

**A PRACTICAL THEOLOGICAL EXPLORATION OF THE ROLE OF FELLOWSHIP IN
CHRISTIAN HEALING IN THE DIOCESE OF JOHANNESBURG**

By

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Declaration

I hereby declare that this dissertation is completed after deep research on the topic and is submitted to the University of South Africa (UNISA) and has not been submitted to any other institution or university in full or in parts. I declare that the research conducted hereof is original. Proper citations are provided whenever the idea is taken from any other source.

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CHAPTER 1:

DEVELOPMENT OF A RESEARCH OUTLINE

1 RESEARCH OUTLINE: INTRODUCTION

Many Healing practices have received the attention of researchers: Medical Intervention, Counselling and prayer are areas that have enjoyed such attention. Although authors like Louw et al (1994), who looked at healing and fellowship, have undertaken studies, studies on healing only refer indirectly to *The Role of Fellowship in Healing*. Warren (2002:138) has captured the importance of fellowship as he states, "God intends for us to experience life together". The bible calls this shared experience 'Fellowship'. The focus of my research has been to explore the role of fellowship in healing. I do not feel really at home to embark on doing research but because of my passion in healing, I am prepared and committed to see what may come out of it for the good of society. Müller (1999:3) rightly says, "To do research is not an easy task because of curiosity I could venture into a world of the "unknown" where a treasure, surprise, or a shock might be hidden". By using the narrative approach, one can venture with fellow travellers into their known world which they never knew or have never seen. 'Life is a journey' we journey both separately and collectively."

In the light of the above mentioned statement I was willing to venture into the world of exploring, *The Practical Theological Exploration of the Role of Fellowship in Christian Healing in the Diocese of Johannesburg*.

1.1 The background

The study has been motivated by my involvement in various areas in healing services, firstly as a chief professional nurse, secondly as a black female clergy in the Anglican Church of Southern Africa, thirdly as a black female Chaplain in the South African National Defence Force and fourthly as a student in the Institute for Therapeutic Development (ITD) which was in partnership with the University of South Africa (UNISA).

1.2 The research problem

The research problem which has been identified manifested itself through the following symptoms: - Loneliness, low self-esteem, moral degeneration and lack of sense of belonging which have not been

verbalized but acted in behaviour and sickness. While I was in the medical field, I came across patients whose symptoms were not improving although medication had been given to them. After probing questions some patients finally revealed that one or more of the above mentioned situations have been part of their life style. However other patients ultimately died, then later on the relatives admitted that some of the causes of their death are related to the conditions mentioned above. In my various practices which have been touched on I discovered that community in the entire nation is subjected to increased loneliness due to increasing urbanization and time spent in the employment area. The employees lack the time to fellowship and some families of the employees become lonely when their relatives are at work. An employee spends more time at his/her work place than at home. These contributing factors are responsible for many other family members resorting to alcohol abuse, crime, violence, and suicidal tendencies and many other atrocities become common. The need to explore the role of fellowship in healing is of prime importance. A recovery from alcoholism and drug abuse is something one cannot do alone. It is unfortunate that these people hardly ever get any support or understanding from the religious leaders, for they do not realize that chemical dependency is a disease, rather they blame the person for having the problem. I listened to a number of stories of the medical personnel whose spouses resorted to drugs and alcohol abuse as well as unfaithfulness to their spouses because they could not cope with twelve or more hours of night duty performed by their partners. Overtime and on call duty leave the partners and the family as a whole with a feeling of instability and no hope of reliable quality life.

Fear is yet another problem which stops the clergy from helping. They keep quiet as they think they are not qualified to tackle the problem or that they may be misunderstood. Once Spiritual leaders come to understand that it is a disease they can start taking steps to help. They can have a discussion about it in their congregation, they can refer families to treatment resources and most of all, the fellowship can pray over the problem. In my experience or in my perception of fellowship I realize that it offers sense of security, dispelling loneliness and fear as well as recognizing the worth and value of the other person by accepting and accommodating the other. Various talents and spiritual gifts can only be exercised in the context of fellowship. Above all it provides platform to share concerns and joys. In counselling I came across some clients who experienced fear of unknown following trauma experience and others who experienced fear because they were overwhelmed by low self-esteem. However as the counselling process continued to unfold, their potential improvement was noticed.

I hope that the research that I have embarked on has made a difference in the lives of those interviewed and will do likewise in the community at large. I tried to fit this problem into practical theology by creating awareness of the problem as I have done in-depth research on it in considering *The Practical Theological Exploration of the Role of Fellowship in Christian Healing in the Diocese of Johannesburg*, information which is now available will be published for pastoral theologians and pastoral therapists as well as health centres.

1.3 My perception of practical theology

I perceive *Practical Theology* as a scientific communicative praxis of one's churches conceptualization and operational conviction with regard one's churches faith and belief in God in various ways like preaching, teaching and rendering pastoral care and therapy, considering the given context and being open for dialogue as to facilitate further research with the participants.

1.4 Theological conceptual framework of the study

I identify with Van Wyk (1995:5) when he defines Practical Theology as a "communicative and operational science which involves the training and technical equipping of people for gospel ministry".

Roux et al (2001:11) proposes four approaches to practical theology, these are:-

The confessional approach

The contextual approach

The correlative approach

The participatory approach

My preferred approach is the participatory approach. "Participatory approach borrows from the ideas of the contextual approach but goes further in tracing the doing of theology. So instead of more practice of theology this approach calls for a shift from the familiar, the local, the main stream Western theology's claim of universal validity Kotzē (2001:5) to a participatory doing of practical theology, we are no longer talking of 'academic theologians' or living as though theology was a domain for the clergy only, but rather we enter a world of a theology in which everyone can participate. By doing this, the gap is bridged between academics and Laymen. Reflection is necessary to maintain transparency and making the unheard voices heard.

By giving these unheard voices a chance to be heard, the ethical effects of the truth by or for which we choose to live can be examined. This goes with an ethical responsibility towards these non-theologians making up the unheard voices” Kotzē and Kotzē (2001:10). I can not agree more with Van der Ven (1990: 35) when he echoes that Practical theology today, understood as pastoral technology is aimed at developing the range of pastoral instruments in the broadest sense of the term and at teaching future as well as practising pastors how to use them.

1.5 Evaluation of the research problem

There is a great need for the study of this kind. Medical intervention, praying for the healing of the sick, preaching and counselling are good in bringing about healing. However there is still a gap which can be bridged by providing platform for the people to tell the stories of their experiences whether successes or failures. In that way a feeling of worth, sense of belonging, sharing successes and concerns become more therapeutic and are in essence a kind of preventive and promotive health measures. The so-called psychosomatic conditions which are commonly responsible for a variety of minor ailments can be eliminated. Creating awareness of God with us (Fellowship with God) and not an isolated entity but being with others bring about sense of security and serenity as well as shalom. Kotzē, Myburg, Roux and associates (2002:204) in *Ethical ways of being* identified Connie as one of those whose life was touched by cancer of Apartheid and has survived to begin her own process of healing by telling her story. She is known as a black woman who joined the ANC struggle against Apartheid. The story unfolds her experience of the brutality of Apartheid as well as the betrayal by people inside the struggle. The author observed that she turned to (and away) from religion and politics to start the healing process as she told her story to Eileen Polson, a psychologist practising narrative therapy.

1.6 The aims of my research

I interviewed six participants parishioners from St Mary’s on the Limpopo Anglican Chapel in Parktown and St Mary’s cathedral in Johannesburg city on their experience on *The Role of Fellowship in Christian Healing*. This interview was carried out in the form of *narrative telling* in a group as participants were comfortable with that. The interview has focused more on the successes or resilience of the participants in challenging past and present experiences. The study was aimed to question and to deconstruct discourses that jeopardize fellowship. The purpose of the study was also to co-construct with the participants alternative stories whilst de-constructing the dominant discourses. The ultimate goal is to look at the possibility of incorporating the study in health services.

1.7 Access the feasibility

The study was feasible as I already had the participants having negotiated with the rector at St Mary's on the Limpopo Chapel in Parktown (Johannesburg).

1.8 Limitations

These are the following:

- Reluctance of respondents to be open.
- Cultural diversity resulting in making participants suspicious.
- Irregular respondents to the meetings or sessions.
- My research did not cover the whole range of fellowship but was limited to spiritual Christian and emotional healing dimensions knowing very well that spiritual and emotional dimensions cannot be neatly separated from other dimensions. The implication was that all other dimensions were touched on.
- I believe I had the necessary skills to do empirical research, however I registered with the University to sharpen the skills.
- Necessary resources were available.
- Since I embarked on the studies I never had the time, I am convinced that it is not a matter of having the time but of managing and prioritizing the time which is an issue. I believe also that the issue is how much effort one puts in the study and the spirit of tenacity one possesses.

1.9 Research Strategy

My approach is known as "qualitative research". According to Denzine and Lincoln (1994:12) "qualitative research" has been identified as research, which examines and explores strengths which humanity possesses. I have found this type of research effective in empowering clients whose coping mechanisms have been exhausted. Glesne and Peshkin (1992:5-6) observe that qualitative researchers seek to make sense of personal stories and the ways in which they intersect. According to Glesne & Peshkin (1992: 5-6) qualitative methods are generally supported by the interpretivist paradigm which portrays a world in which reality is socially constructed, complex and ever changing. In contrast quantitative methods are in general, supported by positivist or scientific paradigm, which leads us to regard the world as made up of observable, measurable facts. Glesne & Peshkin (1992:6)

continue to understand qualitative research in the following statement, “Meanwhile since qualitative researchers deal with multiple socially constructed’ realities’ or ‘qualities’ that are complete and indivisible into discrete variables, they regard their research task as coming to understand and interpret how the various participants in a social setting construct the world around them. To make their interpretation the researchers must gain access to the multiple, perspectives of the participants. Their study designs therefore generally focus on in depth long term interaction with relevant people in one or several sites.

The researcher becomes the main research instrument as he or she observes, asks questions, and interacts with research participants. The concern with researcher objectivity is replaced by a focus on the impact of subjectivity on the research process”. The earlier on given explanation of qualitative research has been appropriate to the study I have undertaken as I was prepared to be open to learn to interact with people of various perceptions, attitudes, backgrounds and mindsets as I understand qualitative research is not concerned with so called neatly measured statistics but is concerned with improvement of quality of life. Glesne & Peshkin (1992:6) are persuaded that unlike quantitative inquiry with its pre-specified intent, qualitative inquiry is evolutionary with a problem statement, a design interview questions and interpretations developing and changing along the way. Plummer (1983:7) harshly challenges quantitative research in stating , “The qualitative approach reminds the scientific sociologist (and the rest of us) that for all his or her neat abstractions concrete human beings may not neatly bend before them”. It is imperative that qualitative research creates an environment where the researcher and the researched are open to learn from one another, both parties participating equally hence participatory research. Glesne & Peshkin (1992:11) identify participatory research regarding research as ‘praxis’ or ‘reflection’ plus action and ‘social value’ becoming criterion for determining whether or not a research question should be pursued.

The point at issue is to work on the reasonable collaboration level of researcher and the researched. I have considered application of narrative therapy. In the words of Müller et al (2001:2), “I guarded against the risk of objectivity, but as narrative researcher had subjective integrity in mind and strived for participatory interaction”. As a narrative researcher I positioned myself within the social constructionist paradigm and used a narrative based research. A social constructionist view not only challenges the idea of a singular truth, but also doubts that there is such a thing as objective social research. Constructionism approves a critical self-reflection that might open the future to alternative forms of understanding McNamee & Gergen (1994:5). Narrative therapy approach offers a client freedom of speech, as one is not restricted by neither open-ended nor close-ended questions.

The research was carried out in steps.

1.10 Methodology and research steps

Step 1

Finding participants

I first shared my intention to venture on this research project with the Rector of St. Mary's on the Limpopo Chapel. This opportunity arose during a diocesan clergy meeting held in March 2009 at St Thomas Parish Linden. The rector of St Mary's on the Limpopo in Parktown was enthusiastic about the project as his reply was that it would be exciting to be included in the study as the chapel of St Mary's on the Limpopo. I then confirmed my request in a written form with the rector. I was then invited to come to the chapel to present my intention and in the context of the congregation after which I invited those who were willing to be included in the research study. I then started group sessions with eight first respondents. I employed Grobbelaar's format, which I had borrowed from Kotzē and Kotzē's (2001:177-178) 'telling narratives'. The reason I chose Grobbelaar's format is that through this format, ethical conduct, respect of the client and an attempt to work on an equal level thus empowering the client are observed. In Kotzē and Kotzē (2001:177-184), Grobbelaar is consistent to walk the journey together with the participants. This is manifested in negotiating the journey, hearing the stories, seeing the client as an expert and others. This format is a postmodernism practice which is liberating to the clients unlike modernism practice which is oppressive and prescriptive. Prospective participants received information letters to take home and decide on their participation. The terms of the study as well as the ethical implications were negotiated thoroughly with each participant and should one be willing to take part in the research project I asked for one's written consent. The participants were contacted by telephone to inquire about their decision. The first six parishioners to give informed consent were included as participants.

Step 2

Negotiating the journey

Borrowing from Grobbelaar in Kotzē and Kotzē (2001:178).

At the first group meeting the research project was discussed in detail with the participants. They were informed about my inspiration, my aims for the research, as well as my ideas about how to journey together. I considered this discussion necessary to come to a mutual agreement on the title of the project and terminology which was to be used, the aims for the project and the way in which

we would map the journey. In order to ensure that the participants were co-creators and primary beneficiaries of the project, I realised that the actual project could be totally different to the project I had initially intended.

The following practices were employed during the interview:

Following the views of Heshusius I conducted the research interviews in a participatory mode of consciousness. According to Heshusius (1994:16), participatory consciousness is the awareness of a deeper level of kinship between the knower and the known. Heshusius (1994:16) goes on observing that it requires an attitude of profound openness and receptivity.

The type of a relationship that I as the researcher wanted to have with the participants during our conversation is best described in Heshusius' work. Heshusius (1994:17) says that a participatory mode of consciousness that results from the ability to temporarily let go of all pre-occupation with self and move into a state of participatory quality of attention. Through this participatory quality of attention, I wanted my research to be care to the participants. According to Heshusius (1994:19), this participatory mode of consciousness renders the act of knowing an ethical act.

Step 3

Hearing their stories

According to Kotzē & Kotzē (2001:178) from a qualitative research perspective as proposed by feminist researchers, I followed an approach of narrative/free ranging interviews where the interviewees helped to set the research agenda. The group conversation focused on the stories of parishioners in church fellowship; I was curious on what their experiences were and how they viewed the role of fellowship, in Christian healing and how this can be incorporated in healing. The method of collecting and recording the stories were negotiated in details with the participants. "If people live by stories, then therapy is about stories that is about language". Botha (1998:107)." The people construct the realities in which they live, by means of linguistic constructions. Language is always changing and meaning are unstable and on the move." Freedman and Combs (1996:29).

"The therapist searches with the individuals for means of de-constructing and reconstructing his/her reality", Grobbelaar in Kotzē and Kotzē (2001:178). Grobbelaar rightly observes that as therapists/researchers we see our task in accordance with Gergens (1994:250) ideas of transformative dialogue in which new understandings are negotiated together with a new set of

premises about meaning. Through the process of deconstruction a narrative therapist, searches for “unique outcomes” those preferred ways of being that are neglected and are unstudied.

According to Anderson & Goolishian (1992:27) “Not Knowing” requires that my understanding, explanations and interpretations are not limited by prior experiences of theoretically formed truths and knowledge. A therapist using this stance moves away from the expert role, and people in therapy are viewed as the experts on their own lives. This implies not asking questions from a position of pre-understanding and not asking questions to which we want particular answers. “Client is the expert” approach was applied during interview.

Anderson & Goolishian(1992:29) give explanation of the ‘client is the expert’ and ‘Not Knowing’ approach as follows, “The not-knowing position entails a general attitude or stance in which the therapist’s actions communicate an abundant genuine curiosity---. The therapist, therefore, positions himself or herself in such a way as always to be in the state of being informed by the client”. Although I also had my story I regarded every participant’s story as unique. Therefore every participant was treated as the expert in his or her own story and I did not presume that I knew what their stories were all about. As the researcher I then took the position of ‘not-knowing’ and was guided by my curiosity to learn from the participants. Anderson and Goolishian (1992:38) rightly say, “It is this curiosity and not-knowing that opens conversational space and thus increases the potential for the narrative development of new agency and personal freedom”. Although Anderson and Goolishian (1992:27) address the therapeutic conversation I saw my role as the researcher as they described it in the following way, “The therapist is a participant observer and a participant-facilitator of the therapeutic conversation” The question that I was asking was also informed by this approach in the following way ,” To accomplish this the therapist exercises an expertise in asking questions from the position of ‘not-knowing’ rather than asking questions that are informed by method and demand specific answers “Anderson and Goolishian (1992:28). “ This process of interpretation, the struggle to understand in therapy (and in research) becomes collaborative” (Anderson and Goolishian 1992:30).

Step 4

De-constructing cultural discourses

Following the ideas of social construction theory and a narrative therapy approach, the stories were de-constructed:

Kotzē and Kotzē (2001:181) realise that one of the objectives of narrative therapy is to render transparent the discourses and effect these practices have on individuals' lives and relationships, some socially constructed ideas and practices are oppressive and biased at the expense of recipients who are expected to comply. These practices are usually so normalised that anyone who does not comply feels guilty.

Step 5

Following each group session

I prepared a summary of the session and made it available to all participants to review and to edit according to their understanding. At the next session changes to summary, questions and issues raised were discussed Kotzē and Kotzē (2001:182).

Step 6

Reporting the research

By means of ongoing consultation with each participant to confirm my interpretation of what she said, the story was co-constructed in the research report. As the emphasis is on leaving the ownership of the research with the participant each one had the opportunity to review a draft on the report and comment on its validity Kotzē and Kotzē (2001:183).

Step 7

Report format

According to Reinharz (1992:212) the report format of the study was influenced by participants and presented in a process format since the process becomes part of the product.

1.11 Reflection on the narrative language applied in the research process

1.11.1 Externalising conversation and naming the problem

White & Epston (1990:38) cite, "Externalizing is an approach to therapy that encourages persons to objectify and at times, to personify the problems that they experience as oppressive. In the process, the problem becomes a separate entity and thus external to the person or relationship that was described as the problem. Those problems that are considered to be inherent, as well as those relatively fixed qualities that are attributed to persons and to relationships, are rendered less fixed and less restricting." Morgan (2000:20-21) identify some of the things which can be externalised which are these: - "Feelings, problems between people, cultural and social practices and other metaphors." I therefore did not see the participants as problems but joined each of them in fighting the problem placing the problem outside them.

1.11.2 Naming the problem

To be able to externalise the problem effectively, Morgan (2000:20) suggests, "The therapist might hesitantly suggest a name or way of referring to the problem," I was wondering what you would call this problem, something like, the *Depression* or the *Worry* or the *Guilt* or *Self-doubt*? They were some of the things I was thinking of whilst you were speaking, what do you think?" Morgan (2000:20) in her book, 'What is narrative therapy?' continues realising the need of the therapist to be extremely tentative to be sure that the name is one that appeals to the person consulting them without the therapist imposing a name on them.

1.11.3 Exploring the effects of the problem

Morgan (2000:39) asserts, "The therapist can ask a series of questions about the ways in which the problem has affected: - The person's sense of self: what they think of themselves as a people, their view of themselves as parents, partners, mothers, wives, sisters, brothers, workers, their hopes, dreams and sense of the future, their relationships with children, parents, partners, community members, colleagues, their work, their social life, their thoughts, their physical health, their spirits, their moods or feelings and their everyday life." Morgan (2000:40) is convinced that without these explorations of the effects of the problem on the person's life, it can feel as if the therapist has not really understood or listened to the experience of the person seeking consultation. Morgan (2000:40) equally believes, "Exploring in detail the effects of the problem may also lead to the discovery of unique outcomes". It will be appropriate to explore unique outcomes. According to

Epston & White (1990:16) problem saturated stories can be sufficiently oppressive as to subjugate all other stories in a person's life so that the problem can reign supreme and silence the holder of the story. Kotzē & Kotzē (2001:139) observe that a request for help can be seen as a first step in breaking the hold of the problem on the person's life.

1.11.4 Unique outcomes

Morgan (2000:41) identifies "unique outcomes" as the times in the life of the person when the problem has not been influential. Morgan (2000:54) relates that many people she has spoken to consider the act of making an appointment and coming to speak with a therapist about a problem as a significant unique outcome, speaking about a problem with another person usually represents a stand against a problem's influence. Morgan (2000:54) is of the opinion that, unique outcomes can often go unnoticed, unless the therapist listens and watches out for them. Morgan (2000:58) goes on asserting that, anything that defines the problem or that contravenes the problem can be seen as a unique outcome or sparkling event – if so identified by the person concerned. Morgan (2000:60) continues exploring the particularities of the unique outcome by observing that when therapists first discover an event, thought action, belief, idea, dream or hope that does not fit with the dominant story, they are interested in discovering as much information and detail as they can about it. Their question often will begin with: - "Who? What? Where? When?-so that the particularities of the unique outcome can be explored in detail. These questions are seen as exploring what is known as the landscape of action which needs to be discussed briefly.

1.11.5 Landscape of action.

White (1995:31) defines the landscape of action as constituted by experiences of events that are linked together in sequences through time and according to specific plots. This provides us with rudimentary structure of stories. If we drop one of those dimensions out – experiences of events, sequences, time or plot – then we would not have a story. These events together, make up the landscape of action.

1.11.6 Landscape of action questions

Morgan (2000:60) gives a list of examples of landscape of action questions which therapists may ask as they are exploring a unique outcome but I only picked up two of them: - "Was it a decision you made on your own or with someone?, What were the steps leading up to doing this?"

1.11.7 Landscape of identity

In exploring the meaning of the unique outcome, Morgan (2000:61) has this to say, "An exploration is undertaken into what the development (unique outcome) means in terms of the person's desires, intentions, preferences, beliefs, hopes, personal qualities, values, strengths, commitments, plans, characteristics, abilities and purposes. These questions are known as landscape of identity questions." White (1995:31) states, "As they talk about certain events they will indicate what they think those events reflect about the character, motives, and desires and so on, of various persons in their social networks. They will also reflect upon what these events say about the qualities of particular relationships, so the landscape of identity or meaning has to do with interpretations that are made through reflection on those events that are unfolding through landscape of action." White(1995: 86) views narrative ways aiming to move away from the stigma and restrictions that a pathologising talk may perpetuate .Narrative talk opens opportunities of alternative expressions of the trauma in order to get in touch with different and more positive stories of people's identity White(1995:105). White (1995:105) goes on saying that without expert Impositions, by the therapist, people can give different meanings to their experiences and express these experiences in ways that are not likely to be re-traumatising.

1.11.8 Landscape of identity questions

Morgan (2000:62-63) lists examples of landscape of identity questions but I picked up only two of them which are these: - "What does it say about you as a person that you would do this? What do you think that says about your abilities, skills, knowledge" and this leads to the client re-authoring one's story?

1.12 Practical considerations

The first phase (preparation) for the research project was completed during July 2010. The interviews were completed in September 2010. The first draft of the report was handed in during December 2010.

1.13 Budget

A budget was drawn up and adhered to with minor exceptions.

1.14 Ethical considerations

As Kotzē and Kotzē (2001:164) cite, “During the study the purpose and aims as well as the topic of the research were negotiated with the participants” As Kotzē and Kotzē (2001:177-178) continue to observe, “The terms of the study as well as ethical implications were negotiated thoroughly with each participant, and should she or he be willing to take part in the research project, I asked for his or her written consent”. As mentioned in the application for Ethical Review document, complete confidentiality could not be guaranteed, however, best measures for reasonable confidentiality were in place. Kotzē et al (2002:25) in *Ethical ways of being* say, “If we are committed to doing ethicising research, we can find participation to be a very helpful value and practice”. It is for that reason I chose participatory narrative research.

This ethical consideration fits well with ethicising research. Ethicising research according to Kotzē (2002:18) describes the demands of participatory ethics as follows, “Participation of all is a primary commitment if in any way we aspire to being ethical. Those who have a voice and power have an ethical obligation to use the privilege of their knowledge power to ensure participation with the marginalised and silenced, to listen to them, but not to decide, and to engage in participatory solidarity with them. The question, ‘Who benefits’ becomes a central and guiding challenge.” Maximum participation of the participants was then encouraged from the negotiation phase and will be observed up to the publication of the dissertation. We journeyed together with the participants. The author continues describing participatory research as ethicising research in the following manner: - “The use of variants of the word research opens up space for richer description of a more ethical practice. Co-search refers to a participatory search in which the ‘researcher’ and the ‘subjects’ of research become participants in co-researching for new knowledge about which all participants have to say. In this way, ownership by participants of this research will be achieved”. Kotzē & Kotzē (2001:7) are of the opinion that, a commitment to do pastoral care as participatory ethical care immediately challenges us not to ‘care for’ but to ‘care with’ people who are in need of cares.

1.15 Appendices including definition of abstract concepts

FELLOWSHIP: Means participation, sharing, community of interest, companionship, friendliness, body of associates, company, fraternity and experiencing life together.

BIBLE: Derived through Latin from Greek “biblia” (books).

The books, which are acknowledged as Canonical by the Christian Church.

HIV: The acronym stands for Human Immune Deficiency Virus.

This is the virus that causes AIDS.

AIDS: The acronym stands for Acquired Immune Deficiency Syndrome.

PHYSICAL CHALLENGED: Physical disability or incapacity, which hinders normal body function caused by injury or disease, may even be congenital for that matter.

LAST OFFICES: Terminal ill period of a person.

MULTI-PROFESSIONAL TEAM: A group constituting members of various professionals such as psychologists, social workers, doctors, chaplains, nurses and any other health practitioner in a given institution having a common goal of holistic approach in healing of individuals, environment and society as well as economy.

PANDEMIC: Diseases prevalent over the whole country or over the whole world.

NARRATIVE THERAPY: According to Morgan (2002:2) Narrative therapy seeks to be a respectful non-blaming approach to counselling. It views problem as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives.

DECONSTRUCTION: Deconstruction refers to attempts to take apart texts and see how they are constructed in such a way as to present particular images of people and their actions.

FEMINISM: Advocacy of women's rights on grounds of equality of the sexes.

PATHOLOGY: Science of bodily diseases including symptoms of a disease.

ACCENTUATE: Emphasize

SYMBOL: Something regarded by general content as naturally typifying or representing or recalling something by possession of analogous qualities or by association in fact or thought.

THERAPY: Medical/treatment of a disease according to Oxford dictionary but in generally understanding refers to all measures taken to attain or restore optimal health of humanity.

SACRAMENT: Religious ceremony or act regarded as outward and visible sign of inward and spiritual grace.

1.16 Conclusion - including my own view

I am convinced that "Fellowship" plays a major role in healing. I have observed impact of fellowship in healing in various contexts of different given groups such as religious, Christian, traditional and Cultural groups. The focus of this research has been towards Christian context. Investigation in the subject of role of fellowship in healing is in demand. In-depth study, awareness and mechanism of implementing are challenges facing the entire world. A lot of gaps need to be bridged, some

challenges for research are cultural barriers for instance, after eighteen years of democracy, in institutional gatherings, and people of different cultures are still struggling to cross over to another person of a different culture. Gender equity is still an area, which needs close investigation. Religious, ethnic, tribal and philosophical barriers pose challenges and are threats to fellowship and this becomes a hindrance in healing process. Each and every challenge I have stipulated will need each its own attention and investigation of potentialities in fellowship. It stands to reason that fellowship has to do with relationship and humanity is always in relationships from birth to eternity.

It is clear that in these relationships we have a huge responsibility to strive for fellowship if we are to be healthy. We have explored fellowship with various people and in various contexts. Important fellowship as it is, I reckon that fellowship with God is the most important one. Fellowship with God determines and ensures authenticity of fellowships in all other areas.

Paul rightly says, “we are united with Christ though many, form one body and belong to one another as it’s limbs and organs” (Romans 12:5). The song of the church also confesses the fellowship we have with the departed by stating, “The glorious company of apostles praises you: the noble fellowship of prophets praises you, the white robed army of martyrs praises you. Throughout the world the holy church acclaim you: Father of Majesty unbounded”.

The following chapter focused on a literature review.

CHAPTER 2:

LITERATURE REVIEW: INTRODUCTION

Before starting the quest for relevant literature on the research topic the researcher would like to convey sincere gratitude to all the authors of the books on healing and fellowship as well as the authors of the magazines, the bulletins and the work books. It was an honour and privilege for the researcher to be the co-traveller with the authors of the books. Tremendous services of authors (whose names have been highlighted later on) have laid a foundation for the theme tackled in this research, *A Practical Theological Exploration of the Role of Fellowship in Christian Healing*. Researcher has tried to build on their information and synergize.

Borrowing from forward by Karl Tomm in White and Epston's book (1990 vii) when he says, "Breaking new ground in any field is a major accomplishment. To do so in different directions at the same time and, in so doing, to open up whole new territories reflect tour de force". Tomm continues saying, "In my opinion, Michael White and David Epston are engaged in just this kind of trailblazing for the field of family therapy." The above written quote is relevant to the situation of the researcher as this research has embarked on a new theme. The researcher was convinced that clarification of opinion in writing is an essential skill of communication which is able to reach a wider range of readers than verbal communication. Epston (1994:31) rightly says, "Conversation is by its nature, ephemeral but the words in a letter don't fade and disappear the way conversation does and they endure time and space, bearing witness to the work of therapy and immortalizing it".

Although the above mentioned quote refers to the conversation and the letter, the researcher found it also applying to keeping any information alive by recording it. Every one of us can imagine if the Bible had not been written; how we would have had a reliable reference and information with regard our faith.

Literature review has focused on the following topics: -

- Illness as crisis and challenge
- Healing
- Fellowship

- Pastoral Role
- Community role (Health Care Christian Fellowship)
- Prayer
- Counselling
- Story telling
- Political environment
- LEMON Leadership
- And summary

2.1 Illness as crisis and challenge

Daniel J. Louw the author of the book titled, *Illness as Crisis and Challenge* is a well known academic and pastoral counsellor in South Africa. He has also been a professor at the University of Stellenbosch, South Africa. In his book, Louw (1994) has displayed profound knowledge of illness as crisis and challenge. He clearly spells out the effect of illness by discussing the four ways by which illness brings conflict in a human being, these ways are:-

- First, the sick body or damaged tissue causes physical limitations in terms of freedom of movement and living space. It is without doubt that the sick person feels useless and burdensome.
- Second, there will be a personal crisis regarding the self image of the sick person. This situation interferes a lot with the individual's self esteem.
- Third, the familiar world becomes foreign. Familiar surroundings e.g. the home and the bedroom are replaced by a hospital ward and a sickbed. Struggling to adapt can aggravate the condition.
- Finally, questions arise about God's justice and omnipotence. Negative feelings could be transferred to office bearers so that the pastor's ministry does not necessarily console Louw (1994:36). This situation can result in patient withdrawing from any offer of assistance.

Louw (1994:37) goes on to identify illness as an existential life crisis as it affects the following basic aspects:-

- Man's desire to live. Death is either unacceptable or not easily accepted until individuals notice that there is no turning-back opportunity.

- Man's existence is insignificant and of no value. This is because dreams, aspirations and plans are shattered.
- Consciousness of guilt. Louw states that illness confronts man and his actions.

He asserts that at this point they begin to take stock and suddenly feel guilty about the wrongs they have committed. He continues asserting that they have a guilty conscience and begin searching for a reason or explanation for their illness. In author's opinion, man has a deeply rooted need for peace, wholeness and harmony.

Louw (1994:38) continues noting that illness makes us conscious of our brokenness and transience. The author observes that often patients view their illness as a punishment for some kind of transgression. The researcher of this study does not agree more with Louw in grasping the fact that believers experience their illness as a punishment from God. Sometimes, this thought and perception is triggered by the judgemental attitude the community of believers' displays towards the sick. The author warns the readers not to underestimate the guilt factor at the bedside Louw (1994:39). To be able to motivate the patient to confess as to be delivered demands a lot of skills to gain patient's confidence.

Louw (1994: 39-40) takes us to the predicament of being ill and he classifies illness in the following ways:

- Illness as a functional need.
He echoes that previously, the patient had roles and responsibilities to fulfil and illness robs him of his normal functions. Louw (1994:40) notices that in hospital, man becomes a mere number and often to the doctor, he is an object or an interesting case
- Illness as a Relational Predicament (Isolation).
Louw (1994:40) says, "New demands are made on his family, relatives and friends." Closer friends and family have a lot of physical, emotional and psychological demands to deal with. This is a critical point and one of the primary points in the current research. The researcher agrees with the author when he says that A complex of emotions develops, associated with loneliness, isolation, confusion in his awareness of time, living in limited space and the feeling of being lost, rejected and feeling intrinsically removed from life.
- Illness as a Physical Predicament (Pain)
The author unfolds many facts with regards to the effects of pain but this researcher refers

to only a fraction of his discussion. Louw (1994:41) is convinced that pain also heightens the feeling of loneliness and isolation.

- Illness as an Existential Predicament (Suffering)

Researcher of this study fully agrees with Louw (1994:42) in saying, “Illness causes suffering, which is actually a qualitative term and an indication of the quality, attitude and disposition of one’s coping mechanisms for carrying and enduring the problems of pain or injury”.

- Illness as a Psychological Predicament (Torment).

Louw (1994:42) believes that when illness (distress) becomes so overwhelming that it dominates one’s whole range of perceptions and one interprets (uncontrollably) all events only in terms of the illness, then it could cause neurosis.

- Illness as a religious predicament (doubt and loss of faith.)

Louw (1994:43) gives examples of illness as a theological problem as he picks up anxiety which could give rise to a negation of faith; the feeling of absolute perdition and isolation to the negation of hope; or futility and a feeling of injustice to the negation of joy.

Louw (1994:109) takes us to the subject of the conditions with their effects, complications and prognosis. Louw (1994:110-117) picks up Cardiac Conditions and discusses the sufferer’s morbidity and vulnerability. He also deals with patients suffering from cancer and observes their communication crisis, death, anxiety as well as time and waiting. Louw (1994: 126-128) warns the readers not to underestimate the stigma attached to AIDS. He asserts that stigma attached to AIDS is coupled with ethical dilemma. In response to Louw’s assertion, the researcher of this study firmly holds that silence is slowly being broken; some people living with AIDS are disclosing their HIV status. Since the year 2005, some AIDS sufferers in the unit the researcher worked in and the church she serves have disclosed in public that they are suffering from AIDS during St Luke’s and world AIDS commemoration days. Louw (1994:134) goes on noticing that patients with skin diseases suffer identity crisis and have low self-esteem, especially teenagers.

In response to the nature and extent of the above mentioned condition, the discovery of herbal treatment is advanced to be able to curb some of the skin diseases. This literature only presents some of the conditions the author discussed and i.e. patients with burns, the mastectomy patients, patients suffering from stroke, the aged, sick children, the dying and the bereaved. To comment regarding some of the conditions, measures have been discovered to limit the intensity of some conditions, for example, speech therapy and physiotherapy improve conditions of some stroke

patients. Bio-oil also eliminates discolouration caused by burns but it depends on the extent of the condition.

Louw talks about the children's ward world view in his book. According to Louw (1994:150-151) hospitalization and illness create security crisis for children. The author is concerned about the fact that children could experience their illness as a punishment because of past wrong doings.

The author takes us further to the crisis of death and dying. Louw (1994:167) draws a vivid picture of aloneness in dying by stating, "People die far removed from people – alone in isolation". He continues asserting that they do not die as fathers or mothers, but merely as terminally ill patients in white gowns each with a number. Alluding to what Louw says, the picture he has drawn may be real in a number of hospitals. However, some of provincial hospitals, private hospitals and hospices are beginning to consider the issue of support for the dying and for this reason many of them are arranging chaplains to offer ministry of presence to the dying and to the family of the dying. However, this ministry still needs to be enforced in some of the provincial hospitals.

I have discussed the views of other authors regarding illness as crisis and challenge.

Philip Yancey is the author of *Where is God when it hurts?* The book was dedicated to those who lost their lives and to their loved ones on the 11th September 2001 incident in the United States of America. As a clergy person he expresses his understanding and accommodation of people who question the existence of God, either his love or his intervention in suffering. The author's motivation in writing *Where is God when it hurts?* emanated from the fact that he witnessed and observed the plight of human suffering. He is clear of the fact that for them the problem of pain is not a theoretical problem, a theology game of lining up all the appropriate syllogisms. According to him it is a problem of relationship. The author continues asserting that many suffering people want to love God but they cannot see past their tears.

In the preface of *Where is God when it hurts?* Yancey (2001:10) notices that, When one is happy, so happy that one has no sense of needing God, if one turns to him then with praise, one will be welcomed with open arms. But when one goes to him when one's need is desperate, when all other help is vain and one finds a door slammed in one's face, and a sound of bolting and a double sound of bolting on the inside, after that, silence, one may as well turn away . The situation portrayed by

Yancey above is a desperate one when one feels rejected, not heard by God but lonely. A clear example of loneliness is when other people find it difficult to listen attentively to the sufferer.

