

**INTEGRATING A GIRL-CHILD ORPHANED BY AIDS IN A RECONSTITUTED FAMILY:
PASTORAL AND OTHER CHALLENGES**

By

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ABSTRACT

Five years ago at the age of 14, Rutendo Chaibva was double-orphaned by AIDS. A “Family Post Bereavement Property and Responsibilities Disbursement Committee” assigned her uncle Eric Gara as “replacement parent”. Rutendo and her “ replacement mother” Gerlinda were co-participants in the Participatory Action Research Study. It started in a therapeutic relationship after the family experienced some difficulties in integrating Rutendo into the reconstituted family. Both the therapy and research conversations explored and identified several pastoral and other challenges that militated against the integration process. Rutendo and Gerlinda’s road was littered with, among others, minefields of silence and tears, secrecy, multiple losses, unresolved bereavement, unfinished business, anger, fear, and groping for Christian fellowship. It was concluded that personal, family, pastoral and other challenges, and, HIV/AIDS related complexities had militated against the integration process. At the end, Rutendo and Gerlinda acknowledged that therapy and the research processes had impacted positively on the integration process that improved significantly.

Key terms:

HIV/AIDS; VCT; Orphan; Bereavement; Sibling disintegration; Replacement parent; Stepfamily; Reconstituted family; Pastoral challenges; Silent Patients/Hidden Patients/Silent Voices; Unfinished Business; Fear; Anger.

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CHAPTER 1

THE EMOTIONALLY MINED JOURNEY

1.1 INTRODUCTION

This was a research on the challenges that confronted a reconstituted family that was integrating Rutendo, a girl child who was double orphaned by AIDS. Chapter one highlights the intensity of my first encounter with her and her auntie Gerlinda, a process that I saw as an explosion of emotional mines of silence (Hughes 2006d:18) and tears that harvested many casualties. Emotional mines because it seems that this first conversation released Rutendo's suppressed emotions and past unpleasant experiences and, created an explosive mix (Weingarten 2003:109) that instantaneously triggered tearful outbursts in the client, the therapist and the reflecting team as shall be explained later. This is a trend that continued in later therapy and research sessions, when hidden or suppressed emotions were released at each conversation, triggering outbursts of crying by Rutendo and the present members of her family. In this chapter I also describe some of my personal experiences of, involvement in and study of both the step and reconstituted families. I hope that the detailed account gives credence to and relevance of highlighting what Jones calls the "I" in the text (1994:1). This was my pursuit to be reflexive, that is, to self-consciously introduce and make visible my own voice in this work (Jones 1994:3) rather than assuming an innocent bystander status for myself (White 1995:218). The insertion of the "I" with my feelings and experiences is meant to engage in such a way that the reader shares part of my experiences of and communication about Rutendo and Gerlinda's worlds (Jones 1994:4) hopefully without eclipsing their stories.

This chapter also highlights the consequences of AIDS-related bereavement and marriage break-ups as well as the subsequent remarriages that result in the establishment of step and reconstituted family structures. In addition the chapter outlines the research approaches, related paradigms and the data collection methods that I employed in the interpretation of Rutendo and Gerlinda's stories. It also outlines the theoretical approaches and other concepts that informed the study. Finally this chapter addresses Practical Theology, which was the focus of the study that the researcher was undertaking. To conceal identity, and, in conformity with ethics of research, pseudonyms

of the participants' choice were used. Pseudonyms were also used for some of the researcher's family members while the real names were retained for the researcher, her spouse and professional colleagues and two friends. Since this research was concerned with theological aspects of life, wherever possible in this and subsequent chapters, I made reference to biblical equivalents of the matters under discussion.

1.2 GENESIS OF THIS RESEARCH JOURNEY

The following is the account of my research journey and interest in the step and reconstituted families.

1.2.1 Therapy as the cradle for the research

My first encounter with Rutendo, the main participant of this research, and her aunt Gerlinda, was on 22 November 2002. This encounter shall stand out as a landmark in my therapy life in general and in this joint research journey in particular. It was during the clinical sessions of a workshop that was held in Harare at The Zimbabwe Institute of Systemic Therapy [ZIST] also known as CONNECT, as part of the University Of South Africa (UNISA) Master in Theology (MTh) in Pastoral Therapy degree.

We were working with a 'reflecting team' (Andersen1987:415) that is known as the 'participating team' at the Pretoria based Institute for Therapeutic Development (ITD). We waited expectantly for the booked teenage client to come in with Felix, the assigned therapist. To our amazement, he came in alone and announced that the client, Rutendo Chaibva, had declined to work with a male therapist, preferring a female one. The lot was cast and it fell on me. I had to swiftly derole from being a team member and assumed the role of therapist. Having secured the clients' permission for the participation of the reflecting team, Rutendo Chaibva, her Aunt¹ Gerlinda Schmitt*² and I entered the therapy room. After all the introductions and other formalities, Gerlinda introduced her niece Rutendo who she said needed help to integrate into their family. She then quickly excused herself from the therapy room with the promise to come back for Rutendo when our session ended. I then engaged Rutendo in therapy with the assistance of the reflecting team.

¹ Rutendo initially referred to Gerlinda as "aunt" but later on as "mom"

² Gerlinda still uses her German family name although she is legally married to Rutendo's Uncle, Eric Gara.

The reflecting team approach that we employed was an adaptation of Tom Andersen's one-way mirror (Andersen 1987:415). It was achieved by having the reflecting team sit in a corner of the interview room and reflect from there (Andersen 1987:423). The initial therapeutic dialogue took place while members of the reflecting team were observing and listening. Later during the session, with Rutendo's permission, I asked for the reflecting team members' comments on the counselling process (Andersen 1987:415). Rutendo and I then listened to the reflecting team's discussion as our 'participant' and 'observer' roles were reversed (Andersen 1987:423). Rutendo was then given space to respond to the reflecting team's comments (Andersen 1987:423). The reflecting team comprised my supervisor Dirk Kotzé, and fellow UNISA students Clara Makosa, Dennis Mudede, Chamu Chiromo, and Felix Muchimba.

1.2.1.1 Rutendo crying

Instantaneously, as soon as she found the voice and space to relate her experiences, Rutendo broke her silence and started crying. To me, this spontaneous catharsis, which is the emotional ventilation by verbalising ones' feelings (van Lierop1996:27), appeared to have let off what seemed to be an emotional mine of silence and tears. As she burst out crying, looking straight into my eyes, Rutendo passionately poured out a barrage of searching questions to her deceased parents through me. Her first remark was, "I have not been able to cry over my father's death". Her questions reflected the deepening social scars that are emerging from the HIV pandemic (Singizi 2003:5). As will be detailed later, Rutendo's parents had died of AIDS. She is being integrated into a reconstituted family with her uncle Eric Gara*³ as the replacement father, a concept that I shall also explain later.

Rutendo's gaze into my eyes was for me a challenging demand for answers that I lacked. Her forthright and mature questions were piercing and her crying was infectious and irresistible. I offered her a box of tissues and spontaneously, my tears that I was trying to withhold just poured out. I had to discard the modernist observer stance (Hargens 1988:17) that I was familiar with and involuntarily, with some self-control, expressed my

³ Rutendo and others use a different family name (Chaibva) from that of her uncle Eric *Gara* who uses his maternal family name after being raised up there following their parents' (Rutendo's grandparents') divorce.

emotions by sharing in the crying. “Rutendo, I am also crying, may I please have some tissues?” I asked, fearing what my supervisor and team who were sitting behind me would think about my crying. Contrary to my fears, Rutendo’s emotional outburst had set every one in the therapy room joining in an unprecedented move of responsive crying (Weingarten 2000:2) and compassion at CONNECT.

1.2.1.2 Gerlinda crying

On her return, as had been suggested by the reflecting team and then on Rutendo’s invitation, Gerlinda came into the session on that first day. Also as pre-arranged, Rutendo introduced our discussion to Gerlinda. Instantaneously, Gerlinda joined in the tempo of the session as she also burst into crying about the deaths of her brother and sister-in-law (Rutendo’s parents). Her passionate concern was that Rutendo was not settling into the family quickly enough. “Rutendo keeps herself to herself. I would like her to feel as part of the family”, Gerlinda lamented while sobbing, sometimes casting an assuring eye to Rutendo.

1.2.1.3 Gerlinda in therapy

As will be covered in detail in chapter 4, Gerlinda subsequently signed up for therapy to resolve her personal challenges. Both Rutendo and Gerlinda later agreed to work with me in a research format hence this co-research work with them. Thus therapy work with Rutendo and Gerlinda became the cradle for the current research journey that seemed to have come in the following notable stages.

1.2.2 My parents’ and my personal experiences of the step and reconstituted families

I included my parents’ and my personal experiences of and involvement in the step and reconstituted families to amplify the significance of highlighting the “I” in the text (Jones 1994:1) that I referred to earlier. I believe that these experiences and involvement had a bearing on my passion that I had for working with Rutendo and others in similar situations.

1.2.2.1 My parents in the stepfamily and reconstituted families

My parents were brought up and socialized in stepfamilies, as both were orphaned during their childhood and their fathers remarried. In 1988, my only sister Moreblessing Chinyanga collapsed and died of a Cerebro-Vascular Accident (CVA) commonly known as a stroke. She left four daughters: Cindy, then 10 and now 29 years, Shami then 5 years and now 24 years, Memory then 3 years and now 22, and Tapiwa then 6 months and now 20 years old. Their father, who was a constable in the Zimbabwe Republic Police, died three years later in a shooting accident. A Post-Bereavement Property And Responsibilities Disbursement ‘Dare’⁴ (pronounced daarêh) comprising my deceased brother-in-law’s and my parents’ families assigned my parents the temporary ‘Sarapavana’ role. ‘Sarapavana’, which literally means ‘the one who remains with the children’, is the Shona⁵ word for replacement parents or a surviving parent after the death of the other. Thus my parents’ family was transformed into a reconstituted family that I define in paragraphs 2.3.1.4 and 2.3.1.6.

1.2.2.2 “I” in the step and reconstituted families

On my part, in 1970, my marriage to Didymus Mutasa positioned me in a post-bereavement stepfamily with three children. The eldest boy Nyanyiwa was 10 years old (now 47), the second, Sanga a girl was 8 years old (now 45) and the third and last, Tadiwa, a boy, was 6 years (now 43). We had mutual children, Francys, a girl, now 37 and Fred, a boy, now 34 years old. Thirty years after my marriage, I personally became involved in a reconstituted family. My father’s death in December 1998 created a new need for the custody of my sick mother and my deceased sister’s three youngest children that my parents had hitherto been replacement parents to. My husband and I then took custody of my sick mother and the three children in 1999, transforming our stepfamily to a reconstituted one.

⁴ In Shona, a *dare* is a cultural gathering held by the family to make important decisions.

⁵ Shona is one of the two main Zimbabwean ethnic groups whose language is also known by the same word

1.2.2.3 My socio-spiritual and professional involvement with the step and reconstituted families

Further to my personal involvement in the step and reconstituted families as stated above, I was also involved in socio-spiritual, clinical and academic contexts. The progression from parental and personal experience in the stepfamily to working on the stepfamily professionally was originally generated when I was invited by Mrs. Irene Pashapa to speak on the ‘Stepfamily’ at the Hatfield Baptist Church Women’s Fellowship in Harare in June 2000. The subject generated interest and emotions among the audience that I addressed, most of who were either directly or indirectly involved in the stepfamily. Two women in the audience had mediated in conflicts between stepparents and stepchildren on the previous day, one of them having been up till the early hours of that morning.

Being a stepparent myself, and, moved by what I thought was a great need, I made an undertaking to the women that I would carry out studies of the stepfamily in order to understand this phenomenon better. Then still in 2000, I also had therapy sessions with a 17-year-old boy from a stepfamily and also carried out a research study with his then 18-year-old stepbrother (Mutasa 2000).

1.2.3 The current therapy with and research on the reconstituted family

Morgan (2000:115) posits that people who have experience with problems, either in the present or in the past, hold special knowledge, skills, competencies and expertise that can assist others in similar situations. The process of unearthing and recording people’s insider knowledge is called ‘consulting your consultants’ or ‘co-research’ (Morgan 2000:116). Hence, as stated before, I negotiated with Rutendo and Gerlinda, for the merging of our paths into a co-research journey. I hoped that the special knowledge, skills, competencies and expertise that they hold would help others in similar situations to cope with their challenges.

The main participant of this research was a then 14-year-old girl, Rutendo Chaibva. She was the Identified patient (IP), in the tearful session that involved the reflecting team, which I referred to earlier. She had two younger brothers, Ray, 11 years old then, now 16, and Cheyenne, 6 years old then, and now 11. Their mother died of Tuberculosis

(TB) on 18 January 2000 while their father died of “headaches and diarrhoea” on 19 August 2001. Both conditions were AIDS related. Rutendo’s parents were buried in Bulawayo, Zimbabwe’s second largest city that is situated 439 kilometres South of Harare where they had hitherto lived with their children. The extended family’s Post-Bereavement Property and Responsibilities Disbursement Dare assigned Rutendo’s uncle, Eric Gara, the replacement father role for her. Rutendo’s two younger brothers were assigned to their father’s half brother, Joe Chegomo⁶ who also lived in Harare at that time. That family union is what brought Gerlinda and Rutendo together as mother and daughter. The family’s genogram is portrayed on Fig. 1 on page 9.

The assignment of Rutendo and her brothers to their father’s brothers required that they (children) leave Bulawayo and relocate to Harare. Thus Rutendo and her brothers are now socially and geographically dislocated as they were split to grow up in separate families in a different town to that which they initially lived. Eric’s wife, German born Gerlinda, became Rutendo’s replacement mother by virtue of her marriage to him. My involvement with this family transformed my then intended research on the stepfamily to the current one on the reconstituted family. Thus I revisited and changed my intended research that was to be titled ‘The stepfamily: Implications for pastoral therapy’ to: ‘Integrating a Girl-child Orphaned by AIDS into a Reconstituted Family: Pastoral and Other Challenges’. On Rutendo and Gerlinda’s invitation, Ray, Rutendo’s brother, Eric and Mary, Gerlinda and Eric’s biological daughter later became participants of this study.

1.3 MY COMMITMENT

My commitment for therapy work and research are rooted in Scriptural convictions. First is the Lord Jesus’ proclamation of His Mission Statement in Luke 4:18, as He was launching the fulfilment of the prophecy of “The Good News of Salvation” thus:

The Spirit of the Lord God is upon me, because the Lord has anointed Me to reach good tidings to the poor; He has sent Me to heal the broken-hearted, to proclaim liberty to the captives, and the opening of the prison to those who are bound.

(Hayford 1991:1043)

Joe is Eric’s half brother. He was borne to Eric’s mother in her remarriage after the marriage break-up from Eric’s father

In my personal and therapy experiences, I have encountered many people that are heavily burdened with many challenges, broken hearted or held captive by various personal, family, cultural or societal bondages that they need or desire to liberate themselves from. In other cases, some of the people needed to hear the good news of salvation. I was curious to establish what God's place had been and what pastoral challenges were in this family's life journey.

1.4 WHY THIS STUDY?

Rutendo became one of the 'affected' in the web of an unprecedented national and global AIDS crisis (Kaseke 2001:1) that is too great to escape anyone's notice. Besides, though the placing of orphaned children in replacement families is a providential solution, it has been known to result in separation anxiety and unequal opportunities for the siblings (Kaseke 2001:2). As I continued to work with Rutendo and Gerlinda in therapy, I was overwhelmed by their pain and got motivated to explore, with them, more of their experiences. I hoped that together we would find ways that would facilitate their relating as mother and daughter. I also hoped that this study would affirm existing scholarly findings and also contribute towards some new knowledges evolving from Rutendo and Gerlinda's unique experiences.

