a definite role for support groups within the church. These support groups offer bereaved parents (and especially fathers who are afraid to ventilate their feelings for fear of hurting their spouses) an opportunity to talk and experience other couple's struggles which are so similar to their own. It would seem that churches have also recognised this importance. The pastors' questionnaires indicated that forty percent (40%) of churches ran grief support groups. The author's concern is however the low percentage of bereaved parents who actually joined these groups. This may be due to the fact that these groups generally play a low-key role in the life of the church. This frequently results in a poorly run ministry. It may be beneficial for the pastors themselves to be closely involved with such groups and to use these opportunities to interact with parents in a supportive group setting.

Pastors need to be involved in proactive and not merely reactive care. Carson makes a pertinent point in this regard: "One of the major causes of devastating grief and confusion among Christians is that our expectations are false. We do not give the subject of evil and suffering the thought it

deserves until we ourselves are confronted with tragedy." (1990:9). In order to address this void, pastors need to preach on the subjects of death, bereavement, loss and suffering. In churches that employ a team of ministers, the standard procedure is for the senior pastor to be the "preaching pastor" and for the associate pastor to be the "pastoral care pastor". This division of tasks appears to be unhelpful in light of the responses from the participating parents in this thesis. In order to be relevant, both senior and associate pastors need to be seen in the pulpit, in addition to assisting their congregants through pastoral care.

Pastors are able to prepare their congregants for the possibility of trauma, help them to understand how God fits into their traumatic situations, promote the beginnings of support groups and develop points of contact with bereaved parents prior to their loss. This last point is crucial for at the moment of involvement, as the pastor has already gained the respect of the parents and entrance into the home is greatly simplified for all concerned.

5.5.4 Conclusion

Bereaved parents do not need a method or approach in their time of trauma - no matter how sound and Biblical it may be. They need a compassionate, loving, interested pastor, who is knowledgeable and understanding regarding their predicament. Bereaved parents need a pastor who can cry with them without losing perspective; a pastor who prays with them without preaching; a pastor who accepts without reserve or placating. These parents need a loving and supportive church family and a safe place of understanding and acceptance in which to express their emotions.

The author feels it appropriate to conclude with a quote from Figley's book,

"Trauma and its wake, Volume 1, " We need someone in our lives with whom we can trust our feelings; we need basic information about what is to be expected and what is normal for what we have been through; we need to learn some basic techniques so that we know what to do when the flooding memories take place or when the panic attacks hit; we need someone to help us relive all the details of our trauma and to articulate not only facts but also the feelings at that time and now; finally we ultimately need to be able to reframe the trauma, to bring it back into our frame of reality. This may take serious moral clarification, forgiveness, and other steps that will free us from the guilt and psychic pain we bear. Throughout these processes using our faith in God is critical to healing. Also finding a group of people with whom we can do all of these together is probably one of the most important principles. If there is any consensus regarding treatment, it is that a multimethod approach is best." (Scurfield, 1985:250).

CHAPTER 6

6 Conclusions

The author hypothesised in the problem statement that the church and its pastors are not effectively assisting bereaved parents who are struggling to come to grips with the death of their children, especially when the deaths have been traumatic in nature. In this limited thesis, the author comes to the conclusion that, in general, the hypothesis is well founded. Irrespective of the pastoral care methods employed, pastors still experience difficulty in meeting the needs of bereaved parents in their congregations.

6.1 *Summary of contributions*

The context in which this thesis has taken place makes this work unique. Many theses are undertaken under two conditions: the researcher has been directly involved and affected by the theme of the thesis, or the researcher examines the subject from an objective academic perspective. This thesis was undertaken by an author who operates as a trauma practitioner within the geographical area specified in the thesis. The author therefore has firsthand experience with parents who have lost their children due to a traumatic death. The author has on a number of occasions been the person who brought the news of the death to these parents. From this place of observation, the author was able to observe the sometimes problematic interaction between the parents and their local pastors. It is from this observation that the author believed it necessary to research the dynamic between the pastors and the parents and to evaluate why some pastors were more effective in their pastoral care than others.

The outcome of this thesis suggests that there is a need for pastors within the church to evaluate the effectiveness of their pastoral care to grieving parents. South African statistics (as previously mentioned in this thesis) suggest that there are many parents in the church who have experienced the traumatic death of a child.

The conclusions reached in this thesis can be adapted and generalised to other traumatic situations with regard to pastoral care.

6.2 Recommendations for future work

This work has been limited to a particular geographical area and the research undertaken was more exploratory than empirical. This then suggests that there is a place for study that could be carried out in other geographical areas with different demographics. An empirical study would enhance this exploratory thesis.

Further study that focuses on bereaved parents and a proposed programme to help them is much needed.

Finally, valuable research could be undertaken with regard to surviving bereaved children.

Appendixes

Appendix A

Questionnaire for pastors who are responsible for the pastoral care/counselling of his/her church.

This questionnaire is part of the research being carried out for a MA (Theol) at the University of Pretoria and will be used exclusively for this purpose.

Your participation in this questionnaire would be greatly appreciated.

Should you have any comments, concerns etc. please contact
 Rev. James Glanville at 082 553 7251 Student Number 26513201

Please answer all the questions by means of ticking the appropriate column. If neither answer applies please leave the block blank.