Yancey (2001:16-18) tells of Claudia's visitors when she was critically ill and helpless with a number of questions. These various visitors came at different times creating a lot of confusion in Claudia's mind. The first woman who visited her was a deacon from her church. This deacon believed that Claudia needed to make things right with God. The second woman brought flowers and acted cheerfully singing hymns psalms also clapping hands and avoided dialogue as if all were either fine or should be fine with Claudia. Although she meant good, her efforts showed that she was out of touch with Claudia's feelings. The third woman who visited Claudia believed that Claudia lacked sufficient faith for healing. She was then advised to praise and thank God for suffering. It is without doubt that understanding, compassion and ministry of presence were lacking. Claudia was isolated in her experience of pain and she desperately needed an ear to listen to her cry and there was none. I reckon that Christians need skills to be able to handle suffering people as in many instances they mean good but end up being tactless.

Yancey (2001:19) tells of the number of people who were comforted by Christians following their hurts and in the process exposing their lack of skills. To give one example one amputee told Yancey thus, "My religious friends were the most depressing and irritating part of the entire experience". The researcher of this study reckons that although Yancey is of the opinion that we need not be judgemental but be sensitive to the hurting feelings of the sufferers, he did not imply that we do not encourage them to be strong and neglect the ministry of enabling. We need to create a balance.

This takes us to the topic the author is leading us to, "The gift nobody wants" Yancey (2001:25). The gift the author is referring to is the gift of pain. Yancey (2001:37) states that Dr Brand came to appreciate pain when he lived among people suffering from Leprosy. He discovered that Leprosy patients suffer for the simple reason that they have a defective pain system. Dr Brand observed that if an ankle turned and tore a tendon and muscle, the Leprosy patient would simply adjust and walk with a crooked gait. Because no warning system of pain announced the need to rest the ankle or seek treatment, the injury would then lead to permanent damage Yancey (2001:39). Pain - hurting as it does has a positive side. Yancey believes that without pain, we would live lives of paranoia defenceless against unfelt dangers.

The author goes on tackling the pain of the conscience guilt. He observes guilt as a pain message to the conscience informing it that something is wrong and should be dealt with Yancey (2001:55). Yancey (2001:56) asks a rhetoric question by saying, "Or, I think of a world without the pain of loneliness. Would friendship or even love exist apart from our inbuilt sense of need, the prod that keeps us all from being hermits?" The author goes on wondering if we do not need the power of loneliness to pry us away from isolation and push us towards others. Yancey's attempt to answer the question *Where is God when it hurts?* has been considered when the subject of healing is dealt with. The author draws our attention to the origin of suffering by stating, "Christianity starts, rather with the assertion that suffering exists as a proof of our fallen state".

Yancey (2001:184) creates an awareness of the dilemma the suffering individual experiences. He tells of the support group, '*Make today count*'. People in this group talked about a syndrome they labelled, 'Pre- mortem dying'. The syndrome starts with comments like these, 'oh, you mustn't do that: I know you have always taken out the garbage, I think you'd better stay home, your resistance is low'. The author is concerned that gradually, inexorably, everything that had given a person a sense of place, a role in life, is taken away. A mother encourages her single daughter to sell her house and move back home. The daughter does so but soon discovers that in the process of being helped she has also lost her independence and identity, feeling of worth and value made precarious by the illness, slide further away. As one man told Yancey, 'All my life I've gotten feedback – grades in school, performance appraisals at work, pep talks from athletic coaches, suddenly I have no way to measure my performance in life' Yancey(2001:184-185). The author warns us that we bystanders can too easily slip into a pattern that if unchecked may eradicate everything that gives a person dignity. Nevertheless, Yancey acknowledges the fact that, obviously a very sick person must sometimes depend on others to be helped to manage the practical matters, but we need a balance.

If we do not offer help when it is needed loneliness increases and if we offer too much help, the sufferer feels useless and a burden. Yancey (2001:203) tells of his experience while he was busy writing this book. He says he received a phone call from a friend in another city who had just been diagnosed with AIDS. Wallowing in guilt over past sexual sins, he felt remorse, unworthiness, self hatred and rejection by God. He had lost all will to live. He needed help desperately. There is a large room still for de-stigmatising HIV scourge.

Moving towards what other authors/associations state on the subject; Healthcare Christian Fellowship (HCF) has compiled two manuals with regard healthcare and these are: *Total Patient Care*

and HCF workbook on *Spiritual Care of the Dying*. The manual, *Spiritual Care of the Dying* attempts to unpack the situation of the dying when approaching death under the following headings:-

- The world of the dying
- Loss and grief
- Loneliness and isolation
- Fear and insecurity
- Stress swing reaction
- Pain and common physical manifestations.

In *Spiritual care of the dying* workbook (p.17), it is stated that being terminally ill evokes a real crisis in the life of the human being. Attention is drawn to the fact that because of the many things that are taken away from the dying person, the person is suddenly confronted with the question of the worth of these things in his or her life. Loneliness and isolation are observed, as death is an individual process. The researcher of the current study agrees with the authors of *Spiritual care of the dying* when they unfold different social factors which intensify loneliness in two ways:

- Higher life expectancy (a number of patient's friends and relatives have already died).
- Hospitalization (separated from familiar surroundings; now is in a new professional environment.)

The points alluded to in the workbook are the same as in Louw's book. It is critical to note that the workbook has captured the fact that, the very nature of illness evokes isolation for instance Cachexia disfigurement. In the HCF workbook, (p 18) the authors go on discussing the issue of fear and insecurity. In their discovery, they notice that the dying people are insecure about the nature of their illnesses, future and the future of the family. The workbook raises an important point; however, not all the dying patients have these experiences. The researcher of this study shares Louw's assertion in saying that all depends on the maturity of the patient. Manifestations of the experiences of the insecurity are listed and briefly discussed in the following manner:-

- Progressive dependency-
Even those activities the patient can carry out for him or herself one loses motivation and interest and thinks, 'Does it really help anyway'.
- Helplessness-
This is when one has lost all hope.

- Being a burden-
It is quite painful to depend on others for everything, one loses self esteem, sense of worth and dignity.
- Being left alone, being abandoned-
Some hospitals discharge patients who are terminally ill as to be able to spend time with the family. In the same note, the family may face financial constraints resulting in negating work for the purpose of nursing their sick member. It is equally hard to leave the sick member alone at home. To find somebody else to take care of the member calls for paying the person. Even if the sick member happens to be kept in the hospital, the medical staff can be so overloaded with work that their priority of focus and attention may be towards the patients with acute conditions. Chances of the terminally ill patient being left alone are high resulting in feelings of becoming lonely.
- Suffering and pain-
Long term suffering and pain sometimes result in the patient becoming resistant to analgesics, sedatives tranquilisers and others. Above all, there is no scientific medication without side effects. Some types of medications bring about complications.
- Dying without someone knowing-
It is rarely possible that in the hospital there is someone who stays with the dying patient continually and perpetual until the patient dies.
In the intensive care units and hospices, measures to call for Chaplains, religious ministers or/and family members are sometimes taken depending on the competent and accurate observation as well as the discernment that the patient will soon be no more. The situation also depends on the accessibility of the relatives to be contacted in time. Many a time patients die alone quietly at night.
- Humiliation as a result of loss of physical control and disability-
The researcher once visited one of the church parishioners admitted in a certain provincial hospital. The researcher found her swimming in blood as she was menstruating and the medical personnel were not prepared to clean up the mess. The researcher of this study took initiative to clean and to refresh up the patient who was later discharged after removal of a kidney.
- An emotional breakdown-
This situation may be intensified by the above mentioned conditions.
- Separation from loved ones-
To be away or to think of leaving the family causes some to feel out of place.

- The future of his family e.g. financially-
This is often the case if the sick member has been a bread winner at home or still has very young children or very old relatives one is supporting financially.
- The unknown-
If one is not sure of what is going to happen next, one is surely to be anxious and worried especially if one does not have relationship with God.
- Punishment-
As we all have observed some Christians blame a person who does not get well and associate sickness with punishment for sin.
- Submission to strangers-
This situation can lead to the patient being spiritually misled to various unsound doctrines and this can result in patient's confusion.

The issue of guilt feelings experienced by the dying has not passed the attention of the authors of HCF manual as authors like Louw accentuate it as well. It is asserted that the dying patients often feel guilty with regard to past irresponsible lifestyles and good things they failed to do either they were planning or had promised to do regarding unsolved conflicts.

The issue of dying is not the challenge of elderly people only, but children are also the victims of the experiences. The HCF workbook, Yancey and Louw raised concern regarding taking for granted of children's experience as well as their exclusion. On the *Spiritual care of the dying* workbook (p 20,) the authors are convinced that, all children experience losses, grief, loneliness, fears, instability and pain as any other person. HCF workbook has unpacked fear of death in children and gave a list of what precisely they fear thus:-

- Fear of separation from parents and their familiar environment.
- Fear of mutilation or suffering
- Fear of the pain and suffering related to illness
- Fear of death itself
- Fear of the unknown of what lies ahead as the child loses his dreams and future
- The fact that children often have false guilt and therefore can blame themselves has not gone unnoticed by the authors of *Spiritual care of the dying*.

It came up from their discussion that the Healthcare Christian Fellowship (HCF) team had a lot of exposure in the hospital environment and they are still exposed in the entire healthcare environment in conferences, seminars and teaching. Healthcare Christian Fellowship has a number of offices or centres internationally. The South African Healthcare Christian Fellowship offices are situated in Benoni with a number of rooms, a college, seminar halls and accommodation places. A number of workers of Healthcare Christian Fellowship have no salary, neither stipend nor allowances, they are at the mercy of generous givers. The service is driven by passion. It has come out very clear that the challenge of crisis and challenge of illness raise a lot of concern that they prompt us to consider mechanism of relieving and delivering patients from their oppression.

Let us therefore consider the subject of healing and see how different authors approach it.

2.2 Healing

I began the subject of healing by considering Mike Endicott's two books titled, *the passion to heal* and *Rediscovering Kingdom Healing*. Mike Endicott is an Anglican clergy who occasionally visits St Martin in the Veld Anglican Church, in Rosebank, in Johannesburg, from the United Kingdom. Endicott has a lot of passion for healing ministry. A number of people benefit from his healing ministry while he remains blind.

Endicott (2003:3) in his book, *The passion to heal* expresses his conviction by saying, "The healing grace of God falls like rain from heaven, gentle salving and cauterizing the wounds of life, be they physical, emotional or spiritual in nature". He continues saying, "it is the work of God and when we are open to these things, his gifts flow in levels of abundance not usually expected or seen". It seems as if Endicott's statement confronts us with God's holistic approach in healing and thereby calling us to the awareness of his healing power. Endicott (2003:42) strongly believes that healing flows from the foot of the cross of Christ; miracles happen by God's grace when the river of his will meets with our expectancy. Endicott goes on echoing that, when there is sufficient simple, child-like faith, persistence and humility, Jesus will see everyone who asks him healed – 'everyone' is emphasized. It is the author's strong conviction that healing should happen. He believes that there are no sins, no blockages, no hang ups and no lack of religious favour that can limit God's love.

The researcher of this study is of the opinion that Endicott raises a dilemma and a challenge as there are many people who are not receiving healing. Endicott commenting on his condition says, "Living unhealed and yet as a minister of healing, I have shared momentarily in John's desert place, in his

emotion though not in his circumstance. I have often felt the need to cry out with the prodigal son in the following manner, ‘Father I have sinned against heaven and against you, I am no longer worthy to be called your son’” Endicott (2003:90). The author has not lost sight of the fact that, those that wait for their healing (as he still does) would do well to ponder the lesson here: God was never the cause of affliction, but is wonderfully creative in it. He then continues to warn the readers by saying that, if we do not learn his lesson during our times of adversity we have wasted the opportunity Endicott (2003:52). In my understanding, Endicott’s view in healing looks as if he encourages us to be always expectant, humble and patient for healing to take place even if it takes years.

Endicott (2006:93) in his book *Rediscovering Kingdom Healing* speaks strongly against the spirit of doubt and sees it as a hindrance to healing by sharing the testimony of a woman by the name of Ann. He tells that Ann had badly twisted her left knee, falling up a step, and she had reached a point of not being able to put her foot on the floor. Endicott noticed that this situation had become quite normal for her, as she grew up with legs of different lengths. In Endicott’s observation, the knee was very swollen and felt to him as though it would break in half at any moment. The author echoes that Ann had seen quite a few other people receiving healing that same afternoon but secretly doubted very much that it would ever happen to her. She was prepared to accept that others might benefit from prayer but she had never done so herself before and she knew no reason why God should start now. So she wondered if she should ask initially for some much smaller blessing, perhaps the calming down of her slight headache, but after a great deal of hesitation (and friendly words from members of her family along the pew) she felt the urge to ignore her doubts and jump into the river of God’s grace pouring through the kingdom and ask for complete healing for inflamed joints and the lengthening of her right leg. After a short time of prayer and thanks giving for the cross, it is said that Ann found herself down on her knees in prayer and adoration something for which she had not had the ability or the inclination to do for quite a while, ‘*Both Knees had Received Healing*’. Endicott (2006:94) noticed that the next day Ann still had to use two crutches, the following day she used one and the third day to date none – the swelling had gone right down, her legs had lengthened. She was bending quite comfortable again and the knees were back to normal.

I presume that Endicott has the same vision as Louw. Louw (1994: 43) positioning himself with Barth and states, “Man has a calling to fight illness”. He sees combating illness emanating from the calling to health and obedience to God. Louw goes on defining health as an indication of obedience to God and service to one’s neighbour Louw (1994:44). He is clear of the fact that illness becomes a calling and responsibility within a living relationship with God and a loving relationship with fellow human

beings. Louw (1994:2 of introduction) encourages preventive measures in healing by saying, “we must assist people in dealing with illness before it actually befalls them and ‘how to die’ before death strikes”. Louw’s challenge and invitation to proactive intervention can be achieved in the context of fellowship by availing ourselves to render ministry of presence and be comfortable with the death topic. Louw (1994:4) refers to Puys’, a nursing expert’, formulating health from a normative point of view thus, “health is regarded as a condition of biotic and psychic well-being which enables one to act freely in all normative aspects of reality”. According to this view the structures and functions of bodily tissues (biotic and the psychic functions e.g. emotions, will, intellect, imagination and memory) remain intact. In Puys’s opinion one is regarded as healthy when capable of logic and rational reasoning and I (logical), constructive formation of culture (historical) relating to others (social) respectful treatment of nature (ethical). Louw (1994:5) is concerned with the fact that in an analytical approach the underlying pathology becomes of greater importance than the suffering patient, his or her personal needs and network of relationships. Louw (1994:6) observes, “In diagnostic approach the dynamics of life become subordinate to the enemies of life”. Louw (1994:8) is not convinced that a state of perfect physical, psychological and social well-being as defined by WHO (World Health Organization), does exist. In Louw’s discussion of healing, issues of maturity of patients in deciding their relationships gain momentum.

According to Louw (1994:8) this point of departure implies that in both illness and health concepts, maturity and quality of relationships will be the dynamic factors for playing a role in man’s coping with life. He then summarizes his view of healing by accentuating the spiritual aspect of healing borrowing from Maddocks (1981:15) in the following manner:-

- “A condition of reconciliation with God, A recovery of the Covenantal Communion,
- A meaningful life empowered by the presence of God with a view to growth in faith,
- The all-encompassing victorious sovereignty of God over sin, guilt and death, sharing in the dynamics of community of believers (corporative) and daily life under the blessing of God”.

Louw (1994:14) in his book summarizes the definition of health in a comprehensive way by saying, “Health is an organic and bio-chemical connection of optimal, unhampered and stable physical functioning (a medical approach), a psychic capacity for self responsibility, adaptability and independence (a psychological approach); a willingness, in an interactive relation to a socio-cultural environment and fellow-men, to act with the view to optimal functioning in various roles (a sociological approach) a condition of peace and reconciliation with God in which man can reach his

God-given destination of love, service, gratitude, joy and worship (a spiritual approach)". Puys' understanding of healing is valid because a healthy body structure is a vehicle for all the other dimensions like spiritual, emotional and psychological dimensions. However this view excludes very important aspects like relationships and feelings as well as the sense of belonging. Louw's emphasis is in line with my research, as fellowship exists in the context of good relationships.

In good family relationships chances of stress and family disorganization are scanty and such situation brings about environment that is healthy and conducive to rest, relaxation and proper bringing up of children. However, good relationships should be maintained within the values of love, respect, fairness, integrity and equality. Conflicts at work interfere with fellowship and isolate members if are not resolved. Consequently stress related conditions affect the members. Subordinating, dominating and oppressive as well as non essential rules can be met with resistance from the receiver; therefore deconstruction of not making sense rules is crucial in order to maintain fellowship.

A spiritual approach is crucial for this research as it is in line with the theme of this dissertation. Louw (1994:30) concludes his definition of illness and healing by understanding them as components of fellowship and communion with the Lord and not independent entities which could be interpreted as merely casual. It is quite fascinating to realize that a pastoral figure role and touch is always displayed in Louw as he is not hesitant to highlight the utmost importance of the spiritual element in healing. The researcher of this study believes that Louw as a pastor is lifting high the Christian banner and this reminds her of the text in scriptures in the gospel according to St (John 12:32) which says, "When I am lifted up from the earth I will draw everyone to me". (Good News Bible Version). The importance of holistic approach in healing is an integral part of Louw's argument.

Now moving towards what Healthcare Christian Fellowship (HCF) workbook, *Total patient care* has to say regarding healing. In the third study, of the HCF workbook (P16) health is defined as, The complete, harmonizing of every part of our being with God, man and creation which finds its ultimate expression in the state of Biblical Salvation.

- Complete: having all needed or normal parts, elements or details.
- Harmony: a state of order, agreement or completeness in the relations of things or of a part of a whole to each other.

The author continues health discussion by stating that, God's ideal is the establishment of loving relations between him and us, amongst us, with ourselves and with creation. Underlying this definition of health are the words 'Shalom' Hebrew word which means well and happy, 'Welfare' which means health, prosperity and peace, 'Sodzo' which is a Greek word meaning 'To preserve unharmed, keep safe', 'To cure, heal, restore to health, make well', 'To save, preserve from being lost' and 'To rescue, deliver from evil and physical affliction'. The workbook discusses in detail health as it goes on stating that the word 'Sodzo' is used to sum up the essential character of the mission of Christ e.g. in (Acts 14:12). 'Soteria' is used to mean healing and salvation. In my opinion the discussion in the workbook displays dedication in authors in researching the subject of healing using simple language although some concepts had to be explained.

Another observation with regard to healing is found in the Anglican prayer book, 1989 (P 489) where it is stated thus, "Our Lord Jesus Christ proclaimed the coming of the kingdom of God not only by preaching but also by healing the sick." The prayer book reveals that Jesus brought healing in all its fullness: physical cures the healing brought by forgiveness of sins, restoration of broken relationships, assurance of salvation, acceptance of the sinner by God. The author of the prayer book picks up that Jesus' miracles are evidence of God's desire that his people should be completely whole, healthy in body, mind and spirit, holy in life. We are again confronted with the holistic approach in healing, spiritual aspect being accentuated.

Moving to another author who also looked closely to the subject of healing we pay attention to Yancey. Yancey (2001:25) tells of pain as a gift nobody wants. The question arises, 'must it hurt' Yancey (2001:31). The author has not lost sight to the fact that pain is also a mechanism of healing because without pain one's body would be destroyed. Yancey (2001:33) quotes Dr Brand saying, "Thank God for pain". Dr Brand acknowledges the fact that by definition, pain is unpleasant enough to force us to withdraw our fingers from a stove. He goes on believing that yet that very pain quality saves us from destruction.

Yancey (2001:63) is convinced that though some people stay mercifully free of acute physical pain, everyone has a form of suffering that will not go away; a personality flaw, a broken relationship, an unhealed childhood memory, a suffocation guilt, AIDS virus, Down's syndrome, spina bifida, poliomyelitis among others. The author concludes by asserting that it must hurt, so as to alarm for attention and action (2001:66). In addition to Yancey's assertion, the researcher had observed some people living with AIDS who were misled not to consider taking treatment as they would be healed

through prayer. When they ultimately go to the clinic for consultation, HIV test becomes negative and they think they are healed but shortly they die. In essence most of the HIV test results do not reveal presence of the virus as they reveal presence of antibodies which react to the attack by HIV virus and when the antibodies are totally destroyed there is no reaction. This means lack of HIV positive test deceives the sufferers and they shun away from taking treatment.

Now considering the work of Francis MacNutt; Francis MacNutt was one of the first Catholic priests who were involved in the Charismatic renewal and in the practice of praying for healing in prayer books. In 1967, he became acquainted with the work of Agnes Sanford, Rev Tommy Tyson and other protestant leaders in the healing ministry and he immediately realized that the basic teachings on healing were very much in line with Roman Catholic tradition. Since then he has been active in the healing ministry throughout the United States. MacNutt (1975:50) defines healing as simple the practical application of the basic Christian message of salvation, a belief that Jesus means to liberate us from personal sin and from emotional and physical sickness. The definition is in line with my research as it emphasizes spiritual aspect in healing. The author continues stating that the first and the deepest kind of healing that Christ brings is the forgiveness of our sins. He further notices that forgiveness of sins is not separated from emotional healing but the two are connected (MacNutt 1975:169).

MacNutt (1975:176) illustrates the issue of physical and spiritual interrelation by telling a story of a young woman who could not be healed because of the anger and resentment, she bore against her brothers who had ill-treated her while she was young. She acted this anger by hating all men including her husband. It transpired that she found it hard to forgive even when MacNutt urged her to do so. MacNutt (1975:176-177) made her aware of the fact that by hanging onto her resentment she was getting destroyed and inner healing was getting blocked. She finally gave the exhortation a thought and she forgave and consequently she received inner healing.

The author further observes that somewhere between our sins and our physical ailments lies that part of our lives where we find many of our real failings as human beings – our emotional weakness and problem. He goes on mentioning that for many of us who went every week to the sacrament of penance there came a point where we found we kept on repeating pretty much the same thing. MacNutt (1975:183) believes that the idea behind inner healing is simply that we can ask Jesus Christ to walk back to the time when we were hurt, and to free us from the effects that wound in the present. The author takes the issue of inner healing further by realizing that this act involves two things: Firstly bringing to light the things that have hurt us and this is best done with another person

as he believes that even the talking is itself a healing process. Secondly, praying to the Lord to heal the binding effects of the hurtful incident of the past. MacNutt (1975:183) raises a very important but scary thought of the possibility of the evidence that some hurts go back even before birth when the child was still being carried in the mother's womb. He uses the analogy of John of the scriptures as he states that just as John the Baptist Leapt in Elizabeth's womb when she heard Mary's greetings, so every child seems sensitive to its mother's moods. MacNutt is of the opinion that if the mother does not really want the child or is suffering from anxiety or fear, the infant seems somehow to pick up the feelings of the mother and to respond to them. People have to suffer from pain in one form or the other; some have bad life circumstances whereas some have to watch their friends and family die. MacNutt has also put forward some points as to why healing may not occur. MacNutt observes healing from a Christian point of view and points out that spiritual healing is one of the forms of healing that God has to offer. Healing of the spirit is accompanied by the healing of the physical body, which may or may not happen depending on many circumstances.

In response to the question; why is it that some people do not get healed despite their combination of prayer and good practice, MacNutt answers that there are many reasons why a person will not get healed. Some of these reasons are the following:-

Lack of faith (Matthew 17:14-20) say: "When they came to the crowd, a man approached Jesus and knelt before him. 'Lord have mercy on my son, he said he has seizures and is suffering greatly. He often falls into the fire or into the water. I brought him to your disciples but they could not heal him'. 'Oh, unbelieving and perverse generation', Jesus replied, 'how long shall I stay with you? How long shall I put up with you? Bring the boy here to me.' Jesus rebuked the demon, and it came out of the boy, and he was healed from that moment. Then the disciples came to Jesus in private and asked, 'Why couldn't we drive it out?' Jesus replied; 'Because you have so little faith. I tell you the truth, if you have the faith as small as a mustard seed, you can say to this mountain, 'move from here to there' and it will move. Nothing will be impossible for you.'" (New International Version Bible)

In this quotation, Jesus himself is seen to be rebuking lack of faith of his disciples and essentially pointing out that without faith in the power of healing nothing will be done for anyone. MacNutt also pointed out that lack of healing will come about because of redemptive suffering. According to MacNutt, at times God uses our suffering for the purpose of the kingdom of God. He may be using it to enable a person to come close to him or as a form of punishment. In such cases a person will not be able to pray for healing. The third reason why healing may not take place is when there is false

value attached to suffering. By this, MacNutt means that there are some people who attach false value to suffering, thinking it is a form of redemptive suffering from God while in the real sense it is not. For this reason, such people will not look for solutions to their physical problems. MacNutt gives sin as one of the barriers to healing, meaning that if one has not confessed his sins, he will never receive healing. God wants to heal the body as well as the spirit. When one is carrying resentment, bitterness and hatred towards anyone, he is never going to receive any healing. This is the reason why many faith healers all over the world emphasize inner healing in pursuit of physical healing. All kinds of sins should be dealt with before any kind of inner healing can be received from God. In this assertion MacNutt differs from Endicott.

While God knows all our needs and wants, it is important for us to mention them to him when we want any kind of healing. One of the reasons MacNutt points out as the cause of backfired healing prayer is the lack of specificity. It has always been encouraged that when praying, you have to be specific as to what you want and what you need. You have to tell God what you want and what you need in your prayer. Prayer for healing is not a general prayer; it is a specific prayer for the needs of an individual. When you do not mention to God what you want, you are less likely to receive it. MacNutt also points out faulty diagnosis as one of the reasons why people will not receive healing to their bodies and spirits. When you are praying for physical healing while in the real sense all you need is inner healing, you will have lot of challenges. One has to pray for what one really needs; otherwise he will not get it. For example, you may be hurting physically because of some resentment you have had against an individual all your life. While you may need physical healing, the core of your physical illness is an emotional problem; the resentment. You need inner healing; even though you may not acknowledge the fact that you need this inner healing. Some people may want physical healing but are too proud and conceited to admit that they are in need of inner healing or that they may have wronged some people in the past. When this is the problem, you will have a hard time getting your prayers answered.

MacNutt also points out the issue of timing, which is a challenge to healing prayer. The reason why you have not been healed yet could be the fact that it is not yet the time for God to heal you. God knows you better than anyone else, and the reason why he has not healed you is best known by him more than anyone else. For this reason, it will depend on him and he will decide when is the best time for your healing to come and it is important to be patient and wait upon the Lord. Many people have been gifted with the gift of healing by the Holy Spirit and for that reason will be able to lay hands on the sick who will then receive healing. MacNutt points out that it is not always the will of God that everyone you will pray over will receive the healing you are praying for. It is always

important to think of this as a possibility, whether you are the person being prayed for or the one praying over the sick. Sometimes, it is the will of God that other people perform the laying on of hands and the healing will come through them. The person rendering healing ministry has to be humble enough to know that.

Last but not least, the social environment in which healing prayer is taking place matters a lot. It can be a barrier to healing prayer if the environment is not conducive enough for the prayer. This is often the case between married couples; for example, if one of them wants healing prayer for his or her stress and depression, the person conducting the prayer has to be wise and humble enough to know that he is dealing with part of the problem. Usually, the stress and depression have been brought about by the other spouse and until the family relationship has been brought to a place of harmony, then healing cannot take place. A parent who wants his teenager prayed for needs to ensure that he is being a good parent, not a toxic parent since this is the only way the family will achieve healing.

In-depth research has been done by MacNutt; He unpacked very deep and frightening issues. Nevertheless further research will be necessary to validate his assertion. Greater part and most important part of healing takes place in the context of more than one person. To put it another way healing of individuals, communities, nations, and environment takes place mostly when there is intervention of other people. This means that fellowship has a major role in healing.

It will be appropriate then to look closely at the subject of fellowship.

2.3 Fellowship

Real fellowship is manifested in good relationship with God and others. Lungu (1982) devoted his entire dissertation discussing fellowship. His focus is more on the Xhosa community in fellowship with ancestors, although he discloses a lot of theological element in this regard. Lungu (1982:67) defines Christians as, People who accept the resurrection of Christ, which now they enjoy. Of this continuing fellowship St Paul says, "For to me to live is Christ and to die is gain" (Philippians 1:21). Of paramount importance for this dissertation is the continuing relationship between the living and the departed which is made possible by the fact that they are in Christ Lungu (1982:76). We cannot exhaust what Lungu wrote. His dissertation is unique in revealing the role of fellowship in healing as perceived by Xhosa's. However pastoral intervention to guide traditional members to venerate the ancestors versus worshipping them is crucial. Caution! It is good to remember our ancestors but we

cannot worship them neither can we look upon them for assistance nor for intervention. Only our Lord Jesus whose blood was shared for us is worthy to be our mediator. According to Lungu (1982:43) the term 'Koinonia' of which the Latinised form is 'communion' and approximate English translation is 'fellowship' is a very important one in the New Testament. It characterises the Christian life. According to Lungu:-

The saint's share in fellowship on four different planes:-

- They have fellowship with Christ, the Son of God (1 Cor 1:19)
- They have fellowship with one another(I Cor 1:9, Acts 2:43, II Cor 6:14)
- The living have fellowship with the departed (Heb 12:1)
- They share things: common things as in sharing in church collections (Romans15:26).

Lungu (1982:100) is of the opinion that the Xhosa knows that he is never alone, he is always in a community of which the ancestors are members. When he falls he knows that he has not fallen alone; the whole family which includes both the living and the dead have fallen with him too.

When he is honoured he is not alone still but the living and the dead are also honoured. The Xhosa knows that he does not live for himself; both honour and shame go beyond himself to his family.

Lungu (1982:31) strongly believes that the religious ethos of the Xhosa is community oriented. He identifies phrases that are commonly used as these, "he slept with his fathers and was buried".

(1 Kings11:42) is seen by Xhosa Christians as endorsing their traditional religion that when one dies he joins his ancestors Lungu (1982: 45). Lungu (1982:62) makes mention of a ritual which in his view is popular among the Xhosa Christians which is the unveiling of tombstones. He continues declaring that since their departed parents were Christians they regard them as Christian ancestors. He then believes that the ancestors' identity strengthens the tribal community. Lungu (1982:17) cites that the communion of saints is nothing else but a mutual sharing in help, satisfaction, prayer and other good works, a mutual communication among all the faithful, whether those who have reached heaven or who are in the cleansing fire or who are still pilgrims on the way in this world . Lungu continues understanding that all this come together to form one living City whose head is Christ and whose Law is Love

We yet have another author who goes to extremes to explore the subject of fellowship, Rick Warren. Warren (2002:30) is clear about the fact that each and every one of us is called to belong, not just to

believe. He believes that we are created for community; fashioned for fellowship and formed for a family none of us can fulfil God's purpose by ourselves.

He reckons that in God's family, we are connected to every other believer and we will belong to each other for eternity. According to Warren (2002:136) God created the Church to meet our five deepest needs a purpose to live for, people to live with, principles to live by, a profession to live out and power to live on. He further recognizes that God intends for us to experience life together and he refers us to the Bible which calls this sharing experience fellowship Warren (2002:138). The fact that God created us to live and our living being determined by our relationships with others shows the importance of fellowship to remain healthy. Warren's assertion of fellowship is mainly directed towards a Christian's perspective.

Thomas (1993:239) notices that the symbols and rituals that people create dramatize aspects of their lived reality as the symbols used at St John's Apostolic Faith Mission in Gugulethu; Cape Town synthesized the psycho-social and spiritual dimensions of people's lives. Some of the rituals he makes mention of are Eucharist, foot washing, water, salt, candles, colours, stick, belt, laying on of hands and white uniforms. It was believed that the above-mentioned and other symbols bring about healing. The study which was carried out by Thomas shows that all congregations in Cape Town Gugulethu (Apostolic Faith Mission) formed a strong sense of community focus on mutual aid and use 90% (percent) of their income to assist members and adherents in need. Thomas (1993:11) equally observes that in many ways the members of St John's Gugulethu were like a family who gathered together in varying configurations at different times. For instance, three of the women who were interviewed lived at the church, while others lived in individual homes. Thomas (1993:97) further notices that during the week members volunteered to assist sick person who lived on the church premises. While there were coming and going, the period of time shared together usually centred around worship, healing and living together. Thomas (1993:262) notices that at St John's Apostolic Faith Mission, ritual action was unfolding a drama that moved members from a state of being out of controlling their social environment to a shared community context in which reverend Xaba represented a sacred restored security, harmony and order within the sacred space of church.

Louw (1994:66) is convinced that, the body of Christ is a healing community which is expressed as '*Koinonia*' in Christian love (agape). He is then convinced that the sacrament of Holy Communion has therapeutic value as it serves to strengthen faith. I belong to a church where sacraments are of great sentimental and spiritual value in the lives of the members. It is crucial to emphasize the fact that

sacraments are always celebrated in the context of more than one person, in a group and thereby in the form of fellowship. Examples of sacraments are baptism, absolution, confirmation, Eucharist, marriage, ordination and unction.

Maddocks (1981:4) is certain about the fact that neither of us can talk about total health in isolation from the other. He argues that however brilliant and fit one can be, one is unhealthy if from the comfortable chair in one's living room one can watch one's brother and sister in the third world starve and destroy themselves in violent efforts to obtain the necessities of life. Maddocks statement confronts us with the importance of sharing and solidarity which takes place in the context of fellowship which impacts positive in healing.

I position myself with Maddocks (1981:6) defining health as a concept which cannot be defined, to define it is to kill it, nor can it be possessed. It can only be shared. Maddocks goes on saying, "there is no health for Britain without Bangladesh". In Maddocks' opinion, genuine health is only in sharing and is an element of fellowship.

It is not clear yet whether the existing political regime displays equal sharing of resources or not. Theological perspectives with regard to healing and fellowship with God come out very strongly when he expresses it as 'justification'—a legal terminology meaning restoration to fellowship with God and 'Reconciliation' a word that is supremely concerned with healing of relationships Maddocks(1981:13).

Thomas (1993:255) also dealt with fellowship in her book. Reciprocal support by women at St John's Apostolic Faith Mission has not passed Thomas' attention.

Thomas notices that women that worked as domestics and raised children without the presence of fathers developed a network that supported care and nutritional development of their children. Those who did not work looked after the children of those who worked and those who worked in turn shared food and money with those who did not work Thomas (1993:267). Thomas (1993:278) further refers us to Janzen's work which led Janzen to observe that at the onset of sickness a network of people gathered to support the sick person and to influence the type of care that was provided. Thomas (1993:278) calls this Janzen's circle of people, 'A therapy managing group'. He believes that the network at St John's at times resembles Janzen therapy management group in caring for the sick. The type of support displayed by women at St John's Apostolic Faith Mission is in

demand in our country and it is my hope that this type of support will be reasonably restored in future.

After this introduction, fellowship with God and fellowship with others will be discussed separately. From a Christian perspective, every other human being is part of the creation of God and must be loved. The scriptures have placed a special emphasis on fellowship with fellow Christians for the sake of strengthening each other in the faith and so forth. Every other Christian is a brother and a sister, with whom we share a very special inheritance. The word 'fellowship' comes from the word '*koinonia*,' which is a Greek word. '*Koinonia*' is a term which describes fellowship amongst Christians post resurrection of Christ. The author of the Acts of the Apostles observes that, these remained faithful to the teaching of the apostles, to the brotherhood, to breaking of the bread and to the prayers. It is also stated that, all who shared the faith owned everything in common, they sold their goods and possessions and distributed the process among themselves according to what each one needed. Each day, with one heart, they regularly went to the temple but met in their houses for breaking of bread; they shared their food gladly and generously (Acts 2:42-44). This can translate to community, unity of purpose and rapport as well. Fellowship among Christian brothers and sisters is very important and goes beyond simple meetings. The truth of the bible has to be accepted by all members of the fellowship. There has to be unity in purpose and spirit among all the members of the fellowship for there to be peace amongst the brothers and sisters. In fellowship, brothers and sisters come together to share the word of God (which they have to agree is the ultimate authority in Christianity). To fellowship with other people includes the acceptance of the opinions of other people within the group. If you are not a member of a fellowship but you desire to have a person with whom you can fellowship, you need to have the fellowship of God with you when you want to include another party. When you have decided to fellowship with an individual, he or she must also have a relationship with God. There is nothing much a fellowship can do when it does not have the approval of God.

One must be obedient to the gospel to have fellowship with the Father, Son and Holy Spirit as well as other people. We must walk in the light, be humble, confess our sins and so forth. We cannot claim to have fellowship with God when we say that we do not have any sin. It is impossible for God to be in fellowship with people who are in sin and for this reason one cannot be in fellowship with people who are in sin. This has been well mentioned in (Ephesians 5:11) where Paul told the Ephesians not to have any fellowship with the unfruitful works of darkness, but rather reprove them. He also talked to the Corinthians (2 Cor 6:14-17) about this kind of fellowship when he told them, "Do not be yoked together with unbelievers. For what do righteousness and wickedness have in

common? Or what fellowship can light have with darkness? What harmony is there between Christ and Belial? What agreement is there between the temple of God and idols? For we are the temple of the living God. As God said: 'I will live with them and walk among them, and I will be their God, and they will be my people'. Therefore, come out from them and be separate, says the Lord. Touch no unclean thing and I will receive you" (*New International Version Bible*).