1.4.1 My research curiosity

This was a third time of exercising my curiosity on the experiences of people trying to cope with alternative families (Kotzé and Kotzé 1997:2). I felt compelled to address Rutendo and Gerlinda's experiences of the reconstituted family, not only clinically but also through research. Hence my therapeutic interface with Rutendo became an opportunity for a further study of this reconstituted family that is resulting from the exponential increase in the number of children orphaned by AIDS (Wild 2001:3). Finally, the somewhat crescendo-like nature of my family and personal involvement and experience of the step and reconstituted families, and, my encounters with clients experiencing challenges from these family structures inspired me to embark on a study of this nature.

1.4.2 The purpose and goals of this study

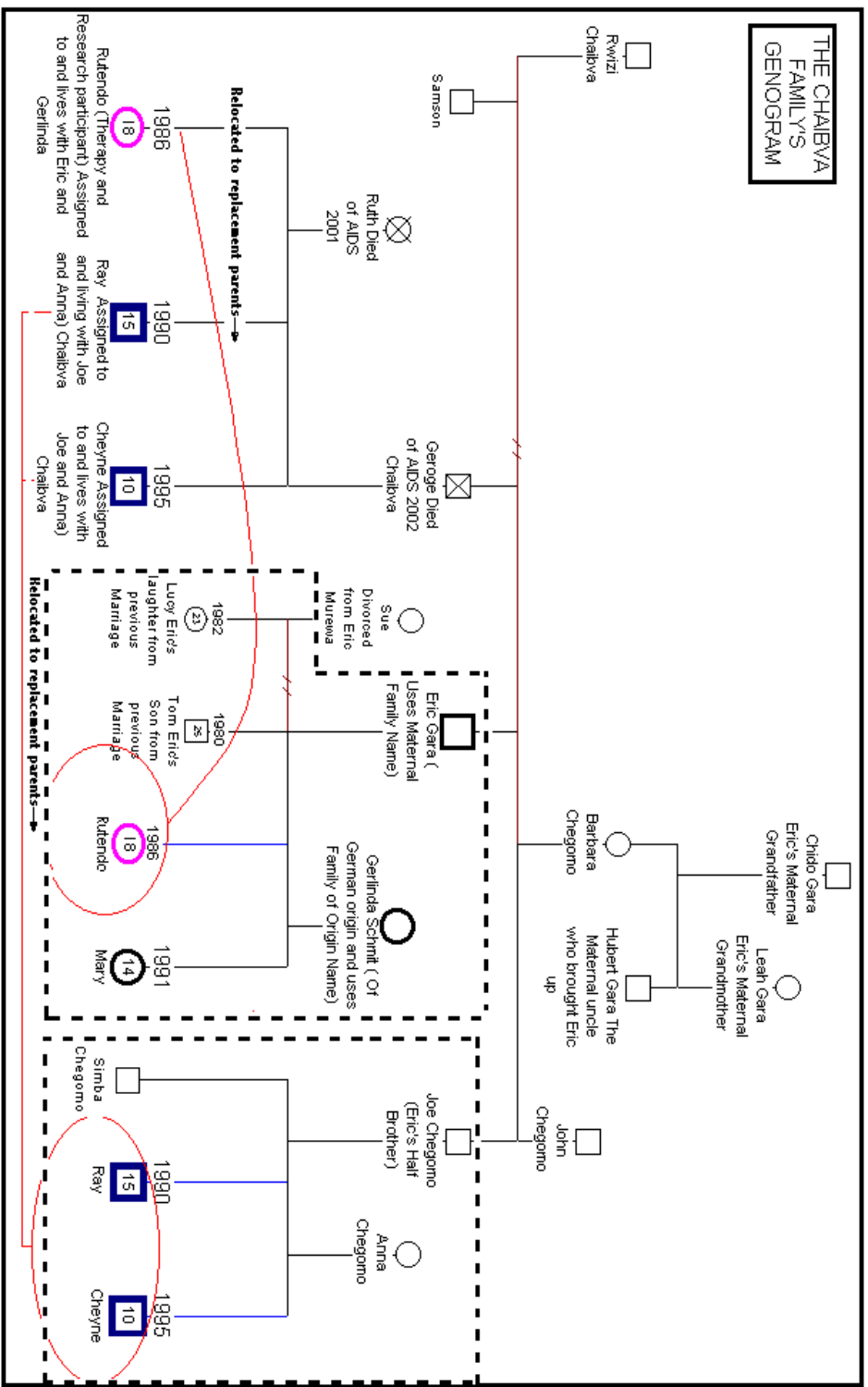
In collaboration with Rutendo and Gerlinda, the purpose of this study was to explore their narratives and experiences, and to identify the challenges that they encountered in the process of incorporating Rutendo into the family and how they dealt with those challenges. The study also set out to explore the pastoral challenges in this family. The specific goals of this study were to identify the challenges that this family encountered in the process of integrating Rutendo into their system. The study also sought to identify Rutendo and Gerlinda's coping strategies in the face of their challenges, with the hope that these might help others in similar circumstances. It was also to identify the pastoral challenges in their stories and how pastoral work can respond to them. In the study, I also hoped that Rutendo and Gerlinda would accrue some therapeutic benefits from the research processes. I also hoped to identify current knowledges regarding the core issues in the study and where gaps are apparent, stimulate further and more research (Wild 2001:4).

1.5 RESEARCH QUESTIONS

The following are the questions for which I sought answers:

1. What challenges did Eric and Gerlinda's family encounter in the process of integrating Rutendo who was orphaned by AIDS into their reconstituted family?
2. How did the family deal with these challenges?
3. What pastoral challenges were reigning in this family?

**THE CHAIBVA
FAMILY'S
GENOGRAM**



For this study, a challenge is a difficult or demanding situation (Makins 1999:115). In this case, some challenges pertain to Rutendo, Gerlinda and family. However, by pastoral challenges, I referred broadly to challenges that apply to pastoral work that I defined in paragraph 1.9.2.

1.6 RESEARCH APPROACHES

I employed a number of approaches to work towards the stated goals of the research.

1.6.1 Qualitative Research

I opted to use a qualitative approach rather than the positivist version that contends that there is reality out there to be studied (Denzin and Lincoln 1998: 8). I therefore focused on the processes and meanings that Rutendo and Gerlinda assigned to their experiences (Denzin and Lincoln 1998:8).

1.6.1.1 From measurements to interpretative paradigms.

I did not concern myself with the positivist rigorous examination or measurement in terms of quantity, amount, intensity or frequency or other means of quantification (Denzin and Lincoln 1994: 4). I did not address sensory and objective analytical access to reality (Herholdt in Maimela & Konig 1998:222). While, in the past, I used a quantitative approach for studying large populations, I found a qualitative approach more suitable for the small population of this case-based (Denzin and Lincoln 1998:8) study.

1.6.1.2 Multiple methodologies

The qualitative approach and its array of methods were used to collect a variety of materials that describe Rutendo and Gerlinda's routine and problematic moments and meanings (Denzin & Lincoln 1998:3). The methods of collecting materials included among others, narrative, content, discourse, and archival analysis (Denzin & Lincoln 1998:5). The qualitative approach was convenient because this study with Rutendo and Gerlinda started in the therapy room and graduated to research work in their home environment. In the collection of Rutendo and Gerlinda's stories and experiences, I

did not therefore privilege any single methodology over any other (Denzin & Lincoln 1994:3). I collected and collated the data from therapy and research notes, video and audio tape-recording transcripts and therapeutic letters (Epston 1994:32). Therapeutic letters are those that I wrote to or received from Rutendo and Gerlinda. I also made a transcript of Gerlinda's response to the feedback from a workshop that I conducted at the conference of the South African Association of Marital and Family Therapy (SAAMFT) in Durban in May 2004, where I presented preliminary results of this study as will be shown later in paragraphs 3.3.3.3 and 4.5.2.

1.6.1.3 Research activities

The research activities included the interviews that I preferred to call conversations. Denzin and Lincoln (1998:36) regard interviews as the favourite methodological tool of qualitative research. Interviews, described as conversations blended with the art of asking questions and listening, is not a neutral tool (Denzin & Lincoln 1998:36). So I remained conscious that as the interviewer, to a certain extent, I might influence the reality of the interview situation (Denzin & Lincoln 1998:36). For this study, we employed the polyphonic interviewing, in which I endeavoured to record Rutendo and Gerlinda's voices, words and meanings with minimal influence from me as the researcher (Denzin & Lincoln 1998:62).

1.6.1.4 Reflections and interpretations

The records of this study were in the form of words rather than numbers (Miles & Huberman 1994:1). There were therefore no quantitative findings.

1.6.1.5 Sifting through records

Since this study evolved from a therapeutic context where the narrative approach and its core concepts were employed, sources of data included the written therapeutic and research conversation records, therapeutic letters, electronic audio and video recordings and the personal experience method (Denzin & Lincoln 1998:38).

1.6.1.6 Themes and patterns

I followed the assertion that human sciences fall into the category of written texts that can be reflected upon for their often hidden political and social agendas rather than statements of objectionable fact (Hoffman 1990:1). So, I used a narrative form of analysis, and tried to describe Rutendo and Gerlinda's experiences as fully as possible and work with the 'intent' or 'meanings' attached to the words they used, hopefully, without misrepresenting them (Janesick 1994:213). I also employed an 'inductive' analysis whereby; themes and patterns came from the data (Janesick 1994:213). Themes, most of which I quoted verbatim from their descriptions, are simply repetitive patterns of experience and behaviour (Vernon 1997:1).

As outlined in Burck (1999:10), I first gleaned for important and relevant themes by reading the text closely. I searched through all the data for themes that occurred frequently or those that surfaced once or twice only but being of weighty significance (Burck, 1999:10). I also searched for the implications of particular accounts (Burck, 1999:10). I had particular interest in language, dominant and subjugated meanings (White & Epston 1990). I kept in mind that our knowing is inherently contextual; that is, what one knows and sees depends upon where one stands or sits (Brueggemann, 1993:8). The knower helps constitute what is known and that the social and economic-political reality of the knower is decisive for knowledge (Brueggemann, 1993:8).

Thus at every stage of the study, as a practice and in agreement with Rutendo and Gerlinda, developed some reflective statements about their stories. These were my reflective responses, which involved giving back to them my images or pictures of their ideas, as if they were looking into a mirror (Taylor 1983:107). I hoped that given those images or pictures, they would either validate, correct or clarify my understanding and interpretation of what they had said, or, that they would even see their ideas from new ways (Taylor 1983:107). Regarding validation (McTaggart, 1997:13), we agreed that, since Rutendo and Gerlinda were too busy to take part at every step of the research journey, after I developed the themes and reflective statements from their stories, they would scrutinise and validate them. In this research journey, I also hoped that the research participants' and my personal experiences

would reflect the flow of thoughts and meanings we brought to the research situation thereby assuming the shape of our stories or narratives (Denzin & Lincoln 1998:38). In reflecting upon the data, the question I kept in my mind the main story (Bryman & Burgess 1994:45), which was about difficulties in integrating Rutendo into the family.

In addition to validation by the research participants, I also engaged other researchers (Burck 1999:10) to scrutinise the text, the themes and the reflective statements that I had made. The researchers included, Miss Leo Mandiki, a Supervisor at CONNECT, Ms Kudzai Akino, Ms Clara Makosa and Joshua Kembo, research lecturers at the University of Zimbabwe; Pastor Noah Pashapa of the Hatfield Baptist Church and Reverend Thomas Mhuriro, the Principal of Bishop Gaul Anglican Theological College of Zimbabwe.

1.7 THEORETICAL APPROACHES

Epistemologically I was guided by a number of research paradigms that informed my research study. The term paradigm is defined as the basic belief system or worldview that guides the investigator, not only in choices of method but also in ontologically and epistemologically fundamental ways (Guba & Lincoln in Denzin & Lincoln 1994:105). A paradigm represents a worldview that defines, for its holder, the nature of the world, the individual's space in it, and the range of possible relationships to that world and its parts (Guba & Lincoln 1994:107). Paradigms that informed this study included the postmodern and the social construction discourses as well as contextual issues that impacted upon Rutendo and Gerlinda's efforts to relate as mother and daughter. These paradigms work with relativist ontology or multiple constructed realities, interpretative epistemologies, that is, that the knower and the known interact and shape one another (Denzin & Lincoln 1994:13). Each interpretative paradigm made particular demands on me as the researcher, including the questions that I asked and the interpretations that Rutendo, Gerlinda and I arrived at (Denzin & Lincoln 1994:13). In other words, these epistemologies provided me with lenses (Hoffman 1990) with which to view issues related to Rutendo and Gerlinda's efforts to integrate as mother and daughter in a reconstituted family, hopefully without distorting the Christian message (De Gruchy & Vicencio 1994:8).

1.7.1 The Postmodern lens

One of the dominant discourses among the family therapists is the paradigm shift from a modern to a postmodern society (Kotzé & Kotzé 1997:2). Postmodernism was a ‘paradigm shift’ (Kuhn 1970 cited in Kotzé & Kotzé 1997:2) in the understanding of knowledge (Kotzé & Kotzé 1997:2). A shift that saw knowledge as no longer representing the world as it is, but taken as referring to interpretations, resulting in realities that are socially constructed by people in specific contexts, with specific purposes (Kotzé et al 2002:9). I agreed with Freedman and Combs (1996: 21) that there are limits on the ability of human beings to measure and describe the universe in any precise, absolute, and universally applicable way. I therefore did not concern myself with finding facts and rules, but with meaning (Freedman & Combs 1996:22) that Rutendo and Gerlinda made of their experiences and stories. I thus suspended the scientific reasoning and objectivist ideals (Hoffman 1990) that I have applied in my previous studies. As stated before, I set myself to examine all productions of our research conversations for their hidden political and social agendas rather than reflective statements of objectifiable fact (Hoffman 1990:1). In my conversations with Rutendo and Gerlinda, I was also guided by the following related concepts of language, discourse, narrative and multiple realities. These concepts amplified my postmodern lens and shaped my conduct during the research.

1.7.1.1 Language

In perceiving language as being central to the way we make sense of ourselves, Burck posits that language structures one’s experiences of reality as well as the experiences of those with whom one communicates (1999: 66). I entered this research conscious that the only worlds that Rutendo, Gerlinda and I can know are those we share in language, and that language is an interactive process, not a passive receiving of pre-existing truths (Freedman & Combs 1996:28). In the process of reviewing and validating of the themes and reflective statements that I developed from the data, we tried to agree on the meaning of a word or gesture, or description that shaped subsequent descriptions. Thus at times I had to discard certain words in my reflective statements for their preferred terms. This way we directed our perceptions towards

making some descriptions and away from making others (Freedman & Combs 1996:28).

1.7.1.2 Discourse

‘Discourse’ comes from the Latin root ‘discurrere’, which means, ‘to run around’ (Hare-Mustin 1994:19). It is a conversation with others and is a social process and interaction between people in which there is some ‘shared space’ and mutual interaction within that space (Lax in McNamee & Gergen 1995:75). In that shared space there is a sense of understanding in which meanings of one another’s thoughts, feelings, and actions are generated (Lax in McNamee & Gergen 1995:75). Discourse is defined as a system of reflective statements, practices, and institutional structures that share common-values (Hare-Mustin 1994:19). Discourse also includes the linguistic and non-linguistic aspects and is the medium that provides the words and ideas for thought and speech as well as the cultural practices involving related concepts and behaviours (Best & Keller 1991). I also stayed alert to the fact that discourses do not simply describe the social world, they also categorise it, bringing certain phenomena into sight and also obscure other phenomena (Hare-Mustin 1994:20). That meant that I had to look out for dominant discourses that both produce and are produced by social interaction, the particular language, community and the context under study (Hare-Mustin 1994:20) and their effect on the integration process.