	YES	NO
1. Have you pastored parents whose child has died traumatically? (see Notes below)		
2. Were you in contact with the family before the funeral?		
3. Did you conduct/ attend the funeral?		
4. Did you continue pastoring with the family after the funeral?		
5. If you answered yes to question 5, did you continue pastoring 0-6 months after the funeral?		
6. If you answered yes to question 5, did you continue pastoring more than 12 months after the funeral?		
7. Are you familiar with the recognised trauma reactions? (see Notes below)		
8. Are you familiar with police procedures under these conditions (at the scene, mortuary etc.)		
9. Was your pastoral care/counselling approach predominately directive (eg. Instructive, giving direction, advice, etc.)		
10. Was your pastoral care/counselling approach predominately non-directive (Client centred, prompting the parents for their own solutions, etc.)		
11. Was your pastoral care/counselling approach predominately a particular psychological approach (behaviourist, cognitive, Freudian, etc?)		
12. Was your pastoral care/counselling approach predominately an exclusively Biblical approach (nouthetic, etc?)		
13. Did you pastor the parents together with each other?		
14. Did you pastor the parents independently?		
15. Did you make use of any rituals in your pastoral care of these parents?		
16. Did you make use of prayers in you pastoral care of these parents?		
17. Did you make use of physical touch in you pastoral care of these parents?		
18. Did the pastoral care take place predominately at the parent's home?		
19. Did you refer the parents to a Professional Christian counsellor? (psychologist, social worker, pastoral counsellor)		

20. Did you refer the parents to a secular counsellor? (psychologist, social worker, psychotherapist)		
21. Do you have a resource list of service providers and support groups with regards to traumatic death?		
22. Do you have extra seminary training in counselling/ pastoral care?		
23. Are you continuously developing your skills and knowledge by means of books/ courses?		
24. Did the pastoral care of the parents affect you emotionally and/or, spiritually, etc.?		
25. Did you integrate the doctrine of Sovereignty of God in you pastoral care of these parents?		
26. Did you integrate the doctrine of Theology of Suffering in you pastoral care of these parents?		
27. Did you integrate the doctrine of Eternal Hope in you pastoral care of these parents?		
28. Does your church have a grief support group?		
29. If you answered yes to Question 28, did any of the parents join this group?		
30. Did the parents join another support group outside of the church?		

NOTES:

Question 1 Traumatic death of a child is a death that has resulted from unnatural causes viz. suicide, motor vehicle accidents, crime related activity, overdose, etc. The age of the child in this thesis is that of a young adult (viz. 18-25 years old). This thesis does not cover the death as a result of an illness viz. cancer, AIDS, etc.

Question 10. Victims of a traumatic event display various and unique reactions or symptoms due to the trauma. These reactions affect the biological system, psychological system and social system. It is these reactions that are referred to in this question.

My participation in this questionnaire expresses my voluntary willingness and I give consent for the information to be used for the purpose as set above

Appendix B

INFORMATION SHEET FOR PARTICIPATING PARENTS

A Critique of Various Pastoral Care Methods in regard to the Traumatic Death of a Child

This information sheet has been designed to assist you to decide whether or not to participate in the corresponding research project concerning bereaved parents. The researcher would be most grateful should you decide to participate. However it is important to add that you are free to turn down this invitation.

Aims of the project

This project is being undertaken as part of the requirements for a Master's degree in Pastoral Care - with specialization in Trauma. The aims of the project are:

- a) To listen to bereaved parents tell of their experience as they live with the death of their child.
- b) To learn from the parents regarding the effect that the death of their child has had on them.
- c) To learn from the parents concerning their means of coping under these conditions
- d) To glean from parents the extent of assistance that was given to them by the local church
- e) To ascertain the means of pastoral care assistance, if any, that they received from their pastor.

Participants needed for the study

Three couples or individual bereaved parents will be included in the study. They will be approached personally and will, after a discussion concerning the research, receive this information sheet.

What will be required of participants?

All participants will be asked to give consent for the information obtained during conversations with the researcher to be used in the research project. Participants will be expected to take part in about one or two conversations of approximately one and a half hours each. The parents participating will be interviewed together. A follow-up meeting may be scheduled with the parents individually.

Free -participation

Participants will be free to withdraw from the research project at any time without any consequence to them.

Confidentiality

The information obtained during the above-mentioned conversations will be used in the thesis. In order to summarize the conversations, notes will be taken during conversations with the researcher. The information collected during the project will be safely stored in a filing cabinet and will be destroyed at the termination of the project.

Results of the study

The results of this study may be published. Details such as names and places will be distorted to ensure the anonymity of the participants.

Participants are welcome to request a copy of the research results.

Questions of Participants

Should you have any questions or concerns regarding the project, either now or in the future, please feel free to contact the researcher:

James Glanville 082 553 7251

Or his supervisor at the University of Pretoria, Department of Practical Theology,

Prof. Masango

021 8725776

CONSENT FORM FOR PARTICIPATION BY PARENTS

A Critique of Various Pastoral care methods in regard to the Traumatic Death of a Child

I have read the Information Sheet concerning the project and I understand what the project is all about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:

1. My participation in the project is entirely voluntarily.
2. I am free to withdraw from the project at any time without any disadvantage.
3. I am aware of what will happen to my personal information at the conclusion of the project, that the data will be destroyed at the conclusion of the project.
4. I will receive no payment or compensation for participating in the study.
5. All personal information supplied by me will remain confidential throughout the project.

I am willing to participate in this research project.

Signature of Participant _____

Signature of Witness _____

Date _____

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