To determine the right kind of people to fellowship with requires a lot of determination on our part. (2 John 9-11) speaks of this kind of determination when he says, "Anyone who runs ahead and does not continue in the teaching of Christ does not have God, and whoever continues in the teaching has both the Father and the Son. If anyone comes to you and does not bring this doctrine, do not receive him into your house or even greet him; for whoever greets him shares in his evil works" fellowship is one of the many definitions of Christianity and to many born again Christians, they are part and parcel of each other. There is no Christianity without fellowship.

In the January/February issue of *Milmed*, Dill (2004-4) clearly expresses his understanding of fellowship thus, "metaphorically speaking I believe God recruited us all into his navy and placed us on a battleship." Dill identifies this ship as one having only one goal and that is to get us safely to the other side. He continues realizing that this is no pleasure boat because many storms have to be faced and overcome en route. Dill believes that everyone has a different task, some are called to save others from drowning, and others are fighting the enemy who attacks the ship while another group attends a crew, giving them training and food. He then identified an appropriate name for such a ship as, '*Fellowship*'. Dill urgently confronts us with convicting questions by asking, 'How do you experience life on your fellowship? Do you find that your daily battles are fought mostly alone or do you find others on your battleship of your life that understand and affirm your innermost fears and feelings? Do you experience their presence and comfort of their support and care when the battles and storms of life become severe?' Dill further reminds us that we are called to be there for one another every day. He does not doubt that at the same time, we can be assured of the presence and fellowship of the living God always and everywhere. Dill observes that the issue of fellowship is confirmed to us in the words of the sixteenth century discoverer Sir Francis Drake which are the following, 'Make me restless, O Lord, when I become too content with myself, when my dreams come true too quickly, because I dreamt too small when I always arrived home safely because I was too afraid to venture into the deep sea of life. Awake in me, O Lord, a longing to risk it with you on the deep sea of life, because there in the storms of life I will learn how great your power truly is when no land is in sight any-more I will learn to see the stars.' Dill passionately perceives life as meant to be shared with one another and with God. He concludes by extending an invitation to all of

us in this manner, 'Let us take up the challenge and give true meaning to the name of our battleship, "Fellowship"' (*Periodical of the South African Military Health Service*).

2.3.1 Fellowship with God

We have been called into a relationship with God, to place aside anything else and have a relationship with him first. God has been mentioned in the Old Testament as being a jealous God, one who will not tolerate his followers having another god other than him. The first of the Ten Commandments that were given to Moses speaks of the Lord God being the only God to be worshipped. (Exodus 34:14) says, "Do not worship any other god, for the Lord, whose name is jealous, is a jealous God" (*New International Version Bible*). When Christ visited Mary and Martha, Mary sat down at his feet to listen to him while Martha was more concerned with the other preparations she was making. While there was nothing wrong with what Martha was doing, it has been implied that Mary's choice was the better one—that of spending time at the feet of the Lord to listen to what he was saying since it is the most important thing God wants from us.

As has been said above, fellowship is the most important thing God wants from us. God wants us to be with him, to spend time with him since we are his creation and he loves us. Jesus was a perfect example of spending time with the father, since he often retreated to the mountains to pray to the father. It is important that we become mature as we come into a relationship with God. The more we spend time with God, the more we become mature and the more we look up to him for support and comfort. One will realize that the more he spends time with God, the more he looks forward to the times of spending time alone with God.

Fellowship needs to be made a priority in the lives of believers so that nothing will come before fellowship with God. When believers focus on God and nothing else, everything else falls into place. Some of the scripture verses that focus on seeking God first include (Matthew 6:33), which emphasizes seeking first the kingdom of God and its righteousness, and all the other things shall be added unto us. In other words, when we focus on God and leave everything else to him, we trust him and he takes care of every other thing that may be of issue to us. He will take care of our finances; he will take care of our health, our children and so forth. Fellowship with God himself means that you will never hunger or thirst for anything else. Jesus declared, "I am the bread of life. He who comes to me will never go hungry, and he who believes in me will never be thirsty" (John 6:35) (*New International Version Bible*).

When you fellowship with God, it means that you partner with him, you share, you have communion with him and have rapport with him. The salvation that was brought by Jesus Christ brought us into a right relationship with God; who now views us as righteous in his eyes. For that reason we have been made heirs of an inheritance in heaven (1 Peter 1:3-5) and thus we can fellowship with him. Part of fellowship with God is confessing our sins. We are still human and even as we have been saved we still sin. When we confess our sins to God, we agree with him that we have sinned and we ask for forgiveness.

Our father God has been depicted well in the story of the prodigal son in (Luke 15:11-24) citing, "There was a man who had two sons. The younger one said to his father, 'Father, give me my share of the estate.' So he divided his property between them. Not long after that, the younger son got together all he had, set off for a distant country and there squandered his wealth in wild living. After he had spent everything, there was a severe famine in that whole country, and he began to be in need. So he went and hired himself out to a citizen of that country, who sent him to his fields to feed pigs. He longed to fill his stomach with the pods that the pigs were eating, but no one gave him anything. When he came to his senses, he said, 'How many of my father's hired men have food to spare, and here I am starving to death! I will set out and go back to my father and say to him: 'Father, I have sinned against heaven and against you. I am no longer worthy to be called your son; make me like one of your hired men.' So he got up and went to his father. But while he was still a long way off, his father saw him and was filled with compassion for him; he ran to his son, threw his arms around him and kissed him. The son said to him, 'Father, I have sinned against heaven and against you. I am no longer worthy to be called your son.' But the father said to his servants, 'Quick! Bring the best robe and put it on him. Put a ring on his finger and sandals on his feet. Bring the fattened calf and kill it. Let's have a feast and celebrate. For this son of mine was dead and is alive again; he was lost and is found.' So they began to celebrate." (*New International Version Bible*)

When we confess our sins, we are assured of forgiveness since that is what the scriptures say.

(1 John 1:9) echoes, "If we confess our sins, He is faithful and just and will forgive us our sins and purify us from all unrighteousness." We are also confessing because we want to prosper spiritually; we want to come closer to God as according to (Proverbs 28:13) which states, "He who conceals his sins does not prosper, but whoever confesses and renounces them finds mercy". There are certain times when one will not be able to remember all the sins he has committed and therefore reciting them one by one will be an issue. Another issue that comes in is that one may not know that some thought or act is a sin and subject to condemnation. The scriptures assure us of forgiveness of sins of

this kind in (1 John 1:9) when they mention that he cleanses us from all unrighteousness. In essence this cleanses all sins include even those which have not been confessed unintentionally.

2.3.2 How to have fellowship with God

(1 John:1-9) speaks a lot about having fellowship with God; as follows,“ what was from the beginning, what we have heard, what we have seen with our eyes, what we looked upon and touched with our hands concerns the word of life-for the life was made visible; we have seen it and testify to it and proclaim to you the eternal life that was with the father and was made visible to what we have seen and heard we proclaim to you now, so that you too may have fellowship with us; for our fellowship is with the father and with his son Jesus Christ. We are writing this so that our joy may be complete. Now this is the message that we have heard from him and proclaim to you: God is light and in him there is no darkness at all. If we say ‘we have fellowship with him’, while we continue to walk in darkness, we lie and do not act in truth, but if we walk in the light as he is in the light, then we have fellowship with one another and the blood of his son Jesus cleanses us from all sin.”

This pretty much summarizes the subject of fellowship with the father and gives us an idea of what it is like to fellowship with the father. Having washed the feet of his disciples when he was with them, Jesus still wants to have fellowship with people in this century and even more so with the challenges that are facing Christianity. When John says, “what was from the beginning,” he is talking about God who has been there since eternity. One can move back in history as he wants to, but there is no definite number that one will assign to God to determine how old he has been around. He then continues to mention, “what we have heard, what we have seen with our eyes, what we looked upon and touched with our hands concerns the word of life-for the life was made visible; we have seen it and testify to it and proclaim to you the eternal life that was with the father and was made visible to us” by this, he confirms that the man they are talking about was as much God as he was man and can confirm it since they saw him. He confirms that during his ministry in the three years he was in active ministry he managed to gaze at him. They listened to him and he confirms that he is who he said he was. He means that he is sure he was born of a virgin in Bethlehem and that he died on the cross and he rose from the dead and is not with us today because he rose into heaven and that he is coming again. His emphasis on touch can be seen in (1 John: 1) where he says that we looked upon him and touched with our hands. This means that they not only gazed at Jesus, they handled him and believed that God was manifested in the flesh in the form of Jesus Christ himself.

Even while he is not available for us to gaze upon him today, we have the eye of faith and the hands of faith with which we can gaze and touch Jesus Christ himself.

2.3.3 *The advantages of fellowship with God*

Being in union with God has its advantages, most of which have been listed in the scriptures. As one fellowships with God, one grows closer to the father. The intercession between Christians and the father is done through Jesus Christ and the Holy Spirit. This has been supported by verses like (Romans 8:31-35) which say, “What, then, shall we say in response to this? If God is for us, who can be against us? He who did not spare his own Son, but gave him up for us all - how will he not also, along with him, graciously give us all things? Who will bring any charge against those whom God’s chosen? It is God who justifies. Who is he that condemns? Christ Jesus, who died – more than that, who was raised to life - is at the right hand of God, and is also interceding for us. Who shall separate us from the love of Christ? Shall trouble or hardship or persecution or famine or nakedness or danger or sword?” (New International Version Bible)

(Hebrews 7:25) says, “Therefore he is able to save completely those who come to God through him, because he lives to intercede for them” (*New International Version Bible*). The Holy Spirit also makes intercession for those who pray to the father and this has been supported by scriptures such as (Romans 8:26-27) in stating, “In the same way, the Spirit helps us in our weakness. We do not know what we ought to pray for, but the Spirit himself intercedes for us with groans that words cannot express. And he who searches our hearts knows the mind of the spirit, because the spirit intercedes for saints in accordance with God’s will” (*New International Version Bible*).

According to the scriptures fellowship with God will give anyone peace of mind. (Philippians 4:6-7) says, “Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving, present your requests known to God. And the peace of God which transcends all understanding will guard your hearts and your minds in Christ Jesus” (New International Version Bible).

Fellowship also assures anyone of victory over death when finally one dies.

(1 Corinthians 15:50-56)says, “I declare to you, brothers, that flesh and blood cannot inherit the kingdom of God, nor does the perishable inherit the imperishable. Listen, I tell you a mystery: We will not all sleep, but we will all be changed – in a flash, in the twinkling of an eye, at the last trumpet. For the trumpet will sound, the dead will be raised imperishable, and we will be changed.

For the perishable must clothe itself with the imperishable and the mortal with immortality. When the perishable has been clothed with the imperishable and the mortal with immortality, then the saying that is written will come true: 'Death has been swallowed up in victory' 'Where, O death, is your victory? Where, O death is your sting?' The sting of death is sin, and the power of sin is the law, (*New International Version Bible*.) But thanks be to God who gives us the victory through our Lord Jesus Christ". (Romans 8:37) "No, in all these things, we are more than conquerors through him who loved us" (*New International Version Bible*). (1 John 5:4-5) states, 'For everyone born of God overcomes the world. This is the victory that has overcome the world, even our faith. Who is it that overcomes the world' only he who believes that Jesus is the Son of God" (*New International Version Bible*).

Fellowship has been said to remove someone from the bondage of sin (Romans 6:1-14) confirms this in saying". What shall we say, then? Shall we go on sinning so that grace may increase? By no means! We died to sin; how can we live in it any longer? Or don't you know that all of us who were baptized into Christ Jesus were baptized into his death? We were therefore buried with him through baptism into death in order that, just as Christ was raised from death through the glory of the Father, we too may live a new life. If we have been united with him like this in his death, we will certainly also be united with him in his resurrection. For we know that our old self was crucified with him so that the body of sin might be done away with, that we should no longer be slaves to sin - because anyone who has died has been set free from sin. Now if we died with Christ, we believe that we will also live with him. For we know that since Christ was raised from the dead, he cannot die again; death no longer has mastery over him. The death he died, he died to sin once for all; but the life he lives he lives to God. In the same way, count yourselves dead to sin but alive to God in Christ Jesus. Therefore do not let sin reign in your mortal body so that you obey its evil desires. Do not offer any part of yourself to sin as an instrument of wickedness, but rather offer yourselves to God as those who have been brought from death to life; and offer every part of yourself to him as an instrument of righteousness. For sin shall no longer be your master, because you are not under the law, but under grace" (*New International Version Bible*).

This kind of fellowship that an individual can have with God also protects us from the people who would prevent us from getting the love of Christ. It is a fact that not everyone will be happy at your Christianity. (Romans 8:35-39) cites, "Who shall separate us from the love of Christ? Shall trouble or hardship or persecution or famine or nakedness or danger or sword? As it is written' For your sake we face death all day long; we are considered as sheep to be slaughtered'. No, in all these things we

are more than conquerors through him who loved us. For I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord” (*New International Version Bible*).

2.3.4 Role initiated by God

We will begin this section by quoting from the Scriptures (Jeremiah 31:33-34):“This is the covenant I will make with the people of Israel after that time,’ declares the LORD.’ ‘I will put my law in their minds and write it on their hearts, I will be their God, and they will be my people. No longer will they teach their neighbour, or say to one another, ‘Know the LORD,’ because they will all know me, from the least of them to the greatest,’ declares the LORD.’ ‘For I will forgive their wickedness and will remember their sins no more” (*New International Version Bible*). Jeremiah as the prophet of God conveyed this message to the tribe of Israel from God. I am persuaded that the message is currently related to all people. A covenant involves two parties but is initiated by the senior party. We are then convinced that God wants to be in a relationship with us, we do not have to persuade God to love and guide us, he wants to do it. The extent to which God loves us has been captured by Warren (2002:85), when he says, “Almighty God yearns to be your friend”. He notices that in Eden Adam and Eve enjoyed intimate friendship with God.

The author continues stating that in Eden there were no rituals ceremonies or religion – just a simple loving relationship. The researcher of this study reckons that it is proper that the author emphasizes the importance of relationship above rituals and ceremonies. Nevertheless it should be realized that some people relate well to God through rituals and ceremonies as well as religion. The love of God to his people is clearly portrayed in (Genesis 1:26) when he created us in his own image. This special way of designing us has been captured in (Psalms 139: 13-14) as the passage reads thus, “For you created my inmost being. You knit me together in my mother’s womb. I praise you because I am fearfully and wonderfully made” (*NIV Study Bible*).

Warren (2002:85) is of the opinion that we were made to live in God’s continual presence, but after the fall that ideal relationship was lost. The author further realizes that only a few people in Old Testament times had the privilege of friendship with God. He then lists them as follows, Moses and Abraham were called, ‘Friends of God’, David was called ‘A man after (God’s) own heart’ and Job, Enoch and Noah had intimate friendship with God”. However it is realized that fear of God, not friendship, was more common in the Old Testament. Then Jesus changed the situation. Warren

unpacks the fact that when Jesus Christ paid for our sins on the cross, the veil in the temple that symbolized our separation from God was split from top to bottom indicating that direct access to God was once again available, unlike the Old Testament practice where the priests had to spend hours preparing to meet God, we can now approach him any-time.

Friendship with God is seen to be possible only because of the grace of God and the sacrifice of Jesus. To highlight the extent to which God yearns for our relationship with him, Louw (1994:13) quoted (John 15:15) from the scriptures when Jesus was referring to his disciples saying, "I no longer call you servants, because a servant does not know his master's business. Instead, I have called you friends, for everything that I learned from my father have made known to you" (*NIV Bible*) as Warren also cited the same. The text confirms intimate relationship with God. God initiates this intimacy, in the process God expects us to respond.

The hymn composed by Isaac Watts (1674-1748) saying, " *When I survey the wondrous cross on which the prince of Glory died*", ends with the composer being lost in wonder of the love of God in saying, "were the whole realm of nature mine that were a present far too small; love so amazing, so divine, demands my soul, my life, my all". The hymnist is fully aware of the need to acknowledge and respond to God's love. He feels he needs to give something back in return but above all himself and therefore encourages us to adopt that desire. God's concern for our relationship has been made clear through Jesus Christ who willingly gave up his life for us.

It is in understanding that love that the South African National Defence Force Chaplain Service designed a letter portraying Jesus' love and desire to own us and offer us a sense of belonging. The workbook compiled by Chaplaincy service is titled, *Value-Based Living Themes for CPLN Period (2006/2007:9)*. A letter titled "A letter from Jesus" reads thus,

"My Dearest Friend,

How are you? I just had to send a note to tell you how much I love you and care about you. I saw you with your friends. I waited all day hoping you would want to talk to me also. As evening drew near I gave you a sunset to close your day and a cool breeze to sooth you and I waited, you never turned to me. Yes, it did hurt me.....but I still love you because I am your friend. I saw you fall asleep last night and longed to touch your brow, to remove all

your troubles and upsets, so I spilled moonlight on your pillow and your face and gave you a comforting dream to give you peaceful sleep. I watched over you and just loved you more. When morning came I waited again wanting to rush down so we could talk. I have so many gifts for you! You awakened late and rushed off to work. My tears were in the rain. Today you looked so sad and so alone, it makes my heart aches because I understand too, but I love you and want to enfold you in my arms. Oh! If only you would listen to me. I love you and want you to love me too. I try to tell you in the sky and in the quiet green grass. I whisper it in the leaves on the trees and breathe it in the colours of the flowers. I shout it to you in the mountain streams and give the birds love songs to sing. I clothe you with warm sunshine and perfume the air with the scent of trees and plants.

My love for you is deeper than any ocean and bigger than the greatest need or want in your heart.

Oh! If only you knew how much I want to help you. I want you to meet my father because he wants to help you too. I am the way, you know to my Father's house and property.

Just call me.....talk to me. Oh! Please don't forget me; I have so much to share with you.

Well, I won't trouble you any further; you are free to choose me.

It is your decision. I have chosen you and because of this I will wait.....and wait.....because I love you dearly.

Your eternal friend

Jesus."

The author of the letter concluded by posing a challenging question saying, 'Do you enjoy relationship with God? If so I would like to encourage you to deepen this relationship'". The author of the letter followed suite the views of Louw, prophet Jeremiah and Warren already mentioned in drawing a vivid picture of the attention God is giving us and all the already mentioned authors challenge us to consider our part and role to the fellowship with God. The letter invites the readers to experience sense of belonging in the presence of Christ. MacNutt (1975:317) takes the matter further by stating, "Ministry of healing means that we take the incarnation seriously." He goes on defining incarnation as God becoming man and perfecting within himself that which concerns man.

It is simple Jesus giving himself. MacNutt statement resonates well with the hypotheses and the theme of my research, *A Practical Theological Exploration of the Role of Fellowship in Christian Healing*. I am persuaded that indwelling of Christ in our lives brings about reconciliation, holiness, serenity, sense of security, companionship, dignity, self-esteem and sense of belonging. It is quite

appropriate then for MacNutt to create this awareness to the readers. MacNutt's emphasis on citing the fact that healing means, "We are conformed to the image of Christ, implies Christian healing which is achieved by Fellowship with Jesus". The researcher of this study understands incarnation as God breaking into our human world, challenging us to be people who are no longer conforming to the values of the world. As stated earlier on it is desired that as human beings we play our part in order to complete fellowship. We will therefore look at the role we have to play.

2.3.5 Role to be played by human beings

The researcher of this study finds it appropriate when Faricy (1979:56) captured one of the purposes of our living as to praise. The author does not hesitate to express his conviction that praise heals. He believes that when we praise God, he heals us through our praise. Faricy (1979:57) goes on defining praise as something like adoration but more active and more going-out to God, speaking interiorly or out loud, or shouting or singing or dancing. He understands praise as celebrating God. We praise and thank God for the gift of Christ who reconciled us to God in love. Faricy (1979:59) takes us to the scriptures quoting St Paul's letter to (Colossians 1:13-2:15) which views the whole as somehow suspended from Christ, anchored in him as he says, "In him all things hold together". This statement prompts all human beings to realize that for fellowship to be firm there should be a common point of meeting for all people and all creation. In praising God we become aware of his presence amongst us and within us and then God reveals his purpose for us. When we know God's purpose we align the purpose of our living with God's purpose.

Warren (2002:33) rightly says, "knowing your purpose prepares you for eternity". The author of purpose driven life realizes that many people spend their lives trying to create a lasting legacy on earth. In his opinion living to create an earthly legacy is a short sighted goal. It is no doubt that in praising God we develop a sense of belonging. Warren (2002:54) is stating that following Christ is not just a matter of believing, it also includes belonging. Warren (2002:67) is convinced that real life begins by committing ourselves to Jesus Christ. He goes on noticing that anthropologists have noticed that worship is a universal urge hard wired by God into the very fibre of our being an inbuilt need to connect with God.

McCarthy (2005:36) picked up the need to connect in his Christmas homily. McCarthy Flor is a Salesian Priest who has worked as a Catechist in second level school and has acquired extensive experience in Ireland and United States of America; his books include *New Sunday and Holy Day liturgies, Year A, Year B, and Year C*. His other books include *Funeral Liturgies* and *Wedding Liturgies*.

McCarthy gives an account of a six year old child who expressed his feeling in saying, “It makes me feel lonely not knowing God”. In his Christmas homily he cites that Christmas proclaims that we are not alone in the universe. In his opinion Christmas gives us an opportunity to reconnect ourselves with God if we have become disconnected from him. He is persuaded that an inner peace springs from being connected with God who is love. Being connected with God implies knowing God thereby dispelling loneliness like the one experienced by a six year old child mentioned earlier on.

Friendship with God is crucial in Warren’s theology (2002:85-94). His understanding of God’s wishes is that God wants to be included in every activity, every conversation, every problem and even every thought. He is equally convinced that praying without ceasing means conversing with God while shopping, driving, working or performing any other everyday task. The author is persuaded that genuine friendship is built on disclosure. In Warren’s opinion what may appear as audacity God views as authenticity. Warren goes on observing that listening to passionate words of his friends God is bored with predictable, pious clichés. Warren (2002:95-100) unpacks the importance of obedience. He echoes that thirty years of pleasing God were summed up in two words, ‘Lived obediently’. Although Warren did not mention the name, obedience refers to Jesus Christ. Warren is of the opinion that one is close to God as one chooses to be, as intimate relationship is a choice, not an accident. Warren challenges readers to realize that to be called by God to intimate relationship does not imply that we are exempted from experiencing pain. He understands pain as God’s way of arousing us from spiritual lethargy. He sees our problems as not punishment but wake up calls from a loving God. He asserts that God is not mad at us but is mad about us. The author goes on saying that God is not interested in half-hearted commitments, partial obedience and the leftovers of our time and money. Warren is convinced that God desires our full devotion, not little bits of our life.

Yancey (2001:68) believes that pain is God’s megaphone to rouse a deaf world. Although what has been echoed by the two above mentioned authors can be possible, it is not easy to assume that all moments of pains are megaphones. The issue of pain, suffering and hurt needs to be explored more. Nevertheless God’s presence with us sustains us and prompts us to gladly desire to obey the first and the new commandment saying, “You must love the Lord your God with all your heart, with all your strength and with all your mind and your neighbour as yourself”, (Luke 10:25) (*The new Jerusalem Bible*). Loving our neighbour leads us to consider fellowship with others.

2.3.6 Fellowship with others

Warren proves to be very passionate and broad with regard the subject of fellowship. Warren (2002:124-125) discusses fellowship with others at length. He states, "God wants you to be in regular close fellowship with other believers so you can develop the skills of loving". Love is a very important attribute as it is the umbrella of all the values we observe in relationships. Warren believes that life minus love equals zero. The author is aware of the fact that love cannot be learned in isolation. He asserts, "we have to be around irritating, imperfect and frustrating people". Warren (2003:144) identifies Local church as the classroom for learning how to get along in God's family. He also sees it as a lab for practising unselfish sympathetic love. Warren's observation is that over fifty times in the New Testament, the phrase 'one another or each other is used'. He continues clarifying his conviction by illustrating how to apply this one another or each other in the following manner: - "We are commanded to love each other, pray for each other, greet each other, serve each other, teach each other, accept each other, honour each other, bear each other's burdens, forgive each other, submit to each other, be devoted to each other and many other mutual tasks."

Warren goes further recommending local church as the place God designed for each of us to discover, develop and use our gifts. Warren (2002:134) feels very strong about the fact that Satan loves detached believers, unplugged from the life of the body, isolated from God's family and unaccountable to spiritual leaders because he knows they are defenceless and powerless against his tactics. He refers to attenders as consumers and members as contributors. It is quite sad that the attenders in the process that they run away from accounting for their life, they lose sense of belonging and guidance Warren (2002:136). Warren (2002:281) differentiates ministry from mission as he believes that ministry is our service to believers and mission service to unbelievers. The researcher of this study presumes that Warren differentiates ministry from mission for the sake of making his point clear. In essence the researcher of the current study is persuaded that although the concept "mission" is directed specifically to the unbelievers, the concept "ministry" is very broad, we do not minister to the believers only but also to the unbelievers. In the circular world in the government sector we have a number of ministers; this simply refers to people who are earmarked to deliver services to the community. Our perception of people determines how we serve them.

MacNutt (1975:320) alluded to the above mentioned fact as he states, "the way we perceive people is the very key to our healing ministry". As a priest, the researcher finds it helpful to be accommodative to all parishioners so as not to focus on their weakness but looking forward on what God can make out of them.

The issue of fellowship has been taken seriously by Yancey. Yancey (2001:71) takes us to intensive care unit where we are able to be confronted with the extent to which pain and suffering unite all sorts of people, rich, poor, beautiful, plain, black, white, smart, dull, spiritually, atheistic, white collar, blue collar and others. He continues making his point clear by stating that in an intensive care ward, all visitors are united by a single awful thread, which is concern over a dying relative or friend. Yancey notices that economic differences even religious differences, fade away as all are facing life at its most essential. He continues pointing out that many calls for a pastor or priest for the first time ever. Yancey is then convinced that only the megaphone of suffering is strong enough to bring these people to their knees to ponder ultimate questions of life and death as well as meaning. The researcher of the current study agrees with Yancey in that megaphone of suffering is very strong to unite people, however it should be realized that it is not the only way as even achievement can bring people to come, rejoice and celebrate together.

2.3.7 *The advantages of fellowship with others*

It is important to have a lot in common and this presents the advantage of friendships. Friendships of a lifetime have been built from fellowships in church and other religious gatherings. When you have many friends, most of whom you share the same religious fundamentals; you are more likely to grow spiritually. You will be able to influence each other spiritually and improve the lives of each other spiritually. This can extend to physically and monetary assistance when you need this kind of help. It takes time to build fellowships and friendships, so do not be in any special hurry to do so. The significance of friendship has been referred to by Jesus himself when he was referring to his disciples as no longer servants but his friends. This meant that the love they shared between them as friends was now far, this he has expressed in the following manner, and “I no longer call you slaves, because a slave does not know what his master is doing. I have called you friends, because I have told you everything I have heard from my father. It was not you who chose me, but I who chose you and appointed you to go and bear fruits that will remain, so that whatever you ask my father in my name he may give you.” – (John: 15:15-16), (*NIV STUDY BIBLE*). You can expect that the more you involve yourself in activities of the church, the more friendships you are going to build and the better the quality of friendships they will be.

The other advantage of fellowship with other people is that it brings about unity. When you have unity of purpose, you have unity of strength and you are able to pursue anything you want to pursue as a unit. When there is no unity, there is no chance that you will start anything and pursue it to

completion. Last but not least fellowship with other people builds the kingdom of God. The Disciples of Christ were told to make disciples of all nations and the only way they achieve this is by fellowship with them. This is the only way the gospel will be passed from one generation to the other. When Christians meet to praise and worship the Lord, they will attract the attention of others, who will become Christians. This will increase the number of Christians and the gospel will be spread from one place to the other. In (John 13:34-35) Christ said, "A new command I give you: Love one another. As I have loved you, so you must love one another. By this all men will know that you are my disciples, if you have love for one another" (NIV Bible). The fellowship among people of one faith is a sign of love and in this case is one way of building the kingdom.

2.3.8 Role of the pastor

To belong to others calls for responsibilities, roles and benefits to be shared by each and every individual. Each and every believer has a role to play in Christian healing of the patients.

For the purpose of this dissertation the researcher has singled out pastoral role, the role of medical personnel, support group role as well as counsellor's role and community role.

These roles will be dealt with interactively.

2.3.8.1 Role of Pastor in Rendering Pastoral Service

The role of pastor is to render pastoral service which includes a number of activities. Firstly the ministry of presence is crucial as the patient often feels lonely in sickness. Yancey (2001:173) asserts that people who are suffering whether from physical or psychological pain often feel an oppressive sense of aloneness. They feel abandoned by God and also by others, because they must bear the pain alone and no one else. Yancey is of the opinion that loneliness increases fear, which in turn increases pain and downward the spiral goes. Yancey realizes that simple availability is the most powerful force we can contribute to help calm the fears of others. Yancey then relates Tony Compolo's experience. He tells that Tony Compolo attended the wrong funeral service by mistake as he found himself ending up in a wrong home pallor. It appears that Tony became a great asset in that funeral as he realized that the widow of the dead was the only mourner present. When Tony noticed the extent of her loneliness, he decided to stay for that funeral. According to Yancey (2001:177) the widow appreciated the support quite a lot as she said, "you'll never know what this

means to me". The pastors then can do more than Tony as funeral services are the integral part of their ministry.

Warren (2001:127) believes that giving time for somebody else, one is giving a portion of one's life that one will never get back. He then likens one's time to one's life and is persuaded that the greatest gift one can give someone is one's time. The pastor then is at a better position to set the time aside to offer ministry of presence. This service necessitates creation of administration or a secretary post in the parish so as to allow or give the pastor sufficient time to carry out his pastoral duties.

2.3.8.2 Role of Pastor in Reconciliation

The second pastoral role is to facilitate patient's fellowship with God and with others.

Louw (1994:27) recommends that people in pastoral care must make an effort to follow up the Christian concept of the Vicarious grace of Christ's offering which restores relationships realizing that life, energy and power play dominant roles in African's concept of himself. Louw (1994:27) recommends that the Biblical notion of life as reconciliation and absolution must be communicated, so that the patient's suspicion can be eradicated. The author with his academic and pastoral experience displays wide knowledge with regard wide range of possible causes of loneliness as he touches much on African religion and managed not to lose sight of Christian element as well. The author understands the terminology 'Reconciliation' as meaning God's action of bringing man back into harmony with himself and with others.

MacNutt (1975:289) identifies resentment and bitterness as the most injurious sins which militate directly against our being reconciled with our brother. MacNutt (1975:289) spells out the new regulations concerning penance which should be a great help. The rules are:" If a priest arranges for people to come to the rectory for confession, he must assess if there will be sufficient time firstly. Secondly, he can now talk to the patient face to face. Thirdly if the patient is simply listing sins, he can get down to more fundamental questions such as, 'How do you feel about yourself, how are you doing in your relationship with people, especially at home, in your community and at work?'" MacNutt's approach in reconciliation displays Roman Catholic background and doctrine well. It is then imperative to realize that sin distances us from God and from others and in the process we experience loneliness. MacNutt (1975:169) strongly believes that the first and the deepest kind of healing that Christ brings is the forgiveness of sins. The pastor then has a major role to facilitate

reconciliation of person to God and person to person as to make fellowship effective. Pastoral care is not limited to the ordained ministers but is extended to all Christian believers.

Louw (1994:66) rightly says that the framework of demonstrating salvation is the community of believers (corporate dimension). Louw (1994:2 of introduction) is in the opinion that in order to be proactive in assisting people in dealing with illness and death the emphasis in pastoral care must be on the creative power in life and faith and not on pathology. Louw (1994:2 of the introduction) observes, "at the point of utter loneliness the quest for meaning and for God arises, often believers wrestle with the question whether their illness is a burden to be carried alone or whether their paths of suffering also run through the heart of God" It is amazing that Louw (1994:27) accentuates the spiritual dimension in healing and fellowship, as its destiny is a focal point, according to Louw (1994:27) destination becomes an important component of all the life inspiring forces, which determines the being of man. It is without doubt that spiritual dimension is the climax of the uniqueness of a pastor versus psychologist, social workers and other counsellors/therapists. Pastoral therapy in its nature has an element of eschatological dimension as pastors are called to be custodians of God's people in this world, to be agencies of temporal quality healing in this world and lead people towards permanent healing which is eternal fellowship with God in the world to come.

Taking into account the serious dangers of isolation during illness, Louw (1994:66) realizes that the Christian Communion in its 'Koinonia' could indeed become an important therapeutic moment. He therefore sees pastoral therapy creating communion with God and fellow believers. Louw (1994:72) understands mission of pastoral care as to link believers by means of scriptures to God's fulfilled promises (promissio therapy) so that out of gratitude they can accept their illness as a challenge to exercise their faith. Louw (1994:73) goes on stating: "because the framework of victory lies in the fulfilled promises of God, the dimension of victory is truly the capacity in which patients can close their anguish and despair". The author further observes that in a sincere communion with the Lord, the patients can vent and discharge their fears. He then suggests that in so doing they become honest with themselves and rid themselves of all defence mechanism which deter the healing process and which could give rise to the pathology of sickbed.

In observing Louw's assertion it can be concluded that pastors are encouraged to provide a safe place for the patients to confess their sins. As understood by the researcher of this study Louw does not claim that confession of sin is a condition towards healing. This scenario challenges the pastor to guard against blaming the patients. It is however cautioned that guilt the patient experiences is

usually real and must not be ignored or minimized. Louw (1994:39) emphasizes the importance of patient's coming into contact with reality of their guilt and discovering liberating meaning of reconciliation in Christ.

Both Louw and MacNutt clearly articulate the issue of reconciliation. The difference lies in their approach. MacNutt's approach emanate from an Ecclesiastes Roman Catholic point of view and Louw from an academic and therapist language. Louw (1994: 84) emphasizes the role of pastoral care thus: -"Pastoral care wishes to sustain patients until they discover the therapeutic dimension of healing on a spiritual level; recovery as salvation (a condition of peace and reconciliation with God." The author continues asserting that pastoral care is about the establishment of a relationship with the patient built on the work of the Holy Spirit and which takes place in the covenantal communion with the living God. The author further discusses pastoral care as wishing to break through the loneliness and isolation of the sickbed by linking the patient to the community of faith (the body of Christ). Louw (1994:84) concludes by suggesting that the sacrament of the Holy Communion has an important role to play. Louw (1994:173) touches on a very important moment, the moment of dying. He raises an awareness of the possibility of guilt feeling reproach for missed opportunities and the neglect of loved ones. It is therefore of vital importance that the pastor guides the sufferer towards deliverance and absolution thereby connecting and reconciling one to God. Louw displays a vivid imagination of God, pastor and patient enjoying fellowship together. According to Louw ultimately the dying is led to eternal fellowship with God. The ministry of the Holy Communion is critical in Louw's theology as he sees it as a potential great comfort and palpable proof of God's caring hand, holding in love the anxious heart of the dying Louw (1994:175).

To take reconciliation further, MacNutt (1975:328) believes that penance is supposed to give people a bridge to move from where they are to where they ought to be in Jesus. It will be appropriate then to put down author's words as they are challenging us and instructing us to challenge patients as he echoes, "By the grace that is in Jesus we belong to God. Don't you know that most sickness is rooted in the people's sense of not belonging? They are sheep without a shepherd. They don't know the shepherd. So we come in Jesus' stead and tell the precious people, 'You belong to Jesus and I've come to tell you this'. That is the real power of healing ministry. If we do not know this much about people our ministry should come out of a conviction that we have been sent by God to lay his claims on people and God's claim is, 'You are mine'." MacNutt's persuasion is quite inspiring and is out of genuine and deep conviction, however, it is not clear whether it is sufficient to move people to

accept their belonging to God by themselves playing their role on the covenant, or they belong to God automatically before doing anything to play their role.

2.3.8.3 Role Played By Healthcare Christian Fellowship (HCF)

Healthcare Christian Fellowship members also play a major role in facilitating Christ-reconciling work to the dying patient. The *International Heartbeat* magazine in what is called, *The Jubilee Edition* (1936-1996:7) gives an account of a situation where Jacquil's beloved grandfather was dying without having relationship with God through Christ. In this family nobody knew Christ as one's personal Saviour. The fact that no visitors were allowed any more except the close relatives raised more concern. The testimony is titled, 'No One to Tell' it goes on like this, 'Grandpa will die this afternoon, tonight or tomorrow'. My broken hearted friend Jacquil whispered her voice hoarse from sobbing. Her grandpa so beloved by his family, was in the final stages of a terminal illness. He had never met Jesus in this life, how could he look forward to being with him in the next world. The narrator continues stating 'that afternoon Ruth had been on a routine visit to the very hospital where grandpa was admitted and she spent time with the HCF group. Ruth's visit made it possible for HCF team to visit him three times. On the third visit grandpa made a definite commitment to Jesus Christ. The nurses were sure of it. They said, 'grandpa now had peace he did not have before'.

Within just two days of his commitment to Jesus, Grandpa went home to his new found Saviour. Like the thief on the cross, his salvation had come five minutes before the midnight hour of his life. But like the thief on the cross also, it was time enough to assure eternal life with Jesus.