1.7.1.3 Narrative ways of working

From a postmodern perspective, I focused on language and on this family interacting with one another in the construction of their worlds (McNamee in McNamee & Gergen 1995:191). Therapy with Rutendo and Gerlinda was situated within the narrative approach that is a respectful, non-blaming approach to therapy and community work (Morgan 2000:2). A brainchild of Michael White and David Epston (1990), narrative therapy helped me to understand Rutendo and Gerlinda’s identities (Morgan 2002:2) and problems and their effects on their lives. It was also about understanding our therapeutic and research relationships and the ethics or politics of therapy and research (Morgan 2002:2). I also benefited from the narrative notion of externalising of the problem (White & Epston 1990:38) that encouraged Rutendo and

Gerlinda to objectify and, at times, to personify the challenges that they were encountering. In the narrative way of work I used letters that were an extension of the therapeutic conversation (Epston 1994:32), capturing useful moments of the session and additional reflections and questions from me (Epston 1994:35). I received only one response letter from Rutendo and got invaluable feedback from both her and Gerlinda during the therapy and research sessions.

1.7.1.4 Multiple realities

I endeavoured to acknowledge possible multiple realities of Rutendo and Gerlinda's worldviews and remained alerted to many likely directions that our conversation could take, conscious that there is no single correct direction for conversation (Hare-Mustin 1994:20). With this in mind, as shall be seen later, I privileged a spontaneous and contentious political talk with Gerlinda. I also tried to uphold Rutendo and Gerlinda's respective descriptions of their own experiences rather than to a prototype or 'one true' one. I was also cognisant that not all-circulating discourses are of equal importance (Hare-Mustin 1994:20). In fact I also remained sensitive that some discourses have a privileged and dominant influence on language, thought and action (Hare-Mustin 1994:20). What could be the competing discourses that make up Rutendo and Gerlinda's stories? What competing discourses could there be between the research participants and me as the researcher?

1.7.1.5 Social Construction lens

Social construction is a way of understanding the phenomenon of knowledge itself (Kotzé & Kotzé 1997:3). From the social constructionist viewpoint, beliefs, laws, social customs, habits of dress and diet - all the things that make up the psychological fabric of 'reality' are seen as arising from social construction over time and that people, together construct realities as they live them (Freedman & Combs 1996:23). With the social construction lens I thus focused on making sense of the processes by which Rutendo and Gerlinda came to describe, explain and account for the world in which they live (Gergen 1985a:266). It was my hope that the social construction paradigm, as an epistemology, could contribute to a better understanding of knowledge about the discourses and processes that were facilitants or limitations in

integrating Rutendo into the alternative family (Kotzé & Kotzé 1997:2). I also valued that Social Construction does not claim a privileged voice in the conversation of humankind but only poses as a voice in a critical dialogue with others (Shotter1993).

a. The client as the expert

In this study, I regarded Gerlinda and Rutendo as experts of their own lives and unique individuals who were capable of telling their own stories. Although I have been personally involved in the step and reconstituted families, I did not set my experiences or what literature says as the yardsticks in the study. I therefore approached our conversations from a position of ‘not knowing’ with genuine curiosity, and positioning myself in such a way as always to be in the state of ‘being informed’ by Rutendo and Gerlinda (Anderson & Goolishian 1992:29). I was thus guided by my curiosity that opened conversational space and thus increased the potential for the narrative development of new agency and personal freedom (Anderson & Goolishian 1992:38). Thus, my role and emphasis was to develop a free conversational space and to facilitate an emerging dialogical process in which Rutendo, Gerlinda and I participated in the co-development of new meanings, new realities and new narratives (Anderson & Goolishian1992:29). Although the participants and I have our respective stories, we were together in a system that evolved over the process of our corroborative work (Anderson & Goolishian 1992:31). My acknowledgement and regard for their expertise and agency in this work is demonstrated in chapters 3, 4 and 5 in which I include varied lengths of quotes from Rutendo and Gerlinda’s stories.

1.7.2 Other theoretical approaches

A few other considerations guided this research as outlined below:

1.7.2.1 Participatory Mode of Consciousness

I took the cue from Heshusius’s (1994:15) postmodern notion to free myself from objectivity, thus moved away from an alienated mode of consciousness that sees the knower as separate from the known, to turning towards a participatory mode of

consciousness (Heshusius's 1994:6). To free myself from objectivity I needed to fundamentally reorder my understanding of the relationship between me, Rutendo and Gerlinda or anyone else who was involved in this research journey, and therefore of reality (Heshusius 1994:6). I retained an awareness of a deeper level of kinship between me, as the knower, and the research participants as the known (Heshusius 1994:16). This attitude and mode of consciousness (Heshusius 1994:16) is what Schachtel cited in Heshusius (1994:16) terms 'allocentric' knowing. Its concern with the totality of the act of interest and with the participation of the whole person (Heshusius 1994:16) was enriching. The research journey was an integration of the 'self' and the world that I was seeking to study (Highwater cited in Heshusius 1994:17). In relating to Rutendo and Gerlinda, I endeavoured to let go of all preoccupation with self and moved into a state of complete attention (Heshusius1994:17), not privileging my existing knowledge or experience, which act is in itself an ethical one (Heshusius 1994:19).

1.7.2.2 Participatory Action Research (PAR)

I was also guided by the Participatory Action Research (PAR) approach that is a group activity (McTaggart 1997:28). I endeavoured to uphold Rutendo and Gerlinda's ownership of this social enquiry and its role in the amelioration of their situation (McTaggart 1997:21). I thus did not enter Rutendo and Gerlinda's worlds of meaning through an objective positivist lens as a detached observer (Dreyer 1998:3). I entered Rutendo and Gerlinda's worlds with the knowledge that we would evolve as a system in the process of our collaborative work (Anderson Goolishian 1992:31). In fact, Rutendo and Gerlinda were part of this research from the beginning when I negotiated for their permission and participation. We thus started in therapy where we were in search of ways to resolve Rutendo and Gerlinda's life challenges. We then progressed to the research, which was more of an exploration of the prevailing challenges, a process that was to benefit my scholarly needs and hopefully also the research participants' therapeutic needs. I appreciated Rutendo and Gerlinda's position that they would not be available at every stage of the execution of the study and we agreed to adapt PAR in that I would work on an issue and they had the space to validate or alter according to their own personal reality.

1.7.2.3 Ethical ways of researching

Specific ethical issues were, explicitly or not, nested in larger theories of how we decide that an action is right, correct or appropriate (Miles & Huberman 1994:289). On the whole I tried to work respectfully and non-judgementally (Morgan 2000:2) with this family. I was guided by the critical theory approach that judges actions according to whether they provided direct benefit to Rutendo and Gerlinda and their significant others and, when the need arose, I became an advocate for them (Miles & Huberman 1994:289). I was also at pains to develop a closer relation between the research participants and me, in an attempt to minimise status differences and doing away with the traditional hierarchical situation in interviewing (Denzin & Lincoln 1994:65). Holding of the research conversations at the participants' home was humbling for me as I deferred to my hosts' plans and arrangements.

Rutendo and Gerlinda were sharing important and sensitive information akin to the subject of AIDS. Yet, this research was not funded and I was not able to afford them any pecuniary benefits. I disclosed that shortcoming to them right at the beginning and they accepted my pledge for a token of appreciation. Another ethical consideration was that by way of PAR, I tried very much to involve Rutendo and Gerlinda in decision making as well as availing my perceptions or interpretations of their narratives and other informative documents to them. This was my quest for consensus-based decision-making (Foster 2001:4). Thus I was constantly aware that while I was the reporter to the community of therapist and researchers, Rutendo and Gerlinda were the creators of their own lives and stories (Kaye 1990:42).

1.8 RUTENDO AND GERLINDA IN CONTEXT

I agree with contextual theology that fits with postmodern epistemology, affirming justice against oppression, shifting from the general to the local, co-constructing a variety of local theologies (Kotzé and Kotzé 2001:5). Consequently, in this study, I privileged Rutendo and Gerlinda's local context and meaning.

1.8.1 Marginalised voices

One of the lenses (Hoffman1990) of social construction discourse is the idea of Foucault. According to Foucault in Fillingham (1993), 'all knowledges' are socially constructed and potentially constitutive of life and are associated with and inform practices of power (White 1997:20). It was my hope that this research journey would afford Gerlinda and Rutendo an opportunity to have their voices brought out of the private realm of the self and family into the public awareness, notwithstanding that this is too small a study to have much impact on the greater public. Another element to examine in the researchees' texts was the male domination in the family, which, as argued by feminists, is often not labelled as such because society does not regard the husbands' power as stemming from a desire on his part to dominate (Hare-Mustin 1994:22).

1.8.2 Cultural and socio-political constraints and facilitants

Culture or ethnicity is a major determinant of our family patterns and belief systems (Burnham 1994:11). Families have idiosyncratic rules and rituals that govern transitions in the life cycle of relationships, with some family scripts being explicit and others implicit (Burnham 1994:39). Cultural discourses that may aid or hinder relating between Rutendo with her Shona and Zimbabwean cultural background and Gerlinda with her German one, was of great and practical interest. It was interesting to consider different and competing discourses that circulate in the culture, some of which are more privileged and dominant over others (Hare-Mustin 1994:19). Tensions might arise, for instance, from the coexisting cultures in my life feeding into my work. For example, my Shona, CONNECT and Christian cultures as well as my socio-political standing could serve as constraints or facilitants. We did not ascertain how much of and to what extent Rutendo's Shona culture agreed with mine. What did Gerlinda bring with her? Further, Rutendo and Gerlinda were trying to build a relationship within a post-colonial and independent Zimbabwe that is struggling with the teething problems of political independence and cross-cultural or cross-racial marriages that were not common before independence.

In therapy, one of Gerlinda's agendas was the eventual adoption of Rutendo. Kaseke and Gumbo (2001:55) state that adoption of children to whom one is not related is a relatively new concept among Africans in Zimbabwe and therefore few Africans come forward to adopt children. In this case, Eric was directly related to Rutendo and had become a replacement parent by virtue of cultural assignment. What other socio-cultural constraints and facilitants were likely to impact upon Eric and Gerlinda's efforts to adopt Rutendo?

1.9 GOD IN THIS STUDY

The emphasis of my current study is Practical Theology, a concept that demands significant attention. To this end in this study, I considered the concepts of theology, contextual theology, postmodern theology, practical theology and pastoral care and, how they applied to or impacted upon Rutendo and Gerlinda's lives and their effort to relate as mother and daughter.

1.9.1 Theology

Every person imagines God personally and differently although this does not exclude the religious feeling that my God is your God (Herholdt in Maimela & König 1998:225). How did Rutendo and Gerlinda perceive God? Literally speaking, theology has to do with our attempt to speak about God, or to explain what we mean by God (de Gruchy 1994: 4). Theology is not only an attempt to understand reality from the perspective of faith in God, but it also seeks to understand human nature and the nature of the world we live in (de Gruchy 1994:7). Regarding theology, I considered the significance of contextual and practical theologies in Rutendo and Gerlinda's relating endeavours. Theology is to reflect theoretically on the message of the Bible (Maimela & König 1998:14). It is a reflective statement by Christians on their faith, which takes many forms and thus distinguishes one type of theology from another (Gaybba in Maimela & König 1998:20).

1.9.1.1 Contextual theology.

Bons-Storm (1998:14) who defines practical theology as 'faith lived in context' posits that the context in which we live influences faith deeply. This resonates well with Van Wyk (1995:87) that social processes have definite influence on the church and vice-versa. What contextual issues impacted upon Rutendo and Gerlinda's faith and their effort to relate as mother and daughter?

1.9.1.2 Practical Theology

In this study, I regarded practical theology that reflects on the practice of the members of the community of faith, as individuals and as members of the community, who live their faith in society (Ackerman & Bons-Storm 1998:14). If epistemology models ontology (Herholdt in Maimela & Konig 1998:223), practical theology in here will be viewed from postmodernity that is informing this study. The aim of postmodern theology is not to provide a rational or exact explanation of God but to point to coherence between our experience of God and the way we experience the world physically and morally (Herholdt in Maimela & Konig:224). How did Rutendo and Gerlinda's experiences of God connect to their life experiences or vice versa?

1.9.2 Pastoral work

I include pastoral work because the subjects of pastoral challenges in this study encompassed ordained pastors or ministers (Oglesby 1981:11) of the church; pastoral counsellors, carers and pastoral-counselling teachers. I also included the priesthood of all believers 1 Peter 2:9 (Hayford 1991:1910) whether or not they are specially prepared or trained in counselling or therapy work because in HIV/AIDS, they are the closest witnesses (Weingarten (2003) of the infected and affected. In this study therefore I regarded Pastoral work as comprising, mutual care, pastoral care, pastoral counselling, and pastoral therapy (de Jongh van Arkel 2000:x).

1.9.2.1 Mutual and Pastoral Care

Mutual care occurs when church members care for each other (de Jongh van Arkel 2000:x). In this case, how did members of the Christian community care for Rutendo and Gerlinda? Second pastoral care, that is slightly more specialised care, is rendered by selected members of the church (de Jongh van Arkel 2000:x) in an orderly and coordinated manner. This study was informed by the Communal Contextual paradigm (Paton 1993:15) that views pastoral care as a ministry of the Christian community that takes place through remembering God's action for us, remembering who we are as God's own people and hearing and remembering those who we minister (Paton 1993:15). I also adopted Paton's (1993:17) view that the image of the shepherd illustrates the meaning of care. That the shepherd tends both for the whole flock as well as being vigilant about the needs of the individual member of the flock (Paton 1993:17). As argued by Headgear in Paton (1993:17) I understood care as both the anxiety that we feel about our own lives and also as the solitude we direct toward others. Paton (1993:17) who posits that care is what makes us human and if we do not care we lose our humanity also convicted me towards considering care in this study. How much of specialised pastoral care did Rutendo and Gerlinda receive?

1.9.2.2 Pastoral Counselling and Therapy

Pastoral counselling is a more intensive and structured form of care (de Jongh van Arkel 2000:x). Pastoral counselling is an essential lifesaving station, a hospital and a garden of spiritual life and a way of translating the Good News into the language of relationships (Clinebell 1982:14). It was my hope that the functions of pastoral counselling as propounded by Clebsch and Jaekle in Clinebell (1982:39), namely healing, sustaining, guiding and reconciling would somehow be realized in Rutendo and Gerlinda's lives. As a pastoral Counsellor, I view my role as both an in- reaching and out-reaching mission to persons in conflict and trouble, wherever they may be (Clinebell 1992:42). On the other hand, pastoral therapy involves long-term reconstructive therapeutic methods to heal deep and/or chronic problems (de Jongh van Arkel 2000:x).

1.9.3 God in my life

As it is good medicine for researchers to make their preferences clear so that the readers know their conversational partner (Miles & Huberman 1994:4), I included an account of my spirituality as it had a bearing on my work with Gerlinda and Rutendo. I was born and brought up as a Wesleyan Methodist. My father was a Methodist Evangelist and my mother was Mothers' Union Leader⁷. I am now an Anglican through marriage, partaking in preaching in my church. I also lecture on Pastoral Therapy to students at the Zimbabwe's Bishop Gaul Anglican National Theological Training College in Harare. Concerning God in my therapy and research work, I followed the spontaneous references to spirituality by both Rutendo and Gerlinda in their narratives and my subsequent remarks or follow –up reflections.

1.10 CHAPTER SUMMARY

This chapter chronicled the genesis of and my actual experiences on this journey with the step and reconstituted families. Sharing my experiences with the Hatfield Baptist Women's Fellowship saved as the cradle for my interest in carrying out this study. The sharing was followed by the therapy with and research on the stepfamily and the current therapy journey and research of the reconstituted family. The chapter introduced Rutendo, the main participant of this research and Gerlinda as the other participant. It highlighted the research methods, approaches and paradigms that informed the study. It also outlines the methods of collecting data and interpretation of Rutendo and Gerlinda's stories. Chapter 1 highlighted the theoretical approaches that informed the study. First was postmodernism, including its sub-concepts such as language, discourse, narrative and multiple realities. Then it covered Social Constructionism and its related concept of the 'client as the expert'. The other concepts that informed the study were highlighted and these included PAR, the participatory mode of consciousness and ethical ways of research. The chapter also highlighted the contextual considerations such as the marginalized feminine voices, culture and gender. Finally the chapter addressed practical theology, which is the core

⁷ A women's association or union of the Methodist denomination known as 'Ruwadzano' in Shona or 'Manyano' in Ndebele.

concern of this study, to establish the place of God in Rutendo and Gerlinda's endeavours.

The following chapter outlines the context of the research study. It highlights the core concepts or issues impacting upon Rutendo and Gerlinda's experiences in their effort to relate as mother and daughter in the reconstituted family and the prevailing discourses about the HIV/AIDS scourge. It also covers bereavement and children. Children orphaned by AIDS receive attention as well as the step and reconstituted families that are a result of the efforts being made to accommodate the children orphaned by AIDS. Since Gerlinda had stated adoption of Rutendo as her and her husband's goal during one of the therapy sessions, Chapter 2 reviews the 'adoption' laws and how they might impact upon this family's stated desire to adopt Rutendo.

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CHAPTER 2

PANNING FOR KNOWLEDGES AND INFORMATION

2.1 INTRODUCTION

In our therapy sessions, Rutendo and Gerlinda raised life and theological questions and issues, most of which I lacked answers. This chapter is about my search for ideas and knowledges on the core concerns relating to their stories, aspirations and questions. I first reviewed HIV and AIDS in the Zimbabwean context within which Rutendo and Gerlinda's experiences are situated. I then focused on HIV and AIDS and its impact on the children that are orphaned by the scourge. I also defined the terms 'orphan', 'stepfamily', 'reconstituted family' and other family configurations. In my search for the information on the family, I panned for both modernist and the postmodern perspectives.

I procured and reviewed 'The Children's Protection and Adoption Act Chapter 5:6' which is the Zimbabwean law on adoption since, as stated before, Gerlinda and Eric had the intention to adopt Rutendo. Details from this Act that affected this family are on paragraph 2.9. On Annex A to this report are Part I with the relevant definitions and Part VII, the relevant part of the Act relating to adoption. I did not impose any of the ideas that I got from the literature review on Rutendo and Gerlinda. But, the information and ideas that I obtained served, as far as was possible, as a guide for me to at least appreciate Rutendo and Gerlinda's unique stories and the contexts within which they were located. Where appropriate, as in the adoption laws of Zimbabwe, Gerlinda made use of some of the information when she needed to.

2.2 PREVIOUS STUDIES ON HIV AND AIDS IN ZIMBABWE

I obtained the following information about HIV and AIDS and related concepts relevant to this study:

2.2.1 The extent of infection

Zimbabwe's official population figures were 10.4 million for 1992, 11.6 million for 2002 and 11.87 million for 2003.¹ Of the approximately 12 million people of Zimbabwe², 57% are aged 15 years and above (Kaseke & Gumbo 2001:53).

AIDS has become the most important public health problem that is threatening to decimate a significant proportion of Zimbabwe (Kaseke & Gumbo 2001:53). Zimbabwe has had one of the worst AIDS epidemics in the world with prevalence among sexually active adults between 15 and 49 years at 24,6 percent (Mugabe 2004:vi). This rate dropped to 20.1% according to Zimbabwe Ministry of Health National Home Based Care Manual (2005:iii). An estimated 1,82 million people were living with HIV and AIDS in 2004 while 135 000 lives, approximately 3000 deaths per week, were lost to AIDS (Mugabe 2004:vi). Although it continues to be counted among the countries with the highest HIV infection in the world, Zimbabwe is the first in the region to have recorded a decline in HIV prevalence from 26.0% to 18.1% (Mugabe in ZNASP 2006).

2.2.2 About orphans: The consequence of AIDS deaths

In the AIDS scourge, the population mostly at risk is the economically active and childbearing 15 to 49 years age group. The result is that when parents die, there is an increase in the number of orphans as reported in the Zimbabwe National AIDS Coordinating Programme Report of July 1998. The orphans that they leave become a burden, not only to the extended family system, but also the community and the Zimbabwe Government (Kaseke & Gumbo 2001:53). In 2004 figures showed that there were just over 1 million orphans out of a total population of around 5.8 million children as reported in the Zimbabwe National Plan of Action for Orphans and Other Vulnerable Children (2004:9). So who is an orphan?

¹ National Accounts Statistics, Central Statistical Office 2003 in Zimbabwe Human Development Report 2003:9.

² National Health Strategy for Zimbabwe 1997-2007:4

2.2.2.1 'Orphan' defined

In the context of HIV/AIDS, an orphan has been defined as a child under the age of 15 who has lost his or her mother to AIDS (NACP*³ Report July 1998). On the other hand, Section 2 of the Zimbabwean Children's Protection and Adoption Act Chapter 5:06 does not define the word orphan but defines a child in need of care as, among many other criteria, a child both of whose parents are dead (1996:225). The definition fits in with Rutendo's status. How significant is the challenge of AIDS orphans in Zimbabwe?

2.2.2.2 The extent of the orphan population AIDS in Zimbabwe

Nationally, the AIDS crisis in Zimbabwe has resulted in an unprecedented huge increase in the number of orphans (Kaseke & Gumbo 2001:53). An estimated 761 000 of orphans aged 0 to 14 were living in Zimbabwe at the end of 2003*⁴ as reported in the Ministry of Health & Child Welfare in Zimbabwe Report (2002:33). Figures show that 31% of all Zimbabwean children have lost one or both parents (UNICEF 2004/2005:8). If the numbers of orphans in Zimbabwe is this high, what are these children experiencing?

From the above, it seems that most research reports on AIDS in Zimbabwe focused on determining the quantitative impact and scope of the problem of AIDS in general while others focused on specific communities. Quantitative surveys have been helpful as persuasive tools for securing local and international donor funding. In Hatcliffe Extension⁵, 51% of the families interviewed were caregivers for orphans, while in Dzivarasekwa Extension⁶ and Porta Farm⁷ 63% and 68% respectively of the families were caring for orphans. It was also reported that of the children under 15 years of age, 11 percent had lost their father and 5 percent had lost their mother, according to the Zimbabwe Demographic and Health Survey (1999:10). In addition the proportion of children who had lost both parents had increased from 1 percent in 1994 to 2 percent in 1999, again as reported in the Zimbabwe Demographic and Health Survey (1999:10).

³ Zimbabwe National AIDS Coordinating Programme (NACP).

⁴ The report for 2002 was compiled in 2003 by which time some of the figures of that year were unavailable.

⁵ Hatcliffe Extension is a high-density suburb situated North of Harare.

⁶ Dzivarasekwa Extension is also a high-density suburb West of Harare.

⁷ Porta Farm is a makeshift settlement West of Harare.

2.2.2.3 Challenges for caring and supporting of orphans

The children being orphaned by AIDS tend to be of younger ages than from other causes of parental death (Jackson 2002:267). This means that some replacement parents have to care for very young children who still need intensive parental care and therefore difficult to integrate into their families. Gerlinda and Eric reported experiencing some difficulties in their effort to integrate Rutendo into their family, even at the age of 14.

2.2.2.4 The voices of orphan's

The studies that I have cited above in respect of Zimbabwe focused on empirical enquiries to assess the quantitative magnitude of the problem. Among them, I did not find emphasis on hearing the voices of the orphaned children or their significant others to determine the emotional and psychosocial impact of the scourge. It is possible that such studies exist but that I was not privy to them. Yet, the World Bank (2002) lists among others, 'the child's right to have a voice to be listened to' as a key principle in HIV/AIDS interventions.

This study sought to add to the existing quantitative knowledges by venturing into the realm of the immeasurable and that entailed hearing Rutendo and Gerlinda's personal experiences as told by them. However, the research population constituting Rutendo and Gerlinda was not quantitatively significant. Despite this, given space to voice the stories of their experiences, they significantly added to the quantitative records concerning orphans. I also hoped that their local knowledges, personal experiences and the affective and related challenges that militated against their efforts to relate as mother and daughter might apply and be of useful reference to other families or other therapeutic endeavours.

2.3 SIGNIFICANCE OF THE FAMILY

The family is the primary and most powerful system that one belongs to and is a determinant of the course and outcome of the lives of its members (Perkins & Kahan 1979). I assume this attribute pertains to the step, reconstituted and other family configurations that arise from people assuming responsibility for the bereaved children. I needed relevant understanding and skills to

work with the research participants' family and others in similar situations. That included understanding the definitions of the various family structures and their related facilitants and limitations for relating.

2.3.1 Definitions of the families

Diversity and heated arguments exist among professional therapists in their quest to coin nomenclature for alternatives to the nuclear family (Visher & Visher 1996:4). Various scholars have given a number of definitions, some of which are stated in the following subsections:

2.3.1.1 The family defined

Traditionally, the family is a unit of more than one generation and constitutes the primary social group into which individuals are born and upon which they initially depend for nurture and for the physical and psychological protection offered by intimate relationships (Barnes 1984:10)

2.3.1.2 The extended family

The extension of kinship goes beyond the elementary family, that is, beyond a man and his wife and their children that reflects the common residential pattern of traditional Shona society (Bourdillon's 1976:26). Extended family refers to a group consisting primarily of a patrilineage three to five generations deep under the family head (Bourdillon 1976:26). In my socialization experience, as observed by Jackson (2002:278) anyone belonging to the extended family implicitly commanded undisputed powers of in-loco parentis to the extent that to me, their sheer presence felt like that of my own parents. That invariably forced me into immediate minding of my behaviour. Thus the African culture and customs focus on the family clan, with the effect that parenting is the responsibility of all adults in the family lineage. The nuclear family is not centralized with the effect that the western idea of a family is not a serious issue. However, that is slowly changing as the western culture is sinking its roots along side of the African culture, leaving a tendency to drift towards the nuclear family in some westernised families. In the case of children raised in nuclear families, when AIDS deaths strike, the orphaned children from such families may find themselves allocated to bigger extended family they were not used to under cultural strategies for coping with such children.

2.3.1.3 The stepfamily defined

A stepfamily is one in which there is an adult couple, at least one of them having a child from a previous union or marriage (Barnes 1984). Stepfamilies are of widely differing structures with varying histories, losses, transitions, and economic and other circumstances; and, the context for considering a stepfamily includes previous lives and relationships within the current generation (Barnes 1984:6). The stepfamily has been defined as a household in which there is an adult couple, at least one of whom has a child from a previous relationship (Visher and Visher's 1996:3). The stepfamilies may be preceded by single parenthood, separation, divorce or bereavement and may arise through cohabitation, marriage or remarriage (De'Ath 1992:8). Stepchildren may be full-time or part-time members of the household or both as they move between two stepfamily households created as a result of both their parents forming new relationships (De'Ath 1992:2). As indicated in paragraph 2.5, I did not find a culture-specific definition of the Zimbabwean stepfamily though there is a tendency to adopt the western definition.

2.3.1.4 The reconstituted family defined

The definition of the reconstituted family that seems to fit Rutendo and Gerlinda's situation is:

That family in which a new member (or members) has (ve) been added to the family system of a biologically related natural family group. The new member or members have been chosen by at least one of the family members and is/are not by definition biologically related to them.

(Barnes 1984:10)

2.3.1.5 The changing family structure to accommodate the orphans

Sequels to AIDS deaths include the establishment of post-bereavement remarriages that take place as well as the extended family efforts that are made to provide replacement parents, homes and families for the orphaned children. These two and other practices transform the various families into a variety of configurations, as is the case with the research participants' and the researcher's families that have both metamorphosed from nuclear through step to reconstituted

families. Such families differ from nuclear families and experience special problems and stresses (Walsh & Giblin 1988). Hence Rutendo and Gerlinda presented challenging problems in therapy.

2.3.1.6 The working definition for the reconstituted family

I borrowed from Robinson (1982a), who includes stepfamilies, adopted families and foster families in her definition of the reconstituted family (Barnes 1984:10). For me, that implicitly includes the extended family that may also take in orphaned children from their sanguine family grouping for permanent membership into their nuclear family as the case is with Rutendo and her brothers. So, my working definition for a reconstituted family for this study is:

That family comprising a nucleus, or stepfamily, to which there is an addition of one or more children, to be afforded parental and family care, whether they are or not related biologically, legally or culturally designated.

If, as Visher and Visher (1996:4) claim, the prefix ‘step’ comes from the old English ‘steop’ meaning orphaned or bereaved, accommodating ‘stepfamily’ in my definition fits in well with Rutendo who is orphaned. Hence, the terms ‘reconstituted’, ‘blended’, ‘step’ and ‘alternative’ are used interchangeably in this study.

2.4 THE CHALLENGE OF RELATIONSHIPS IN THE STEP AND RECONSTITUTED FAMILIES

Some counsellors erroneously claim that if you can do family counselling you can work with step or blended families, a position that has been challenged by Lutz, Jacobs and Mason (cited in Walsh and Giblin (1988). The discussion of those counsellors’ claims has helped me to focus on the research participants’ special challenges and stresses in their situation without stereotyping them. I agreed that the viewing of a non-nuclear family as a nuclear one is a mistake (Welsh et al.1988). As a counsellor of the step or reconstituted family, I hoped to benefit from some of the information about these two family types as systems (Walsh & Giblin 1988; Perkins & Kahan 1979). My efforts in this study were thus to understand and therefore develop appropriate skills in working with these families and also to develop an awareness of the family’s uniqueness (Perkins & Kahan 1979).

2.4.1 The modernists lenses

I shall focus on Visher and Visher (1996) and Carter's (1998) contributions to the modernist approach to stepfamily households.

2.4.1.1 Visher and Visher

Society tends to negatively stigmatize the stepfamily households and react to them as inferior and inadequate families (Visher & Visher 1996:4). Apart from the stigmatization, they listed some differences in the structures of the first-marriage families from that of the step or reconstituted ones. The differences make the relating particularly more challenging in the later structures. Being aware of these differences, as they relate to the family under study, would if needs be, help Rutendo, Gerlinda Eric and other family members to nurse realistic expectations from each other, or, understand and anticipate some of the difficulties that may arise. This was not meant to disregard the uniqueness of this family and that of its individual members' experiences. These differences are, among others, that:

- a. The stepfamily begins after many losses and changes.
- b. Both adults and children come together with incongruent individual, marital and family life cycles.
- c. Children and adults have expectations from previous families;
- d. Parent-child relationships predate the new couple relationship.
- e. There is little or no legal relationship between stepparents and stepchildren.

(Visher & Visher 1996:14-21)

2.4.1.2 Betty Carter

In her experience of working with adolescents in stepfamilies, Carter (1998) observed turf wars among them over sharing homes, establishing house rules and so forth. Mostly, they are issues to do with invasion of privacy, competition for privileges and resentment over the new family situation, which was not their choice in the first place (Carter 1998). What would be the situation in Rutendo and Gerlinda's family?

2.4.2 The postmodern lenses

Postmodern professionals challenged the inherent structural character of the modernist view of the stepfamily, which talks about delineation of boundaries, roles and status in the stepfamily (Robinson in Mason & Rubenstein 1988). The acceptance of variance in many aspects of the stepfamily was seen to accommodate the postmodern principles of acknowledging and celebrating heterogeneity, homogeneity and multiplicity (Robinson in Mason & Rubenstein 1988). I kept in mind McNamee and Gergen's (1995) assertion that whether we locate a problem, for which a solution is demanded, depends not so much on what is before us as on what is behind us. So, I remained cautious to view Rutendo and Gerlinda's reconstituted family in therapy and research from their own perspective of their unique circumstances and not with my own step or reconstituted family lenses and experiences. I acknowledged that my experiences were unique and not a prototype to be replicated elsewhere. However, when appropriate, I shared with Gerlinda and Rutendo the experiences in our reconstituted family about any matter that arose.

2.5 THE STEPFAMILY IN ZIMBABWE

A search for local Shona or Ndebele literary works on the stepfamily yielded no results. This does not mean that there are no such works as it could have been a matter of not having access to them. However, Ndabaningi Sithole, the now deceased Zimbabwean politician, in his book 'The Polygamist' (Sithole 1972), paid great attention to the lives of polygamists, some of them who had up to seven wives or more. He did not address the plight of the stepchildren. Experientially, I have found the term 'Mubvandıripo' meaning, 'the child who pre-dates the mother's marriage' as labelling the child (ren). That reference does not appeal to me since it tends to highlight the status of the woman's child without reference to the status of the others involved in the new family. It does not also refer to the resultant broader relationships in that marriage as does the western prefixing with 'step' to the relationships that emerge. I have already highlighted the communal nature of responsibility for children in paragraph 2.4.1.4.