The article ended with the following statement, 'No one to tell him' so I had thought. But I had been wrong. A caring, praying HCF team had been there, and through the team God could pour out the riches of his everlasting love into a dying man's heart." Healthcare Christian Fellowship team resembles Peter who was given keys of the kingdom by Jesus. The team is at a better position to introduce patients to the redeeming power of Jesus provided their members themselves know Jesus as their Lord and personal Saviour. HCF was founded for that very same reason. In the *International Heartbeat Jubilee Edition* (1936-1996:29) the constitution and the aims of the HCF are spelled out in the following manner:-"The health field constitutes a vast mission field. Millions of people pass through hospitals and healthcare institutions constantly, patient's visitors, relatives, employees, volunteers, sales representatives, pastors, Chaplains and others.

The healing team does not just consist of doctors, nurses and technicians. The clergy, relatives and friends are also important". The author continues stating that, Christians involved in HCF work around the globe include, besides those mentioned above, paramedics, pharmacists, dentists, private duty nurses, doctors, office and clinic workers, students, church group, those in medical research and psychiatry. The author asserts that the need of all kinds extends from hospitals in the acute institutions to the rest homes, mental hospitals, rehabilitation centres and many others. It has been realized that, because the ministry of Jesus Christ was directed to the whole man: body, soul and spirit, Jesus commissioned his disciples to continue this ministry in his name. The author states that Christ-like medical care touches the well spring of human response as few things can. It has also been noticed that Christians in the Health field have unequalled opportunities for witness and service through a compassionate ministry to the whole.

The HCF Magazine titled, '*RX for Eternity*' illustrates how hospital staff can be dedicated to their work with a profound courtesy and gentleness as well as respect to their patients but missing a very important aspect (Spiritual Aspect). The scenario is told that all the members Mr. Smith pass through and attended by and the friendly manner he was handled is recorded from page 28-30. The members and departments Mr. Smith passed through were, "The young lab technician, the clerk, the radiographer, the admitting department, the ward, the electrocardiogram department, the cardiology technician, a dietician, the recovery room nurse, the anaesthetist, and aid bringing his tray, the hospital Chaplain, the doctor, an orderly, the head nurse in operating theatre and all the postoperative procedures were carried out successful. A visit from the wife and the daughter bringing flowers to cheer him up was enjoyed". A week later his wound is healed, sutures are removed, he tolerates his diet well, his bowels move well and he ambulates all by himself, so he is discharged from the hospital. He leaves the hospital seated in a wheelchair accompanied by his wife, holding a pot of flowers and a suitcase, while a volunteer pushes him through the halls to the waiting car.' It's done 'Everything went on well and is home again. But a month later the Sheriff finds him dead in his car with a bullet through his head and a note on his seat. The note says: "Sorry, I had to do this. I see no other way out". The narrator of the scenario is wondering if there was nothing more that would have been done to prevent this tragic end. It is the narrators concern that among all the dozens of people Mr. Smith met, no one managed to drop some spiritual vitamins on him. He then realizes that not one person can offer this vital Spiritual Service alone, even the hospital Chaplain as he is continually interrupted in his visit. He equally believes that the entire staff, including hospital volunteers, physicians and visitors should get into the act and be prepared to give

their share of total patient care whenever the opportunity arises. The excuse of staff to say that there is no time is ruled out; as offering spiritual service does not necessarily take hours of time.

According to the researcher of this study the concern for this missed opportunity is triple folded. Firstly, if Mr. Smith had been introduced to the redeeming power of Christ he would have not killed himself. Secondly, the question arises where did he end up spiritually and who should account for the missed reconciliation if it is missed as nobody can be definite, only the Almighty God. Thirdly, if he had funeral insurances all the funds he had been paying had gone to the drain.

The scenario warns us to be vigilant to offer more and above our spiritual service if we take reconciliation serious. In the light of this scenario, the researcher is reminded of the missed opportunity she experienced while she was a student nurse at Livingstone hospital in Port Elizabeth. She once witnessed for the Lord to the patient who was not ready to listen to her until the patient was discharged from the hospital. Next time the patient was admitted, he found her very busy in a hectic situation preparing patients preoperatively and observing them post operatively. It was during that hectic moment that the patient desperately wanted to talk to her and she was unable to give him an ear. When she was determined to share spiritual vitamins with the patient the following day, it was too late as he had passed on. This brought about profound guilt feelings to the researcher for a long time and resulted in her trying to be vigilant not only in serving patients but also in ministering to them whenever opportunity arises.

In addition to her Chaplain Service in the military and the church, she gives sermons addressing commuters in the metropolitan bus from Johannesburg to Pretoria in most of Monday mornings when she is heading to work. However without prayer, our service will not be effective. Let us now then look closely at the subject of prayer.

2.4 Prayer

It is either hard or impossible for the pastor to communicate God's message to the patient without talking to God about the patient. It is equally not easy to be used by God without having good communication and relationship with God. As God's servants we are called to pray not only for the patients but for all people in need of prayer. Researcher of this study agrees with Louw when he says, "Prayer for healing plays an important role in fellowship with God and fellow human beings". He sees prayer as a focusing on covenantal communication which forms the basis of the theological substructure of a pastoral encounter. Louw goes further discussing prayer as the intimate

covenantal communion between God and the fellowship of believers in the supplicant's concrete environment Louw (1994:104). The author then challenges the readers to explore together with him, "if the emphasis in prayer is on God's healing power or on the God who heals". Louw's conviction is that to the believing supplicant, God remains a God whether healing comes about or not Louw (1994:106).

Endicott (2006:113) grasped the fact well as he states that communion involves our coming to God through crucified body of Jesus, the Christians way through to the Holy of the Holies. Endicott continues asserting , "This communion means my having fellowship with God, it is not my asking for those things I need and cannot get for myself or for other people; it simply means enjoying God, thinking about him, loving him, delighting in how beautiful and wise , capable and loving he is, being with him without any words".

Yancey (2001:106) says that God does not reveal his grand design. He reveals himself. God being the priority of focus should be communicated to the sufferer. Nevertheless God expects us to pray for holistic healing including healing of the body. The assertion of the above three authors makes lot of sense and it gives guidance to readers to grow in spirituality or spiritual formation. However, it is not always easy to adopt or to abide with it when one is in acute situation of illness. It is nevertheless an ideal.

MacNutt (1979:15) discusses prayer by differentiating prayer for healing from prayer for deliverance. MacNutt (1979:330) says, "Whereas prayer for healing is ordinarily a petition, prayer for deliverance is a command". He continues understanding that we can pray through sacrament forms.

MacNutt (1975:275) identifies three types of sacraments:-

- Anointing the sick
- Penance and
- Eucharist as specifically directed towards healing while Holy orders, empowers the priest to heal the sick.

MacNutt (1975:278) recommends what he understands as an ideal anointing which involves the patient, family, doctor, nurses and other God's family members. MacNutt seems to be able to synergize charismatic and catholic experiences in healing ministry. MacNutt's assertion has been picked up by Louw (1994:85) as he sees role of pastoral care as a high priestly occasion of

intercession as well as prayer and can be a service of communication link between patients and their families as well as with the nursing staff and can help in building a relation of trust with the doctors. Praying on behalf of somebody else is referred to as intercession.

Endicott (2006:115) understands intercession as another form of prayer. He defines intercession as a prayer to reach out. He understands it as meaning standing as a mutual friend, between God and someone who is perhaps out of touch with him, or who might need some special kind of help. He then refers to it as the climax and outward drive of prayer.

The HCF manual titled, *Total Patient Care* (p32) explores specific focuses of prayer using the following headings:-Praying for my patient:- It is believed that through prayer God's love and power can be brought into the patient's life. It is the author's conviction that prayer also changes us to have a Christ-like attitude, especially for the difficult patients. The authors of the manual exhort us in this manner, "Talk to God first about the patient, then to the patient about God".

2.4.1 What and when to pray

For the salvation of the patient, for opportunities to speak about Christ, for receptive hearts, for God's presence when entering a room (Matt 10:5), when giving medication, administering injections, changing dressings or other procedures, when standing by, watching or assisting, when the Chaplain has come and when you feel the need for wisdom (James 1:5). The authors are persuaded that if we are sensitive to God's guidance and to the needs of our patients we will find opportunities to pray with them. It is believed that this can be a powerful means of communicating God's presence, compassion and help to our patients.

2.4.2 How and when to pray

The readers are exhorted to be always considerate and ask for the patient's permission first. The authors see it important to find out from the patient if she/he would like to pray, if prayer should be audible or not, at the bedside or somewhere else. The authors of *the Total Patient Care* are serious and critical to prescribe certain ethical conduct such as providing of privacy, use of normal tone and volume of voice, to be brief to the point, to be specific, to be personal by mentioning patient's name, use of touch, allowing the patient to participate either verbally or silently, inclusion of the family members whenever possible and allowance of a brief moment with the patient after praying as he/she may wish to say something more *Total Patient Care*(32). On the HCF manual (p33) the authors continue suggesting these suitable following times to pray with the patient:-

- Before meals,
- Before sleep,
- When patient is anxious or fearful,
- Pre-operatively,
- Before major tests,
- On admission when indicated,
- And when the patient is unconscious

The authors of *Total Patient Care manual* give the readers further guidance on how should they conduct prayer when they say, “Be sensitive to the guidance of the Holy Spirit, to ask: What would Jesus do in the particular situation, to pray according to the needs of the patient, use of scripture and praying with the patient for repentance and forgiveness if the person confesses guilt or the need to be forgiven”. The authors suggest that God might want to heal the patient miraculously. They find it unfortunate that some have emphasized healing to the neglect of the healer Jesus Christ. The authors of the *Total Patient Care* share some views with Louw, MacNutt and Yancey as they all believe that the focus of healing should be on the healer versus healing. It is the authors of *Total Patient Care* belief that relief of pain, tension and fear can be included in the petition. In the manual the readers are being warned not to pray in situations like these:-

- When the supplicant or patient is angry
- In certain cases of psychiatric illness
- As a spiritual band-aid if one does not really care

The authors conclude the subject of prayer by noticing that there is great power in group prayer. They are persuaded that sharing needs with our colleagues and also praying for these needs together moulds us into an effective spiritual and professional team. HCF team suggests that we meet with one or more colleagues for:-

- Weekly prayer and sharing
- Early morning weekly meeting
- Few minutes of prayer before and after work
- During tea or lunch breaks
- Telegram prayers when prayer is needed

Having said all that however, if it is not possible to mobilize other people the manual assures us thus, “if you and God are together, that’s enough for a prayer meeting”. HCF book concludes prayer topic by making the readers aware that there is no way to pray without communication, whether one focuses on God alone or with a group and for others too. And that is in essence fellowship with God and others. Prayer is the most important and the integral aspect of any fellowship. In prayer we are guided by the Holy Spirit to consider and explore other ways of healing.

Let us then consider counselling as another mechanism which can be used to bring about healing.

2.4.3 Counselling

Louw (1994:98) says, “pastoral care aims at enhancing patient’s co-operation”. The researcher of this study is persuaded that mutual understanding develops in counselling. Louw (1994:102) suggests four micro skills that can be used by pastor to help patients in the interpretation and understanding of their needs in terms of scriptural promises and these are, paraphrasing, meditative reading, narrative reading, comforting and consoling as well as articulation. The micro skill mentioned first is commonly used by all the therapists and the counsellors. The other mentioned skills are unique to Louw and are the eye opener.

South African Military Health Services (SAMHS) compiled a training manual for HIV and AIDS pre-test and post-test counselling in July 2001. The title of the document is, ‘*Healthcare Workers HIV Training Participants Manual.*’ The authors of the manual suggest the micro skills as attending, observing and active listening. There are many other micro skills dealt with in the manual but currently only two micro skills are discussed, attending and active listening.

2.4.4 Attending

In SAMHS manual, the micro skill of attending is summarized by means of the acronym SOLER which is expatiated as:-

S – Face the client **Squarely**: that is adopting a posture that indicates involvement.

This posture is identified as the posture which conveys a message which says, “I am here with you, I am available to you”. The concept, ‘squarely’ here may be taken literally or metaphorically.

It is suggested that if, for any reason, facing the person squarely is too threatening, then an angled position may be more helpful. What is important is the quality of one’s attention.

Q– Adopt an Open posture. An open posture can be a sign that one is open to the client and to what he or she has to say.

Again the concept ‘open’ can be taken literally or metaphorically.

L– It is possible at time to Lean toward the other.

The authors realize that in North American Culture a slight inclination toward a person is often seen as saying, “I am with you; I am interested in you and in what you have to say”.

E– Maintain good Eye contact. Maintaining good eye contact with a client is another way of saying “I am with you; I want to hear what you have to say”.

R– Try to be relatively Relaxed.

Being natural in the use of skills helps to put the client at ease.

The readers are warned that these mentioned guidelines of Soler should be adopted cautiously, especially in the multicultural counselling settings. It is equally cautioned that these are only guidelines and they should not be taken as absolute rules to be applied rigidly in all cases.

2.4.5 Listening

The authors are convinced that effective attending puts helpers in a position to listen carefully to what clients are saying, both verbally and non-verbally. Engelbrecht et al (2001:5) continue stating that listening carefully to a client’s concerns seems to be a concept so simple to grasp and so easy to do that one may wonder if it is given such explicit treatment. It is the authors concern that people often fail to listen to one another. Engelbrecht et al (2001: 5) notice that when people are not listening attentively, they deny this omission when confronted, by claiming that they can repeat everything the client has said to prove that they are listening. The authors assert that what people look for in attending and listening is not the other person’s ability to repeat their words. It is believed that a tape recorder could do that perfectly. Engelbrecht et al (2001:5) are persuaded that people want more than physical presence in human communication; they want the other person to be present psychologically, socially and emotionally. The authors of (SAMHS) manual believe that complete listening involves observing and reading client’s non-verbal behaviours which are posture, facial expressions, movement and tone of voice firstly.

- Listening to and understanding client’s verbal messages secondly.
- Listening to the context, that is the whole person in the context of the social settings of his or her life thirdly.

- Listening to sour notes, that is, those things the client says that may have to be challenged fourthly.

Attentive listening has been alluded to, also in the HCF manual, *Total Patient Care*, (p: 27).

It is stated that from Jesus reactions and answers we can see that he definitely listened to people, and also to what was not said. It is then realized that because Jesus listened attentively, he could determine quickly what the problem was and help the patient. The authors of HCF manual exhort the readers to realize the importance of total dependence upon God for true discernment of the patient's situation. In the HCF manual, a close relationship with God and careful listening to his direction are seen as requirements to be able to truly discern.

It is equally emphasized that individual's attention should be directed to the patient, otherwise important facts can be missed and the confidence of the patient is lost. In the HCF manual it is stated that patient's complaints and their real hurts are often far apart. It is suggested that if we listen, we will hear the real hurt. In the manual, different ways the patient communicates are unpacked in the following manner:-

- What the patient says,
- Verbally: the actual content of his message and the words he or she says.
- Sub-verbally, 'Reading between the lines', tone, voice, things he does not say, silences in the conversation and so on.
- Non-verbally: 'Body language'.

Many things are not said in words, his facial expression, posture and attitudes. The need to engage patient's family, visitors and staff as the people from whom we can get information with regard what the patient says to others is strongly recommended.

Having gone through a variety of literature, one has noticed that in one way or another authors share the common values, perceptions and understanding of healing. There is no doubt that the methodology used contributes a lot to the healing of the community too, it is not only for the individual's benefit.

However the post-structural method known as narratives has recently emerged and is strongly recommended.

It will then be appropriate to look at story telling.

2.4.6 Story telling

Referring to Kotzē (2002:219-223) in *Ethical ways of being*, Connie tells the story of her survival after a long period of imprisonment in the ANC (African National Congress) camps in Angola. She was arrested on false allegations that she was an enemy agent and was detained for three years. Humiliation, torture and rejection which were directed to her, ultimately impacted her health so adverse that she developed ulcers and finally depression. She was set free in 1989. In 1997 Connie found Rhema Church in Edenvale which gave her spiritual relief of some sort. She relates her first encounter with the Lord in this way: “The moment I got into that church, I just found peace that I’ve never found in my life. You know an environment that was so different. I did not know anybody; I didn’t care to know anyone. I just found peace. They called volunteers to the altar. I didn’t even know what it was. I went for that and I said the prayer while I was crying. I just found peace. Up to this day I found peace in that church” Kotzē et al (2002:222).

It should be realized that the more Connie tells her story, the more she experiences liberation. In the process of telling the story, many people are encouraged. Connie looks back and says, “My heart goes out to the people who can’t tell the story, the widows, the orphans, the fatherless, the motherless and for them who gave up their fathers and mothers to the struggle. My heart goes out to those who can’t even tell the story - those who died and cannot benefit from the new South Africa” Kotzē (2002:205). Connie’s comments persuade the readers to realize the importance of providing platform for community members to tell their stories. This story telling can be done in church, school, workplace, conference centre, counsellor/therapist office and any other place which is safe and conducive to narrate. Many people would love to have this opportunity for instance, families who have recently lost their loved ones in road and air accidents, in blasts, fire and brutally murder including people who are marginalized and are only in the fringes of the society, the unemployed, the list is endless.

Let us now look at other people’s stories.

An account with regards to the image of God among destitute women in Harare is recorded by a religious studies student in a, ‘Bulletin for Contextual Theology in Africa’. The title of the bulletin is, *Authority and Suffering*, Volume 7 NO 2, June 2000. The research which was conducted unpacks number of stories told by destitute women.

Here is the story of one narrator; Mrs. Matatu discussed:-

She relates her story like this, "I grew up in the rural areas in Masvingo but my mother died while I was still very young. Since I could not receive motherly attention, I fell ill and became blind. My father died while I was a teenager and I was not able to go to school. I got married and brought my sighted young sister to help me with domestic work. Unfortunately my husband impregnated her and the two deserted me. They went to stay in the town of Masvingo". Mrs. Matatu ultimately came to Harare looking for a better life for herself and children. Although she received grant from the Social Welfare, it was not enough for living, she was however thankful to God for survival and providence. The article is recorded by Ezra Chitando (2000:42).

The research was concluded in a challenging manner by means of a quote from Njorege (1997:45) saying, "African Scholars should emerge and ask the African woman a 'La Jesus of Nazareth: woman, why do you weep?'" Telling the story methodology raises an awareness of the importance of revisiting our African Culture of story-telling. However in the business and employment situations which result in inability to provide sufficient time to listen to member's story, an effort to have measures in place should be made by the authorities or people in positions of power and awareness of the importance to listen should be raised.

Negation of this therapy results in a number of people losing their lives or carrying the burden of resistance to medical treatment symptoms. To give one example of this situation the *HCF No2 (1977:2) International Heart Magazine* tells of Mr. S who was very rich and happy, lacking with no material need. However Mr. S found himself frequenting medical centre and sometimes emergency room with symptoms of chest pains, a number of times doctors found no abnormality so they could not come to any diagnosis. It was a great concern that despite the most adamant reassurance, the use of tranquillizers and a clinic visit every other week at his request, his symptoms persisted. When the doctor became interested on touching on the possibility of a spiritual issue, he showed great interest in considering spiritual issues further.

Subsequently he was introduced to a group of people who were involved in a home bible study and whose lives had been transformed by a personal encounter with God through Jesus Christ. It is observed that through studying the bible with this group and as a result of the influence of the family contact, Mr. S alone at night in New York motel invited Christ into his life. It transpired then

that since that time in New York, Mr. S remains basically free of symptoms. He found a new dimension of life, possible only through Jesus Christ.

The stories of Connie, the destitute women, the HCF Heart Magazine and others, witness to the fact that fellowship with God and with others bring about Christian Healing which contributes a lot to physical healing. However environment which is conducive for healing is not negotiable.

The following discusses the political environment in South Africa.

2.5 Political environment

The summary booklet titled, *Dinokeng Scenarios* embarks on viewing the situation in our country. *Dinokeng* is a Sepedi word meaning “*The place of rivers*”. *Dinokeng* is a beautiful catchment area in the North-Eastern corner of Gauteng. It is the place where the *Dinokeng* Scenario team met for three, three-day workshops between August and November 2008 to discuss the present and the past of South Africa and to imagine possible scenarios for the future. The team met for the fourth time, in February 2009 in Johannesburg, where the key scenarios were more carefully outlined. *Dinokeng* is also a word that sums up the spirit of the team’s conversations, a flowing together of ideas from different South Africans to build a common future. The booklet (p: 4) gives an account of the origin and composition of the team. It is stated that the team comprises South Africans from various political parties, government, civil society, religious groups, academia, media, business and trade unions.

This team was brought together by a group of convenors, all prominent citizens. They are: Doctor Mamphela Ramphele, who chaired the convenor’s group; Archbishop Njongonkulu Ndungane, Mr. Bob Head, Ms Graca Machel, Dr Vincent Maphai and Mr. Rick McNell. The *Dinokeng* team is composed of the following members: Miriam Altman, Frans Baleni, Ann Bernstein, Nkosinathi Biko, Cheryl Curolus, Angela Coetzee, Ryan Coetzee, Paul Hanratty, Haniff Hoasen, Moemedi Kepadisa, Reuel Khuza, Kallie Kriel, Antjie Krog, Mary Maletle, Daniel Mminele, Namhla mniki, Aaron Motsoaledi, Jay Naidoo, Yogan Naidoo, Maite Nkoane Mashabane, Thandi Nontenja, Thami Ka Plaatjie, Sonja Sebotsa, Raenette Taljaard, Mathatha Tsedu, Sim Tshabalala and Musa Zondi.

The observation made with reference to the team is that it is an extremely diverse group of South Africans with various and different views about the country. It is noticed that while these members of the team did not agree in everything, there is however a strong glue binding the group together:-

“a commitment to the principles of our constitution, an understanding of the country’s bitter and harsh legacy, and a passionate concern about how they as citizens, can contribute to a better future for South Africa”. The researcher will not relate all the issues with regard Dinokeng but she would like to draw the attention of the readers to the following fact:-The team identified the need to come together in order to bring about healing of the environment. In the process they are looking forward to see people on the ground working together with the government. The team presented three scenarios which are these: “Walk apart, walk behind and walk together”. It is then appropriate to lay down summary of each scenario.

The first scenario, ‘*Walk Apart*’, is triggered by the failure of leaders across all sectors to deal with our critical challenges. This failure is the result of political factionalism and weak, unaccountable leadership, weak capacity in government departments, and tightening economic constraints that are not dealt with realistically or inclusively. The gap between the leaders and the led widens. Citizens eventually lose patients and erupt into protest and unrest. The government, driven by its inability to meet citizen’s demands and expectations responds brutally, and a spiral of resistance and repression is unleashed. Decay and disintegration set in.

The second scenario, ‘*Walk Behind*’, is a scenario where the state assumes the role of a leader and a manager. State planning and co-ordination are seen as central mechanism for acceleration development and delivery to citizens, especially poor, unemployed and vulnerable people. Strong state intervention crowds out private initiative by business and civil society. The risks of this scenario are twofold: One is that the country accumulates unsustainable debt, and the other is that the state becomes increasingly authoritarian.

The third scenario is ‘*Walk Together*’, a scenario of active citizen engagement with government that is effective and listens. It requires the engagement of citizens who demand better service delivery and government accountability. It is dependent on the will and ability of citizens to organize themselves and to engage the authorities, and on the quality of political leadership as well as its willingness to engage citizens. This is not an easy scenario. It requires strong leadership from all sectors, especially from citizens.

As mentioned earlier on that this team did not agree in everything. This situation teaches us that when working or interacting with others, we need to realize that other people speak different languages from us and they have different perspectives in life. If we can just understand that we as

individuals are not always right or wrong as much as others are not always right or wrong but we perceive life differently. Then life becomes less stressful and a whole lot of fun, ultimately fellowship is achieved followed by healing. This comment leads us to the leadership course views the researcher of the current study once attended namely, *Lemon Leadership Course*. It is imperative to explore this leadership further.

LEMON LEADERSHIP

The acronym, LEMON stands for:-

L - Luminaries

E - Entrepreneurs

M - Managers

O - Organizers

N - Networkers

This information is of paramount importance to the leaders of every sector. It affords leaders to realize that they lead teams of people with various gifts, talents, understanding, perceptions and attitudes. Having understood this fact, leaders will realize that each and every slice of *LEMON* has its own strong and weak character and that will help the leader to be accommodative and be strategic in leading thereby achieving fellowship. Brett Johnson has written a book titled *Lemon Leadership in 2005*. Johnson (2005:209) in his book echoes that there are different seasons in one's personal life and career, each calls for a different type of response. He illustrated this fact as, "In times when the troops need a moral boost, and they need someone who can genuinely empathize with their difficulties, dial up the net-worker. In times calling for meticulous planning and attention to detail, switch hats and become a manager. When immediate action is needed and the job must get done become more of an organizer. When focus, energy and resource-gathering are key, dial up the entrepreneur. When there are long term implications of today's decisions, take the luminary posture and deal with the assumptions behind the decision." All these mentioned characters of leaders have their strong and weak points. When we understand this fact, we are able to receive co-operation from the people we lead. We also have to pray hard for wisdom which will give us ability to handle situations competently.

Johnson (2005:210) has singled out Jesus Christ as an interesting test case for the theory of becoming a *five=slice-LEMON*. The author has seen in Jesus a person with unspeakable high morals and a great teacher. Johnson is convinced that Jesus claims, to be God were true. The author of the

book *Lemon Leadership* continues stating that, Jesus contemporary religious critics and Roman rulers had a tough time in trying to pin any wrong doing or crime on him. Johnson goes further in unpacking Jesus sense of integrity by saying that Jesus did not only have good teaching but he also walked the talk. The author concludes his perception of Jesus by echoing that his rich and colourful life makes it worth examining to see how well he fared in exhibiting the right kind of leadership in differing circumstances. Researcher of this study reckons that although we are aware of our imperfections and frailty, we still need to long to be fashioned and shaped to the very image of Jesus Christ. We also have a mission to encourage others to do likewise. In this image we are able to have an effective fellowship with God and others now and fellowship which will be culminated in the world to come, world without end Amen.

Having explored the subject of healing there are still questions regarding it. The debate with regard the subject follows:-

2.6 Does God heal today? Or was this a preserve of the Ancient Times?

Physical Healing

One cannot talk about healing in the 21st century without answering this question, so for the sake of letting the sceptics have their turn, here it is. This is a question that has been asked over and over again, by Christians and non-Christians alike. Can the Christian in the 21st century feel confident enough that healing is something that he can receive too? Or was healing a preserve of the ancient Christians alone? The answer to the above question is a resounding YES amongst all Christian denominations.

Sicknesses and death are part of the curse that was spelt on Adam and Eve after their disobedience in the Garden of Eden. Anyone can get sick and with time sicknesses have gotten complex and hard to counter. There are some illnesses that are known to be of the 21st century and which are yet to find a cure. The human race is currently succumbing to cancer as one of the highest rates ever since the history of humanity. Even then, we still believe that God heals and his capability is the same as the ancient times. Christians believe in an all-powerful God who is capable to heal anyone any-time. The Christian faith believes in an all-powerful and merciful God.

No one has to do anything to earn his mercy and if that was the case no one would be able to stand before him. Receiving healing in Christianity requires the belief in an all-powerful and merciful God the father, who is also loving and kind. God has been portrayed as desiring a loving relationship with

all humanity, regardless of race or class. God wants to heal and desires to deliver his children from all kinds of adversities. Some of scripture verses that speak of the mercy and loving kindness of God include (Psalm 103:11) which says, "For as high as the heavens are above the earth, so great is His love for those who fear Him", (Psalm 103:17) cites, "But from everlasting to everlasting the Lord's love is with those who fear him, and his righteousness with their children's children, (Nehemiah 9:17) declares, "They refused to listen and failed to remember the miracles you performed among them; they became stiff-necked and in their rebellion appointed a leader in order to return to their slavery. But you are a forgiving God, gracious and compassionate; slow to anger and abounding in love. Therefore you did not desert them", (Joel 2:13) writes, "Rend your heart and not your garments. Return to the Lord your God, for he is gracious and compassionate, slow to anger and abounding in love, and he relents from sending calamity".

God is still powerful and mighty to heal. The scripture verses that support this include (Luke 1:37) say, "For nothing is impossible with God" (*NIV Bible*), (Ephesians 3:20) "Now to Him who is able to do immeasurable more than all we ask or imagine, according to his power that is at work within us" (*NIV STUDY BIBLE*) and (Luke 18:27) records, "Jesus replied, 'What is impossible with men is possible with God'" (*NIV STUDY BIBLE*). These verses are self explanatory, no one needs any person to come in and explain them further. If nothing is impossible for God, it means that even the healing of the most impossible illnesses is also possible.

The faith of even the strongest of believers can be shaken when they are faced with terminal illnesses. Some people will want to justify their giving up by mentioning that perhaps it is not the will of God to heal them. However, according to the Christian faith, God wants to heal and can heal, Jesus Christ does want to heal and can heal. It is only when certain conditions are met that he will heal us. Jesus Christ was able to heal many people in the presence of multitudes of others.

He was even able to raise the dead and for that reason would be able to heal anything even in this day and age. The scripture verses that support this include the following; In (Exodus 15:26) the scriptures say, "I am the Lord, who heals you" (*NIV STUDY BIBLE*), (Exodus 23:25) says, "I will take away sickness from among you..." (*NIV STUDY BIBLE*), (Deuteronomy 7:15) writes, "...The Lord will keep you free from every disease" (*NIV STUDY BIBLE*), (Jeremiah 30:17) records, "But I will restore you to health and heal your wounds," (*NIV STUDY BIBLE*), (Matthew 12:15) tells, "...Jesus withdrew from that place. Many followed him, and he healed all their sicknesses" (*NIV STUDY BIBLE*), (Luke 9:11) mentions, "But the crowds learned about it and followed him .He welcomed them and spoke to them about the kingdom of God, and healed those who needed healing." (*NIV STUDY BIBLE*), (Matthew 4:23) observes, "Jesus went

throughout Galilee, teaching in their synagogues, preaching the good news of the kingdom, and healing every disease and sickness among the people" (*NIV STUDY BIBLE*).

God is still in the business of healing, and he is also in the business of anointing people with the power to heal. He has anointed those who preach the gospel with the power to heal. According to Christianity, healing may come through the professionals in the healing profession. He can also heal you through the prayers and by the laying on of hands by those he has anointed and blessed with the supernatural power to heal. (Mark 16:17-18) notices: "...And these signs will accompany those who believe: in my name they will drive out demons; they will speak in new tongues; they will pick up snakes with their hands; and when they drink deadly poison, it will not hurt them at all; they will place their hands on sick people, and they will get well" (*NIV STUDY BIBLE*), (Matthew 10:1-6) tells: "He called his twelve disciples to him and gave them authority to drive out evil spirits and to heal every disease and sickness. These are the names of the twelve apostles: first, Simon (who is called Peter) and his brother Andrew; James son of Zebedee, and his brother John; Philip and Bartholomew; Thomas and Matthew the tax collector; James son of Alphaeus, and Thaddaeus; Simon the Zealot and Judas Iscariot, who betrayed him. These twelve Jesus sent out with the following instructions: 'Do not go among the gentiles or enter any town of the Samaritans. Go rather to the lost sheep of Israel'" (*NIV STUDY BIBLE*) and (1 Corinthians 12:4) says, "For there are different kinds of gifts, but the same Spirit. There are different kinds of service, but the same Lord. There are different kinds of working but the same God works all of them in all men", (*NIV STUDY BIBLE*).

According to Christianity, it is by direct prayer that we are able to communicate with father our need for healing. (Psalms 106:23) states, "So He said that He would destroy them, had not Moses, His chosen one, stood in the breach before him keep his wrath from destroying them" (*NIV STUDY BIBLE*). This verse stresses on the importance of having an intercessor; someone who will pray on behalf of someone who needs prayers.

It is important that the Christian prays persistently, until he/she is able to see some change in one's life. The bible has given Christians instructions on how to pray and how to deal with the challenge of illness. (James 5:14) confirms this when he says, "Is anyone of you sick? He should call the elders of the Church to pray over him and anoint him with oil in the name of the Lord" (*NIV STUDY BIBLE*), (James 4:2) writes, "You want something but don't get it. You kill and covet, but you cannot have what you want. You quarrel and fight. You do not have because you do not ask God"

(*NIV STUDY BIBLE*), (Matthew 7:7) clarifies the fact by saying, “Ask, and it will be given to you; seek, and you will find; knock, and the door will be opened to you”, (*NIV STUDY BIBLE*).

When it comes to healing, God wants to heal people who have faith but this does not mean that he does not heal those who do not have faith in him. There have been times that God has healed people who do not have faith in him as a means of revealing his power to them. God is impressed by the faith of the people who seek healing and will want you to build your faith first before you are healed. There were times in the New Testament when Jesus would tell people that their faith in him had healed them. It is important therefore to improve our faith and work to increase our faith as much as possible when praying for healing. Building our faith is a matter of effort on our part, by reading the word of God and by praying as much as possible. Asking the Holy Spirit to grant us grace to increase our faith is another way of building our faith. We are then challenged to read scripture verses pertaining to healing and we must believe these verses.

It is after we have believed these verses that we can go into healing prayer for ourselves. Quoting the scriptures that have to do with healing is one way of getting God to act on his word. Some of the verses that have to do with faith and healing include the following: (Hebrews 11:1) which says, “Now faith is being sure of what we hope for and certain of what we do not see.” (*NIV STUDY BIBLE*), the letter to the (Hebrews 11:6) continues saying, “And without faith it is impossible to please God, because anyone who comes to Him must believe that He exists and that he rewards those who earnestly seek Him.” (*NIV STUDY BIBLE*), (Matthew 9:28) records, “When he had gone in doors, the blind men came to him, and he asked them, 'Do you believe that I am able to do this?' 'Yes, Lord,' they replied” (*NIV STUDY BIBLE*), (Matthew 9:21-22) “She said to herself, 'If I only touch his cloak, I will be healed.' Jesus turned and saw her. 'Take heart, daughter,' he said, ' your faith has healed you.' And the woman was healed from that moment.”(*NIV STUDY BIBLE*), (Mark 11:24) cites, “Therefore I tell you, whatever you ask for in prayer, believe that you have received it, and will be yours.” (*NIV STUDY BIBLE*), (Matthew 13:58) continues, “And He did not do many mighty miracles there because of their lack of faith”, (*NIV STUDY BIBLE*).

Spiritual Healing (Inner Healing)

This is one of the forms of healing; aside from physical healing. Physical healing is interconnected with inner healing and spiritual healing and most of the time one has to achieve all the forms of healing before he/she can be healed physically. There is no perfect definition of spiritual healing that can separate it from inner healing, as many authors have tried to do. Most of the time spiritual

healing is defined as the healing of emotions that have defined the person's spirit. It is the healing of the spirit, the coming to terms with the emotions that have defined our spirits in all our lives. The former has been defined as mostly psychological, while inner healing has been defined as relatively physiological. Either way, inner healing is the same as spiritual healing. Most of these emotions are the ones that have caused us to have physical illnesses and hence the need to part ways with them.

The bad decisions we have made, that have led to our carrying of guilt all our lives, are perfect examples of emotions that need spiritual healing. Grief and regret at abuse is one of the other forms of emotions that need spiritual healing. We may have carried diseases all our lives and beaten ourselves with guilt over the fact that we are the ones who brought them upon ourselves.

Letting go of some of the strong emotions that have defined our spirit is one way of getting spiritual healing. A crushed spirit carries with it guilt, depression and anxiety, among other negative emotions which may be the cause of many physical diseases and spiritual estrangement from God. Spiritual wounds are caused by the words and actions of other people and aside from letting go of the pain that has caused us problems to begin with, we need a change of attitude that will prevent future hurts and pains. Spiritual healing comes through spiritual maturity; acceptance of the fact that we have been saved and that we need not carry the guilt of sin anywhere. It is because of God's grace that we have been saved, and anyone can be saved.

There is no sin that is too much for God to forgive and this we need to know. One needs to accept and forgive people who have caused one hurt and pain over the years as well and forget the past. This has been emphasized in the scriptures as well; in (Philippians 3:13-14) it says, "Brothers, I do not consider myself yet to have taken hold of it. But one thing I do: Forgetting what is behind and straining toward what is ahead, I press on toward the goal to win the prize for which God has called me heavenward in Christ Jesus" (*NIV STUDY BIBLE*). Spiritual healing is a matter of renewal of the relationship one has with God and since there is no one who is immune to sin. This means that one needs to confess one's sins as often as possible to God so as to be transformed and renewed.

The process of inner healing is the process of surrender to the will of Christ himself, who aids us in uncovering the painful memories that have defined our lives. Inner healing will aid in forgiveness of other people who have wronged us. Inner healing also helps in the removal of symptoms of physical diseases like anger, depression and eating disorders. This kind of healing requires the renewal of

one's mind through the reading of the word and understanding it. It is only when someone has been healed that he/she will be able to mature spiritually and forget the past.

2.7 Why have I not been healed?

There are many people who are asking this same question and the answers that will be given to them may not have been satisfactory. Many people have used the fact that they were not healed as a justification for their lack of faith and their defection from faith and so forth. However, most of these people did not work to remove the hindrances to healing when they were praying for healing. First of all, they did not confess all their sins; especially the sin of bitterness and unforgiving.

- a) Asking God to heal us means asking him to forgive us all our sins. How then, do we expect him to forgive us our sins and cleanse us when we are harbouring the sin of unforgiving against other people? This does not make sense at all. Let us make a point of forgiving all the people who have wronged us and if possible ensure that they should know that we have forgiven them. There are no conditions to forgiveness according to Christianity. We must forgive everybody before the father can forgive us. In (Mark 11:25) Jesus says, "And whenever you stand praying and you have a grievance against anyone, forgive him, so that your Father in heaven may forgive you your trespasses. But if you do not forgive, neither will your Father in heaven forgive your trespasses" (MLV BIBLE). Even though we may not feel like forgiving the people that have wronged us, we must forgive them. It takes supernatural strength and faith to forgive some wrongs but it is possible all the same.