2.6 MY BIBLICAL MODEL OF A FAMILY

My Biblical model of a family is that of Joseph, Mary and Jesus Christ as their Son. As model parents, Joseph and Mary took their Son Jesus, and presumably later the other children, to the

temple for worship and for fulfilling the spiritual requirements. In Luke 2:24, forty days after He was born, they took Jesus to the temple, first to present Him as their first born and to consecrate Him to God as required in Luke 2:23 (Hale 1996:312). Second, again as required by the law, they were to offer the sacrifice for purification of both Jesus and Mary (Hale 1996:312). This is a family that leads the children in the ways of God that they will not depart from Proverbs (22:6). Mary and Joseph took the Child Jesus with them to the Feast of the Passover in Jerusalem every year (Hale 1996:312). It was at the age of twelve that He remained behind in the temple when His parents went home without Him. When they returned, they found Him talking with the teachers of the law who were astonished at His understanding and answers (Luke 2:41-50). To be able to argue with the teachers of the law to that extent, Jesus must have been socialised into the Word of God by His parents. What happened in Rutendo and Gerlinda's families?

There is another perspective of a Christian family as indicated by Jesus Christ Himself in Luke 8:21, when He said, "My mother and My brothers are these who hear the word of God and do it". From a theological standpoint, the family goes beyond natural borders to embrace spiritual ones. The Biblical family is based on faith in Jesus Christ when you become a Child of God (John 1:12) and the love of God and the others that also mark the children of God as found in 1 John 4:7-8(Gutierrez 1983:198). Similarly, the identity of family is in God as indicated in Ephesians 3:15 that the whole family in heaven and earth is named from Jesus Christ (Hayford 1991:1791). That Scriptural perception of the family, I believe, would make the incorporation of children orphaned by AIDS into any Christian family outside their natural one significantly easier.

2.7 MY PERSONAL AND PARENTAL EXPERIENCES OF THE STEPFAMILY

Of my parents who were both brought up and socialized in stepfamilies, my father reported unpleasant experiences while my mother reported good relationships. On my part, I have enjoyed a good relationship with my stepchildren and now with the step grandchildren. A unique situation was that in November 1970, my husband Didymus was placed into political detention a few months after I had joined the family. I have wondered whether the hardships that the children and I faced together during that time served as a catalyst for bonding into the strong and cordial relationship that we enjoy. Infact it is only in this written work that I have referred to them as stepchildren that they and I are not used to.

The positive portrayal of my stepfamily is not meant to discount that some of its members, especially the children, could have had unpleasant experiences within our stepfamily set-up, in which I am mother and stepmother. Hare-Mustin (cited in Hare-Mustin & Marecek 1988:461) argues that the subordinated members often achieve accord within the family through acquiescence and accommodation. Hare-Mustin and Marecek (1988:461) also posit that the needs of some family members are often subordinated to those of dominant members in the name of 'family loyalty'. Besides, as is in all forms of representation of experience, mine could be a limited portrayal of my stepfamily's experiences (Riessmann 1993). So, I concede that the portrayal of my stepfamily can only be validated if honest voices or narratives of all the members who were involved in my stepfamily are heard.

2.8 BEREAVEMENT AND CHILDREN

The story that Gerlinda brought to therapy had part to do with Rutendo's difficulty in relating in the new family. However, as stated earlier, Rutendo's first utterance in the same session was to do with the loss of her father, as indicated in her own tearful words "I have not been able to cry over my father's death". So, bereavement and grief, to me, seemed to have been the issue in Rutendo's story. Like other children, Rutendo needed significant support as she dealt with the loss of her parents (Doka 1995:xii). When a significant person in a child's life is dying or has died, it is not surprising to hear questions like the following: Why did it happen? Did I cause it? Who will take care of me? (Doka 1995:15). Rutendo had asked some of these questions in therapy. Despite the children having these questions that demand answers, they (children) are too often forgotten by grieving adults (Doka 1995:15).

2.9 THE IMPACT OF THE ADOPTION LAW OF ZIMBABWE ON THE FAMILY

Gerlinda made her and Eric's intention clear to adopt Rutendo in the first therapy session. At the time, Rutendo was ambivalent about adoption on account of her concern over what would happen to her brothers. As she had not rejected the idea totally, I set out to establish what was prevailing in terms of the law in the event that this family finally decided to proceed with the adoption. The position regarding adoption in Zimbabwe is aptly laid out in the Family Law Handbook of the University of Zimbabwe:

In Zimbabwe, the institution of adoption is a legal device, which enables a person or persons to adopt a child, and, through the adoption create the legal relationship of parent and child between the adopting parents and the adopted child. Granting an adoption is one of the most significant things a court can do to a child. Adoption allows the adopted child to inherit from its adoptive parents.

Ncube (1989:76)

Of relevance to Rutendo and Gerlinda is that the Zimbabwean adoption order would have conferred Eric's or Gerlinda's surname upon Rutendo as indicated in Act 05:06 Section 64(1), since both of them used different family names from hers. Thus she would have had to change her identity from that of her brothers. It would have also conferred all legal parental rites and obligations to Eric and Gerlinda again as indicated in Act 05:06 Section 44(4)). The adoption law also affected this family in that, according to Part 1, Section 2 of the Act 05:06, Rutendo should have been adopted by 1 December 2005 when she was going to turn 18 years, beyond which she could no longer be regarded as a minor who could be adopted.

2.10 CHAPTER SUMMARY

This chapter introduced the core concepts of the stories that were presented by Rutendo and Gerlinda. These included the impact of HIV and AIDS in general and in Zimbabwe in particular. The chapter then gave the definitions of the term 'orphan' and also addressed the plight of the children orphaned by AIDS. It addressed the transformation of the traditional nuclear family and the emergence of the alternative family structures through post-bereavement and post divorce remarriages and the absorption of the orphaned children into various alternative families. It further elaborated on the step and reconstituted families including their definitions and reported experiences and the working definition for this research. I also briefly highlighted my previous experiences with the step and reconstituted families in therapy and research and my parental and personal experiences of the stepfamily. I also included a brief reference to bereavement in children that was an issue for Rutendo when she first came to therapy.

The next chapter presents an account of the challenges that emerged from Rutendo and Gerlinda's stories and how these challenges affected their efforts to relate as mother and daughter. The challenges include those raised by Rutendo and Gerlinda as well as those that were raised by Eric, Ray and Mary who later on became participants at Rutendo and Gerlinda

invitation into the research sessions. It is clearly shown in this chapter that the members of the family who were trying to incorporate Rutendo into the family were facing the same challenges that Rutendo needed to be helped with. The challenges included unresolved grief, lack of communication about secret fears and anxieties, stigma and disclosure issues in AIDS, political challenges and ambivalence about Christian beliefs and practices.

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CHAPTER 3

PROBLEM SATURATED STORIES, CHALLENGES AND TEARS

3.1 INTRODUCTION

This chapter describes the challenges that confronted Rutendo and Gerlinda in the face of the problem that Gerlinda named (Morgan 2000:39) when she brought Rutendo to the therapeutic conversations: that Rutendo had difficulties in integrating into the new family. There were numerous personal, relational and socio-cultural challenges (de Jongh van Arkel 2000:152) in Rutendo and Gerlinda's stories. Some challenges specifically militated against Rutendo and Gerlinda's efforts to relate as mother and daughter in particular while others worked against Rutendo's relationships with the other members of the family in general. The challenges came in the form of themes that emerged from Rutendo and Gerlinda's problem saturated stories (White & Epston 1990:16) that were punctuated with tears and sobs. Further challenges came from Ray, Rutendo's younger brother, Eric, Gerlinda's husband and Mary, the biological daughter of Gerlinda and Eric. These three, who were similarly tearful, became participants after Rutendo and Gerlinda invited them into the research sessions.

In a narrative sense, I needed to ask Rutendo and others about how the challenges they raised were affecting their efforts to relate (White & Epston 1990:16) as a family. My questions were however in the form of reflective statements that I generated from the themes that emerged from their stories, after both had validated those themes as having influence on their lives (White & Epston 1990:16). In my reflective statements, I tried to externalise the challenges by allocating them places outside of or external to (Morgan 2000:29; Epston 1998:51) Rutendo and Gerlinda or other family members. By seeking Rutendo and Gerlinda's responses to my reflective statements, I privileged their own description of those reigning themes and their effects on their lives and relationships (White & Epston 1990:48) rather than my interpretations or representations. I also tried to stay close to Rutendo and Gerlinda's descriptions by adopting their own words as much as possible. As the research participants, Rutendo and Gerlinda were the "critical

community” who could test the arguments and evidence I presented as the outcome for this study (McTaggart 1997:13). In other words, Chapter 3 is an account of Rutendo and Gerlinda’s reflections of their own stories and the themes or challenges that hindered their efforts to relate as mother and daughter. Differences of perception between Rutendo and Gerlinda were discussed rather than glossed over (Krieger in Denzin & Lincoln 1998:62). For example, as will be covered in paragraph 3.12, differences in their expectations from the church were discussed fully.

3.2 CHALLENGES THAT CONFRONTED RUTENDO, GERLINDA AND FAMILY

Exploring the following challenges and their effects on Rutendo, Gerlinda and family was in a way an acknowledgment of their problem saturated stories (Morgan 2000:41) before moving on to the unique outcomes (White & Epston 1990:15) in their lives. Some aspects of or the challenges that reigned in this family recur repeatedly throughout the therapy and research journeys from diverse angles (Herholdt 1998:215), demonstrating cross reference of similar themes as aspects of one coherent whole (Herholdt 1998:215).

3.2.1 Unresolved grief

Rutendo’s story on the first day of therapy had to do with the challenge of bereavement and unresolved grief. This was evident in her first explosive and tearful utterance: “I have not been able to cry over my father’s death”. In this study, Rutendo’s experience confirms clinical reports that the process of grieving may be particularly difficult for AIDS orphans, because it is complicated by a set of material and psychological stressors which often accompany the parent’s illness and death (Wild 2001:8). Below are some of the stressors that emerged as themes or challenges in this study. I saw these as allies of ‘unresolved grief’, that militated against Rutendo and Gerlinda’s efforts to relate as mother and daughter and for Rutendo to relate with the other members of the family and vice versa.

3.2.2 Relational and Emotional challenges

Relational and emotional challenges stood in Rutendo and Gerlinda's way as they tried to establish a mother and daughter relationship:

3.2.2.1 Silence and secrecy in AIDS

In therapy, Rutendo and Gerlinda's first contention was that her deceased parents had not disclosed their HIV status to Rutendo. The national policy stated that confidentiality of medical information about people with HIV infection was important because of the risk of stigma and discrimination (Zimbabwe National Policy on HIV/AIDS Policy 1999:5). That policy however provides a recommendation (my emphasis) for 'Shared Confidentiality' where medical information about one's HIV status may be shared with spouse/partner and caregivers' (Zimbabwe National Policy on HIV/AIDS Policy 1999:5). This is a recommendation, and therefore not a regulation that is enforced mandatorily but only wilfully put into practice by those who are prepared for it. Short of a mandatory enforcement of a legal requirement or personal will on the part of Rutendo's parents, a 'conspiracy of silence' (Wild 2001:10) reigned and they died without disclosing their status.

3.2.2.2 Labels, verbal abuse and stigma in AIDS

Another challenge that Rutendo had to contend with was the stigma and accompanying labels that are associated with AIDS (SAFAIDS 2001:7; Cameron1994:30). Regarding stigma, my reflective statement was, "society's stigmatisation of AIDS caused anguish to Rutendo in the process of dealing with her grief". In response Rutendo wrote, "It did because I never pictured myself as someone who had to be labelled as an AIDS orphan. Therefore I found it hard to even face up to label."

Thus Rutendo had a problem with the label "AIDS Orphan". Unfortunately, my experience of the Shona society is that when people introduce children to one another, they are often linked to their parents. In the case of those who have been orphaned, they

usually say, “Iyi ndiyo nherera yakasiiwa namushakabvu Chipo,” literally meaning, “This is the orphan that was left by Chipo the deceased.” Thus, Rutendo must have heard that more and more often as she interacted with her extended family relatives. The question of stigma did not only affect Rutendo but her youngest brother Cheyenne who was having problems at school where his friends were ridiculing him because his father died of AIDS. This confirms the observation that orphaned children are verbally abused by other children through teasing that can lead to stress, among other complications (Webb & Elliot in Jackson 2002:265).

3.2.2.3 Shame and embarrassment in AIDS

On the first day of therapy, as she was crying, Rutendo related how she was embarrassed by her circumstances: “It is embarrassing that my parents died of AIDS. We are now the black sheep of our family”. How was she to disrobe the identity that, by implication, had the potential of making her feel like a misfit in the new family, at least as she saw herself belonging to the ‘black sheep’? was not the only challenge as Rutendo was also burdened by guilt.

3.2.2.4 Living with guilt

Guilt was a common feature among Rutendo, Gerlinda and Mary. First, Referring to her mother whom she did not talk so much about, Rutendo revealed that in the past, after some conflictual moments, she had wished her parents were dead. Now she was feeling guilt that the mother had died. In her letter to me Rutendo wrote: “I really feel bad and guilty when I think of the times that I used to wish that mom and dad were dead, because now I really wish that they would be alive.” Gerlinda was not spared of guilt either. In one of the therapy sessions she said: “I regret the way I ill-treated my mother. It was bad for her. I was hell at it and blame my parents for not correcting us.” Wild (2001:11) refers to guilt over the deceased person as ‘survivor guilt’. At another research session Gerlinda was also guilty that as a family they had stopped attending church, which they had resolved to attend during a therapy session. They had since started attending but had

by the time of the research stopped. On Mary's part, she experienced guilt because she had a better relationship with Rutendo than with Lucy her half sister.

3.2.2.5 Unresolved Anger

Another theme that transcends this family was anger, also resulting from unfinished business or past-unresolved conflicts. Although she talked favourably about her father, Rutendo was also angry that he had passed on AIDS to her mother. On the first emotionally intense therapy session, Rutendo was angry with her father for "giving AIDS" to her mother. She cried in that first session: "My mother was innocent". That resonated with van Dyk's (2001:296) assertion that one may be angry with the person who has infected another. Still on the first therapy day, Rutendo asked a rhetorical question: "Did my father not see the words HIV and AIDS that are written all over the town?" She added: "these deaths could have been prevented."

This also confirms what van Dyk says that one may be angry with the deceased because his/her actions precipitated the loss and therefore caused all the grief with which the bereaved person now has to deal with (2001:297). In the same vein Gerlinda showed anger with her brother-in-law (Rutendo's father) for 'leaving a mess' in unpaid medical bills and for infecting Rutendo's mother with the virus. Gerlinda admitted to being angry with Rutendo's father lamenting: "He knowingly infected Rutendo's mother with HIV. If there is hell then that is where he is."

On a personal note Gerlinda was angry with her own father whom she calls a "swine" for the ill-treating her now deceased mother in Germany and for not caring for her grave. She is angry with her stepmother for "cutting him off" from Gerlinda and her brother. Gerlinda said: "My father's wife is a schemer, she turned him from a "hero" to a "zero". Gerlinda's anger towards her father was also profound. In therapy sessions she tearfully related her experiences:

I cannot even phone my father for fear that I will be abusive. He has been selfish. He takes and expects from others but will not give back. He does not even phone

at birthdays, even for grandchildren. He will not inform us about important issues such as moving residence, death of a close cousin. I did not like the way he treated my mother. He was bossy and unfaithful to her. I am an emotional volcano.

Eric was also, as stated before, angry with his “disappeared” father for abandoning them and their mother. This expression of anger by members of this family is part of the reality of bereavement (van Dyk 2001:296) and, if that is the case, then Eric and Gerlinda must first be healed before they can heal others. Rutendo, who had moved into their family with the experience of neglect in her emotional baggage, needed their support and healing.