- b) Sin may be the other reason why God may not have heard our prayers and the reason why we have not been healed. If we have not confessed our sins, God may not respond to our call for divine healing. (James 5:15) confirms, "God will hear the fervent prayer of the righteous man". It has also been stated in (John 15: 16) that, he will answer the prayers of those who keep his commandments and do them. Sometimes, Christians may be ignorant as to the kind of sins that have caused them not to be heard by God. For this reason the Holy Spirit works and responds to our cry for help. Let us ask the Holy Spirit to guide us to remember the sins that we have committed and which need forgiveness from God. The following verses (Psalm84:11) say, "For the Lord God is a sun and shield; the Lord will give grace and glory; no good thing will he withhold from them that walk uprightly" (KJV BIBLE), (Exodus 15:26) "If you diligently heed the voice of the Lord, your God, and do what is right in His sight, give ear to His commandments and keep all His statutes, I will put on you none

of the diseases I put on Egypt, for I am the Lord, your healer” (*MLV BIBLE*), speak for themselves.

- c) Sometimes, the reason why we have not been healed may be completely psychological. In essence, there is nothing to heal. What this means is that sometimes, the reason we are in pain and feeling that headache all the time is that we have an impossible timetable and we are always struggling to keep up with impossible deadlines.
- d) Sometimes, the healing we really want to receive will come about when we let go of some of our excesses and take time to relax. Taking time to spend with our families may reduce our stress levels and we may not have to deal with the migraines and all those other illnesses. What this part of this article means is that sometimes one has to ensure that one is doing the right thing before one prays for healing. Some of the verses that support this include the following: (Proverbs 15:13) says, “When people are happy, they smile, but when they are sad, they look depressed.” (*GOOD NEWS BIBLE*), (Proverbs 12:25) goes on saying, “Anxiety in a man's heart weighs it down, but a kind word makes it glad.” (*MLV BIBLE*), (Proverbs 16:24) records, “Pleasant words are as a honeycomb, sweet to the soul and healing to the bones”, (*MLV BIBLE*).
- e) Gluttony is psychological as well as physiological, and is one of the reasons why some people will not receive the healing they have been praying for. Again, we may not have received our healing simply because control is within our reach and all we have to do is to reach out for it. For most people, all they have to do is to reduce the amount of food they eat and say goodbye to all their health problems. When this is the case, their prayer for divine healing may not be heard. The importance of taking care of our bodies has been stressed by the scriptures when they mention that our bodies are the temples of the Holy Spirit (1Cor 6:18). Taking care of our bodies is one way of pleasing God and improving our relationship with him. The abuse of the body by overeating may cause diseases, which may not be healed by God no matter how much we pray. Having the proper approach to God the father will get us healed. Sometimes lack of this approach will not get us healed.
- f) Nevertheless there have been some cases where everything seems right but still God does not heal an individual. He may or may not tell that person why he is not being healed and everything depends on his choosing and his time. Everything depends on God's own choosing and God's own time. If God does not communicate and does not tell us why he is

not healing us, there has to be a very good reason why he is doing so and this is where trusting in God comes in.

- g) The shifting of many churches from preaching to exorcism of demons result in some church members becoming paranoid and then they demonise many things, for instance, one woman in a church conference perceived priestly robes as being infested with demons. This kind of perception often prevents people from realising the greatness, the power, the glory, the splendour and the majesty of God as their minds are demon saturated and thereby hinder healing processes.

2.8 Suggestion for promotive health measures

- a) Discipline is one of the essential values to bring about wellness. Therefore it is appropriate to discuss it at length. Discipline is to move within set boundaries. People normally do not like the idea of boundaries because we are living in a world that places a high premium on freedom. The youth say: "We want to be free. We want to do our own thing." They say it through words (think about popular song: "I want to break free...") and they say it through their actions. The fact is: loose wires give out no musical notes, but when their ends are fastened, the piano, the harp, the violin or the guitar is born. Free steam has no use, but when it is harnessed and confined with piston and turbine, it makes possible the great world of machinery. When confined it drives trains and ships. An unhampered river drives no dynamos, but dam it up and you can generate sufficient power to light a city. So our lives must be disciplined to move between set boundaries if we are to be of any real service in the world. I believe in the words of another, older song: Bobby McGee. 'Freedom is just another word for nothing left to lose.' But I do not want to dwell on the concept of freedom for too long. Bill Crosby worked in the field of quality management. In the late seventies, early eighties he became very famous and very, very rich with this slogan: 'Do it right the first time". Round about 1993/94 a modified version of this slogan was used in the SA Army. "Do the right thing right the first time'. I thought that was a step in the direction, but it was not promoted strongly enough and it never became a way of thinking or a way of living in the army.

This is all about waste. If you can reduce waste, two things automatically happen.

- There is an increase in productivity;

- You have more time available. In business this has an effect on profitability.

Doing the right thing is an important issue for Christians. And the motivation for doing the right thing is equally important. (Colossians 3: 22) supports this by citing, “Slaves obey your earthly masters in everything; and do it, not only when their eye is on you and to win their favour, but with sincerity of heart and reverence for the Lord” (*NIV STUDY BIBLE*). This represents self-discipline, which is the highest form of discipline. Self-discipline is the real discipline and it is about the source or motivation for specific behaviour. You get external motivation. When you are a troop, you run because the corporal says you must run and if you do not run, he will punish you. But when the corporal is not there and there is no fear of punishment you do not run. When the external drive is removed, you act in a different way. Internal motivation or self-discipline means that you act in the right way because you have decided to do so irrespective of who is looking. Paul says the motivation for a Christian to do the right thing should be:

- Sincerity of heart and
- Reverence for the Lord

The scriptures in 1 (Corinthians 9:25-27) supports this by saying, “Everyone who competes in the games goes into strict training. They do it to get a crown that will not last; but we do it to get a crown that will last forever. Therefore I do not run like a man running aimlessly; I do not fight like a man beating the air. No, I beat my body and make it my slave so that after I have preached to others, I myself will not be disqualified for the prize”.

b) The Value Based Living Themes for Chaplain’s period (2006/2007:25) suggests ten good reasons to exercise, which are these:

- 1) Lower your risk of osteoporosis
 - Numerous studies show that physical exercise increases the formation of bone, and regular exercisers generally have a higher bone mass than sedentary people –who are more likely to develop osteoporosis. (Especially relevant for ladies).
 - Most effective types of exercises – walking, jogging, squash or tennis for 45 minutes 3-4 times a week.
 - Lower your blood pressure
 - It works, but doctors still aren’t sure why (physiological mechanism?).

- Untreated, hypertension can lead to heart attack, stroke or damage to kidneys.

2) Help your heart stay healthy

- Along with diet, smoking and stress, a low level of physical activity is a contributing factor in the risk of the heart.
- Exercise is the most cost-effective way to reduce your risk.

3) Get better quality sleep

Slight to moderate exercise has been shown to have a beneficial effect on sleep but the timing is important. Such exercise taken two to three hours before bedtime helps you fall asleep more quickly, have a deeper sleep and wake less frequently.

4) You can lose weight without dieting

That is not to say you can live on take-aways! One lady reports that she lost 7kg just over 8 weeks by taking a brisk 8km walk with friends three times a week.

5) Boost your immune system

- While intense, excessive exercise can increase your risk of infection, paradoxically, mild to moderate exercise boosts your immune system.

6) Give yourself a better chance against cancer

American researchers recently discovered a link between breast cancer risk and exercise habits. The women who exercise regularly for at least four hours a week reduced their risk by 60 percent compared with their sedentary counterparts.

7) Banish the blues

- Exercise, along with music, is noted by one study as the best way to move out of a bad mood. You do not need to run a marathon to feel less depressed either – a brisk walk offers an immediate blues-lifter, by elevating energy and reducing tension, two traits associated with bad moods. The effects lasts a good hour after you stop too.

8) You may discover hidden talent

- You may become a champion tennis player, a second Tiger Woods!

- 9) To glorify God in your body
 - You were made to serve him, and your body is the vehicle for your soul. You are responsible for taking care of it.

- 10 Prevention is better than cure.

2.8.1 Sexuality

It goes without saying with regard to the threat of STI's, (sexually transmitted diseases) that these, specifically HIV, can sabotage your quality of life and limit your life expectancy tremendously. Therefore it is of utmost importance to look after your physical body, by being careful in choosing sexual partners or rather be faithful to your partner.

2.8.2 Scripture References

Physical exercise has some value, but spiritual exercise is much more important, for it promises a reward in both this life and the next, this is confirmed by Paul in

(1 Timothy 4:8), (NIV STUDY BIBLE). Paul continues writing in (1 Timothy 6:17), "But their trust should be in the living God, who richly gives us all we need for our enjoyment", (NIV STUDY BIBLE). "Throughout their lives, they live under a cloud – frustrated, discouraged, and angry. Even so, I have noticed one thing, at least, that is good. It is good for people to eat well, drink a good glass of wine, and enjoy their work, whatever they do under the sun, for however long God lets them live. And it is a good thing to receive wealth from God and the good health to enjoy it. To enjoy your work and accept your lot in life, that is indeed a gift from God. People who do this rarely look with sorrow on the past, for God has given them reasons for joy." (Ecclesiastes 5:17-19), (NIV STUDY VERSION) confirms this. We may enjoy living this life. We are to enjoy the physical dimension, without neglecting the other dimensions. God has given us this life to enjoy with him and with others.

On a point of conclusion, there are times when God will heal and there are times when he will not heal regardless of the blocks that are preventing any kind of healing. No one knows the reasons why he heals and why he does not heal some people and this is the reason why we should never get tired

of praying for healing. In praying we express our dependence upon the love of God and learn to love God and others no matter what happens hence the following heading:-

2.9 Love with God and with others

Love is often thought of as the provincial universal value. There are however, different perceptions of what love is. Real love is something different from the 'Hollywood style of love', as well as 'Making love'.

a) Augustine's hierarchy of Love:-

- The lowest or base form of love is the love of things, possessions, stuff.
- The second level of love is the love for self.
- The next level is love for others.
- And the highest form of love is love for God.

b) Categories of love

Love is more than just erotic feelings. The Greek distinguished between different categories of love: erotic (sensual and sexual) love (Eros), Platonic (friendship) love (Phileo) self sacrificing (Agape) caring and unconditional love.

We should not have erotic and platonic feelings towards everybody else, but we may always act with an unselfish caring attitude towards all people. The Hollywood example of love is often merely lust. 'Making love' is in itself a contradiction in terms – love cannot be made. Love is an attitude and an inner commitment towards other people.

c) Relationships

Love is the foundation for any strong and lasting relationship. Sometimes we have trouble recognising love when we see it; because someone's sexual desire can be mistaken for true love.

d) Love must be expressed

The researcher emphasised the need of expressing love as she sees love as not something abstract that just exists. It must be expressed:

1) Between humans

- It is suggested that we have particular preferences in the way that we express our love, called the five love languages – Time, Touch, Talk, Acts and Gifts.

- These five ways through which we can show our affection to others, and most of us have a favourite among the five.

2) From God to us

- God has loved the world so much that he gave his only son for us. He also gave his Holy Spirit as our constant companion and optimally everyday. God expressed and still expresses his love to people through grace and mercy.
- Grace is when God gives us what we do not deserve. Forgiveness of our sins, help in times of trouble, restoration after difficult times, etc.
- Mercy is when God doesn't give us what we do deserve. That is when we have messed up, and we should be punished, but instead he just corrects us lovingly, and thus shows mercy.

3) From us to God

- What can we give God? What does he require from us? Surely, he has everything, and does not need something tangible from human beings.
- I suppose we can express our love to God through prayer, thanksgiving, worship and obedience. Nothing pleases our heavenly Father (and our earthly fathers, I presume) more than simple obedience to his word.

The ultimate love is the love of God. What do you think of him? In (Psalm 103:8-17) it says, "The Lord is merciful and loving, slow to become angry and full of constant love". (Good News Bible).

I know God to be a wonderful Father. He is ready and willing to bless you, to answer your prayers, to get involved with you. He wants to make your life complete, fulfilled, and blessed. He yearns to provide for you and guide you to the still waters and the green pastures. It is your own fault if you lack his presence and involvement in your life.

e) Love must be received

As much as all forms of love must be expressed, it must also be received – not rejected or ignored. How sad it is when someone expresses her/his love towards you, but you just turn your back on her. How incredibly unfortunate also, to shun God's love, instead of receiving it gladly. Won't you receive God's love to you today?

- 1) McCarthy (2005:131, year B) gives an account of the origin of a small beautiful church in a certain village in the Swiss Alps. It is stated that although the church building is no art work, people had always had a special affection for it. He recorded the story thus:-

“Two brothers worked a family farm, sharing the produce and profit. One was married, the other wasn’t. The climate was harsh with the result that grain was sometimes scarce. One day the single brother said to himself, “It’s not fair that we should share the produce equally. I am alone, but my brother has a family to support”. So every now and then, he would go out at night, take a sack of grain from his own barn, quietly cross the field between their houses, and place it in his brother’s bin. Meanwhile, his brother had a similar idea and said, ‘It’s not right that we should share the produce equally. I have a family to support me but my brother is all alone’.

So every now and then he would go at night, take a sack of grain from his barn, and quietly place it in his brother’s bin. This went on for a number of years. Each brother was puzzled how his supply of grain never dwindled. The one night, they bumped into each other in the dark.

When they realized what had been happening, they dropped their sacks, and embraced each other. Suddenly a voice from heaven said: ‘Here I will build my church, for where people meet in love, there my presence shall dwell’. What is the purpose of life if not love?” McCarthy goes on quoting William Blake saying, ‘We are put on earth a little space that we may learn to bear the beams of love’, McCarthy goes on with his sermon by pointing out that we cannot impart love unless we have first received it. The researcher reflected on the situation in Africa where the gap is huge between the haves and the have nots. Is it possible to reach the standard of the two brothers mentioned earlier on? Love that participants displayed reminds the researcher of St Paul’s Second letter to the Corinthians saying, ‘The love of Christ constraineth us’ (2 Cor 5:4) (King James Version.) Although St Paul’s letter to the Corinthians highlighted love, the issue of hope was also considered as it is important to sustain us. The following discussion will then consider the subject of hope.

2.10 Hope

Pondering the issue of hope, the researcher reflects on the letter written by the Reverend A. Stephen Pieters in *,Caring for someone with AIDS at home participant’s book* page C-9s compiled by Multi-professional Team in South African Infantry Battalion Zeerust in October 2002. The letter reads as follows:-

“Eleven years ago, I was terminally ill with AIDS, Kaposi’s sarcoma (KS) and Lymphoma. Today, I am HIV positive and asymptomatic. The KS and Lymphoma have been in remission for over a decade. Hope and Faith have been the foundation of my survival. And I find that I can’t keep the hope unless I give it away!

So this column is about hope for living with HIV and AIDS. Hope is a spiritual issue, but creating hope can be a very practical task. Hopelessness is certainly a natural and normal reaction to a diagnosis of HIV or AIDS. That’s how I first reacted. Hopelessness happens when we feel helpless to do anything about our situation. Hope happens as soon as we begin to discover that there is a lot we can do to help ourselves. Hope is active. Despair is passive. Hope happens when we take responsibility for our lives, and take action. Action produces hope. So I want to explore here, and in subsequent columns, ways in which we can take action in living with HIV and AIDS. Faith can inspire us to the action that produces hope. Believing that God loves you, just the way you are, can inspire you to take the best care of yourself.

I first got sick with what we know as HIV infection in 1982. For the next two years, I spent most of the time lying around my home, extraordinarily sick, and extremely hopeless. I found it hard to do anything that might help myself. The less I did, the more I sunk into despair. Then I was diagnosed with AIDS, Kaposi’s sarcoma and Lymphoma in April 1984. I was told I would not live to see 1985. This was a time when there were no treatments and no prophylactic drugs, and people with AIDS died quickly. If ever there was a reason to feel hopeless, it was during this period. The medical world could offer no hope in those days. The terminal prognosis snapped me to attention, and my faith kicked in.

My faith called me to action. I realised that if I was going to have any chance of survival, I had to stop lying around depressed, and get to work doing the work of healing. And because I believe that God loves me, I believe that God wants me to do everything I can to create the conditions for God’s healing touch to work in my body.

In preaching the Easter sermon two weeks after they told me I was terminally ill, I said that if God is greater than the death of Jesus on the cross, then God is greater than AIDS. God is a

greater reality than AIDS. God did not give me this virus. God is with me in my struggle for healing and for life, empowering me to do all I can to live.

The doctors had told me the worst possible thing they could tell me that I was going to die, within a matter of months, from what was perceived as a horrible, stigmatized disease. But I discovered that I could still dance! I could still laugh, I could still enjoy my friends, and I could still be joyful alive. The Resurrection of Jesus Christ means that we can be fully alive even in the face of death! And so on that Easter, I tap danced through my sermon, and with each step I felt more hope, and more support, from my church community.

The Christian faith also speaks of healing, and of miracles. I come from a very intellectual, sceptical religious background, and as a child I was taught that miracles were something that happened a long time ago in a place far, away. But in the Metropolitan Community Churches, I learned that God is still in the healing business! My chaplain insisted that I hold on to the hope for a miracle of healing. She also taught me that I couldn't just lie around waiting for God to zap me with a miracle! While that can and does happen, more often than not, miracles happen when we work with God, creating the conditions for the miracle to happen.

That paralleled what my physician taught me. She said that I should think of myself as her partner in medicine, that we are co-creators of my wellness. Even though there were absolutely no treatments in those days, she taught me that I could do a lot to prepare my body for healing, so that when the treatment becomes available, it would stand a better chance of working.

So I set about doing everything I could to create the conditions for healing in my body. There was practically nothing written about AIDS back then: no self-help books, no stories of long-term survivors. But there were books about people who had beaten cancers they weren't supposed to survive, and I devoured those books.

After much study, I put together my own wellness plan. This included good nutrition, vitamins, laughter therapy, meditation and visualization, prayer, regular exercise, educating myself, and doing volunteer work for and with other people with AIDS.

But most importantly, it meant practising my faith. It meant focusing on my faith when I was particularly scared. It meant trying to pray with every breath, as I faced bone marrow biopsies and spinal taps. It meant holding onto the promises of God for abundant life, even in the face of death. And it meant taking that leap of faith to believe that a miracle could happen to me. AIDS hadn't been around for very long when I was first diagnosed. So I figured, 'How do they know if everyone is going to die from it?' If a miracle could happen, why couldn't it happen to me? Even though many people thought I was in denial or at least suffering from dementia, I insisted on hope, on believing that I could survive this.

In April 1985, I became patient number one on the first anti-viral drug trial for persons living with AIDS. The drug was called suramin. Within three weeks, all my Kaposi's sarcoma lesions disappeared. After six weeks, biopsies were performed on my bone marrow (which had been full of tumours) and a lymph gland. On May 30, 1985, my doctor called and said that the drug had successfully suppressed the viral activity, my immune system had kicked back in, and both the KS and the lymphoma were in complete remission.

Unfortunately, the drug proved to be too toxic for further use in people living with HIV/AIDS. In me, it caused adrenal insufficiency, and severe neuro-muscular damage. Fortunately, my neuro-muscular damage cleared up after the drug trial was stopped, and the adrenal insufficiency is easily treated with cortisone.

Today, my cancers have been in remission for ten and a half years. I am HIV positive, but I show no evidence of disease. Eleven years ago, I was terminally ill with AIDS, and today I am HIV positive and asymptomatic. Miracles do happen! The first big step in making miracles happen is simple believing in the possibility. So why not believe miracles can happen for you? That's faith!"

Another story by McCarthy about a cobbler by the name of Martin:-

"He lived and worked in a basement room. Its one window enabled him to see just the feet of the passers-by on the street above. Since there was hardly a pair of boots or shoes that had not passed through his hands, he was able to identify the passer-by by their shoes. Life had been hard for him. His wife died, leaving him with a young son. However the son had barely reached the age when he could be of help when he fell ill and died. Martin was

devastated. After burying his son, he gave away to despair. At the same time he gave up the practice of his religion and took to the bottle.

One day an old friend dropped in. Martin poured out his soul to him. His friend advised him to read a little from the Gospel each day, promising him that if he did so, light and hope would come back into his life. Martin took his friend's advice. At the end of each day he would take down the Gospels from the shelf and read a little. At first he meant to read only on Sundays, but he found it so interesting that he soon read everyday. Slowly things began to change. Hope crept back into his life.

One night as he sat reading he thought he heard someone calling him: 'Martin, look out into the streets tomorrow, for I will come to visit you.' Since there was no one else in the room, he reckoned it must have been the Lord himself who had spoken to him. When he sat down to his work next day he was very excited. As he worked he kept a close eye on the window. He scrutinised every pair of shoes or boots that passed above him. He was looking for someone special. But all he saw was the usual people passing by. In the early afternoon he saw a pair of familiar boots. They belonged to an older soldier called Stephen. Going to the window he looked up and saw the old man hitting his hands together for it was bitterly cold outside. Martin wished that he would move on, because he was afraid he might obstruct his view, and that he would not see the Lord when he passed.

But old Stephen just stood there by the railing. Finally it occurred to Martin that Stephen had nothing to eat all day. So he tapped on the window and beckoned him to come in. He sat him by the fire and gave him tea and bread. Stephen was most grateful. He said he hadn't eaten for two days. As he left, Martin gave him his second coat as a shield against the biting cold. All the time Martin was entertaining Stephen he had not forgotten the window. Every time a shadow fell on it he looked up but nobody special passed.

Night fell. Martin finished his work and very reluctantly closed the window shutters. After supper he took down the gospels and, as was his custom, opened the book at random. There his eyes fell on these words: 'the people came to John and asked: 'What must we do?' And he said: 'If anyone has two coats he must share with the man who has none and the one with something to eat must do the same'. Martin put down the book and reflected. He understood then that the Lord had come to him that day in the person of Stephen, and that

he had made him welcome. And his heart was filled with joy, a joy the likes of which he had never before experienced.”

Martin had already received Christ into his life through a prayerful reading of the Gospels. So the second step followed naturally: to make room for him in the person of a needy neighbour.

2.11 Conclusion

Having been on board with the authors of various bulletins, scriptures, workbooks, booklets, magazines and other literature, the researcher of this study discovered that themes with regards to illness, healing and fellowship had been long standing issues of concern. It became even clearer to her that there is still a need to synergize and come out with a specific document titled, *A Practical Theological Exploration of the Role of Fellowship in Christian Healing*. In closing I cannot begin to tell how honoured I feel to have been amongst the travellers to venture into the world of Fellowship’s role in Healing in their recordings. I then became curious to hear how the respondents I was about to meet would see the Role of Fellowship in Christian Healing.

Finally, the researcher pays tribute to all the authors whose ideas have been taken as they gave the researcher a foundation to build upon.

Next chapter focused on the empirical research conducted to study the *Practical Theological exploration of the Role of Fellowship in Christian Healing*.

CHAPTER 3:

EMPIRICAL RESEARCH

3.1 Data collection

This section will present the data collected for this study by listening to the stories of the participants. It will be discussed how the participants were selected and how they reflect upon their life experiences – successes or failures. The story of each participant is presented along with its re-authoring in the context of the subject of this study.

On the 17th of January 2010, a letter confirming the researcher's request to do research was conveyed to the rector of St Mary's on the Limpopo Chapel in Parktown, Johannesburg. The same day during notice time the researcher invited parishioners who would have liked to participate in the research. Eight women agreed to participate. After the service, the researcher and prospective participants held their first meeting to discuss terms and processes to be followed. The issue of discipline to be observed so that the process should not be too long was raised by the prospective participants. Prospective participants received information letters to decide on their participation. Members suggested that we meet alternate Sundays after church service and the date was proposed as 31 January 2010.

3.2 Reflection

The researcher's invitation was inclusive; it was open to anybody in the congregation. However, the fact that only women came forward was something that was a concern to the researcher. Pondering on the issue, the researcher then was reminded of Christina Landman's observation regarding "African Women's Theology in Initiation into Theology" in the publication *Initiation into Theology* (edited by Maimela S. and König A.) Landman (1998:137) understands that the main issues in African women's Theology centre around redefining the nature of theology in terms of African Women's experiences and re-analysing the relation between traditional theology and culture with reference to patriarchy as an unhealthy contact point between the two. Secondly, it should be realised then that the culture in the African context prescribes that issues should be kept within the perimeters of the family. Men are still clinging to remain silent and be reserved as the society expects. Women, on the other side, are coming out as they were and are still on the receiving side of domination and subjugation by patriarchal system. To liberate themselves from the yoke of oppression they risk their

lives by being vocal with regards to their experience and break the silence expected by society. In the process of suffering some women learn to develop their potential to be resilient.

It is then appropriate to look at the stories of resilience and success. In defining the concept of resilience, the researcher of this study took the idea from Kotzē et al (2002:136) definition. Saying, “The understanding of resilience that I want to introduce to this discussion is that of being able to bounce back once you have been knocked down by adversity. As is clear from this explanation resilience is responsive- it refers to the response of a person who is knocked down”.

This research involved six participants; however from eight who agreed to participate in the first place, only four women remained in a group until the end of the research. One woman became ill and passed on at Johannesburg general hospital, two women could not continue because of their work commitment as nurses. And one participant’s story doesn’t fit in well with the context of this study hence she was promised to be allowed a chance sometime later. Two other participants joined from other congregations; this makes a figure of six. Hence there were six participants who experienced trauma of loss and abuse. With regard to the expected date to begin, it transpired that there were many activities taking place so we had to postpone the session which was then resumed on 07 February 2010. There were four sessions with the group of four. Later on two other individuals came to St Mary’s Cathedral office for interviews, each during her and his time. The last one to be interviewed was the only man.

The next section will look into the contents of their stories. Before hearing the stories it was seen appropriate to list possible questions to be posed to the participants. The possible questions follow.

3.3 Possible questions

- Would you be comfortable to share with us the story of your experience where in your opinion you realised that your strength to overcome the problem came about, because of the support system you received from others and God.?
- What happened?
- What actually got on your way?
- How did you feel when this happened to you?
- What did this or these feelings do to you?
- How did it affect you spiritually, ethically, physically, emotionally and psychologically?
- Did it have an effect on how you feel about yourself, others and God?

- When did this problem start?
- Before this problem started, how was the situation?
- Was it for the first time you had this feeling?
- How long does this feeling take, is it continuous or does it have a break?
- How long are these breaks?
- Were there factors contributing to this problem?
- Were factors cultural, traditional, religious or work-related or what?
- How did you manage to stop the problem from getting worse, Morgan (2000:57)?
- Were there times when the problem was not as bad as usual, Morgan (2000:57)?
- Can you think of a time when the problem could have stopped you or got in the way, but didn't? What happened? Morgan (2000:58)?
- What strategies did you apply?
- What do you think that says about your abilities/skills/knowledge?
- Were you on your own or did someone assist you in managing this problem?
- How did you understand God's role then in the situation and how do you understand it now?
- If there were people supporting you in fighting the problem, what did you have in common with them?
- Were you perhaps sharing some Christian values?
- Would it be correct if we see your support system as fellowship of Believers?
- Do you see God as the focus of Fellowship of Believers?
- Shall we say then that your relationship with God and fellow believers brings about fellowship?
- What impact does this fellowship have in your managing the problem?
- Would it be correct then to see fellowship playing a major role in Christian Healing or do you see it other way?
- What conclusion can you make with regard *Role of Fellowship in Christian Healing*?

3.4 Hearing stories

After finding participants the researcher gets them on board for narrating. The next section will discuss the stories of the participants and the experiences they shared along with the follow up process adopted by the researcher. Follow up letters were also written to the participants probing them the relevant questions about their stories. White & Epston (1990:188) rightly say, "Writing letters, certificates and counter documents plays a significant role in narrative therapy". They go on

observing that these ideas fit in with the contemporary usage of language through the written word. They assert that a distinct benefit is that the written word or documents can be read again and again, thus re-enforcing either 'Letting go' of an unwanted story, as in a letter of dismissal, or internalizing the preferred story. The researcher hence decided to write follow-up letters to affirm applaud and encourage the participants to grow from strength to strength and be aware of their potentialities.

3.4.1 Nombulelo's story

Nombulelo's story of Resilience on 07-02-2010

Brief Introduction of Nombulelo (not her real name): Nombulelo is a single 52 year old woman. Her academic qualifications are Diploma in Social Development and Adult Basic Education Training. She has two girls, one boy, and two granddaughters. She also has two sisters and a brother. She is originally from Eastern Cape and is residing in Parktown, hence she worships at St Mary's Chapel on the Limpopo in Parktown. She works as a social developer in the Department of Water Affairs and Forestry in Pretoria.

3.4.1.1 Her Story

Nombulelo's story began with her experience with her sister Nozipho. The relationship between the two was not good. Nombulelo's lifestyle was governed by strict principles, values and Spiritual ethical conduct. Nozipho's lifestyle was far different from Nombulelo's life style. Nombulelo presumes that, may be that was the reason why she did not see eye to eye with her sister. The difference was in their lifestyles. According to Nombulelo, Nozipho was stubborn, rude, and spiteful and looked down upon her. Nozipho was taller than Nombulelo and huge in stature although she was younger than her. Nombulelo expressed her anger in this manner, "You know! She made me cross and despised me and nobody would like to be looked down upon". Following her conflict with Nozipho, Nombulelo would walk away to relieve stress.

Meanwhile Nozipho is working very hard to cover up for the conflict although she was naturally a hard worker. Nozipho worked so hard that the employed domestic worker would feel useless and out of place. Following her conflict with Nombulelo, Nozipho would play with and embrace Nombulelo's children creating the impression that it was Nombulelo who was at fault. Nombulelo found it helpful to retreat for few minutes when they were in loggerhead with Nozipho to relieve stress.

3.4.1.2 Nozipho's Crisis of Illness

Nozipho fell ill but she was in denial. Nombulelo tried in vain to reach out to Nozipho for the purpose of assisting, nursing and supporting her. It appeared that in one way or another Nozipho was humbled by illness as she became less stubborn and less aggressive during the moment of illness. Nevertheless Nozipho played duck and dive to avoid Nombulelo's offer of help. What frustrated Nombulelo was the fact that in her observation Nozipho's condition presented with signs and symptoms of people living with AIDS (PLWA'S). What frustrated Nombulelo even more was the fact that she plays a major role in supporting people with HIV and AIDS but was unable to do likewise with her own sister as charity begins at home. Nozipho ultimately passed on, on 16 June 2007.

3.4.1.3 Naming the Problem

Sadness, frustration, guilt, pain, anger, and lost opportunity to be with Nozipho while she was sick.

3.4.1.4 Externalising the Problem

The reflecting team, the family, the fellow Christians and friends did not blame Nombulelo but supported her fully. When issues were not clear with regards to funeral arrangements, the church members and the rector of St Mary's Chapel on the Limpopo in Parktown reassured her and portrayed lot of understanding.

3.4.1.5 Unique Outcomes

There were times when Nombulelo experienced relief of some sort when she realized that she had tried her best but the situation had been beyond her control.

3.4.1.6 Landscape of Action

In line with the unique outcomes, Nombulelo realized that there was no point to continue to blame and torture herself as she had tried her best.

3.4.1.7 Landscape of Identity

Nombulelo is a woman of sober habits with very high morals, a woman of peace, love, and care, strict and firm. Nombulelo's guess is that it is because of Nombulelo's strict and firm values that Nozipho could not see eye to eye with her as their lifestyles were different from one another.

3.4.1.8 Survival Kit

After Nozipho's funeral service, Nombulelo learned that Nozipho had left positive impressions and memories before she died as if she had been aware of her approaching death. Nozipho had gone home to Eastern Cape for the purpose of making reconciliation with a number of people. There was a very good attendance during the funeral service and a number of people, especially women from various denominations comforted her a lot and she felt that, that was the beginning of the journey to healing. Nombulelo has good memories of Nozipho. Nombulelo would express her appreciation of Nozipho's hardworking thus, "her hands were indispensable and she would work without reservation". Although Nombulelo mourns the death of her sister Nozipho, she is delighted that she did not wait to be helpless to the point of losing her dignity before she died. She also feels privileged to have had a sister of Nozipho's calibre. However this does not mean that Nombulelo is completely healed but improvement is great.

3.4.1.9 Re-Authoring the Story of Nombulelo with Regards to the Practical Theological Exploration of the Role of Fellowship in Christian Healing

Nombulelo confesses that had she not acknowledged the presence of God in the entire situation, she would have long perished. Although she had first failed to understand why did God allow this traumatic situation, she still trusts in God's faithfulness. Home visits in Parktown by the rector and church fellow members before she went to the Eastern Cape for the funeral left Nombulelo with amazement.

Nombulelo is now celebrating memories of the network of support from God, family, church members and the community at large. A sense of belonging has drastically relieved her pain. She now testifies that fellowship plays a major role in healing. She remains loyal and consistent in attending church services and worship God. She is determined to go on strengthening her relationship with God and others.

While she was narrating, fellow participants acted as a reflecting team.

3.4.1.10 Reflecting Team

Comments from the fellow participants were the following:-

- It is a natural phenomenon that when people die we normally remember the good that they did rather than the evil.
- It was then realized that it is healthy to focus on the good because if we were to focus on the evil, where would that take us to anyway.
- The group realized that a funeral service is more for the living people who remained behind than the dead who have been buried.
- It was concluded that during a funeral service we need to unpack all the good of the dead to teach the remaining behind.
- Unpacking the good does not imply that the person is elevated, sanctified or was an angel; nobody is perfect, we all have ups and downs in our spiritual journey.
- Comments focused on Nombulelo's strength in handling the situation.

The researcher affirmed and appreciated her willingness to narrate in the context of the group.

The researcher promised the group that even after the study the researcher will offer the participants the opportunity to narrate.

This is the end of Nombulelo's story for the day.

3.4.1.11 Follow Up Letter

Dear Nombulelo,

It was an honour and a privilege for me to have been able to listen not to your sad and moving story of lost opportunity to support your sister but to your victory over this sadness and guilt. The concern you had to support Nozipho, is it part of your calling because you are a social worker or a feeling of a family bond? You mentioned that you are firm and cannot say, "Yes" in everything. Are firmness, caring, family bond, peace, forgiveness and honesty your principal values, family values or Christian values and principles you adopted or what?

You also mentioned that you would sometimes give in when Nozipho and you were in conflict. Is that retreating from a conflict a mature attitude or what do you think it is?

You also mentioned that you were first angry with God that he did not make it possible for you to reach out to Nozipho. Is that not the way we should be, to express our true feelings in honesty to our Father? I am also intrigued to hear that when you were grieving you consulted fellow Christians. What motivated you to take that stand and what does this tell us about you taking care of yourself. Is it not a sign of stewardship and responsibility? Your story ended with a great move by praising God for his faithfulness and assurance of his presence in all situations. Awareness of the presence of God came out clear to you in the following ways:-

- When you heard that Nozipho had gone home to make peace with a number of people before she passed on.
- Huge number of people from various denominations, who turned up for Nozipho's funeral,
- Nozipho's strong points leaving you with good memories and
- Members of St Mary's Chapel on the Limpopo in Parktown with their Clergy paying you a visit.

Am I correct to say that without special fellowship with God and fellow Christians you would not survive? I have enormous respect for you over the giant steps you took.

Many thanks for your story.

Revd Siziwe

3.4.1.12 Follow Up On Nombulelo

On 12 May 2010 the researcher communicated telephonically with Nombulelo. She had just experienced a painful situation. Her grand-daughter had been raped. God gave her strength to intervene, support and counsel her grand-daughter. On 10 August 2010 Nombulelo told me that her nephew, Nceba, the son to her dead sister was killed by the neighbour in the initiation school for circumcision. Nceba had confronted his neighbour before, demanding an explanation of his allegation saying his grandmother was practising witchcraft. Towards the end of 2010, Nombulelo's

aunt Bertha (her real name), a fore front ANC member of women's league also passed on. Nombulelo, although she did not find it easy, survived the trauma brought by all these atrocities. The strength for her to survive comes from trusting, believing and an awareness of God's presence in all situations. She is going from strength to strength with the backing up of the rector and her Christian friends.

As I end up her story she is preparing to be licensed as a lay minister in church. Nombulelo is very active in HIV and AIDS diocesan ministry as she is a reliable committee member. When the coordinator is in need of any service implementation Nombulelo is amongst the two he first consults. She has recently consulted the researcher saying that we need to see what is it that we must bring together in order to curb the spread of HIV and AIDS and the researcher promised her that she will help to explore together with her what we can put in place. Concluding, it can be said that Nombulelo has a support of her fellow Christians and God, life goes on and is being shaped from one degree of glory to another degree of glory.

3.4.2 Nomhle's story

Nomhle's story on the 07-02-2010

Brief Introduction of Nomhle (not her real name): Nomhle is a 43 year old married woman residing in Parktown and is originally from Dayveton. Her academic qualification is Diploma in Education and she is currently studying with UNISA for a Degree in Education. She and her husband have been blessed with three boys. She is an Educator in a government school by profession in Parktown and is worshipping at St Mary's Chapel on the Limpopo in Parktown.

3.4.2.1 Her Story

This is how Nomhle began her story, "I don't know how can I explain this, my mother is dead and my sister is dead, what people said about my mother when I was even young I did not like, I did not want to hear negative things about my mother". Nomhle's story has been marked by a series of deaths in the family. Her father passed on in 1970 while Nomhle was very young and her mother passed on in 1987 while she was still young. Nomhle was left with her stepfather and two boys who were born from the stepfather. According to Nomhle, the step father was very supportive to her and the boys. Nomhle happened to be the last born in her parents' first marriage, as they were three girls and one boy. She felt that her stepfather was spoiling these boys too much as all their demands were always met. The stepfather passed on in 1992. Nomhle rehearsed her frustration thus, 'Now I

was left with these two brothers and no one wanted to take responsibility for them because they were spoilt'. Nomhle felt no option but to adopt a parent role to her two younger brothers. These two brothers were traumatized and Nomhle was also traumatized.

She then confided with her sister who stood by her side. The sister also passed on in 2001. In verbalizing her frustration Nomhle raised her voice in saying, "I was now angry with God, questioning God saying, 'How can you take my parents and leave me with two spoilt boys whom nobody wants? Now God you take my sister, it is like now I don't know what is happening to me'". Nomhle's aunt supported, encouraged and stood by her side.

Nomhle felt that these boys were a test to her because they found it hard to accept the fact that not all their demands could be met. At the same time Nomhle loved these two boys and she wanted to render ministry of presence to them. Her main dream was to see these younger brothers well educated and be able to live for themselves. Sometimes the last born would irritate Nomhle to the point of finding herself saying unintentionally to them, "I did not kill your parents". They would in turn take an exception and report her to the relatives. She then sent the two boys for counselling. She received the feedback that their behaviour was emanating from their grief. Nomhle was then advised to be more patient with them. Eventually she became mentally disturbed. She then consulted a psychologist and three social workers including a social worker of St Mary's Cathedral Anglican Church in the city of Johannesburg. After a number of consultations the latter social worker she had consulted advised her to consult with the church fellowship group.

Nomhle is now reasonable, healed and her mental state is back to normal. The two boys are educated and are employed. One boy is an electrical engineer and the last born is in a catering company.

3.4.2.2 Survival Kit

The researcher was curious to know what Nomhle's survival kit was. She answered, "My mother brought me up by conditioning me to pray always and trust God even when life is not easy". The researcher then affirmed her for being loyal to honour and value the mother's advice.

She answered, "Certainly although at some stage I was angry with God; I did not disown him, I would always remember my mother often telling me not to stop praying as she used to hammer this importance of prayer to me".

3.4.2.3 Nomhle's understanding of the role of fellowship in the healing process

The fact that Nomhle had a support network of the stepfather, later on the sister, later on the aunt, later on the psychologist and the three social workers and finally the fellow Christians, sustenance became possible and she was not completely broken and shattered. Above all, her strong relationship with God kept her going. Though it is still not clear if her understanding of God's presence was not what Gerkin (1986: 48-49) refers to as, "normative way of being shaped by the images and metaphors of biblical narrative accounts of God's presence and activity in the world". Nomhle cannot stop becoming amazed, lost in wonder and in awe in this achievement.

It is quite a mystery to her to have been able to parent grieving children at the age of twenty four years while she was also grieving. She cannot comprehend how she survived all that drama. She looks back and says, "How great Thou art, you work out miracles mighty God". She is grateful for the network of support God provided her with.

3.4.2.4 The Reflecting Team

The reflecting team saluted her for such strength. The team was curious to know where did she get such strength as well as passion for education. Nomhle informed the team that she grew up in a home where optimism was the value. At a very young age, she was placed on a high pedestal and was always appreciated by the family. Nomhle expressed her upbringing in this way, "My uncle and the entire family treated me very special, in a unique way like a queen; they had confidence in me". That was the end of Nomhle's narrative for the day.

3.4.2.5 Follow-up letter

Dear Nomhle,

Thank you so much for allowing me into your Life territory.

You taught me a lot in your testimony. I cannot think of anyone else at the age of 24yrs who could play such a huge role to parent bereaved and spoilt young brothers whose father was your stepfather. Am I correct to say that you were also grieving?

I was lost in wonder and in awe to learn how much you loved these children although you were also firm with them while nobody else was prepared to take responsibility for them. The willingness to accept this heavy responsibility—can it not be liken to (Isaiah 6:8) in answering thus, “Here I am, send me”? Is this perhaps the ministry of presence or what? You mentioned that you wanted to see these two boys you cared for, being able to live for themselves. What does this say about you; is it because you are an educator? Do you see the service you render as a profession or a vocation? Do you see yourself as an enabler? How can the society benefit from this skill?

The fact that you sent your younger brothers for counselling, you yourself confided to your sister, then to your aunt then to the social workers as you were mentally disturbed and finally to the Christian fellowship group—is this not an indication that you see fellowship playing a major role in healing. You worked out some ideas to extend your own influence with the plan of eventually having your life to yourself. I have found it quite refreshing to hear the steps that you took against trauma. You had become concerned about yourself and your future.

I would like to draw your attention to my admiration and respect for your courage. Rarely do I meet a young woman of your age with the same degree of sensitivity to others. Your inability to comprehend how you managed all what you did made you realize that you were not alone. You then acknowledged the network of support you had and the miracle of God. How would you encourage the bereaved who take fellowship for granted? When we were parting you said to me, ‘You were a blessing’. What did you mean? You sounded like a person who had desperately needed a platform to narrate. You sounded like a person freed from prison where trauma had been your galore. Thanks to your achievement you had a profound experience of losses.

Many thanks for your story.

Revd Siziwe

3.4.2.6 Follow-up on Nomhle

Nomhle continues to grow in love of God, loyal to church services and passionate with prayer for healing. She is very supportive to grieving and traumatized members. She is very passionate with Sunday school and youth ministry. In her marriage, she does not cease to trust God for new and

sweet wine as situation is not always what she expects. She is also initiating the buying of groceries by the church community for the purpose of feeding poor members in the surrounding area. Last year during Christmas, they reached out to ten homes and supplied them with groceries for Christmas.

3.4.3 Jabulile's story

Brief introduction of Jabulile (not her real name): Jabulile is a 52 year old single woman with no children, possessing a Degree in Administration. She resides in Parktown; close to the church building hence she keeps church keys. She works as a Chief executive officer's personal assistant at Impala Platinum, Illovo, next to Rose bank.

3.4.3.1 Jabulile Getting On Board Narrating

Jabulile grew up with her siblings in a very strict home. It was a norm in their home that a woman is not supposed to go out but must always be busy with housework. However, Jabulile happened to have a sister by the name of Busi, who would make it a point that she sleeps out without permission on Fridays. Busi would not stop this habit even when she was punished and beaten up. She defied house rules, principles and values. Busi got married at the age of 18 years bringing a child of a Zulu man to the marriage while marrying another Zulu man. According to Jabulile, they are now 35 years married. Jabulile's concern is that the couple does not pull together. In expressing the instability in their marriage, Jabulile uses Xhosa expression saying, 'ungxabalazile'. Busi complains that her husband does not support her. Jabulile views Busi as having fantasy of some sort in life. Nevertheless Jabulile acknowledges her brother in law's weakness. Although he is a learned man, he is still very traditional minded as a Zulu man. He never thought of transporting his wife when she goes for shopping. Although there is a vehicle at home, she must still use public transport. Jabulile assumes that at least Busi does receive finances for groceries from the husband.

Busi feels neglected by the husband and she does not trust him. Consequently when she learns that the husband is coming home, she would go away that Friday so that he does not find her at home. Busi resides in Durban with her husband. However the husband is a school inspector (district official) in a faraway distance from home hence he comes home only during weekends and school holidays.

The couple has three male children, 35 years, 30 years and 26 years old. For the support of their mother, children would organize a special get together meal and invite the mother. In the middle of

celebration their mother would just explode in anger out of space. Sometimes the children feel like disowning their mother and accept Jabulile's parenting and recognize Jabulile as their mother. Jabulile discourages the idea as to avoid conflict. Jabulile feels that Busi needs to pick herself up, to be proud of herself and to love herself in order to be loved by the husband.

Jabulile is of the opinion that Busi needs to find out exactly what she is looking for in life. According to Jabulile, when Busi is in Johannesburg she would never visit Jabulile. It seems as if she has been avoiding her. She prefers friends to her family. She avoids both her sister and her husband. She is closer to her friends than to the family.

Even when Jabulile visits her, she gives her a cold shoulder and pays attention to the friends. When the husband is about to come home she decides to leave home and go to the friends as she admires friends. Jabulile tried in vain to recruit Busi to the church services. Jabulile's source of coping mechanism is awareness of God's intervention in the situation. She has a strong faith in God. She also prays intensely. She is gifted in singing and she just moves the whole congregation when she starts singing hymns and choruses. As Jabulile blesses the congregation in singing in turn she is being blessed by their back grounding her. She testifies that she experiences relief when she worships God in singing.

To Jabulile's amazement Busi has recently called to enquire if she can visit Jabulile as she longs to spend time with her. As Jabulile was relating in Xhosa and Zulu she exclaimed, 'Kanti uNkulunkulu uyawuva umthandazo' meaning, 'is it real that God listens to the prayer'. According to Jabulile this is a breakthrough. The concern, love and hope for Busi brought Jabulile closer and closer to God. To acknowledge the presence of God in the entire situation she says, "If I did not trust God and if I did not attend church service, I would have now be a drunkard because of frustration. Now I do see hope". In parting she said, "Thank you very much mama Monica".

3.4.3.2 The Reflecting Team

The reflecting team affirmed her and promised to remember her in prayer for the upliftment of her sister as well as more faith to cope with whatever comes. The team was amazed at her courage and the reward thereafter.

3.4.3.3 Follow Up Letter

Dear Jabulile,

Words fail me to express my sincere gratitude to you for engaging me in your journey.

I realize that you have what I believe to be legitimate concern. Am I correct to say that, your concern, love and hope for Busi brought you closer to God?

Earlier on you testified that if you were not committed to God and church service you would have been a drunkard by now. Do you agree with me when I say fellowship with God and fellow Christians formed a network of support for you? It appears as if the gift of singing you possess uplifts your spirit. Am I correct to say that the entire congregation is blessed in the process and is motivated to praise and worship God in spirit? Does this upliftment bring about therapy or what?

I do understand that it is a profound experience for you to see your sister losing herself. I would be also opposed to her behaviour as you are. Towards the end of your narrative you mentioned that something spectacular happened, Busi called and indicated that she is longing to visit you. It seems as if it was a surprise as she previously either avoided or ignored your company. You exclaimed like, 'Kanti uNkulunkulu uyawuva umthandazo'. Do you anticipate a revolution or a transformation from Busi? Is it a breakthrough or what? What can you tell the community with regards to your source of coping mechanism?

Please do not feel any obligation to answer these questions. However if you have any thoughts about them and if you feel alright about sharing such thoughts with me this would help me with my understanding.

Thank you so much for narrating.

Revd Siziwe

3.4.3.4 Follow Up On Jabulile

We met in church meetings with Jabulile many times. We also communicated through telephone conversations. Busi did visit Jabulile during Easter holidays in 2010 as she had promised. They spent quality time together as family members. Busi has changed for the better as far as her relationship

with Jabulile is concerned. However Jabulile's concern for Busi's distorted behaviour is the fact that Busi does not go to church at all. She drinks heavily to the point that her health has been compromised. In March 2010, she underwent hip replacement. She is due to have hip replacement of the other hip but because of her weak condition the doctor's doubt to perform this operation. Jabulile wonders how does Busi cope with her service as a school principal. Busi's frustration is that her husband does not care for her as she says.

The husband is a Roman Catholic dedicated and regular church member and husband's mother is a very dedicated Anglican Church goer. Busi's husband confided to Jabulile as he is also concerned with his wife's behaviour. Nevertheless, Jabulile, despite the situation, goes from strength to strength in her love for God. She is very dedicated in church, playing a number of roles. She is a church warden, a choir member and parish leader of a mother's union. She continues interceding for Busi and also shares her concerns with relevant people. Busi does call her asking for prayers. Jabulile expressed her concern thus, 'I am just wondering that when people are happy they forget God but when they are in trouble they ask for prayers as if we believers we have a special magic to touch God for them.' What is more important to Jabulile is to grow closer and closer to God. Jabulile realized that the last resort is to pray alone sometimes and with a group other times. That is how far we went with our telephone conversation with Jabulile for the evening.

3.4.4 Tebogo's story

Tebogo's story on 21-02-2010

Brief introduction of Tebogo (not her real name): Tebogo is a 36 year old married woman originally from Democratic Republic of Congo. She and her husband have been blessed with two girls, Lulu who was born in 2001 and Faith who was born in 2008. She has matriculated and is currently studying for a Human Resource Course. She works as a receptionist in a general medical supply in Fourways. Her residential place is in Parktown opposite St Mary's on the Limpopo church building. Hence she worships there.

3.4.4.1 Tebogo's Story Of Resilience

Tebogo was brought up in an atmosphere of domestic violence and abuse between her parents at home. The father was the perpetrator and her mother was the victim. To escape this unhealthy environment Tebogo got married in 1998 when she was 19 years old. Unfortunately she also became the victim of abuse and violence during her first pregnancy. Her husband, Selby, became

manipulative, in control and violent. Tebogo expressed her experience in this way, “I lost my identity and he did not want me to have any friends, I doubted God’s existence and I did not attend church services for two solid years”. It was later brought to Tebogo’s attention that Selby’s family in one way or another was dysfunctional. Selby’s mother had walked out of the marriage and his father married another woman. It stands to reason that Selby was a complete stranger to love, care and gentleness as he never received love from the father neither from the mother nor the step-mother. In trying to compensate lost opportunity to be there for Selby, his biological mother stands with him against Tebogo. Selby’s step mother stands firm with Tebogo and supports her in love.

Tebogo confided to her mother who advised her to endure as she did as a mother, although she later walked out of marriage she did not want her daughter to follow suit. Tebogo’s feelings are manifested in the following manner:-

In pain, anger, loneliness, helplessness, mistrust, fear, unforgiveness and lost identity.

The moment she mentioned the word, ‘divorce’, she was threatened to be killed together with the two children by the husband. At some stage Tebogo attempted suicide. However she decided to stay in the marriage for the safety of her life and the children’s lives.

When the question if Tebogo still loves her husband was posed, she was uncomfortable and reluctant to answer it. She was then offered the freedom not to answer. Tebogo testifies that one day she met a Christian friend who challenged her to pray for the husband, something she had never thought of before. The friend said, “In the world you are a perfect wife but with God you are not if you cannot pray for your husband”. Although there was a blame of some sort, Tebogo accepted the advice. She resumed church service attendance and intense prayer. She now trusts God as she is hoping for a revolution in their families and in the marriage.

Selby had never attended church in their twelve years of marriage. Nevertheless, something spectacular happened on the 14 February 2010. Selby made his first appearance in the church service. The day of Tebogo’s interview on the 21 February 2010 was his second time to attend church service. This seemed to be promising in Tebogo’s point of view. At the end of the interview there seemed to be a reasonable relief.

3.4.4.2 The Reflecting Team

The reflecting team applauded her for a self sacrifice for her safety and the safety of the children.

It was suggested that we form a prayer chain and allocate different days to pray for each one of us to support Tebogo. It was strongly suggested that we start there and there, immediately after the interview. We also included Jabulile in committing her wishes to God.

We then held hands and prayed together and closed with grace and benediction.

3.4.4.3 Follow Up Letter

Dear Tebogo,

I cannot begin to tell how delighted I am to have been able to listen to your story. After we parted some important questions presented themselves to me. This often happens after an interview. There were some enthusiastic comments and questions far too numerous for me to record. You repeatedly mentioned, 'abuse'. I was just wondering if this abuse was physically, emotionally, sexually or involved all the aspects. In our meeting we discovered that pain, anger, fear, lack of forgiveness, loneliness, loss of identity and withdrawal from church nearly convinced you that God does not exist. It later became clear that you did not feel entirely crushed, shattered and written off in the series of painful abuses, my guess is that you found it helpful to take a risk by exposing, taken for granted plight of women suffering. What sort of knowledge about yourself as a woman is this! How do you understand your family tradition of keeping everything within the boundary of the family and feeling that it is disloyal and a betrayal to go beyond the family?

It came out clear that your faith in God sustained and is still sustaining you to be determined to sustain your marriage. My guess is this, your special relationship with God, the network formed by your Christian friend and Christian church members contributed a lot to the strength you now possess, as well as support you receive from the step mother-in-law. When I communicated with you telephonically you were observing a fast. You also testified that after twelve years of marriage you were surprised by Selby pitching up in church service on the 14th and 21st February. Do you believe that this is the answer to your prayers? I presume that, that gesture intensified your relationship with God and Fellow Christians. How can we take this awareness of the importance of fellowship further?

Thank you so much for your testimony.

Revd Siziwe

3.4.4.4 Follow Up Interview

On the 7 March 2010, the four participants who had told their story came together to meet the researcher. They also invited three more members whom they identified to be in need of therapy so that next time they can join narrative therapy in a group context. The researcher then checked if this addition does not intrude the territory of other participants. The group was fine to welcome them. The researcher subsequently went through the documents of their stories to check with them and for them to review and edit. Comments and corrections were then included in the report. Follow up was done in the form of telephone calls and letters.

For the effectiveness of the research the researcher also invited some more willing individuals from St Mary's Cathedral to tell their stories. St Mary's Chapel on the Limpopo is under St Mary's Cathedral in the city of Johannesburg. The names of the two additional participants are Bulelwa and Thokozani.

3.4.5 Bulelwa's story

Bulelwa Story on 16-03-2010

Brief introduction of Bulelwa (not her real name): Bulelwa is a 52 year old single mother with one son, Ntsikelelo. She lives in Edenvale and worships at St Mary's Cathedral Anglican Church in the city of Johannesburg. She completed matriculation and is involved in a business which has ups and downs.

3.4.5.1 Her Story

One of the shortfalls in being an entrepreneur is to deny children full attention. It took Bulelwa two years before she could notice that her only son Ntsikelelo was involved in drugs and was then addicted. One night Ntsikelelo woke Bulelwa up saying, 'Mama I want to puff'. Bulelwa was completely lost she could not make sense of the statement because he had been completely healed after he had suffered asthmatic attacks for a time. She then called the police in order to create a

platform for a man to man interview. The police made Bulelwa aware that Ntsikelelo was then two years involved in drugs. The researcher then asked Bulelwa how her reaction was after hearing this report. She answered, 'I was shocked, sad, wounded and very disappointed blaming myself that I was not always present for him'. Bulelwa sent Ntsikelelo to Boksburg SANCA rehabilitation centre.

3.4.5.2 Bulelwa's Focus in Prayer

While Ntsikelelo was in the rehabilitation centre, Bulelwa went to St Benedict's religious community in Rosettenville for a retreat for three days to intercede for him and to seek God's will. While at St Benedicts, Bulelwa met a friend, a young boy but six years older than Ntsikelelo. His name was Doda. She so admired his discipline and his sober habits that she wanted him to be Ntsikelelo's role model.

After eight months Ntsikelelo came back home from Boksburg. Doda requested to stay with Bulelwa and Ntsikelelo and was accepted. The three of them observed prayer sessions together every evening.

3.4.5.3 Bulelwa Story Continued

Ntsikelelo's Escape to Cape Town and Bulelwa's first visit to Cape Town

Later on Ntsikelelo became bored and escaped to Cape Town to her aunt, pretending to be going for holiday. While Ntsikelelo was in Cape Town, he falsely accused Bulelwa and Doda of ill-treating him. The aunt found school for him in Cape Town. Bulelwa flew to Cape Town on the first day schools opened in order to furnish the principal with the information with regard to Ntsikelelo, so that he could be closely monitored. Even when she was back home, she called the school weekly on a regular basis to inquire about the progress and the problems concerning Ntsikelelo. Ntsikelelo behaved well for six months.

3.4.5.4 Ntsikelelo's Relapse

In August 2007 it came to Bulelwa's attention that Ntsikelelo was found smoking dagga with the friends in the toilet. When confronted by the mother telephonically he did not deny. He confessed to the school principal that he had been once involved in drugs but however he promised not to go back to drugs. The school principal insisted that he should be tested for the substance abuse in order to be helped by the school social worker. Ntsikelelo was not impressed with the idea. He did not have confidence in them all instead he called his aunt as she was also a social worker. He referred to

the principal and the social worker as well as the entire staff members as racists because they were white. He was then ultimately expelled from that school and Bulelwa was notified.

3.4.5.5 Bulelwa's Second Visit To Cape Town

Bulelwa flew to Cape Town again to the Department of Education for the purpose of pleading with the department to find a school for Ntsikelelo. A school was found for Ntsikelelo. Bulelwa stayed in Cape Town for a month in order to observe Ntsikelelo. He managed to behave all the time. She then flew back home after one month but continued to call school on a regular basis as before. The feedback was positive.

3.4.5.6 Unending Hassles And Bulelwa's Third Visit To Cape Town

A week before final examination, Ntsikelelo was gunshot on the way from the party with the girlfriend. He sustained disembowelment and was admitted to Vincent Palot Hospital in Pinelands. When Bulelwa arrived at the hospital, Ntsikelelo was being wheeled from the operating theatre. Bulelwa expressed her response thus, 'I could not ask any questions, I just commanded God to watch over him'. Bulelwa stayed in Cape Town for a couple of days forgetting that on the 22nd October she was supposed to go to Labour Court. She discovered late that she had already been fined when she came back. She was so overwhelmed by troubles and hassles as well as hurt that she suffered from Anorexia nervosa. She was not taking meals for the entire week. She became so lethargic that she lacked energy to masticate. When her situation reached the notice of one of her family members she was advised to seek counselling but she was not prepared. Upon asking Bulelwa about her refusing to seek counselling she replied by saying, 'I wanted pain to take its own course. Besides I did not believe that there would be any single person who would come to a deep understanding of what I was going through. My experience of disappointment and sadness made me to be withdrawn from people and I also had a feeling of a mental block. Above all I had great hope that the situation will one day come to an end. I told myself that, that was another step to go forward'.

3.4.5.7 Ntsikelelo Back Home

When Ntsikelelo completed hospitalization and physiotherapy, Bulelwa arranged to take him back home which he agreed to. In the process Bulelwa would sometimes go to Ntsikelelo's bedroom. And to the dining room at other times to kneel down to intercede for him while he was sleeping and for

the whole situation. In expressing her despondency, Bulelwa said, “During that time I was deeply wounded and I also doubted if my prayers were reaching God but I never stopped praying”.

The researcher then asked Bulelwa the secret of her strength to pray without ceasing although nothing seemed to materialize in response to her prayer. She answered, ‘Although I felt weak I still had faith that God understood me even when I could not express myself well as I was aware of the sense of belonging to him’. When she was asked if anything eventually came out of her persistence, Bulelwa replied, ‘Certainly Ntsikelelo is gradually improving as he became apologetic and considerate’. Bulelwa then gave Ntsikelelo time to remain home while she was working. She advised him not to rush anything but take his own time to think and decide on what he really wants in life—either to go back to college or to work. She then gave him the whole year to decide. She continued interceding for him. The two of them had daily prayers and she would guide him to lead prayers sometimes. Asking for daily bread was one of their petitions and Ntsikelelo co-operated very well.

3.4.5.8 Prayer Rewards

In July 2009, Ntsikelelo was employed as a driver and was being admired at work because he was the youngest and was brilliant. The manager introduced him to various areas of the company to expand his knowledge. He then became successful at work. He also became very supportive to the mother.

Ntsikelelo took responsibility of doing grocery monthly out of his salary for the mother. He did not like to see the mother suffering and upset. He helped the mother with housework like assisting her in hanging washing to the washing line. Ntsikelelo enjoyed leading prayers. The fact that Bulelwa and Ntsikelelo are a family and the others are an extended family was communicated clearly by Bulelwa to Ntsikelelo, a fact which he has internalised. The extended family’s guidance should then be weighed before acceptance. Ntsikelelo then valued fellowship with his mother and with God. Ntsikelelo was determined to spend a lot of time with his mother through thick and thin. Even when he tried to find his own accommodation near his working place, he could not stay long alone. He then decided to go back to his mother’s house. One day they had no bread in the house and Ntsikelelo made the following statement, ‘Mama it does not matter as long as I am with you’.

3.4.5.9 Lesson Learnt

Bulelwa testifies that her suffering was a learning curve. Some of the lessons she achieved are the following:-

- Firstly it is crucial that parents should focus on the family first and business should follow.
- Secondly, God drew her attention to the fact that intimate relationship and fellowship with God and family is essential to bring about healing.
- Thirdly, God's purpose for children does not change provided parents are obedient to seek God's will and relationship with God.
- Fourthly, God's timing is perfect and God keeps his promise.
- Bulelwa acknowledges the fact that Ntsikelelo is not perfect but is good.
- Bulelwa and Ntsikelelo do not stop praising God for his faithfulness and for the gift of each other, the son appreciating the mother and the mother appreciating the son who is unique and special.
- Bulelwa now celebrates God's faithfulness, love, care, sustenance, power, splendour and majesty.
- She is not working but looked after by Ntsikelelo.

The researcher asked Bulelwa to state the feeling when she was narrating this achievement. She answered, 'I feel blessed, relieved, liberated like a multimillionaire. I have conquered'. The interview ended with an affirmation note by the researcher to Bulelwa.

3.4.5.10 Follow Up Letter

Dear Bulelwa,

I have found it quite refreshing to listen to your story of success. I am intrigued by the amount of courage and faith you displayed. Who would be proud of you in your family? What can you tell the parents especially the mothers whose children are drug addicts? How can this testimony reach the entire world? What influence can you map with regard to moral regeneration? What does this achievement reveal of prayerful women?

Shock, sadness, disappointment, self-blame, sense of guilt, grief, and brokenness nearly convinced you that you were a failure. Nevertheless the identities you have in your cabinet hole created no opportunity for the problems to win but disarmed them. Some of such identities are courage, faith, persistence, confidence, love, patience, sense of belonging to God, commitment in prayer, sense of responsibility in parenting and others. If you were to further appreciate yourself, what do you think you might get in touch with?

You learned a lot and some of those lessons have come through paying attention to your mistakes and rectifying them. Naturally, being the responsible kind of person you are, you might like to save your son from his mistakes by handing over to him your learnings. It looks like you are a strong minded person who would rather learn by discovering than through counselling. I am sure that Ntsikelelo is a credit to you.

Am I correct to suggest that you need to explore the children ministry you possess further? You are caring and patient as well as strong. You went all out for your son and you also take care of your siblings. It looks as if you did not feel confident enough to entrust others with your confidence.

I hope that this summary is a reasonable accurate one of our meeting. I am looking forward to seeing you grow from strength to strength in fellowship with God and Ntsikelelo.

Thank you so much for this opportunity to listen to your experience

Revd Siziwe

3.4.5.11 Follow Up On Bulelwa

Following her story we met a number of times with Bulelwa. Life has been well with her and the son for a long time. However when the researcher called Bulelwa on the 22 February 2011, she told her that Ntsikelelo was back on drugs once more in full force. He was currently more aggressive than before. Although Bulelwa confessed that she was currently depressed, she had not lost sight of the fact that God lives in the throne of grace and is going to change the situation in his own time. She felt that God, who helped her before, is the same God who is able to rescue her from this sick situation. The issue here is not how the situation was, but is her coping mechanism in handling the situation which God gives to those who trust in him. She then continued praying to God and sharing her feelings with the researcher regarding the current situation. The researcher then reminded Bulelwa that our help comes from God as (Psalms 121) says. She then thanked the researcher for the encouraging words.

3.4.5.12 Bulelwa's current situation

When Ntsikelelo became more uncontrollable, he strangled the mother and threatened to kill her. The mother could not take it any-more. She then decided to seek legal assistance. In the court of law, Ntsikelelo was fined five years suspended sentence. Since then he is behaving well and taking initiative to seek professional help. He has fulfilling employment and stays close to the employment area. He with the friends frequently visits his mother. They are together once more in good relationship.

Bulelwa is thanking God for this victory.

3.4.6 Thokozani's story of success

Brief introduction of Thokozani (not his real name): Thokozani is a 21 year old single man with no children. He is an educator in Alexandra township government school in Johannesburg. He has a Diploma in Education. His residential place is in Berthrams in Johannesburg. He worships at St Mary's Cathedral Anglican Church in the city of Johannesburg. He is originally from KwaZulu Natal, Osizweni. He came to the church office to see me.

3.4.6.1 His Story

Thokozani (not his real name) was brought up by his biological parents in KwaZulu Natal, Osizweni. While Thokozani was 11 years old, his father killed himself at the age of 35 years in 1999. Thokozani's mother also died of ulcers the following year, while Thokozani was 12 years old in 2000. Thokozani expressed his feelings as, 'I felt lonely, sad, angry, my heart was very sore with feelings of emptiness and loss of identity'. The researcher felt curious to know what these feelings did to him. He replied, 'I became helpless and frustrated and could not understand. He left me for what?'. The only sibling he has is his younger sister. After the death of Thokozani's parents, he was looked after by the grandmother, the aunt and the uncle.

3.4.5.2 Thokozani's Active Commitment To Christian Faith

Trying to find meaning in life Thokozani was born again in 2003 when he was 15 years old. The family was not happy with Thokozani's move to be born again. He then had a conflict with his family and friends. They could not understand him; instead they called Thokozani by names and criticized him. The researcher was then curious to know how this negative reaction from the family

affected Thokozani. Thokozani replied and said, 'My heart was broken to the point of contemplating suicide and I thought perhaps if my biological parents were still alive, the situation would be better as they would understand me'. God intervened in a special way to prevent Thokozani's suicidal thoughts to be implemented as the elders in the Anglican Church in Newcastle advised him to resist the temptation and they fully supported him. Thokozani was blessed with a network of support of Christians as they interceded for him and gave him passages from the scriptures which would encourage him as well as paying visit to Thokozani's grandmother and the entire family.

The researcher wanted to explore how Thokozani's grandmother received his Christian friends. He answered, 'She welcomed them with such courtesy that one would think that she was fine with the born again concept, which was not the case'. Thokozani learnt to adapt to the situation and found better ways of understanding his family; consequently he is reasonably well with peace of mind. His friends speak highly and well of him to the relatives. They are impressed by the way he prays and the way he leads church services, young as he is. Thokozani is also an associate of the mother's union in church. Some mother's union members warmly accept him but others oppose the idea as it is something new in Johannesburg diocese. He develops a lot of strength against opposition to the extent of becoming immune.

Thokozani does not agree with the observation of ancestral rituals as it is practised by his current family but he is not vocal about it to avoid conflict although he feels bad and helpless. However he intercedes on their behalf during his devotional prayer. When Thokozani's parents passed on, he felt that, that was the end of the world. He decided to be born again as he had a feeling of seeking parental love in the midst of loneliness, emptiness, sadness, grief, pain, anger and loss of identity.

3.4.6.3 Thokozani Re-authoring Story

The unique outcomes in his painful story led Thokozani to develop a positive view in life and to re-author his story. He testifies that although his parents left him at an early age he is however better than those who never saw their parents. He feels that it was a blessing that he once had parents who cared for him. Secondly he still has a family who took care of him very well as they took responsibility in supplying his educational needs and necessary support even when he had differences with them. He praises God for the fact that he now has a profession.

Thirdly, the elders in the church and other Christians formed a network of support for him. Fourthly the mothers union which accepted him as an associate appreciates him a lot although not all of them.

Thokozani feels strong now; even criticisms open an avenue for him to minister. He is not harbouring anger any more, neither sadness, loneliness, nor emptiness and grief as he realizes that God is an eternal parent and he enjoys being in God's fellowship. He testifies that he experiences the warmth of God's love and care and he now has a sense of belonging and identity as a child of the Almighty king as well as the beneficiary of God's grace. All participants along with the researcher thanked God in prayer for his faithfulness.

3.4.6.4 Follow-Up Letter

Dear Thokozani,

It was a great pleasure listening to you. You really amazed me by the steps you took against frustration and anger. You learned to cope with sorrow and pain at a young age. Anger, sadness, grief, emptiness, loneliness nearly convinced you that you have failed to become a person of worth. Where do you draw such strength and wisdom to survive? You embraced intimate relationship with God by being born again. How would you lead young people to the redeeming power of Christ?

I am intrigued by the manner in which you created a balance between ministering to your family and allowing them freedom to make their own decision. How would you refer to this act, would you perhaps see it as a sign of maturity? What does this way of balancing facts say about your identity? Would it be possible for you to reflect further to this identity of maturity?

Am I correct to say that, despite suicidal contemplation, anger, bitterness and loneliness that tried to separate you from your personal knowledge of Jesus and faith in him, there were ties that bound you to your convictions? Would you agree with me in saying that the strong network support of your church elders, fellow Christians, mothers' union, even your family led you to the understanding of role of fellowship in healing? May you grow in the Lord from one degree of glory to the next degree of glory day by day.

Thank you so much for your testimony.

Revd Siziwe

3.4.6.5 Follow-up On Thokozani

Thokozani is growing spiritually and academically. In FOX (*Fellowship of Exploration*) he is encountering deepening of relationship with God as well as exploring his calling. He is also busy reading discipleship book titled *Becoming like Jesus* written by Gbile Akanni and it is helping him to discover himself. Thokozani is not shy to engage with mother's union activities although he is the only man who is a mother's union associate in the diocese of Johannesburg. He inspires a number of mother's union members. He enjoys frequently attending Anglican Charismatic Church Conferences which are regularly held in various provinces like Gauteng, Eastern Cape, KwaZulu Natal and Swaziland. He sometimes plays the role of stewardship in church. In the academic field he is currently studying for advanced certificate in Education for learners with disabilities with University of Pretoria. In June 2011 he registered with UNISA access to Theology. He could not register in the beginning of the year due to financial constraints. He is enthusiastic in life and is determined to see where God is leading him.

The researcher wishes him all the best, prosperity, success and to be great for the world.

3.5 Summary

It has been indeed a privilege and an honour for the researcher to have been engaged in real life stories of some parishioners. It has been equally a wake-up call for the researcher and the participants to realize that there is a lot we take for granted. The plight of human suffering is more than it can be imagined and understood. The journey with the participants took slightly longer than the scheduled period of time as they had lot of activities other Sundays. However it was also easy due to their openness in telling their stories but also heavy because of what their stories did to the researcher. Loss of one member who had been looking forward to tell her story left other participants feeling hurt. Nevertheless, the funeral service began a process of healing and the fact that she had committed her life to the Lord comforted the participants and the family.

Taking into consideration the fact that it is only a fraction of the congregation whose stories could be heard, the researcher then asks herself what about the rest of the congregation, what about the entire society with those who cannot tell their stories because there is no platform to do so.

In this research one detects that the researcher, co-researchers and the readers were able to journey together from the 'known' to the 'unknown'. Through the narrative approach people can look at our context which is known in a way that can enlighten and transform them or that through ignorance corner them to accept life as it is. Concluding with the researcher's observation, creating space for people to tell stories of their experiences should be seriously considered in all the sectors of the society, as preventive and promotive health measures. Finally the researcher conveys her gratitude to the participants most sincerely for teaching her a lot and for sharing in this collaborative quest. Research analysis has been considered in the following chapter.

CHAPTER 4:

RESEARCH ANALYSIS AND INTERPRETATION

This chapter has discussed briefly about the participants of this study and then pondered on the research findings while interpreting their results to conclude the *Practical Theological Exploration of the Role of Fellowship in Christian Healing in the Diocese of Johannesburg*.

4.1 Response to the invitation to be included in the study

As stated in the previous chapter eight members from the congregation of St Mary's Chapel on the Limpopo Parktown came forward. Participant's participation in the research was entirely voluntary while they were informed beforehand about the purpose of the use of data they would share. They were free to withdraw from the research at any-time. Participants were made aware that personal information supplied by participants will remain reasonably confidential throughout the research study. Out of eight, two participants could not continue to be included as they had other commitments. One participant has been promised to be offered time later on as her story did not suit the purpose of this research. Instead she needed therapy. The other participant passed on and hence the research was left with four participants. Later on two members from St Mary's Cathedral Anglican Church in Johannesburg City agreed to participate in the research study. One was a male and the other one a female. It is fascinating to realize that most of the participants were women and hence there is a need to research the reason. However the researcher has tried to provide a reasonable explanation for this in the previous chapter.

4.2 Participants' profile

Following briefly discusses the participants' profile.

4.2.1 Ages

Jabulile, Nombulelo and Bulelwa were 52 years old at the time of research. It became appropriate then to investigate the reason of this similarity in age. Nomhle was 43 years old. Tebogo was 36 years old whereas the youngest participant of the study, Thokozani was 21 years old at the time of research. In all, the ages of the participants range from 21 years to 52 years.

4.2.2 Academic qualifications

Bulelwa and Tebogo have matriculated. Nomhle and Thokozani have a Diploma in Education. Nombulelo has a Diploma in Adult Education Training (*ABET*) and also a Diploma in Social Development. Jabulile has a Degree in Administration. Nomhle is currently studying for a degree in Education with UNISA. And Thokozani is also studying for a Degree in Education with UNISA.