3.2.2.6 Fear and insecurity

Another challenge that Rutendo was grappling with was feelings of “fear” and “insecurity”. Specifically it was fear of further losses that had significant impact on Rutendo. In response to my reflective statement that read, “multiple losses in Rutendo’s life could have contributed to or exposed her to complicated grief reactions”, Rutendo wrote, “I agree because, now I can hardly be able to allow myself to have a close bond with someone for I fear (my emphasis) that I will lose him or her”.

That fear confirmed Schreur’s (1994:31) assertion that fear causes us to refrain from vulnerability. No wonder, why, later on in the year, after she got closer to Gerlinda, she was afraid of losing her, particularly when Gerlinda and Mary were on holiday in Germany:

I had a feeling of being insecure (my emphasis) during the holidays in case Mom and Mary would not return. What if she does not come back, what’s going to happen to me? I was selfish thinking about myself.

Rutendo’s fears of further loss are in line with the observation made by Apfel and Telingator (in Wild 2001:11). They observe that orphans who experience multiple losses may remain vulnerable to loss and disruption in adulthood. To protect herself from

vulnerability, Rutendo was thus at first reluctant to get close to Gerlinda, a strategy that was counter-productive to the challenge of negotiating her inclusion into the family.

Another fear that Rutendo was harbouring was fear of failure at school. This fear that haunted Rutendo is one of the problems that were brought into therapy. She was particularly concerned that if she fails to excel in school, then she will not be able to look after her brothers whom she felt were her responsibility now that her parents were dead. Rutendo's thoughts were in keeping with Kaseke and Gumbo (2001:53) who posit that in AIDS bereavement, the eldest child assumes the responsibility of looking after the younger siblings. Eric also harboured fear of his own death that was not caused by any given direct physical threat to his life. According to the contentious conversation about smoking in paragraph 3.6, Eric saw smoking as a great challenge with a potential to threaten his life. This could have carried with it emotional stress as in the reality of it (van Dyk 2001:296). Eric feared that smoking might become the cause of his death. My experience with other clients who have fear of their own deaths is that of fear of HIV and AIDS. Although Eric did not allude to that, in retrospect, I had a transient curiosity that he could have harboured that fear. He did not return to the subsequent and last research conversation and therefore I did not explore it further. Fear in the members of this family could have become a reality that would have caused discord in their relationships.

3.2.2.7 Pushing aside family emotions

One of my reflective statements that were reviewed and validated by Rutendo and Gerlinda was:

Lack of communication about each other's emotional feelings and anxieties could have deprived members of this family the empathy and support that they need from each other.

Gerlinda cited the effect that "lack of communication of emotions" had on their efforts to relate in the family when she wrote, "Yes, there is a tendency to get on with one's life and push aside these emotions". While to Gerlinda the effect of lack of communication of

emotions among the family members was the “pushing aside of emotions”, Rutendo wrote:

Yes on my part I do agree and acknowledge the fact that I do not entirely communicate with members of my family. Due to that it does prove to be difficult for me and for them to be there to support each other.

Thus, according to Rutendo, lack of communication of emotions among members compromised the possibility of mutual support in experiencing and coping with the prevailing emotions.

3.2.2.8 Emotional neglect

Before they found places in their replacement families, Rutendo and her brothers were deprived of adequate emotional care and support that they desperately needed from their parents and the extended family. For Rutendo that lack of support extended to the period after her parents’ deaths and bordered on abuse. In therapy Rutendo revealed that her extended family relatives did not allow her to cry during her father’s funeral. Every attempt to cry was thwarted. She was even duped as “trying to show off”. Rutendo also says she fainted during the ritual of “body viewing”, a procession of mourners viewing the deceased person’s body for the last time to bid him/her farewell. She was not only unable to participate in the body viewing, but she also did not witness her father’s burial either because after she had fainted, the family proceeded to the cemetery for the burial without her.

During the third research session that he attended, Eric admitted how the family had not assisted the children with their grieving process while appreciating my involvement with Rutendo in therapy:

We are happy to have you around if it will help the children at least to settle properly. Normally in Shona we just think if things happen it’s OK there is no problem, children will just take everything in their stride. But, we don’t even understand exactly what is happening or the psychological problems they are

having; we don't seem to understand them. We just assume that they are OK if you can help, thank you very much.

3.2.2.9 Social isolation and withdrawal

The effects of unresolved grief trailed Rutendo in the form of withdrawal and subsequent isolation. When she joined Eric and Gerlinda's family, Rutendo did not feel part of it immediately. In therapy Gerlinda complained that Rutendo withdrew to her bedroom at the times that the family would be expecting her to be with them. Rutendo confided in me saying that in fact she withdrew to her bedroom in order to cry. Yet experiencing pain alone or secretly often makes the pain worse (van Dyk 2001:298). Withdrawal and isolation of self on Rutendo's part was another challenge to establishing the mother and daughter relationship.

3.2.3 The dilemma of the AIDS awareness campaign strategies

At the beginning of our therapeutic relationship, Rutendo described how she was haunted by the terms 'HIV' and 'AIDS' that are littered all over the country on billboards with anti-HIV and AIDS campaign messages. To her these became constant reminders of her parent's illness and deaths and the stigma associated with it. It seems that this HIV/AIDS awareness campaign strategy of using billboards worsened the situation for Rutendo who had to deal with it. The question of unintended effects of HIV/AIDS awareness campaign strategies seems to spell an area of possible academic inquiry. In tears, Rutendo remarked: "I do not like to see these words (HIV/AIDS). Wherever I go I see them and they haunt me".

Rutendo, Gerlinda and the other members of the family's stories and experiences seem to associate the above challenges with unresolved grief. These included silence and secrecy, stigma, labels and shame that are prevalent in AIDS-related deaths. There were also guilt, anger, emotional neglect and social isolation and withdrawal. The use of billboards in HIV and AIDS awareness campaigns interfered with or negatively impacted on Rutendo's grieving process.

3.2.4 Change and multiple losses

All changes bring loss, as the familiar is replaced by the unfamiliar (Visher & Visher, 1996:71). Hence, changes that AIDS deaths brought into this reconstituted family posed challenges of loss to its members. More so for Rutendo and her brothers since children orphaned by AIDS have been found to be at risk for experiencing multiple losses (Wild 2001:9). In this family, loss related and unrelated to AIDS was a predominant challenge.

3.2.4.1 Rutendo

Rutendo's losses are numerous and so are those of her brothers. She lost her mother and father within a space of less than two years. Being allocated to replacement families in Harare meant that she and her brothers had to leave the familiar environment in Bulawayo and relocate to Harare. She and her brothers lost a familiar home and family routine, friends, school, and neighbourhood. This was in agreement with Dane (in Wild 2001:9) who observes that:

Once parents die, children are likely to be moved from the family home, and may be relocated to another area and school, thus depriving them of friendship and neighbourhood networks for predictable surroundings.

3.2.4.2 Gerlinda

In therapy, Gerlinda chronicled what I also perceived to be multiple losses. She cried about her deceased mother and how she felt her father had not handled the death fairly, especially the care of her grave. Gerlinda lost her mother through death and her father through remarriage to his second wife. Gerlinda had also suffered loss of her home environment in Germany through emigration to Zimbabwe on marriage, a move that had its own cultural losses as shall be discussed later.

3.2.4.3 Eric

Eric had his fair share of unresolved grief. During the only research session that he was involved in, the moment he found space to express himself, he started sobbing. The sobbing was as a result of thinking about his deceased brother and sister-in-law (Rutendo's parents). He said he also had memories of his long time "disappeared" father who is partly presumed dead. In a very emotionally manner Eric related the following story:

I do not know where my father is. He left us while we were kids. My maternal uncles brought me up. Up to this day I still use my mother's family name. You see when we were young our father just thought of sending us away from where we were staying. From Chinhoyi to Mhondoro where his brother-in-law (Eric's maternal uncle) used to stay. Next thing is that he disappeared and has been assumed dead. But we have since heard that there is someone in Mutoko (200 kms North of Harare) known by our father's name and of the same age. I want to go and locate him.

While Eric was relating this story and sobbing, Gerlinda and the children joined in yet another session of crying. As happened in my first and subsequent therapy sessions with Rutendo and Gerlinda, we needed a box of tissues that we had to pass round the table as the sobbing continued. Eric revealed that he had been robbed of his ethnic identity by, as stated before, having to use his maternal family name rather than the traditional paternal one. Eric did not return to the last research session.

3.2.5 The challenge of sibling disintegration

The dissolution of the family and home and the reallocation of children to new and different families led to the challenge of sibling disintegration. Rutendo and her brothers lost one another since the brothers went to Eric's younger half brother that became their replacement parent. From therapy through to the research sessions, one of Rutendo's concerns was the welfare of her brothers. This confirmed the observation that social disintegration is commonplace in the management of orphans following deaths due to AIDS (UNAIDS 2004:29). Orphans are split and sent to different homes because single children are more easily accommodated than whole groups of siblings (McKerrow

1994:8). Another of my reflective statements was: “Endeavours to relate in Rutendo and Gerlinda’s reconstituted family is negatively affected by the diverse unpleasant backgrounds and unresolved conflicts, problems and pain among its members”. In response to this Gerlinda wrote:

One big problem affecting the whole family is the separation of Rutendo and her two brothers who are also unhappy where they are. Cheyenne has in fact regressed to soiling his pants and I wished we had a bigger house to take the three children together.

Rutendo and the two brothers further suffered temporary disintegration when Ray had to relocate to Eric and Gerlinda’s family. He needed to be near his school after Joe, their uncle (Ray’s replacement father) had been transferred from Harare on promotion at his work. This dislocation from Cheyenne caused Ray some anguish as he cried and said: “I fear what’s happening to Cheyenne while I am away. Cheyenne is very close to me”. Cheyenne’s fear was founded because temporary separations can be frightening for young children who may fear that the loss will be total and permanent (Apfel & Telingator in Geballe et al. 1995:103).

3.2.6 Perturbation of existing family issues: the conflict about smoking

During the third and only research session that he attended, Eric disclosed how he was secretly preoccupied with the fear of his own death. “My main worry is health. I’m glad that I am healthy. I don’t know whether my children (beckoning to Rutendo and Ray), will take that suddenly I’m taken away. I’m scared”. Gerlinda then commented with what I perceived to be certainty: “They will panic”.

This triggered a long contentious talk about Eric’s smoking that seemed to have been an outstanding family challenge. Gerlinda felt that if Eric was really serious about being there for the children then he should stop smoking. And she continued:

You say you are so worried about getting sick. Why don’t you stop smoking? You are smoking so much. Your concern should give you the reason to say that I want to be there for my children. Therefore I’m going to stop smoking, it’s not for any

other reason. You have to stop drinking because you know once you drink you want to smoke and then you want to even smoke more. It goes hand in hand.

Gerlinda said that if Eric puts his mind to it he would stop smoking. Maybe she was judging the situation experientially because during a therapy session, she had revealed that she had successfully stopped smoking three years previously.

3.2.7 The challenge of unresolved past hurts

I explored whether the multiple “unresolved past” was having an effect on relationships in this family through the reflective statement that: “Efforts to relate in Rutendo and Gerlinda’s reconstituted family is partly affected by the diverse unpleasant backgrounds and unresolved personal hurts, problems and pain among its members”. In response Rutendo wrote:

That is quite true I think there are a lot of hurts, problems and pain (my emphasis) among the family members, which always gets to hold back the bonding process.

The following unresolved matters that stood out during the therapy and research conversations support Rutendo’s assertion above:

a. ‘Not being believed’ and being given ‘labels’

There was more to Rutendo and Ray’s challenges than the bereavement. For Rutendo, her pain and hurt also had to do with the way her family (including her parents) did “not believe” her and gave her “labels”. The “truths” or constructed ideas that the family accorded Rutendo were disqualifying, limiting and repressive (White & Epston 1990:19). This affected her in the development of new relationships with Gerlinda and others. In therapy Gerlinda voiced her concern saying: “Rutendo does not say out her problems or her needs. I wish Rutendo could say out her problems. She keeps her needs to herself and I have to keep on guessing”. Rutendo passionately explained the experiences that led to her behaving that way:

Because people do not believe me I now choose to keep my problems to my self. Once when I said I had a headache or any other problem, people did not believe me. They said I was “fake”. So now I keep myself to myself and do not tell

anyone my problems. When I wanted to cry over my father's death, they said I was "Showing off" or that I was "an attention seeker". Once I was suffering with stomach pain and my parents did not believe me. Later when they had to take me to hospital the doctor said I needed an operation. I was proud to be proved right.

The experience of "not being believed" or "attention seeker" had a negative effect on Rutendo and Gerlinda's efforts to relate. Rutendo had come to understand her own actions through her relatives' thin descriptions (Morgan 2000:13) of her; hence she withheld disclosing her needs to Gerlinda for fear of being further labelled. Gerlinda, on the contrary, preferred Rutendo to speak out, hence she named (Morgan 2000:39) Rutendo's silence about her needs and concerns as one of the challenges she required therapy for.

b. Experience and fear of betrayal

During the therapy sessions Gerlinda shared some pain that had to do with her father whom she said betrayed her when she came to Zimbabwe. She needed some money urgently and requested her father to help her out from Germany. He promised to send her some money but according to her, he never fulfilled that promised much to her experiencing great difficulties. In therapy, Rutendo had revealed that her father had betrayed her when he was sick by saying, "I will be there for you" and later died. Rutendo said that she was afraid of further betrayals from Gerlinda and others in the family. This fear of betrayal again militated against their endeavours to relate as mother and daughter.

3.2.8 Challenges of the reconstituted family

Gerlinda's initial concern was that Rutendo was not integrating into the family quickly enough. There were challenges that existed in Eric and Gerlinda's reconstituted family that makes relating particularly more difficult than in nuclear structures (Visher & Visher 1996:4). The first challenge in this reconstituted family is that it began after many losses and changes and there were biological parents in Rutendo's memory (Visher & Visher

1996:14-21). While Eric and Gerlinda were trying to provide parental presence, Rutendo withdrew to her bedroom to relate with her parent in memory, as she revisited her father's photograph often. Emotionally, both Rutendo and Mary were members of two households (Visher & Visher 1996:14-21) in that the former was always worrying about her siblings, Ray and Cheyenne who were differently located while the latter, as stated before, felt guilt that she related better with Rutendo than with Lucy, her half-sister.

3.2.9 The challenge of unpredictable responsibilities in HIV and AIDS

Currently in Zimbabwe, families are experiencing a climate of unpredictable emergence of responsibilities with sudden deaths of family members who leave children without parents. The same emergency of need of care arises when a replacement parent relocates for any reason and is unable to move with the orphaned child. Eric and Gerlinda experienced this when Ray had to come and stay with them temporarily as explained in paragraph 3.7. Ray, like his sister Rutendo, was burdened with grief that had not been dealt with. Gerlinda implied this when she said:

I do not know how things have been handled about the bereavement for Ray. This is the first time I am talking about the bereavement to him (Ray). I did not know how to go about it in case my brother- in -law (Ray's replacement father) had a different approach.

The moment he found space to voice his feelings, Ray started sobbing in a way that caused the rest of the family to join in the sobbing. This is what he said:

What I felt after my father died, moving from Bulawayo to Harare, driving with my uncle. When I moved, I felt this fear; who am I going to live with? I have heard about what he (his uncle) has done – evil. I also feared what if the teachers (in Harare) beat me? I used to hear how uncle beat his own son so I feared he might beat Cheyenne and me. I felt better after my first day at school. My uncle is not that bad after all but my fear of my uncle was confirmed average. I came to stay here (Gerlinda and Eric's home) when things were getting slightly normal.

This heralded an additional responsibility for Rays emotional need on Eric and Gerlinda's part. Although this was not implemented immediately, Ray then agreed to Gerlinda's proposal that he attend therapy.