4.2.3 Employment profile

Bulelwa is a very diligent, enthusiastic and a growing small and medium entrepreneur. Tebogo works as a receptionist for a medical supply company. Nombulelo is employed as a social developer by the department of forestry and water affairs in Pretoria. Jabulile is employed by Impala Platinum in Illovo as a chief executive officer's personal assistant. Nomhle and Thokozani are educators in Johannesburg government schools. Nomhle and Thokozani present with similarities in their education and career focus as they also presented with similarities in the series of deaths in the family.

4.2.4 Religious and denominational affiliation

Six of the participants are Christians and all belong to the Anglican Church of Southern Africa. Jabulile, Nombulelo, Nomhle and Tebogo belong to St Mary's Chapel on the Limpopo in Parktown whereas Bulelwa and Thokozani belong to St Mary's Cathedral Anglican Church of Southern Africa in Johannesburg city.

4.2.5 Colour and tribe

All the participants are black. Bulelwa and Nombulelo are Xhosa; Nomhle is a Ndebele; Jabulile and Thokozani are Zulu and Tebogo is a Congolese.

4.2.6 Marital status

Nomhle and Tebogo are married; Jabulile, Bulelwa and Nombulelo are unmarried whereas Thokozani is also not married yet, as he is still a young man.

4.2.7 Nuclear family status

Nomhle lives with her husband and their three boys. Tebogo lives with her husband and their two girls. Nombulelo has two girls, one boy and two granddaughters and is single. Bulelwa has one son and is single. Jabulile does not have children and is single. Thokozani does not have children yet and he is still single.

4.2.8 Participants' church involvement

All the participants are deeply involved in the service of the church. Jabulile is a Church Warden, Church Choir member, Mother's union leader in church and is in the Archdeaconary executive committee. Nombulelo is involved in the Johannesburg diocesan HIV and AIDS ministry as a committee member. Nomhle is in the Youth and Sunday School ministries as well as in the Charity services for the community; she is passionate with Healing ministry. Thokozani is a Mother's union associate, as well as the member of the charismatic services in the Anglican Church of Southern Africa and candidate of fellowship of vocation. Tebogo and Bulelwa are Intercessors for the families. The participants are all prayer warriors. Being passionate in the Healing ministry of the church and the fact that they are all Prayer warriors brings to the fore an interesting subject that has been in the church for centuries-the subject of divine healing. All these people believe in divine healing and must have questioned why God was allowing such things to happen to them or to the people they were praying for.

4.3 Content of the experiences of participants

Nomhle, Thokozani and Nombulelo share bereavement due to series of death in their families. Nombulelo and Jabulile were frustrated that their offers to assist their siblings were not accepted. Tebogo was bitter to be a victim of violence in her marriage. Thokozani failed to understand why his father committed suicide. And Bulelwa was sad to watch her son morally perishing. All these people had to deal with illnesses of several kinds, emotional and physical illnesses and some had to watch in grief the death of family.

It is hard as a Christian to see life happening to you without it questioning your beliefs in an all-powerful and loving God. Experiences are different from one person to the other, but so are the ways people manage their experiences. There is often anger at God who according to victims did not show up on time to save the situation. More often than not, people do not see the value of their

suffering in the growth of their faith. Being prayer warriors and Christians, it must have reached a point in their lives when they remembered that patience is borne of adversity.

4.4 Effects of their experiences

4.4.1 Anger and trauma

One will be traumatized and angry because of his experiences and questions the love of God or even his power. One will want answers as to why God; who is known to be loving and caring could have allowed something like this to happen to them. It is even worse in the case of victims of emotional and physical abuse who have to continually deal with the abuse every single day of their lives. Some people will then doubt if God really hears them or even if he exists.

Mainly all the six participants displayed anger and some displayed trauma as well. Nombulelo was angry because of the lost opportunity to support her sister and was also traumatized to lose her sister, her nephew and the rape of her granddaughter intensified her anger. Nomhle was angry with God because he took all her parents, step parents as well and her sister and left her with huge responsibility of parenting her step siblings who were spoilt and also traumatized. Jabulile was angry with her sister who rejected her and is still rejecting her husband. Busi's behaviour to destroy herself makes Jabulile angrier. Tebogo's anger was directed to God and is now currently directed to the husband who emotionally abuses her. Bulelwa's anger was towards herself blaming herself for not being available for her son until late while she discovered that he was two years involved in taking drugs. Thokozani's trauma emanated from him losing his parents at a young age of 12 years. He was also angry that his father did not care to leave him at the age of 11 years. Bulelwa, Jabulile and Tebogo also presented with feelings of sadness to their family situation.

4.4.2 Loss of identity

Loss of identity among people who have suffered abuse is normal, especially those who have been abused in their marriages. It is borne out of the years and hard work they have put into their marriages, sacrificing their dreams and ambitions, which are then devalued by emotional and physical abuse. Having at one point in their lives seen this as a no-end war, most spouses being abused will lose their sense of being and see no value to living. Aggression in marriages is most likely to happen when one partner does not work and is seen as not bringing in any value to the marriage.

There are many other reasons that one person will emotionally or physically abuse the other but the factor that cuts through all marriages like this is lack of dignity in the other partner to prevent the abuse from going on. There is often a sense of low self-esteem in the spouse that is being abused that the aggressor is using against the partner. Spouses will most likely hang on to emotionally and physically abusive partners because of societal expectations, children, and the lack of education among others. Keeping in mind the value of marriage and the place of women in the African society, it is almost normal to find spousal abuse being regarded as normal in some communities.

Tebogo and Thokozani verbalized feeling of loss of identity clearly. It is assumed that Nombulelo, Jabulile and Bulelwa as well as Nomhle experienced loss of identity even if this feeling did not come out clearly from their mouths.

4.4.3 Helplessness

The feeling of helplessness is the one that gives birth to resignation. When one is not sure if his or her efforts will bear any fruits in fighting any challenge, the feeling that follows is helplessness. Those who do not seek help of friends, relatives and communities around them will most likely feel helpless. There is importance in seeking all kinds of help so as not to feel helpless. Feeling of helplessness came out clearly from all the participants.

4.4.4 Grudge

In the case of Thokozani and Tebogo anger has been coupled with grudge. Victims of violence will take a long time to forgive and forget their experiences. The feeling of grudge against the people who caused them physical and emotional pain is always there and is part of the healing process. It is not made any better by the fact that most of these aggressors will remain part of their lives for a long time. In the case of Tebogo, she bears a grudge against her husband, who is the father of her children. It will take some time to forgive and forget the experiences he had taken her through and the feeling of hopelessness that he made her have.

In the case of Thokozani it is the feeling of grudge against his father who committed suicide. To such people it is often because of the fact that they are left with tens of questions to answer for themselves. Thokozani will never know why his father committed suicide and will always feel that it was very selfish of him to end his life and leave the inexperienced Thokozani to take care of a family at a very young age. He must be attributing the challenges he had when taking care of the family to

his father, who would have prevented all this by simply looking for other ways of solving his problems rather than killing himself.

4.4.5 *Suicidal thoughts*

Thokozani and Tebogo had contemplated to kill themselves. Perhaps the only reason Tebogo and Thokozani did not kill themselves is the fact that suicide is considered as sin. For Tebogo, it must have been the combination of this and the fact that she had children. Whatever the reasons they did not commit suicide are immaterial in this case. However, it is more important to discuss the fact that they must have felt hopeless to their experiences and the lack of support from families and friends in their communities. For people who are up against a wall, suicide seems like the only way to end everything. It seems to them like the end to their pains and challenges but although it may be the end to their physical pain, it is the beginning of the emotional pain of others. Besides, it is against the bible to kill-even oneself.

4.4.6 *Shock, brokenness and woundedness*

We are human beings and much as we live in a world that we know is not perfect, we never imagine that anything bad of any sort will happen to us. This is part of human nature. This is the reason we are shocked when something happens to us and we lose the sight of the bigger picture.

Bulelwa was shocked at her son's moral degeneration. Bulelwa verbalized feelings of shock and brokenness. Tebogo, on the other hand, was shocked at her husband's abuse and perhaps stayed on in the hope that he would change. When he did not change, it caused her a lot of brokenness and emotional wounds.

Although other participants did not use the same terminology, it is imperative that they were wounded, broken and bruised emotionally by situations they found themselves in.

Emotional healing has been discussed above as one of the forms of healing in the church today. Part of the healing process of participants included spiritual and emotional healing, the coming-to-terms with the wounds and agreeing to let them go in order to heal and move on with life.

4.4.7 Fear

Fear is a crippling emotion. The fact that you do not know what is going to happen to you in a certain situation and that you do not expect anything good to happen could cause a lot of anxiety.

Feeling of fear was mentioned by Tebogo. She feared when her husband threatened to kill her if she divorces him. Tebogo did not know how to face her challenges and she feared what the community will think of her, what her family will think of her, her in-laws, her friends and so forth. She may have also feared what would happen to her children and how she was going to support them on her own. Thokozani must have feared what was going to happen to his family in the absence of his father. There is a possibility that feeling of fear might have paralysed the other participants too although they did not verbalize it.

According to the scriptures, while there is a lot of wisdom in the acknowledgement of challenges in our lives, there is no benefit to be crippled by fear while we have God who can take care of all our needs. Due to their different fellowships with God and other Christians, these participants were able to get over their fears and move on with their lives. Scripture verses that talk about fear include: (1 Peter 5:7) which says, "Throw all your anxiety upon Him, for His concern is about you." (*MLV BIBLE*) and (Philippians 4:6-7) "Entertain no worry, but under all circumstances let your petition be made known before God by prayer and pleading along with thanksgiving. So will the peace of God that surpasses all understanding, keep guard over your hearts and your thoughts in Christ Jesus." (*MLV BIBLE*)

4.4.8 Rejection, loneliness and pain

The pain of loneliness and rejection is part and parcel of being human since everyone expects to be accepted by the people they love. When someone abandons us like in the case of Thokozani's father who committed suicide, it is normal to feel lonely and some pain comes in as well. Thokozani felt the pain, loneliness and rejection by the father who decided to commit suicide. He also felt isolated and rejected by his current relatives who could not come into terms with his born-again concept. The decision we make to be born-again may cause many friends and relatives to abandon us since we no longer share the same interests and values. Some may use this opportunity to mock the new Christians to see how long they can hold on to their salvation.

Being ignored by friends and relatives when one is going through a difficult phase in their lives is one other cause of loneliness and pain in someone's life.

The same rejection and loneliness is present among spouses who experience spousal abuse, as in the case of Tebogo. Tebogo felt lonely when her husband could not give her freedom of allowing her to accommodate her friends in her life. The pain of a mother, whose son is out of control, was felt by Bulelwa who also felt that there was no one who could help her with what she was going through. Bulelwa felt that her son Ntsikelelo rejected her and also felt lonely hence she did not believe if there could be even one person who could understand what she was going through. It can be very hard to trust again when you have dealt with rejection at a certain point in your life. We are human beings and we will expect people to hurt us just because others in our past have hurt us. Rejection brings about loneliness, which is made worse by the fact that one is grieving because of a certain loss.

Jabulile felt rejected and lonely when Busi, her sister directed her attention to her friends rather than to her, instead Busi ignored Jabulile. Nombulelo felt rejected by Nozipho her sister who could not accept her offer to support her until she passed on. All the above mentioned participants have been said to be prayer warriors and participants in the activities of the church. This must have played a huge role in their coming out of their loneliness, rejection and pain.

4.5 Landscape of identity

4.5.1 *Patience and Love*

Nombulelo learned to be patient with Nozipho her sister as she loved her. Jabulile was patient and is still patient with Busi her sister because she loves her; she loves her so much that she does not want to see her perishing. Bulelwa could not give up on her wayward son because she loves him. Tebogo tolerates to stay with her husband because she loves her daughters. Nomhle was patient with her step siblings to the point of sacrificing her health because she loved them.

Despite the challenges of life that they have had to go through, these people learnt to be patient and to love, which according to (Galatians 5: 22) are some of the greatest fruits of the Holy Spirit. The scriptures talk about love in many of its verses, but none of it sums it up like (1 Corinthians 13:1-8) in saying, "I may be able to speak the languages of human beings and even of angels, but if I have no love, my speech is no more than a noisy gong or a clanging bell. I may have the gift of inspired

preaching; I may have all knowledge and understand all secrets; I may have all the faith needed to move mountains but if I have no love, I am nothing. I may give away everything I have, and even give up my body to be burned - but if I have no love, this does me no good. Love is patient and kind; it is not jealous or conceited or proud; love is not ill-mannered or selfish or irritable; love does not keep a record of wrongs; love is not happy with evil, but is happy with the truth. Love never gives up; and its faith, hope, and patience never fail. Love is eternal. There are inspired messages, but they are temporary; there are gifts of speaking in strange tongues, but they will cease; there is knowledge, but it will pass" (*GOOD NEWS BIBLE*). All the participants in the research proved to be people who had received the love of God and therefore eager to impart it to their siblings, sons and parents. Although some beneficiaries of this love did not show much appreciation, there were moments they appreciated it. Love has been an outstanding landscape of identity of all the six participants.

Patience and love are virtues that go together, virtues without whose application none of these participants would have gone through their trying times.(1 Thessalonians 5:14) talks about the virtue of patience in the following way, "We urge you, our friends, to warn the idle, encourage the timid, help the weak, be patient with everyone" (*GOOD NEWS BIBLE*). The same is the case with (Colossians 3:12-13) as it says, "You are the people of God; he loved you and chose you for his own. So then, you must clothe yourselves with compassion, kindness, humility, gentleness, and patience. Be tolerant with one another and forgive one another whenever any of you has a complaint against someone else. You must forgive one another just as the Lord has forgiven you" (*GOOD NEWS BIBLE*). Compassion and patience therefore, which are ingredients of love, came out very strong in their journeys of pain. Hence the researcher is persuaded that love is the source of creation and recreation. An ingredient of love that came out strongly from the participants was patience. It would be easier to give up the struggle and give in to the situation if any of the participants did not have patience. Since this relationship is two way we, human beings, are bound to display love and patience because God is so patient with us that he tolerates our nonsense and not treat us as we deserve but bestows his grace upon us, we are bound to display this emotion.

4.5.2 Care and compassion

The service of caring emanates from love. It is the service which comes from the living heart of God, therefore is of divine origin. It is the value which is close to God's heart. The caring attitude and gesture displayed by the participants reminds the researcher of the parable of the Good Samaritan recorded in scriptures (Luke 10:30-3). The Good Samaritan's world view was limited to caring service with no political prejudice. The researcher is wondering what kind of the world would we have if all

people would embrace this value of caring. Would there be any inequality in distribution of economic resources? Would there be any greed and corruption in the country? Would lack of service delivery in all governmental and some private sectors be a burning issue? Would the difference between the have and have-not be as huge as it is currently? Would there be such a huge reservoir of violence, abuse, subjugation, crime, rape, intimidation, murder and many other atrocities? God's vocabulary is limited to caring versus human beings vocabulary which is mixed with caring and 'I don't care' utterances. The entire world in general and South Africa in particular is faced with the challenge which demands a turnaround strategy.

Participants in this research study need to be affirmed, encouraged and be motivated to spread the gospel of caring to the wider community and to the society.

Participant's conversations generated several new meanings regarding compassionate caring and spirituality, especially that compassionate caring lies at the heart of an ethical spirituality. Several meanings regarding caring emerged in the conversations with the participants.

One example is that not all caring efforts are experienced as such by the recipients. Nombulelo, Bulelwa and Jabulile described a time when their caring efforts had not been appreciated.

4.6 Unique outcomes and re-authoring of stories

Thokozani developed to realise how privileged he was to have seen his parents before they died. He sees it important to express his appreciation for having family members who care so much for him that they provide him with academic and other needs as well as necessary support. He then sees it important to let life go on. Nombulelo found consolation with the fact that Nozipho had gone home to Eastern Cape for the purpose of making peace with those she was not in good terms. The fact that she was hard working, neat and loving to Nombulelo's children left Nombulelo with good memories. The support she received from the church community before and during the funeral service strengthened her a lot. Nomhle appreciates the support she received from her sister, her aunt, social workers, psychologists and the Christian community of concern. She then found herself empowered by these unique outcomes. Jabulile was more than delighted to see Busi, her sister, visiting her and spending quality time with her. Tebogo was lost in wonder to see her husband pitching up in church after a number of years he had not attended church service. Although there is not much freedom vibe in the house, she is able to adapt most of the times. In the midst of loneliness, shock,

helplessness and confusion as well as trauma, Bulelwa still felt compassion for her son and therefore maintains hope.

4.7 Survival Kit

Fellowship with God and with other Christians is the major strength that these people relied on in their suffering. Due to fellowship and community support rendered to these people, they went through their experiences of sadness, anger, loneliness and rejection and came out stronger.

The need for fellowship in Christianity has been emphasized many times. The bible has placed a special emphasis on fellowship among Christians. This is mainly in the books of the bible that were written by Paul. In (1 Corinthians 12), the scriptures have placed emphasis on fellowship and the fact that we need each other.

The fact that there are many different gifts but the same Spirit implies that no one can function alone; that there is need for fellowship among people who are born-again. (1 Corinthians 12:4-11) mentions this fact as it says, "There are different kinds of spiritual gifts, but the same Spirit. There are different kinds of service, but the same Lord. There are different kinds of working, but the same God works all of them in all men. Now to each one the manifestation of the Spirit is given to the common good. To one there is given through the Spirit the message of wisdom, to another the message of knowledge by means of the same Spirit, to another faith by the same Spirit, to another gifts of healing by that one Spirit, to another miraculous powers, to another prophecy, to another distinguishing between spirits, to another speaking in different kinds of tongues, and to still another the interpretation of tongues, all these are the work of one and the same Spirit, and he gives them to each one, just as he determines". (Ephesians 4: 1-6) expresses the need for fellowship as well by saying, "As a prisoner for the Lord, then I urge you to live a life worthy of the calling you have received. Be completely humble and gentle; be patient bearing with one another in love. Make every effort to keep the unity of the Spirit through the bond of peace. There is one body and one Spirit – just as you were called to one hope when you were called – one Lord, one faith, one baptism, one God and Father of all, who is over all and through all and in all". According to the word of God, Christians must fellowship with one another if they are to function as a unit. The church has been portrayed as a unit, which must move and function together if anything is to come out of it. This means that Christians should practice unity even with diverse cultural differences amongst them.

For all the participants of this study fellowship is what worked out as a survival kit. They all practised it in one form or another. Jabulile's gift of singing in worship and praise is able to lift her morale up. As for her multi-activities in church, give her no time to stress over her experience. Above all, her faith in God keeps her going. Although Bulelwa was traumatized, sad, helpless and shocked, she did not disown God instead she committed all these to him. Nomhle's intense prayer life and steadfast trust in God made her to survive trauma and all other painful experiences. Thokozani found courage when he came to know Jesus as the Lord and Saviour. Christian community of concern's support to Nombulelo resulted in her gaining coping mechanism. Nomhle found support in the assistance offered by her friends and family and coped well with the spoiled kids.

All six participants had not let suffering, pain, depression, anger, sadness, loneliness, loss of identity and rejection completely taken over their lives because each one of them worked hard to fight the situations which each one finds herself or himself in. They all have found a way out of their troubles because of their fellowship with God. There is more to fellowship with God than human beings dare to understand.

There were many times in scriptures when Jesus Christ had fellowship with God the Father. At the time when he was almost being arrested in the garden of Gethsemane, he went aside to pray alone; at the moment of agony, he had fellowship with the Father. During the transfiguration when Elijah and Moses appeared to him to minister to him, he was in the process of fellowship with the Father. During the last Passover when Jesus was having supper with the twelve disciples before his betrayal, he was in fellowship with them. He had washed the feet of his disciples in (John 13:5-9) in this way; he was showing servant-hood in fellowship. One will not have a personal relationship with Jesus if he does not allow himself to be washed clean by the blood of the lamb. All the participants of this study have lived fully as Christians as they started to understand how to have a relationship with the Lord, Jesus Christ and the Holy Spirit.

At a first consideration, all of us should have to question our belief in the existence of God before we can believe that we can have fellowship with him. There is no need to go any further than here if you do not believe in the existence of God and the fact that he can talk to you and have a relationship with you. Tebogo expressed her pain in this way, "I lost my identity and he did not want me to have any friends, I doubted God's existence and I did not attend church services for two solid years". This showed she lost trust in God and if you don't believe Him you can't think of being in fellowship with Him. It is only when Tebogo started to trust Him she found relief and solutions to her problems. In

essence, you do not need to go past (Genesis 1:1) when you are reading this because this is the verse that gives a personality to God, meaning that it gives him the ability to communicate and the power to give life to every possible living creature on the planet.

This is the verse that states that God created the earth, which in the beginning was a formless wasteland full of darkness. If we believe in the power of God to make earth and to command light to come unto the earth, we believe in his power to create and in his power to have a relationship with mankind since he was able to have a relationship with Adam and Eve, the first human beings.

The scriptures have mentioned that fellowship with God is possible in (1 John 1:3) they say, "What we have seen and heard we announce to you also, so that you will join with us in the fellowship that we have with the Father and with his Son Jesus Christ" (*GOOD NEWS BIBLE*). We can have this fellowship by trusting that Jesus is the saviour that was being talked about by the prophets of old. We also have to trust that he came to the world; born of a virgin and suffered for our salvation. In essence, we have already been redeemed and saved and reconciled with the father. This has been strengthened by verses in the bible like (Romans 10:9-10) by stating, "If you confess with your lips the Lord Jesus and believe in your heart that God raised him from the dead, you will be saved. For with the heart one believes so that he is made righteous, and with the mouth confession is made for salvation" (*MLV BIBLE*).

True fellowship starts when one comes to know the saviour personally as in the example of Thokozani who found courage when he came to know Jesus as the Lord and Saviour. Another thing in the context of fellowship with God which proves to be a survival kit for the participants was their focus on their relationship with God. Some of them have lost the priority and stayed away from the benefits of fellowship in the start of facing troubles in their lives but later on when they recognized it they were well ahead in reaping the benefits. This is a fact that our different priorities have caused Christians to have little time in fellowship with their God, which is not good at all. We are obsessed with other things in the world, which in comparison with God's business does not help at all. This is the main reason we do not know how to fellowship with God and when we think we do we do not allocate enough time to it. We have become distracted in our mission to serve God and humanity and to have a strong bond with Him and his fellow-men. Bulelwa, for example, was pre-obsessed with other pursuits in life that she not only lost sight of her son but most importantly she even didn't cherish her relationship with God. But later on when she found no doors open and being at the verge of hopelessness she was drawn to God and found the power in prayers.

Jesus himself pointed out this loss of priority amongst Pharisees, whom he said were forgetting the most important aspects of fellowship with the Lord; justice and mercy. What he meant was that while the physical aspects of the law were good enough, there was nothing better than paying attention to the spiritual issues. Christians need to be keeping busy in the fellowship with other Christians rather than increasing their physical boundaries. We should never neglect the reason why we have been called, to preach the gospel and to increase the number of converts.

Jabulile was right at using her gift of singing in worship which not only helped her cope with her situation but was a way of offering relief to many other fellow-believers. Her involvement in multi-activities in church gives her no time to stress over her experience and this fellowship with God and serving of other Christians has proved to be the survival kit for her.

The above given analysis proves that there exist a relationship between fellowship and Christian healing, whether it is the fellowship with God or its people.

CHAPTER 5:

INTERPRETATION AND RESEARCH EVALUATION BASED ON RESEARCHER'S VIEW

This section will discuss various issues and situations that arose while conducting this research. Appropriate discussion and interpretation is provided for each recognized issue and situation.

5.1 Women domination in the study

Earlier on it has been stated that when invitation was openly extended to the congregation, only women responded and took the advantage of the opportunity to be included in the research project. One man came up late and that too from another congregation. Below given paragraphs will discuss why only women came up and what could be the possible reasons for women domination in the study.

It should be realized that the social construction of gender creates in people a self-image of who they are as females and males and how they should behave. Society plays a major role in developing this social construct. Most of the time it has been recognized that the above discussed perspective of having a self-image and an image imposed by the society often leave women sensitized about "Who they are" and activates women's entire experience of femaleness in the society. The human rights charter has exposed the subordinate position of women in most cultures. Philpot, Brooks, Lusterman & Nut (1997:14) draw a vivid picture of the situation of women as, "women were expected to be more submissive, less independent, more neurotic, more emotional, less adventurous, more nurturing, less achieving and more excitable than men".

In Africa too, this status is not much different, however, many women are coming to workforce and starting to identify themselves as independent individuals seeking liberation. Due to their academic standard, female participants have grasped the need to grab the opportunity which may give them exposure to liberation. The researcher very much agrees with Lamprecht (1996:1) in citing, "gender roles are changing and that the patriarchal system no longer has to play a role in gender identity". Nevertheless, the fact that change does not happen overnight should be put into consideration as a women oppression system has a very long history and has been in practice for decades. Women by

nature are caring; however their contributions and efforts were not recognized. Most of the cultures are male dominant and the stories of women were never located in a broader social context. The aspects of the dominant culture which sustained and supported the religious and patriarchal discourses which affected women's everyday lives were made invisible. It is of great significance that women have to learn to see their own experiences as normative; they should learn to value their feelings as good and healthy and must not compare them to a false consciousness measured against a 'norm' which does not accept their experience. They can contribute and they should know and believe this.

Bouwes (1996:95) in an *A to Z Feminist Theology* gives some accounts of women's contribution. Bouwes tells of Saunders Cicely who founded St Christopher's Hospice in South London, where extensive palliative care for terminally ill cancer patients has been developed. Something special about this hospice is the fact that patients receiving care, often experience healing in that they feel more whole than they have ever before in their lives. It has been observed that this experience of healing happens in sharing between patients and staff. It has been further observed that patients have an active role in deciding on the treatment they receive and it is accepted that being healed can mean dying.

There are many roles women play in society; she is daughter, sister, wife and mother. Let's take the example of mother to clarify the situation. Women are always ready to accept the role of mothers. To clarify mother's role, the researcher expatiates the following acronym for 'Mother'.

- M – stands for a motivator
- O – stands for an organizer
- T – stands for a teacher
- H – stands for a healer
- E – stands for an entertainer
- R – stands for a restorer

Elaborating on this acronym

M – It is the mother who motivates man and children by taking care of their needs holistically at home, may they be physical, spiritual, economical, emotional and psychological.

O – Daily routine of running the home is organized by the mother.

- T – It is common that the mother sees it important to teach children life orientation with regard developmental stages, experiences, spirituality and others; above all, mothers take initiative to assist children in their school work.
- H – When any member of the family is not well, it is the mother who takes initiative to find ways to remedy the situation.
- E – In special community events, it is the mother who entertains, for instance in churches mother's union is always ready to prepare meals for these events.
- R – In restoration in many aspects women play an outstanding role, especially in reconciling the family members.

Another fact which is worth explanation is the presence of the only man in the research study later on. The researcher assumes that Thokozani identifies himself greatly with women. The rationale behind researcher's assumption can be explained in the following manner.

- By virtue of himself identifying with the mothers union in church.
- By virtue of himself seeking motherly love and recognition which he had missed from the age of twelve years.
- By virtue of his caring and prayerful nature.

Women are known as prayer warriors. If the participants could be given more opportunities to tell stories of their experiences and if they can be empowered to tell these stories to the community, many can come forward and healing can be reasonably achieved.

5.2 Intimidation, violence and rape

Other elements that came out of the research other than fellowship and healing

(The main subject areas) were the feelings of intimidation, violence and rape

. McBride (1996:229) in *A to Z of Feminist Theology* argues thus, "violence as brutality force, destruction or the unjust use and abuse of power is pervasive at all levels of society". Intimidation, violence and rape that resulted in Tebogo's contemplation of suicide, death of Nombulelo's nephew as well as rape of her granddaughter remind the researcher of the words of Appelt, Thandi and Roux (2002:99) in *Ethical Ways of Being*, saying,

"South Africa has a large reservoir of stories that can be told by people who have experienced trauma – the trauma of tragic loss, of being victims to violence, rape, extreme poverty, abuse, divorce, homelessness, and forced removals of torture.

This indicates that theology in South Africa needs to be placed in the context of a country suffering from violence: violence and criminals are placing the lives of many South Africans in fear and uncertainty especially violence against women and children.”

Ackermann (1998:76) proposes, “Feminist practical theology embraces this context of suffering and violence when it turns towards stories which tell of the experiences of women, children and all marginalized people”. Ackermann (1998:80) argues that healing should be placed at the centre of feminist practical theology and that it may not be understood as merely an individual quest for personal healing. Feminists know that personal and political cannot be separated. To place an individual story in a social or collective context, McClean (1997:114) states that a dominant discourse in society is that to be ‘masculine’ a male has to show strength and control through power over others. Often this power may be displayed through violence and abusive behaviour. Graham (1998:14) argues that feminist practical theology starts with experience and attempts.

In the light of the experiences shared by the participants, the researcher of this study identifies some of the questions regarding pastoral care that Pattison (1994:59) explores:-

- Do we see pastoral care too narrowly, for example, as an individual focus activity to the exclusion of social and political factors?
- Is it appropriate to see pastoral care as a social and political activity or as having these dimensions?
- What could it mean to give primacy to the social and political dimension in pastoral care?

These questions leave us wondering even further on the issue. Njoroge (2001:78) co-searches, within African context of violence that affects women and children the most, with the biblical female figure of Rizpah. “Njoroge travels with Rizpah in search for a spirituality of resistance, which can lead us to engage in restoring our human dignity and respect for life” Dube (2002:14). Learning from Rizpah, Njoroge (2001:80) argues for a spirituality of resistance and transformation. Saying, “A spirituality of resistance and transformation demands that we share the good news of the possibility of new life in the presence of death here and now. It is a spirituality that invokes a passion that believes positive change is possible. Passionate commitment is needed whereby we are not afraid to try new ways of relating to neighbours and our enemies.” The researcher agrees with Njoroge

(2001:181) in that we must rise to say 'No' to all life destroying activities in our homes, churches and societies.

5.3 Pondering upon the participants' ages

The fact that half of the participants were of the same age need to be explored further; moreover most of them belong to an age group which is known to seek new adventures in life as is known that mature people are always seeking new experiences and they believe in experiencing than in reading or being taught. Similarly, it can also be suggested that they are mature enough and had generated profound experience in life and they can therefore not miss the opportunity offered to them.

The participants belonging to mature age group were Nombulelo, Bulelwa and Jabulile. They were 52 years of age which is a mature age and which is coupled with expectations of the society to be responsible enough to care for the children, siblings and spouses and play the role of being the mothers. Nomhle was 43 years at the time of the interview but while she had to take over the responsibility of parenting bereaved and spoiled step siblings she was only 24 years old. It was then not easy for Nomhle as she was trapped and caught up in a situation which forced her to grow before normal time. Tebogo was 36 years old and is already a mother of two children and was also forced to reach maturity before time.

The youngest participant, Thokozani was only 21 years old. He has also been forced to grow before time at a very young age. Suggestion can be made that Thokozani's father would have been saved from committing suicide if he had been offered an ear to listen to him. Observation has also been made that if Thokozani did not embrace faith in God and high spirituality, he would have followed suite and killed himself. The fact that suicidal thoughts and actions are becoming a trend in the family and a family curse, as is witnessed in the case of Thokozani, it is therefore not negotiable that preventive and promotive health measures should be seriously considered; it is undoubtedly the need of the time.

5.4 Death stories

In the stories presented in this study death is a common factor found in almost all stories and why not it is a bitter reality of this life and hence needs interpretation as well. In most instances, death is an unwelcomed guest by the dying but mostly by those remaining behind. It also comes at any-time to anybody of any age and in anyway, so, it does not have a formula. There is so-called natural and

unnatural death and we sometimes do not know where to draw line between them. Death is decided and whether natural or unnatural it has to happen. Although sometimes death is beyond our control, the community still has a huge responsibility to prevent and to curb it. There are plenty therapeutic measures which can be considered. Among all these therapeutic measures, telling stories is one of the measures singled out by this study.

There is a need to open platform for people to allow them tell their stories and their experiences so that they may not feel left out and can ask for help when they think the burden is too much to be borne alone. If, for instance, Thokozani's father had been offered a platform to tell his painful story, he would probably not have killed himself. Similarly, support from the community of faith sustained Thokozani and helped him change his mind from killing himself. Moreover, Nozipho, who is Nombulelo's sister, would perhaps have her life span extended if she had considered a support group.

Another side of the death stories consists of those who remain behind, having been grossly affected by the series of deaths in the family. It is without any doubt that feelings of sorrow, grief, resentment as well as antagonism overshadow their hearts. For example, Thokozani, Nombulelo and Nomhle had a long walk to come to terms with these series of deaths. It is then of vital importance to assist and support the grieving by understanding and normalizing grief by expressing the fact that it is fine to grieve. The community of faith then needs to step in and instil hope. Borrowing from *Training for Preaching Series (NO.6 43)* "the virtue of hope directs our view towards the divine, towards the eternal, towards God, that is why it is called a divine virtue". The divine virtue of hope became the centre of attention for Nomhle, Thokozani and Nombulelo's lives aimed to direct their efforts towards God and eternal life. In the light of participants' resilience sustained by hope, the researcher sees it suiting to consider exploring a theology of hope further.

The theology of hope reminds the researcher (1 Corinthians 13:13) when St Paul says, "Meanwhile these three remain: Faith, hope and love and the greatest of these is love" (*GOOD NEWS BIBLE*). *The Message* translated this verse as follows: Trust steadily in God, hope unswervingly, love extravagantly Peterson (2002:2086). The value of faith came out clearly from the participants. This value has been captured also in the New Bible Commentary (Revised) with regard Job's reaction to affliction as it is stated that, the loss of possessions had not entailed the loss of faith... Grief might change his appearance: it could not cheat him of the consolation of faith. Likewise experiences of the participants had not entailed loss of faith.

All the participants in the research claimed that they had not let suffering, pain, depression, anger, sadness, loneliness, loss of identity; rejection and violence completely take over their lives because each one of them had a part to fight the situation.

5.5 Community life

In interpreting the role of community in the participants' life it can be affirmed that the community is the main cause of the participant's resilience. This type of scenario shows clearly how we all need fellowship. The most visible and immediate impact of the teaching of Jesus on his followers was on their attitude to property. (Acts 2:44) tells how strong their fellowship was. They lived as a community

- Firstly, it was a community of prayer and worship.
- Secondly, it was a community in which the members loved and cared for one another.

The celebration of the Eucharist was at the centre of their worship of God and the service of one another. Even on a human level we have a deep need for community.

Loneliness is a major complaint today and the only way to eliminate loneliness is by accepting others and living as a community. We also need community as Christians. We need a support system to sustain our faith, hope and love. We need a community or small group, in order to be able to survive. One of the greatest mistakes Thomas made was to cut himself off from the other Apostles, that is, from the community. In his doubt and grief, he walked alone. It was only when he re-joined the community that he found faith again. To be a believer, or just a spiritual person, in today's world can be a lonely business. With the help of the community we are able to resolve our doubts and sustain our faith. Community is an essential part of Christian witness.

5.6 Research evaluation as per the researcher's view

Now when the topic is well researched and interpretations have been made, it is very important to evaluate the research with regards to the topic. In evaluating the research, the researcher has borrowed guidelines from the *British Journal of Occupational Therapy* (April 2002:177). The framework of guidelines provided in the journal for evaluating the research is presented below:-

- The appropriateness of the study method
- Literature review
- Study participants
- Data collection methods
- Length of time spent in the field work
- Presenting participants' perspective
- Attention to power relations
- Reflecting team and researcher's role
- Data analysis
- Study conclusion

The research study will be evaluated based upon the 10 criteria given above.

5.6.1 The appropriateness of the study method

McLeod (1994:1) declares, "In counselling and psychotherapy systematic research can make a vital contribution to the quality of service that is offered to clients". However, the focus of this research study is on the achievements following fellowship and its focus is also on pastoral therapy.

Definitely, this study will increase the awareness of the importance of the role of fellowship in healing, specifically Christian healing. McLeod (1994:2) stipulated some of the reasons for carrying out counselling research as gaining a wider perspective, accountability and developing new ideas and approaches. He further realizes that innovations are generated by practitioners and then subsequently evaluated by researchers. No doubt, the researcher too learned a lot in interacting with participants. The context of their stories was definitely an eye opener for the researcher as well as for the fellow participants in the group.

McLeod (1994:9) identifies the driving force of research as the area between knowing and not knowing. He continues saying, "something is known but it is not enough" hence there is a need to carry out the research in any specific area i.e. to fill the gap between the known and the unknown. McLeod explanation suites the foundations or basis of this research where the topic has to be researched and proved either wrong or right. The project is researcher-driven and as mentioned earlier on the researcher has witnessed the consequences of patients and potential patients' loneliness. Therefore the researcher is further prompted to research on the possibility of the turnaround strategy from the parishioners who had benefited from fellowship.

There are various types of research. Qualitative research employing narrative metaphor was used for this study. Denzin and Lincoln (1994:2) offer the following definition of qualitative research, “Qualitative research is multi-method in focus, involving an interpretive naturalist approach to its subject matter”. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring them. The researcher of this study also tried to make meaning of the stories of the participants in their setting. With regards to the narrative metaphor, Mclean (1997:1) believes that, sharing stories requires a story teller, an audience and a context of historical, social and cultural factors. This research study also has these elements in having a group of six participants acting as an audience and each participant was given an opportunity to tell one’s story to the audience; the researcher was also a part of the audience. Family and religious contexts influenced participants in telling their stories.