3.2.10 The challenge of culture

Eric and Gerlinda's family experienced some culture-related problems, some of which emanated from differences between the Shona or Zimbabwean and German cultures. These had a great potential for causing problems in the development of relationships in the family.

3.2.10.1 Cultural and racial diversity

It appeared that Eric's extended family in general and children in particular were afraid of Gerlinda due to the reputation that circulated in the family about her. On the second research session Rutendo revealed how, after Ray had broken Gerlinda's vase while she was in Germany on holiday, he had been practising what and how to tell her of the breakage on her return. Visibly surprised and hurt by the revelation that Ray had been so afraid of her, Gerlinda responded, breaking into sobbing while we were all silent:

Did he really do that? I must be a terrible person. It's not the first time I heard someone was afraid of me. I do not beat about the bushes. It comes out of my heart and not my head. It shocks me that people feel like that. I sometimes am aggressive with people and it works where people are lax. It is effective. I made things move. I don't want it to be like that to kids, hiding under tables (laughter from children). I got a temper as my father. I think Mary is catching up (having a temper). I can only control myself to a limited extent. I do not have much self-control.

I asked Gerlinda whether this could be a case of cultural difference to which she responded:

Yes, people here (in Zimbabwe) resent my openness. Zimbabweans are not open and honest. Germans are open and honest. Like an elephant in the porcelain shop. It is our family tendency. For example my brother behaves like my father.

Gerlinda had also previously complained about her brother-in-law, Eric's surviving brother, carrying out cultural activities or rituals that she did not understand without informing or explaining to her or Eric. For a German woman, marrying Eric, a 'black' Zimbabwean, meant that she also had to lose her individual space for the collective way of life of the Zimbabwean families. This was evident in one of the therapy sessions when she said:

During the holidays, many relatives come to stay. In Germany we value our private space and I am not used to this.

It seemed that Gerlinda had a lot to learn and adjust to and so did the family in terms of understanding Gerlinda and also adjusting to her way of forthright talk. During the therapy journey, Gerlinda had revealed how her stepdaughter Lucy had wanted to go to a boarding school. Gerlinda's response to Lucy's desire was to the contrary. Though very well meant, it had potential to have caused disharmony. Gerlinda said she declined because of the German thinking that you send Children that you don't like to a boarding school. Though not directly connected to family relations, Mary cited how she felt racially discriminated at school. In her emotional account, Mary revealed how friends at her school made her "feel not welcome because they think I am different"¹. I am coping but it does affect me. These are culture and race related challenges that would have been worth exploring had there been more time of working with Rutendo and Gerlinda's family.

Another challenge directly concerned with HIV and AIDS is that Gerlinda had tried to talk Eric into influencing Rutendo's parents to have protected sex. According to Gerlinda, Eric said, "We do not do that sort of thing here". Both Rutendo and Gerlinda felt that Rutendo's mother was innocent and could have been protected from the HIV infection.

¹ Being born of a Black Zimbabwean father and a White German mother, Mary is "Coloured", a term used in Zimbabwe to denote a person of mixed blood.

As researcher I have no way of knowing how Rutendo's now deceased mother grappled with the issue of prevention of HIV infection in marriage.

3.2.11 The challenge of dreams and rituals

Rutendo had the challenge of dreams to grapple with. She reported dreams about her deceased father in relation to cultural rituals that had been performed by his family (Rutendo's father). In one of the research conversations Rutendo said the following:

While mum (Gerlinda) was away in Germany, my uncle did some rituals for my father that I do not agree with. They (the older uncle and members of the extended family) got soil from Bulawayo and buried it at our (rural) home². After that I had a dream of my father. He was lying flat at the new grave and he said, "I am not happy here". I asked why and he said, "go and ask your mother (her deceased mother)". The goat affair³, no one can explain the dream. My eldest uncle does things but does not explain procedures. You (beckoning to Gertrude) know about the wondering spirit belief⁴.

In the Shona culture, dreams have several functions. It is believed that they foretell dangers or pleasures on a person's life (Mutasa 1990:47-65). They are also a means by which the deceased communicate to their living-significant-others information that may not be known or discovered by the every day ways of knowing (Mutasa1990:47-65). Dreams were an issue for Rutendo but one we did not address in therapy.

3.3 THE CHALLENGE OF THE WIDER SOCIO-POLITICAL AND RELIGIOUS CONTEXTS

This section is about the effects of the larger social - political context on Rutendo and her family who had to deal with AIDS related loss and the challenges of forming new families. In this study, the effects of the larger social political and religious context

² It is a Shona cultural ritual that if a relative cannot be buried at his/her home, sometime later, the family can collect some soil from the grave for symbolic burying at the family cemetery.

³ She had shared in a therapy session about the slaughtering of a goat that she did not understand, so I was in picture.

⁴ It is a Shona belief that unless certain rituals are carried out to bring the spirit of the deceased person back into the home, the/his or her spirit will be wondering about. That is believed to bring a curse upon the family.

within which the family lived had a negative impact this family's task of negotiating the inclusion of Rutendo into the family.

3.3.1 The political situation that made life difficult for the family

The socio political context in Zimbabwe had its own specific and local identity and meaning in this family. In another of my reflective statements about the family experiences that they had related I wrote that: "The unfavourable political environment in Zimbabwe posed a threat to the family stability and establishment of relationships". In response Gerlinda wrote: "Unfortunately the political problems have brought out the worst in everyone in Zimbabwe and make life more difficult in general, but for this family in particular". Rutendo also agreed and wrote: "It did because if situations worsen then Gerlinda is bound to go away which will leave me nowhere".

Thus the uncertain political situation had such an effect on Rutendo that she said she was afraid to establish any close relationship with Gerlinda. Rutendo feared that if the situation deteriorated enough to frustrate Gerlinda, she might leave the country and return to Germany. Then she would be disappointed once again by another loss. The political situation unsettled Gerlinda for multiple reasons as shown by her statement concerning the challenges that she always complained about to her family:

I used to hear and hate people who had a "doom's day" attitude about Africa. I am beginning to think like that. No sooner than I got to Zimbabwe, I became aggressive. I feel threatened yet it has been made difficult. I think always, what if one of us has an accident when the health service is in shambles. If not accident, it is crime. I get a negative attitude. It is each one for himself. It's not the job of the politicians to do everything for us. Everyone living here has a responsibility for trying to make it work. Corruption is like cancer. Think of one thing and you go on and on. Will there be a Zimbabwe in 10 years because of corruption? I get waked up because it is bothering me all the time. Maybe I am overreacting. I meet other German friends who are married to Zimbabweans but they are terrified by the thought of going back to Germany. They do not share my feelings. I work where I hear about violence.

From the above statement about Gerlinda's friends, it was not the macro political situation alone that affected her. It was also the micro job-context within the Non Governmental Organisation network that circulated such reports that exacerbated Gerlinda's sustained anxiety about the situation in Zimbabwe.

As already indicated, Eric too was anxious that Gerlinda might want to leave Zimbabwe since she was getting impatient with the political situation in the country. Eric lamented:

Another thing is Gerlinda has been on me, she wants to relocate. She has had enough of our suffering in Zimbabwe. Say I want my children [beckoning at Rutendo and Ray] to be with me always this worries me a lot. They are my brother's children; unfortunately I use a separate surname from them. I use Gara our maternal surname and they use Chaibva. So if I was to relocate to Namibia or South Africa they might have problems (using a different name).

Gerlinda confirmed her fear about the political situation but apologetically commented:

I'm not saying definitely that I want to go but I often feel like that. Mary has fear of War Vets⁵. The political situation is affecting us in this house because I voice my displeasure and the children are afraid. Mary is growing up in fear of War Vets and says 'Mom, what if the war Vets come'? At least once a week I say lets go.

Gerlinda's threats had significant effect on Rutendo and Eric. I did not have space to explore for any implications of these threats from Eric who only attended the research sessions once. But for Rutendo, it was risky to establish a relationship with Gerlinda who she thought might leave her anytime.

3.3.2 The challenge of politics on the therapeutic relationship

The sociopolitical situation did not only affect the peace of this family but posed a great threat to the therapeutic relationship. It was at the end of the first research session at her home that I disclosed my and my husband's political identity to Gerlinda at her inquiry.

⁵ "War Vets" refers to war veterans who fought the War of Liberation and who had at that time been very vocal and critical that the government was too slow in repossessing the land that had been in the hands of the former Rhodesian White farming community.

Her response was that of what I perceived to be extreme anger and surprise:

Do you mean Didymus Mutasa⁶? And are you still married to him? How do you explain that? Can't you people really see how this country is in a mess? Can't you see how we are suffering? I hope you do not agree with the evil that is going on. If I had known you were his wife I would never have worked with you.

This is a summary of a much longer commentary by Gerlinda that gave me a very discomfoting experience. I however quickly responded with my appreciation for Gerlinda's honesty and frankness in confronting issues. I thought it was not prudent to give any excuses or explanations at that time. I said how I regretted that my political identity upset her and politely suggested that we end our day and see each other next time. On the scheduled day, I kept my appointment. Before we started our conversations, I gave Gerlinda space to decide whether she was still willing to work with me or not. Gerlinda said that she trusted me enough to carry on working with me.

We have worked very well ever since and I have enjoyed my relationship with Rutendo and Gerlinda. I am however left with a few ethical questions that I raise to the counselling profession and to me in chapter 5.

3.3.3 The challenge of the socio-religious environment

Another challenge that Rutendo and Gerlinda had to deal with was their divergent views about the role of the church and their ambivalence towards Christian beliefs and practices as they experienced them personally. There was a convergence of experience in that both Rutendo and Gerlinda were frustrated with the church. But there were differences in their

⁶ Didymus Mutasa is a Zimbabwean nationalist. He endured political detention during the colonial rule of Ian Smith. He was forced to leave the country after he was released from a two-year detention term under Subsection (1) of Section 17 of the Emergency Powers (Maintenance of Law and Order) Regulations, 1970, on condition that he left the country "by the most direct route from prison to Flight No. S.A. 224 at 2940 hours on Monday, 27th November 1972 (Mutasa 1974:143)". We left Rhodesian with our four children and went into exile in England (Birmingham) from 1972 to 1977. He and I joined the Zimbabwe National Liberation Army (ZANLA) in 1977 in Mozambique until Independence in 1980. Our then five children stayed in England under the care of two British friends of our family, Ann Hastings and Bridget Parsons. Didymus was the first post Independence Speaker of Parliament and the first Minister of Anti-corruption and Anti-Monopolies when the ministry was established in 2004, coincidentally after the political dialogue when Gerlinda remarked about corruption as stated in paragraph 3.3.1. Didymus has held other several ministerial posts and is currently both the Minister of State Security and Minister of Lands responsible for the current Land Reform that involves allocating land hitherto owned by white multiple farm owners to black Zimbabwean who had no land.

perceptions that led to the frustration. These differences would make integration difficult, especially if Rutendo, Gerlinda and other family members were to attend church as a family. Who would meet or fulfil both their divergent expectations?

3.3.3.1 Church service that was like a political meeting (Rutendo)

Initially, Rutendo had the challenge to take care of her own spirituality because hers did not fit in with the new family's. This too had its own further challenges. At church Rutendo met with a disappointment and in one of the research sessions she lamented:

I went to church on my own. It was like a political meeting. The pastor was talking about the situation in Zimbabwe and how we should pray for the country. I had gone there to get a feeling of reassurance that God is with me since my dad died. So the following week I sat at home and flipped through my Bible.

3.3.3.2 Christianity that is not 'hands-on' against evil (Gerlinda)

A discussion about Rutendo's experiences at church ensued. In response to Rutendo's reflections about the church service, Gerlinda's perception was different from that of Rutendo. She saw the church as a place for addressing social injustices and issues and said in part:

The other side of the coin is that people complain that the church is not doing anything about the wrong going on in the country. May be as a child you have a different inclination. It's one thing reading the bible but for others, practice Christianity with hands-on approach and fight evil. Stand together against evil. That is where the church can play a part. I do not deny spirituality but it must come down to the people. For example, when the Pope apologised for the role of the Catholic Church in Nazi Germany, it made me feel very good. That's progressive although it took a long time. That promotes healing.

3.3.3.3 The challenge for Gerlinda to trust other Christians

Another of Gerlinda's challenges was to build trust in the men and women of God who preach the gospel. Her doubt about and distrust of the church originated partly from her

own observation of the church that did not measure up to her expectations and also from her parental experiences and perceptions of the church. She voiced her displeasure thus:

I am not that trusting in people. I am very suspicious going to a place where someone claims to know what God wants. I do believe He works in mysterious ways. I do, when under duress or trouble and if I pray I feel I am a fake. I do get helped.

Finally, Gerlinda rationalised her doubts by saying: “I think God will want me to doubt than to be fake. That is why He is helping me”. She further argued that she only needed to attend church when in a crisis otherwise going all the time means bothering God with little things. She poured out what was in her heart as follows:

The church as an entity I cannot easily trust that they only do good. Especially in Zimbabwe where many people call themselves church yet they are brainwashing people. There are these Pentecostals churches here that take advantage of people. I am a very suspicious person. I am very suspicious of Lucy’s (stepdaughter) church going for weekly “All Night Prayers”. Reasonable once in a while when responding to a disaster. I shouldn’t bother God with little things. He made us bright human beings better than animals. I don’t like these shouts of ‘thank you Jesus’; ‘speaking in tongues’. That is fund-raising show. Who protects the people? I am against suppression and I am for fairness.

At the South African Association of Marital and Family Therapy (SAAMFT) conference in Durban in May 2004, I presented the preliminary results of this study in a workshop format. To make the workshop participatory, I had designed group work where participants reflected upon my reflective statements and Rutendo and Gerlinda’s responses to or validation of those statements. One of the groups wrote the following comment after noting Gerlinda’s disappointments with the church from the research scripts:

Gerlinda seems to see the negative in the church and other people. She might not want to be part of the church community when she sees it as a “bad” or “unclean” entity. She needs to heal her old wounds (soul) before enriching her soul.

Back in Zimbabwe I gave the above statement to Gerlinda who agreed to comment on it. In response Gerlinda expounded her position: “Personally I have problems trusting

someone or anything. I always try and control everything myself but you cannot control everything in one's life." I inquired whether that included God and Gerlinda answered in the affirmative:

Yes, I have to rely on myself. It's a burden. I believe He is Almighty. I don't have this faith that others have. I don't have it with God and I don't have it with other people. I don't know where it comes from. I belong to the "control freaks". I trust you (Gertrude) otherwise I wouldn't be saying this to you. I trust a few people. You have helped us a lot.

Gerlinda's parental experiences and prejudices also played a part in her spiritual life. Her perception of hypocrisy in the church was strongly seeded and nurtured by her parental experiences and she had a story to tell. In therapy when we talked about God and going to church Gerlinda once said:

We have not gone to church as a family before and I can see there is something we are missing. My boss is a devout Roman Catholic. I watch him and his wife and can now see there is some thing we are missing.

I, influenced by the passion with which Gerlinda spoke about her Catholic boss and his wife's faith, deconstructed her "missing something" and suggested a metaphor of "thirst", that she affirmed it. I asked her what the barrier was between her and the "drink", to which she answered spontaneously:

Hypocrisy in the church. My mother was anti-church. She was strong on hypocrisy". "Her father, my grandfather, had told her how during the Second World War they had found a Roman Catholic Convent (in Europe). It was linked to a Seminary by an underground tunnel and in it had found skeletons of newly born infants who had been born and disposed of by the Catholic nuns. A priest known to my grandmother advocated for fasting on Fridays but went to a certain house to "gobble food".