According to McLean (1997:17) the narrative metaphor claims that individuals live their lives by stories they tell themselves. McLean (1997:17), quoting Epston et al (1992) continues asserting that rather than simply a reflection of life’s experiences, these narratives are thought to be shaping and structuring one’s life and therefore constitute meaning and experience. The platform which was given to six participants to tell their stories motivated them to realize their strength and level of their spirituality so that they grow from one degree to the higher degree of discovering their inner reserves.

The significant feature of this research study is that it was participatory. Herholdt (1998:24) defines participatory approach to practical theology as practised against the backdrop of the post-modern paradigm that sees theology as a commitment to participation which goes beyond doing theology. The researcher agrees with Roux et al (2001:64) in saying, “Within this approach I see practical theology practice done by all people grappling with an understanding of the presence of the spiritual, holy, ‘other’ or God in our human circumstances. Participatory research is a form of qualitative research that challenges the traditional notion of the researcher as the expert and blurs the boundaries between ‘researcher and researched’”. According to McTaggart (1997:28) authentic participation in research means sharing the way research is “Conceptualized, practised and applied to the lived world, thus implies ownership of knowledge, instead of just participation”.

In the light of McTaggart’s statement, this research can be evaluated in that the participants received the entire information from the introduction, during the process and up to the recording of

stories. They also shared their knowledge as much as they wished. They were also impressed to benefit from the academic research. The fact that they willingly participated in the preparation of the final conclusion and completion of research study, the research can surely be deemed as following and ensuring authentic participation. All the participants were promised to be given the copies of the entire research.

5.6.2 Literature review

As mentioned earlier on, studies on healing only refer indirectly or vaguely to the Role of Fellowship in Christian Healing. Mouton's book (1996) and many other collections were utilized for unpacking research methodology. Kotzē's et al (2002) was considered to reflect on the narrative metaphor. Yancey's (2006) book content was referred to, to unpack spiritual and emotional healing. Also from within several books referrals were extensively considered. Warren's (2002) book which is not an academic book in itself, other literature and many other books were referred to for learning about fellowship.

Some journals, booklets, scriptures, prayer book, manuscripts as well as bulletins were used as references.

5.6.3 Study participants

Participants were invited from a religious sphere which was in Christian perspective and church context in the Anglican Church of Southern Africa. Following negotiations with the rector at St Mary's Chapel on the Limpopo in Parktown, an open invitation was extended to the congregation, inviting those who would be willing to be included in the research study. Only eight women came forward. One woman amongst the eight passed on before she could tell her story. The other one could not be included in the study as her story was not relevant to the study instead she has been promised to be offered an opportunity later on as she needed therapy. The further two could not continue their participation in the study due to work commitments; hence the researcher was left with only four participants. Later on, two members from St Mary's Johannesburg Cathedral Anglican Church of Southern Africa were contacted to be able to give authentic representativeness. One was a women and the other one a man. These two willingly agreed to participate in the study. After the two participants gladly accepted the invitation were added to the remaining four to form six participants. However, these last two participants from St Mary's Johannesburg Cathedral Anglican

Church of Southern Africa did not participate in the discussion sessions but each one came during her or his time to see the researcher at St Mary's Cathedral offices.

Prospective participants were given informed written consent to go home with, to reflect on it and give their consent in writing to indicate their willingness to be included in the research study. It was stated that confidentiality will be reasonably considered. However it was clearly explained that complete or total confidentiality is not possible as the document will be evaluated by the supervisor, university panel and published in the university journal. The safer way to ensure reasonable confidentiality was not to use real names of participants. Participants were tempted to extend the invitation to the church members who needed therapy. The researcher explained further the purpose of the research. As for participants age, it was a co-incidence that half of the participants were of the same age; 52 years and the other three participant's age ranges from twenty one to forty three years.

5.6.4 Data collection methods, processes and documentation

On 17 January 2010, after negotiation with the rector of St Mary's Chapel on the Limpopo in Parktown (Johannesburg), the researcher was given platform to explain the research to be undertaken. The researcher then invited those who were willing to be included in the research study. Eight women came forward. Written consent forms were issued to the prospective participants to take home so as to reflect on them. They then brought back written consent indicating that they were willing to participate in the research study. On 07 February 2010 after the church service, it was the first day of meeting for sharing. Eight women participants gathered at the chapel hall. The researcher then introduced the purpose of gathering and asked participants to give a brief biography of themselves. This was just an ice breaking approach. The researcher asked for permission from the participants to capture the interview in the voice recorder and also take notes as to be able to verify later what they said.

The participants gladly accepted the idea.

Then the participants were requested to share their stories. Nombulelo came forward and started to narrate her story in the presence of the other participants who along with the researcher formed an audience. The researcher did not pose any leading questions in the conversation rather only asked questions in response to what the participants shared and that too just for clarification and to indicate that the researcher was listening. The fellow participants gave their comments which were

affirmative to Nombulelo. Nomhle followed and told her story. Same procedure was followed by the researcher i.e. to record the narrative and to ask questions when something is unclear. The session was then closed for the day with grace. On the way back to their residential places, Nomhle remarked to the researcher like this, 'You are a blessing to us, sisi Monica'. This gives the idea that all the participants enjoyed the session.

On 21st February 2010 next session was organized. However, this time only four participants were available. Nevertheless Tebogo and Jabulile shared their stories with the audience. Upon remarking on the stories, all the shared stories were found to be stories of success although differing in extent of resilience. Although these were stories of success, the group realized that there was still a need to uphold Tebogo in prayer. The session was then immediately closed with prayer and grace. The researcher remained behind with Jabulile to assist her tidy up the place. As she was locking the church gate she exclaimed thus, 'Thank you very much mama Monica'. This gesture confirmed that participants enjoyed the session.

5.6.5 Follow-up interview

On 07 March 2010 the four participants who had shared their stories met with the researcher at the chapel hall of St Mary's I on the Limpopo in Parktown. They also invited three more members whom they had identified to be in need of therapy so that next time they can join narrative therapy group session. The researcher was not sure if this was a good idea with regard to ethics and confidentiality. However, upon checking with the participants if this addition would not intrude their territory they all were found comfortable to allow new members into their mist. For the effectiveness of the research, the researcher decided to allow the willing members from St Mary's cathedral Anglican Church of Southern Africa in Johannesburg City to be part of the research. Bulelwa came to the Cathedral office on 16 March 2010 to tell her story of success. Thokozani also came two weeks after Bulelwa to tell his story. The researcher subsequently went through the document of their stories and also allowed them to check, to review and edit wherever required. Comments and corrections were then included in the report.

The following and the last meeting was to allow participants to express their feeling about the journey all the participants and the researcher have taken together. They were all intrigued and delighted to have been included in the study.

5.6.6 Letter writing

McLean (1997:88) identifies Madigan & Epston (1995) considering letter writing campaigns as the means to help individuals re-remember unique aspects of their lives by documenting alternative versions of the individuals' lives by recruiting other people to assist in this re-remembering process which helps to counteract the problem story. It is for that very reason that the researcher sent letters to the participants as a follow-up strategy. According to Epston (1994:31) letters can be powerful tools for re-authoring lives. Epston (1994:33) continues asserting that words in a letter don't fade and disappear the way conversations do: they endure through time and space, bearing witness to the work of therapy and immortalizing it. Epston (1994:37) goes on asserting, "Some things that he finds difficult to say to client's face, he can write a letter and some that are painful to hear are more easily absorbed when they are read". However there can be slight disadvantages if the motive is not good.

The dean in the researcher's church disagreed with the notion of a suggestion box. He perceives this notion as revealing tension and communication breakdown in a family when family members are not free to talk to each other. It does happen that some or most of the suggestions in the suggestion box are flooded with complaints. However, this is not what Epston refers to. He says letters can be powerful and this implies that they are not always powerful. The impact of these letters depends mostly on the extent to which the therapist is skilled; they will then be able to extend conversation. The participants in the research study were very excited and delighted to receive letters from the researcher. However, the researcher is looking forward to see them in the future being able to respond in writing though the researcher did not want to coerce them to do so.

5.6.7 Length of time spent in the field work

Time spent in the field work is approximately nine months including follow up letters and telephone conversations.

5.6.8 Presenting participants' perspectives

Participants' perspectives were presented in the form of the statements they said. These were recorded as direct speeches and in a verbatim form. For instance Jabulile said, "Kanti uNkulunkulu uyawuva umthandazo" meaning that "is it true that God listens to the prayer?" Nomhle, while expressing her feelings said, "I don't know how I can explain, my mother is dead and my sister is

dead, what people said about my mother when I was even young I did not like, I did not want to hear negative things about my mother". Nombulelo would express her appreciation for her sister Nozipho's hard work thus, "Her hands were indispensable and she would work without reservation". Tebogo expressed her pain in this way, "I lost my identity and he did not want me to have any friends, I doubted God's existence and I did not attend church services for two solid years". While her son was wheeled from the operating theatre Bulelwa arrived at the hospital and expressed her response to the situation thus, "I could not ask any questions, I just commanded God to watch over him". Thokozani expressed his feelings in the following manner, "I felt lonely, sad, angry, my heart was very sore".

All the interviews were participants' perspectives. Elaborating on participants' perspective further it can be said that the coping mechanisms which they all acquired emanated from the support from the community, friends and family. Their steadfast trust in God gave them more support to be resilient. The narratives were great. However, the researcher expected or hoped to hear concepts like salvation by grace, forgiveness of sins and one's personal relationship with God which did not come out at all from the five participants. It was only Thokozani who conceptualized his stand in Christ. The researcher's views were not imposed to the participants in any way and hence the study solely consists of what the participants have to share (that is, their perspective) about their experiences and how those experiences helped the researcher to learn the role of fellowship in spiritual healing.

5.6.9 Attention to power relations

Participants were free to choose either to be included or not to be included in the research study. Even those who had been included were free to withdraw at any time during the research if they wished so. None of the participants were forced to stay in the study and if they decided to pull out, they were free to do so. The concept which dictates, 'Client is an expert' and the approach which is known as, "not knowing" was practically applied. The researcher agrees with Van Den Berg (in Kotzē 2001:52) in saying, "taking a not knowing position as therapists opens up the possibility to be surprised to really listen to client and let her or him be 'expert' on her or his lived experience". According to Anderson and Goolishian (1992:29) "Adopting a 'not knowing' position requires the therapists to have a genuine curiosity for the client's story which can exist by an avoidance of interpretations and prior assumptions". Anderson and Goolishian (1992:29) continue stating, "the therapist listens for the 'not yet said', guided by the client's explanation of the problem and so is continuously 'being informed' by the client". The researcher of this study too expected to hear the

state of participants' personal relationship with God but it transpired later that this was not what participants wanted to discuss, the burning issues were their successes.

The terms and the conditions of the research study were suggested by participants, for instance they suggested that sessions for story telling should be alternate Sundays after the church service and the time was not going to be longer than three hours. However reasonable control for the purpose of direction and authenticity of the research was seen as necessary by the researcher. In the case of the research study, curiosity to hear more became spontaneous and obvious because it was not therapy per say but stories of successes. Overall, adequate freedom was granted to the participants and it was equally made sure that the research goes in the direction where it will achieve its purpose.

5.6.10 Reflecting team and the researcher's role

McLean (1997:21) gives the background of the reflecting team saying, "the reflecting team developed by Anderson (1987) is a way of introducing new ideas to a stuck family system". He goes on stating that in its original form the team sits behind a one way mirror while the therapist interviews the family. McLean (1997:21) continues stating that with the permission of the family, the team discusses the interview with the family watching. The interviewer then asks the family members' opinion on the teams' comments. Finally the reflecting team joins the family to deconstruct the therapy session.

The aim is for 'Overlapping conversations' to provide space and opportunity for family members to construct an alternative meaning for themselves which will be less problematic (Doan & Bullard 1994). In the light of the procedure mentioned above, the researcher utilized participants to act as the reflecting team while one of them (one of the participants) is narrating. The comments of the reflecting team impacted positively on each member telling the story. They helped to thicken and augment stories of success. Self-awareness was created and self-esteem of each participant was raised. Some new ideas and thoughts came forth from the reflecting team which even broaden the researcher's knowledge.

The reflecting team made the researcher aware of her biases and encouraged transparency. McLean (1997:21) proposes rules or guidelines following introduction of the reflecting team into the therapy session, such as making comments in a 'wondering' yet constructive way, listening from a 'not knowing' stance, having a gender balance, providing reflections which demonstrate both sides of the

problem by taking a 'both and' position rather than 'either – or' and directing comments to other team members rather than clients. In this research study the participants complied exactly with the rules when they role-played as the reflecting team, hence the participants who were telling stories were motivated and encouraged by the comments given by the reflecting team. McLean (1997:21) notes that, use of the reflecting team can offer a context that opens space for the new options to emerge, multiple perspectives to be heard or as an audience to amplify changes. It has been further suggested that as a post-modern approach the reflecting team (RT) can help therapists to avoid discourses of pathology which are seen as marginalizing of people's lives and can provide a check on the power imbalance between client and therapist by challenging the supremacy of expert knowledge. The researcher can see the participants being the therapists of the future. The feelings of the participants were recognized, respected and realized as honest and legitimate. Careful listening for unique outcomes and coping mechanisms were identified and the participants were affirmed throughout the process of the interviews.

5.6.11 Data analysis and theoretical constructs

The information which has been gathered from the participants nearly matches the researcher's theory. In the midst of pain, sadness and grief there had been always a support group for the participants. Nombulelo enjoyed the support of Christian community before and after Nozipho, her sister's funeral service which the researcher perceives as fellowship. Bulelwa went to St Benedicts to be with the prayerful group. Jabulile and Tebogo enjoyed being the part of the congregation. Jabulile's brother in law shares Jabulile's concern with regards to Busi. Tebogo's friend had encouraged her to pray for their marriage. And Thokozani has been sustained from suicidal thoughts as the Christian group surrounded him. This is how groups whether made up of friends, family or Christian fellows were always there in one form or another to support the participants to come out of the situations they were facing in their lives. The letter to the (Hebrews 12:1-4) from the Holy Bible rightly says:

“As for us, we have this large crowd of witnesses round us. So then let us rid ourselves of everything that gets in the way, and of the sin which holds on to us so tightly, and let us run with determination the race that lies before us. Let us keep our eyes fixed on Jesus, on whom our faith depends from beginning to end. He did not give up because of the cross!

On the contrary, because of the joy that was waiting for him, he thought nothing of the disgrace of dying on the cross, and he is now seated at the right-hand side of God's throne.

Think of what he went through; how he put up with so much hatred from sinners: So do not let your selves become discouraged and give up. For in your struggle against sin you have not yet had to resist to the point of being killed”.

The author of this text spells out clearly the fact that the surrounding people give profound encouragement. He puts it clearly that the source of all resilience is the Lord Jesus Christ. With Thokozani, the researcher and the audience anticipate the foretaste of the rewards of having faith in Jesus and Christian Church group. However, the researcher felt strongly that in his last destiny Thokozani will have a crowd of angels, archangels and the entire heavenly host cheering him with burners of victory. Perhaps he will join the other saints and worship together with them day and night in the presence of God. Nomhle had a strong support from the psychologist, church social worker and from the prayer cell group as well as from her sister and aunt. In the process, the researcher has tried hard to resist bringing bias to the conversation. This can be particularly true when picture of God, the participants have and that of the researcher coincides, for example in a sense that God is close to us in as much as we are prepared to be close to him, meaning in an intimate relationship. This may be different for the researcher and other participants; however the researcher has tried hard to help participants narrate their own perspective without being felt interfered. Griffith (1995:128) found in her search that denominational beliefs were a poor predictor of person’s experience of God. The participants were all enthusiastic in their belief in God. They all went out in giving their time and talents to the work of God. However, the researcher wanted to hear them confessing that they have given their lives to Jesus Christ as a sacrifice and the Christian Spiritual healing is by the grace of God.

Welch (1990:173) cites, “Beneath love, hope and faith lies hidden, and the belief in life of grace”. In researcher’s opinion the finished work of grace by the Lord Jesus Christ affords us compassion from God and we are therefore required to impart this compassion from God to people particularly clients who desperately need it in times of sorrow, trouble, pain, trauma, grief, suffering and loneliness. The researcher agrees with Welch (1990:173) in saying, “The power of compassion is divine: the compassion expressed in simple acts of acknowledging each other’s fear and pain without diminishment, the pain others feel; the power of saying, ‘Your anger is just, and along with you are many others who mourn and rage’, This power of compassion and anger is holy. Resilient connections with other people and the earth bring joy, pain and wisdom”; Welch continues asserting that, these resilient connections are the presence of grace. As the researcher understands grace, it

imparts that we have fellowship with God by grace through faith in Christ who understands our world view of pain and feeling. When our pain, feeling and concerns are shared healing takes place.

Human beings have a responsibility to represent this graceful and passionate God by supporting those who are wounded, bruised and hurting, by offering them ears to be heard and understood. In (Mark 1:40-42) it says, "A man with leprosy came to him and begged him on his knees, 'If you are willing, you can make me clean'." Filled with compassion Jesus reached out his hand and touched the man. 'I am willing', he said, 'Be clean!' Immediately the leprosy left him and he was cured" (NIV STUDY BIBLE). (Luke 4:38-39) states, "Jesus left the synagogue and went to the home of Simon. Now Simon's mother in law was suffering from a high fever, and they asked Jesus to help her. So he bent over her and rebuked the fever, and it left her. She got up at once and began to wait on them", (NIV STUDY BIBLE). (John 11:33-36) states," Mary's brother had died: When Jesus saw her weeping and the Jews who had come along with her also weeping; he was deeply moved in spirit and troubled. 'Where have you laid him?' he asked, 'Come and see, Lord,' they replied, Jesus wept. Then the Jews said, 'See how he loved him!'" (NIV STUDY BIBLE). (Matthew 9:35-36) says, "Jesus went through all the towns and villages, teaching in their synagogues, preaching the good news of the kingdom and healing every disease and sickness. When he saw the crowds, he had compassion on them because they were harassed and helpless, like sheep without shepherd", (NIV STUDY BIBLE). (Luke 7:11-15) says, "Jesus went to a town called Nain, and his disciples and the crowd went along with him. As he approached the town gate, a dead person was being carried out – the only son of his mother, and she was a widow. And a large crowd from the town was with her. When Jesus saw her, his heart went out to her and he said, 'Don't cry.' Then he went up and touched the coffin, and those carrying it stood still. He said, 'Young man, I say to you, get up!' the dead man sat up and began to talk, and Jesus gave him back to his mother", (NIV STUDY BIBLE). In (Matthew 26: 36-38) the scriptures say, "Jesus went with his disciples to a place called Gethsemane, and he said to them, 'Sit here, while I go over there and pray.' He took Peter and the sons of Zebedee along with him, and he began to be sorrowful and troubled. Then he said to them, 'My soul is overwhelmed with sorrow to the point of death. Stay here and keep watch with me'", (NIV STUDY BIBLE). (Mark 15:17-20) states, " the soldiers put a robe on him, then twisted together a crown of thorns and set it on him. And they began to call out on him, 'Hail king of Jews!' Again and again they struck him on the head with a staff and spat on him. Falling on their knees, they paid homage to him. And when they had mocked him, they took off the purple robe and put their own clothes on him. They then led him out to crucify him", (NIV STUDY BIBLE). (Mark 15:34, 37, and 39) states, "At the ninth hour Jesus cried out in a loud voice... 'My God, my God, why have you forsaken me?' With a loud cry, Jesus breathed his last. And

when the centurion, who stood there in front of Jesus, heard his cry and saw how he died, he said 'Surely this man was the Son of God"', (*NIV STUDY BIBLE*).

Thokozani happened to be the one whose idea resonated with this theory as he was very clear about salvation by grace through faith. It should be realized also that successes achieved by the participants do not automatically give them a guarantee of life beyond the grave. Having said that, the researcher does not mean that the participants are less prepared for eternal life neither does the researcher conclude for them nor underestimate their faith. It may be that perhaps the participants avoided fundamentalism. Kotzē et al (1990:449) defines fundamental pastoral care as, "primarily distinguished by its pervasive, literalistic and legalistic use of the Bible as an authoritative pastoral resource for interpreting, diagnosing and responding to human problems and crises". Nevertheless, the researcher did not want to impose her religious and Christian perspectives on the participants. However, the researcher maintained that if healing is to be complete it should include life beyond the grave which has been recorded in the gospel of John, chapter 10:10 thus, "I have come in order that you might have life – life in all its fullness" (*Holy Bible*).

5.7 Study conclusion

Last but not least the criteria to evaluate the research as presented in the journal for evaluating the research bring this study to a conclusion. The conclusion, in one way or another, is justified in relation to data collection and findings. Data collection should be reasonably consistent with the findings and the findings will decide the conclusion which must relate to a certain extent.

Conclusions help clarify theory to a certain degree. It also adds to the theory development and future pastoral practice. Conclusions are relevant and useful. They also relate back in a greater extent to the literature. If the study is consistent in relating the literature to the findings, and then the findings to the conclusions, it is said to have achieved its purpose. On the other hand, findings revealed the importance of developing and maintaining consistency in encouraging narrative conversation.

The ideal situation demands availability of narrative metaphor services in all sectors of the society such as institutions, companies, schools, clinics, hospitals and homes. It is then clear that the need to increase colleges and universities which will present this kind of counselling cannot be overlooked. People such as counsellors, family and marriage therapists, nurses, pastoral therapists, physicians, psychologists and social workers use conversational methods. However, conversation is not limited to these helping professions, but is an everyday act of life; people really want to share their joys,

successes, pains and many other feelings. These conversations can be shared in writing or verbally even in artwork as well as in behaviour. Writing method is commonly used by the academics although not by all of them.

The art of relating one's experience in writing has been displayed by the Anglican Bishop of the Diocese of Johannesburg in his monthly communication with the clergy persons of the Diocese which is referred to as, *Ad Clerum*. In his August 2011 *Ad Clerum* he referred to a number of his recent painful and traumatic experiences as the, "Litany of woe". His experiences relate to the following incidences:-

- The Bishops litany of woe began about ten days ago before writing his August correspondence.
- Firstly his grandson was attacked by a tiger cub and had to be rushed to hospital for plastic surgery to repair the damage to his head.
- Secondly, by that time his father got seriously ill and has spent the past ten days in an intensive care unit with bronchial pneumonia in both lungs.
- Thirdly, on the following day, his daughter-in-law fell off the roof of their home and had to be rushed to hospital for surgery.
- Fourthly, just as things seemed to be getting back to normal, his grand-daughter fell at school and put her teeth through her lower lip and had to be admitted to hospital for plastic surgery.
- Fifthly, later on the same day, as he was visiting his father in hospital, a traffic control boom hit him on the head and hand leaving him with a severely bruised painful hand.
- Life has not been good and favourable for the Bishop. However he is still better off as he is able to share his experiences with the clergy in writing.

The participants in this research have not yet considered sharing their experiences in writing yet, as this model is still in the infant stage. Even if they were able, to whom would they direct their documents? However they have narrated their stories well and those have been recorded and used in the report and that too after the final editing by the participants themselves.

In conclusion it can be said that literature about healing and fellowship resonated well with the theory. For instance, literature from Louw (1994), McNutt (1975), Yancey (2001), Endicott (1984), Health Care Christian Fellowship publication, Endicott et al (2006) were clear in terms of Christian

healing and the role of fellowship in it. Literature regarding fellowship has been extracted from various books including Warren (2002). Warren has given a vivid explanation of the Role of Fellowship in Christian healing although he did not phrase it as it is phrased in this research. This research relates to the literature and expands it to provide a profound understanding of the topic.

5.8 Final notes and conclusion

This chapter concludes the study and its findings. As mentioned in the beginning, the subject of the role of fellowship in healing is close to the researcher's heart. Given the fact that the researcher is involved in the multifunction of the healing ministry and health sectors therefore confrontation with various kinds of human suffering due to loneliness and illness is common to the researcher. This has forced the researcher to explore new ways of intervention in this situation.

Literature with regards to healing, fellowship, research methodology and narrative therapy was explored and the ideas of the authors were included in this paper. Six participants were interviewed and results of the interviews have been captured. The interviews were about successes and resilience of the participants. In the process painful stories were shared. At the end it was realized that achievements were brought about by the support system of fellowship. In the process of the research journey, a lot of information from literature has been gathered which clarified the theory used by the researcher. The interviews came very close to the theory in one way or another. The issue of women dominating the interview was explored and some suggested answers came forth.

Content of painful stories shared includes stories of death, losses, trauma, bereavement, rape, strained relationships, loneliness, and rejection, loss of identity, intimidation, anger, grudge and disappointment. Above all these atrocities and feelings, the resilience of the participants was outstanding. It became very clear that fellowship played a major role to sustain participants.

Letter writing as a post-modernism tool contributed a lot to augment participants' stories. The reflecting team too, played a significant role in de-constructing therapist dominating power and empowered participants. Ethics were observed, respect of participants was considered offering freedom and taking a 'not knowing' stance as well as recognizing the 'client as expert' were the critical issues in this study.

Upon reaching the end of the study, a number of issues were unfolded. Firstly, this was the first study in this particular theme. Secondly, invitation is extended to the readers to explore and

research this study more. Thirdly, this study was limited to *the Practical Theological Exploration of the Role of fellowship in Christian healing in the diocese of Johannesburg*. It will then be appropriate if readers extend the theme by considering the Practical Theological Exploration of the Role of Fellowship in Healing in general. Fourthly, there is an urgent need to incorporate this model to healing services in all health sectors. Fifthly, more frequent practices of narrative therapy are important. The researcher truly desires this model of qualitative narrative research to move from the confines of academy and the classroom to the communities on the ground even to the remote and rural areas.

In this dissertation the researcher presented the construction of a theology that values participation, equality, friendship, grace, faith, hope and love. Relationship with God has been acknowledged as crucial, even before anyone can think of good relationship with others. The vertical and horizontal relationships bring about fellowship in reality. For the researcher pastoral therapy can not only be therapy; it must be congruently connected with one's own experience with God (Griffith 1995:136). Finally it is worth concluding that *FELLOWSHIP PLAYS A MAJOR ROLE IN CHRISTIAN HEALING*.

The stories looked upon in this study tell us about having fellowship with God. They reveal how to have fellowship with God. As mentioned earlier, the participants were found at initial stages of having fellowship with God which has helped them in their spiritual healing and lead them to enlightenment.

One other way of fellowship is sharing with others about Christ and this has been revealed to us by John when he said, "What we have seen and heard we declare to you...so that our joy may be complete." One can fellowship by going to a bible conference, bible study sessions and so forth. Paul has always talked about the nature of human beings to rebel against the law of God. This can be seen in the number of times the Israelites rebelled against God and were consequently given up into captivity because of such rebellion. In the New Testament, Paul has emphasized this in his letter to the (Romans 8:7-8) in saying, "... because fleshly mindedness is hostile to God; it is not submissive to God's law, in fact it cannot be. So those who are controlled by the flesh are unable to please God" (*MLV. BIBLE*).

The world we are living in today is in complete hostility towards the law of God and cannot please God. We cannot be in terms with a holy God, except by his grace. However, no man can say to be having fellowship with the holy God if he is walking in darkness; he will be lying (1John 1:6). Then the

question that people beg to ask is how can one have fellowship with God who is holy while we will never be holy? The answer is that one has to be walking in the light to be able to walk with God. There are no two ways about it and this is one of the requirements that one needs to have before he can walk with God. There is nothing like settling for less as God will not settle for half of you. Having fellowship with God means that you have to go to his level; not try to bring him to your level. (1 John 1:7) emphasizes this fact when he says, "if, however, we walk in the light, as he himself is in the light, then we enjoy fellowship with one another, and the blood of his son Jesus cleanses us from all sin" (MLV BIBLE). It has been mentioned time and again that it is easy to become a Christian but it is nothing compared to living the life of a Christian.

The nature of the Christian life demands that you fellowship with other Christians. This is the only way your life will come into fulfilment. In the scriptures, Paul compared living the Christian life as being a body that has several parts, each one with different functions. Every part of the body has a special function it performs and it is needed. The churches that Paul was talking to were diverse in every aspect of diversity and Paul was instructing them to always be in fellowship with fellow Christians in order to attain the full life of a Christian. Some of the scripture verses that demanded fellowship among Christians have been quoted above.

In the religion of Christianity today, fellowship equates to joining a church, and this means looking for one which fits some characteristics for you to join. During the time of the epistles, people who were converted to the faith were baptized and allowed to fellowship with the other born-again Christians. The immersion in water was done to symbolize the death to the old life and the rebirth to a new form of life that was governed by faith in Christ. Ministers of the church were appointed depending on the gifts of the spirit that they possessed and the church met together certain times in the week to praise and worship and to take part in the breaking of the bread in remembrance of the last supper in which the Lord Jesus had had with them. They took time to share with each other the good news of the kingdom of heaven, which the Lord Jesus had gone to prepare for them. Most of the time, they had to deal with persecution of their new-found faith and for this reason they had to hide from the persecutors. Choosing a church in the current times may mean facing the same realities that the church in the ancient times had to face. While persecution may not be an issue to many Christians all over the world, one still has to determine for himself or herself if the church he or she wants to join proclaims that Jesus is the son of God and that he was raised from the dead by God himself. One has to determine if the church considers the bible as being the final authority and that it is the word of God. The church which one, wants to join and have fellowship with, has to have

beliefs rooted in Jesus Christ, who assures everyone who confesses the forgiveness of sins. It should also teach that one can come into a personal relationship with the living Christ himself. Believers have to participate in the Lord's Supper often as a reminder of the last supper which Christ himself instituted. The church has to be free to conduct its businesses without any influence from outside forces and has to have fellowship with like-minded institutions in the effort to spread the gospel of Jesus Christ.

The most basic purpose of fellowship is prayer. Most churches are fellowships of prayer before anything else. We have been told to pray without ceasing and it is one of the most effective means of fellowship with God himself. There is another verse on prayer; regarding the prayer of a righteous man which is heard by God (James 5:15). In other words, God values righteousness and obedience among other things. The need to pray for one another, for peace, for healing and other needs surpasses any other purpose of churches and for that reason they are fellowships of prayer before anything else. These fellowships of prayer have led to many churches having special prayer services at special times for special reasons. Different churches have different methods in which they pray.

According to Christianity, the more a person prays, the closer he is to the holy trinity. It is important too never to shut out the holy spirit when praying and to always ask for the intercessory prayer of people you know are good in offering prayer to God. There has never been a specific formula of prayer that God listens to, one simply has to be as honest as possible and ensure that everything has been mentioned to God. Prayer has to be accompanied by faith since one has to believe that his prayer is being heard by a living and loving God before he can offer it.

Beside the fellowship of prayer, there are other kinds of fellowship; the fellowship of suffering, redemption, unity, hope, and joy. The fellowship of suffering is an invitation to suffer just as much as Christ suffered. Usually, being a Christian is an invitation for problems of all kinds for some people. It invites mockery, temptation and persecutions of all kinds, and this makes it a fellowship of suffering. While we may think that suffering is negative and does not do any good to the person, it actually has its positives. Suffering is positive in the sense that it brings out the true potential of a Christian.

It is only when you are suffering that you will know that you have the fruit of patience, self-control and even love for those people who are giving you a hard time. We grow during the hard times and that is why Christianity is also a fellowship of suffering.

Being a born-again Christian is a calling to enter into the fellowship of redemption, which was the purpose of the life of Christ in the first place. Every church is a fellowship of redemption, whose main work is to bring back to Christ those who have been heartbroken and do not have a place to go to. In other words, it is a place of mending those who are not acceptable anywhere else, except in the hands of the father who created them. When the churches are not acting as fellowships of redemption, they are refusing the function that Jesus came to perform on earth in the first place. Churches therefore have to reach out to heartbroken people, those who have been rejected by society and nurse their wounds all in the name of Christ as they are fellowship of redemption.

The body of Christ is a fellowship of resurrection hope as everyone who is part of it has the hope that after this life he will resurrect into the other life. This is one of the promises of Christ who promised to come back for his own. Anyone who has the hope of being resurrected in the next life will live a life that will be pleasing to God. Aside from that, such people will live a life that is without the anxieties of modernity and the fears of tomorrow. They are less anxious about the skyrocketing oil prices and do not have to fear growing old. People like these have the hope of rising again, knowing that death is not their last place of being. The body of Christ provides this hope; it is a fellowship of resurrection hope.

The churches too are fellowships of unity; a unity that is brought about by Christ himself.

When all the people in church are focusing on Christ alone, the unity that they will have will surpass all kinds of unity. Diverse backgrounds, from which they come, will not matter since it is only Christ who brings them together. To have unity in diversity is important; regardless of the tribes people come from or even religious backgrounds.

The body of Christ is a fellowship of joy. Being joyful means having the joy of Christ regardless of what is happening in your life. There is a difference in having joy in your life, which is not determined by any kind of circumstance. When your joy is determined by your circumstances, you are still in the world and you need to ask Christ for his strength to overcome the world. The one reason that should give you joy regardless of your circumstances is the fact that you have eternal life and that should matter the most to you. It is important for the church to remind its followers of the importance of keeping in mind the most important things. It is important to pay attention to Christ himself rather than the world and then we will have joy.

5.9 Conclusion

Approaching the end of the road left the researcher with mixed feelings. First of all, the researcher was new to doing research; though she possesses the relevant skills. However, having experience is something different from having skills hence the researcher was quite apprehensive to embark on a research. Curiosity to explore ways of intervention in loneliness inspired the researcher the most to attempt this research study. The researcher's passion for a holistic approach in healing prompted her to explore more ways of healing in order to augment and add value to existing health measures. Challenges in the process in terms of length of time, expectations of the society and church and recent work commitments nearly brought about wavering courage on the road. However the fascinating aspect of carrying out research study is the privilege to have opportunity to widen and extend one's horizon as well as to sharpen one's skills. It is also fulfilling to join the academic researchers and contribute to their work of transformation and adding value. It is a great opportunity for the researcher of this study to have been among the researchers who want to leave a mark where they have travelled.

The researcher is reminded of the analogy of a pencil whose role is to note, write or make a drawing. In that note, the researcher would like to expand on this analogy by slicing the pencil.

- For the pencil to write properly and clear, it requires to be firmly held by the writer.
- Likewise as God's representatives, for us to record God's history God entering human frailty and transforming us to the very nature of Christ, we need to be obedient to be controlled by God so that we are used by him effectively.
- For the pencil to produce clear writing, it requires to be sharpened.
- Hence the researcher believes that as servants of God we need to learn continuously so that our skills in doing God's work are sharp and adequate. Sometimes God allows some hardships on our way so that we can grow and be refined.
- If in the process of writing, the mistake occurs because of the fact that the pencil has been used, it is possible to erase the mistake and correct it. Likewise we human beings because of human frailty we are capable of making mistakes, God does not write us off but through our confession he washes us and forgives us our transgressions. To that effect the researcher positions herself with the psalmist in saying, "God has removed our sins as far away from us as the east is from the west" (Psalms 103:12) (the living bible version).
- The real part which does the writing is the inner part; the outside part is just a container and a cover making it possible for the pen to be handled.

- Likewise God works through our attitudes, feelings, thinking and emotions but above all through the Holy Spirit in us to reveal his purpose and will as well as great benefits which he has kept in store for humanity. Therefore God's reign in our lives helps us accomplish God's mission in the world.

The researcher further learned from this study that humanity has been vested with the urge and wisdom as well as intellect to explore various ways of transformation. Unless human beings put in efforts they won't get the results; hence there is the need to explore ways to transform and only when you seek you will get. Given the fact that human being's mind is always at work to examine the past and the present and possible ways of improving the future; this research is therefore one of the essential exercises and tools to find new and fresh ways.

Qualitative research as an aspect of a broader research is respectful and empowers human beings to discover themselves. Narrative counselling recognizes the fact that people need ministry of presence, recognition of their worth and support. The researcher hence realized that through narrative we can begin to sense who we are meant to be. This paradigm shift has brought about a post-modern, a post-structural model in counselling. Though the researcher does not agree with some of its ideas she embraces most of them.

To that effect, the researcher positions herself with Björkman (2002:15) when he says:-

“The post-modern approach is the most liberating, and it sets the scene for new ways of thinking, new ways of seeing the world. Rediscovering one's spirituality and of other human beings, exploring the spiritual content of relationships and problems, using metaphors to create new ways of understanding and knowing ourselves and the world around us, puts us in a world where we are involved in our development, co-creating our destiny, and that of the world we live in”.

In conclusion, the researcher would like to thank the generosity of the authors of the literature which has richly nourished cognitive and affective domains as well as the soul of the researcher. And definitely the participants of the study have also benefited from it. The work of pastors, professors, researchers, therapists, health care Christian fellowship group, the clergy and many others, combined to form a rich variety of ideas and suggestions.

The researcher is also grateful for the opportunity the university has afforded to her to embark on this research study. Sincere gratitude is extended from the researcher to the rector of St Mary's Chapel on the Limpopo, Parktown.

The researcher thanks all the participants from the bottom of her heart and acknowledges that the time spent interacting with the participants was one of the most divine and glorious moments in her life. This research is considered as the beginning of the long journey and the researcher is committed to embark on more studies not necessarily for academic purposes but to find more ways to be effective in pastoral therapy. The journey is never complete but in motion as the life is not static, so the researcher is definitely going forward to explore life issues.

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