3.4 THE CHALLENGE OF BUREAUCRATIC AND LEGAL CONSTRAINTS.

As I shall detail in paragraph 4.4, Eric and Gerlinda encountered the challenge of bureaucratic and legal constraints when they wanted to adopt Rutendo. Eric and Gerlinda

were informed that it might not be necessary to adopt Rutendo as she was approaching the age of 18 years, which according to the definition of a minor in the Adoption Act (5:06 Part 1) is the maximum age beyond which adoption would not be granted. Following a directive by the Department of Social Work, Gerlinda and Eric requested me to write a letter of recommendation to support the proposed adoption. The letter that I also mention in paragraph 4.4 read in part:

From a family therapy point of view, the fact that Rutendo is approaching the Legal Age of Majority even fortifies her need for the family relationship to be sealed. Culturally, a woman is secure wherever she may be, knowing that she has recourse when necessary. “Chitende chinoremerera ndechine mhodzi”⁷. In other words those who will relate with Rutendo in future, particularly in marriage, will prefer to know that there is someone answerable should they need assistance. Or, in-laws will only respect Rutendo culturally when they are aware of a solid supporting background. Her turning 18, at least in the therapeutic view, will not release her into floating and unconnected independence but into continued connectedness and interdependence with her family of origin.

To this end, it is very strongly recommended that Eric and Gerlinda be allowed to take Rutendo into their family without any barriers that militate against her sense of belonging. Our recommendation is also against a backdrop of our hypothesis that, now that Rutendo is mentally and emotionally anticipating the adoption, its failure might inflict yet another bereavement on her part rather than solace. Suffice it to say that Eric and Gerlinda can only assure Rutendo of their commitment to her this way save for the abandonment through death that they cannot control. And in that case, she has the benefit of becoming a legal beneficiary of their estate.

We at CONNECT see no better way of making the lot of the children who are being robbed of their family relationships by the AIDS scourge than adoption that in this case involves a parent of a sanguine relationship.

⁷ This is a Shona proverb that implies that people respect a daughter-in-law that is marrying into their family if she has a strong family base and support. Literally it means, “ the worth and weight of a pumpkin is determined by the quality and amount of seeds in it”.

3.5 CHAPTER SUMMARY

This chapter has chronicled the challenges that beset Rutendo and Gerlinda and the effects (Morgan 2000:7) of those challenges on their endeavours to relate as mother and daughter. It also highlighted the subsequent participation of Eric, Ray and Mary in the research sessions on Rutendo and Gerlinda's invitation and their contributions to the study. The chapter has also explained the participatory nature of the study as we deliberately made space for 'audit trial' of data and validation of my reflections and interpretations (McTaggart 1997:13) by Rutendo and Gerlinda. Their responses would suit their experiences and stories as told in therapy and research and not my perceptions. Giving Rutendo and Gerlinda to validate the researcher's reflections was an effort to privilege their own descriptions of their experiences and stories. The chapter has also shown how Rutendo and Gerlinda's own words were retained and used as much as possible to project their own thoughts and perceptions.

The challenges that beset Rutendo and Gerlinda were numerous. They included the challenge of unresolved grief that had its allies that included silence and secrecy, stigma, labels, ,, guilt and social isolation that reign in AIDS. There was also the challenge to render care and support for Rutendo especially after she had been traumatised by the extended family. The multiplicity of change and loss among members of this family and sibling disintegration also played an inhibitive role in their efforts to integrate and relate with Rutendo. Feelings of fear and insecurity were common, also standing in the way of integration. Rutendo also highlighted residual challenges of 'not being believed' and being 'labelled' as obstacles to her opening up and disclosing her needs to Gerlinda. That also ran contrary to Gerlinda's preference for openness. Both Rutendo and Gerlinda had experienced betrayal and were therefore reluctant to trust other people, yet trust was essential for building family relationships.

Unresolved anger was another challenge that trailed Rutendo, Gerlinda and Eric. There were challenges related to the task of building a reconstituted family. This was mainly that the members of this family brought diverse expectations and residual negative

experiences that demanded attention. There was also some cross-cultural diversity that affected relationships in this family. Social, political and religious contexts also affected the integration in this family rather negatively. The political situation also almost threatened the therapeutic relationship between Gerlinda and the researcher. From the above, I observe that the challenges such as unresolved grief, guilt, anger, fear and uncertainty, experiencing emotional neglect in childhood that beset Rutendo were common among her replacement parents and the other members of the family. I am left with the question; can those in pain take care of others in pain? There was also the challenge of bureaucratic and legal constraints that were working against Eric and Gerlinda's intention to adopt Rutendo and my subsequent letter supporting the proposed adoption.

The next chapter portrays Rutendo, Gerlinda and the family not allowing the challenges that were enumerated above having effect upon them unidirectionally. They resolved and set about to have an effect on the general problem of experiencing difficulties in integrating Rutendo into the reconstituted family and the challenges that accompanied that challenging task.

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CHAPTER 4

RUTENDO, GERLINDA AND THE FAMILY'S WAYS OF COPING WITH THEIR CHALLENGES

4.1 INTRODUCTION

In Chapter 3 I believed and validated Rutendo and Gerlinda's dominant stories (White & Epston 1990:4), while at the same time I explored the alternative ones that were subjugated or marginalised (Kotze 1994:44). The narrative talk that we employed opened up opportunities, for Rutendo and Gerlinda; of alternative expressions of their trauma and accessing positive stories of their identity (Kotze et al. 2002:105). Chapter 4 is therefore about Rutendo and Gerlinda's efforts to re-author their lives (White & Epston 1990: 4). It is about events that did not fit with the dominant story (Morgan 2000:55) about experiencing difficulty in incorporating Rutendo into their family. At first, as a narrative therapist and researcher I was faced with thin conclusions (Morgan 2000:13) and problems saturated stories (White & Epston 1990:4) . A thin conclusion is often expressed as a taken for granted 'truth' about the person who is struggling with the problem and their identity (Morgan 2000:13). It is usually unhelpful identity that is coined by others.

In the following passages I recount some of the unique outcomes (White & Epston 1990:15) that emerged and that I saw as coping strategies that have been employed by Rutendo, Gerlinda and family against some of the challenges that confronted them. Since an event that stands outside the dominant story is only a unique outcome if the consulting person judges it to be so (Morgan 2000:56), I tapped Rutendo and Gerlinda's input through their validation or refuting of the unique outcomes that I had identified.

4.2 RUTENDO AND GERLINDA'S WAYS OF COPING

Rutendo, Gerlinda and their broader family had ways of coping with their challenges that facilitated their efforts in developing family relationships.

4.2.1 Replacement homes for the orphaned children

The Chaibva extended family provided alternative homes for Rutendo and her brothers in their distress (McKerrow1994:8). In Zimbabwe, this is an extended family's coping strategy (Kaseke & Gumbo 2001:53) that saved Rutendo and her brothers from straying into the streets as other unfortunate children do. This strategy worked but had its own challenges that led to Rutendo's new family seeking therapeutic assistance for her.

4.2.2 Family coming for and finding benefits from therapy and research

Their coming for therapy was significant. As noted by Waruta and Kinoti that in contemporary Africa, professional counselling has not yet been established (2000:2); it is also my observation and experience that seeking therapy services is not really a regular thing to do among the black families in Zimbabwe. Gerlinda confirmed how coming to therapy was a coping mechanism when she responded to my reflective statement: "Rutendo's multiple losses could have contributed to or exposed her to complicated grief reactions." In response Gerlinda wrote: "This is the reason why we decided to go for therapy. We knew we would not have been able to cope." In the therapy sessions, they demonstrated willingness and competence to deal with the challenges that were otherwise undermining their lives all the time, as shown by some actions and resolutions that I will account below. By coming to therapy Rutendo and Gerlinda accrued some benefits for themselves and for the other members of the family. In paragraph 5.9, Rutendo and Gerlinda state in their own words what benefit they accrued from therapy. During the therapy and research journeys I observed the following strengths in Rutendo, Gerlinda and the other family members, that stood out as unique outcomes. Below are some of the discoveries that Rutendo, Gerlinda and I gleaned from their stories as the benefits that they have accrued from therapy.

4.2.2.1 Helped clients to open up to each other

In her letter that Rutendo wrote to me, she highlighted how she appreciated the reflecting team's and my involvement with her in therapy. She wrote, "I would like to thank you for

the moment that you and your team gave me a shoulder to lean on whilst at the same time you shared your thoughts and a few things about life”. When Eric attended the research for the first and only time, Rutendo also had the following comment when she was given the task to introduce her uncle (Eric) to the research session.

We talked about our differences and basically how we are grieving and what is stopping us from getting positive on things that are worrying us. We have been discussing so that we can be helped to open up to each other, just open up so that we can be able to communicate better.

Both Rutendo and Gerlinda had not told Eric anything about the sessions that they had been attending but he said he was aware that they were going to CONNECT for therapy and I was coming to their home for research. On another occasion Gerlinda expressed her appreciation of the therapeutic endeavours when she said:

I trust you otherwise I wouldn't be saying this to you. I trust a few people. You have helped us a lot. We have been able to talk things to a third person and found it easier to put things into proper perspective. It lifts the burden and you see things clearer. If we had not come to you we would have coped much less.

4.2.2.2 The narratives revealed the family's coping mechanisms

The therapy and research conversations revealed that Rutendo and Gerlinda were not mere passive victims, but were competent and active persons who were struggling for a better life (Ramsden 2001:1). They made the decision to seek therapy that helped as a coping strategy against the challenges that militated against their efforts to relate as mother and daughter in particular and as a family in general. That was a wise decision, especially considering that bereaved people need to be helped to process their experiences so that they won't carry their pain with them throughout their lives (van Dyk 2001:298).

4.2.2.3 The narratives gave voices to Silent Patients

Originally, I only heard Rutendo's voice because she was brought as the only family member seeking therapy. The process of therapy desilenced other members of the family

who also had some challenges that were affecting their lives; and which in most cases were harboured in secrecy. The challenges were otherwise all the time undermining their lives, taking advantage of the members' silence.

a. Gerlinda's voice in therapy

During the period that I worked with Rutendo, by way of re-membering (Morgan 2000:77), Rutendo accepted my suggestion for Gerlinda to join the sessions to facilitate the ongoing therapy work and building relationships in the family. Rutendo negotiated for this arrangement and Gerlinda agreed to participate but initially on her own. In the process, Gerlinda's own problem-saturated story emerged, signaling the need for a personal therapy journey that she then requested for. Rutendo and Gerlinda are still working with me collaboratively (Morgan 2000:3) as a team, combing through the meanings that they give to various events in their stories (McNamee1990:26), while trying to make sense of their lives (Morgan 2000:5).

b. Eric, Ray and Mary's voices in the research sessions

When Eric was sobbing about his father who disappeared during the liberation war and after the dialogue about the challenge of smoking, Gerlinda suggested that he considered attending therapy, to which he responded affirmatively. Likewise, as Ray sobbed about the death of his parents and his concern for his younger brother's welfare while he was away at Eric and Gerlinda's home, again, Gerlinda proposed therapy for him and he agreed. When Mary recounted her poor performance at school, her temperaments, and her guilt about her relationship with her half-sister Lucy, Gerlinda again proposed therapy for her. It seemed that Gerlinda was the one who always made the decision or proposal that the family members enlist for therapy. It could be because as I stated before, in Zimbabwe, therapy outside the family's traditional arrangements for problem solving is more of a European rather than an African idea. Counselling goes on all the time informally, through family relationships, friends, peers, neighbors, elders, religious leaders and teachers (Waruta and Kinoti 2000:2). This observation is supported by Waruta and Kinoti (2000:2) who posit that in contemporary Africa, professional

counselling has not yet been established. Gerlinda is thus a European member of the family and the one that acted as motivation for others to go for therapy. This perhaps is the benefit of cultural diversity as Gerlinda noted in paragraph 4.5, “cultural diversity has benefits for all family members in that it widens their horizons”. Considering the benefits that accrued from it, Gerlinda initiated and introduced counselling into the family as an enriching way of conflict resolution and problem solving.

In conclusion, by coming to therapy, Gerlinda inadvertently opened up a window to a sky of vast therapeutic needs and possibilities. Therapeutic and research conversations were to me, like throwing fishing nets that caught, not only the presented problem saturated stories but the solutions and coping strategies as well, whether or not Rutendo and Gerlinda had seen and regarded them as unique outcomes (White & Epston 1990:15). The therapeutic and research conversation nets also caught more family members other than Rutendo who had been presented as the only one who needed therapy. The discoveries spurred Gerlinda into making further recommendations for the other members of the family to attend therapy sessions, upholding therapy as a useful coping mechanism.

4.3 GERLINDA’S LOVE AND COMMITMENT TO CARE FOR AND ADOPT RUTENDO

Gerlinda was endowed with love and commitment towards Rutendo. That moved her to seek a legal seal of their relationship with Rutendo with adoption. Struck by Gerlinda’s love and commitment for Rutendo, one reflective statement that I developed as a participant observer was:

Love that is prevailing in Eric and Gerlinda’s hearts and family is one of the facilitants that makes it possible for them to dwarf and surmount the hindrances to their taking care of Rutendo.

In response to the above reflective statement Gerlinda wrote:

I am 100% committed to Rutendo and would love to adopt her to ensure her future. Rutendo could get Germany citizenship and would benefit from Germany’s social welfare and free University etc.

In response to the same reflective statement Rutendo wrote:

The love that's prevailing within the family does make it possible for the family to act as one big family. As a result strangers actually think that we are a family not a reconstituted family.

So, for Rutendo, even before the adoption, love-in-action had united them into a family. However, Gerlinda wanted a concrete means that would provide Rutendo with some assurance that Gerlinda was there for her permanently. That she hoped would facilitate Rutendo's connecting with or trust this new relationship (Apfel & Telingator in Wild 2001:11). Hence Eric and Gerlinda's decision to adopt her. Gerlinda mentioned this on the first day of therapy although at the time Rutendo did not sound strongly for it in November 2002 when we first worked together.

Nearly two and a half years later, in July 2005, Rutendo seemed to have made up her mind about the adoption. When I attended Lucy's wedding at Gerlinda's invitation, Rutendo found a moment to whisper to me that her mum (Gerlinda) would like to talk to me about the adoption and that I should see her about it before I left the wedding party. On her part, when she found space during the wedding party, Gerlinda updated me that she and Eric had made up their minds about the adoption and Rutendo too was decided for it. Gerlinda needed help to get the application for the adoption started. We referred to the Zimbabwean Children's Protection and Adoption Act Chapter 5:06. In the Act, we established, among other things, that the maximum age for the adoption to be granted was 18 years and Rutendo was going to attain that age on 1 December 2005, which was about 4 months away. After some inquiries, Rutendo, Gerlinda and I visited Mrs. Mavhuto in the Harare District Social Services Office responsible for processing applications for adoption. I introduced Eric and Gerlinda's wish to adopt Rutendo and how they were linked to CONNECT through the therapy and research journeys. After the link was established, I withdrew from my new role as an advocate and left the family to work with Mrs. Mavhuto. A recent follow up on this matter revealed that one of the referees for the

adoption had emigrated from Zimbabwe and the other had died in a road traffic accident. Rather dejectedly Gerlinda remarked that it was too late and that she felt like she had failed Rutendo. She also felt like she had not done enough. The adoption failed despite the letter I wrote in paragraph 3.4.

4.4 GERLINDA AND FAMILY CELEBRATING CULTURAL DIVERSITY

Gerlinda belongs to the white European community that had decried and attacked African culture (Waruta & Kinoti 2000:54). That culture according to Eboussi Boulaga in Waruta and Kinoti (2000:56) claims, “The traditional African manner of living is interpreted as ‘paganism’. It seems that Gerlinda did not fit the stereotyped European people that Eboussi Boulaga described. In other families that I have worked with, cultural or even ethnic diversity was a source of conflictual difference that landed those families in therapy. I thus single out cultural diversity, not as a coping mechanism but am underscoring Gerlinda’s ability to adapt to and rid cultural diversity of its potential to have caused conflicts that might have negatively affected the family in general and Rutendo in particular. Gerlinda not only celebrated cultural difference but also became positively functional in it.

In response to my reflective statement: “Cross-cultural diversity and the accompanying diverse beliefs and practices in Eric and Gerlinda’s family might cause some emotional pain in the process of developing family relationships”, Gerlinda wrote:

Although cross-cultural diversity may make everything a bit more complex, it also has benefits for all family members in that it widens their horizons.

I actually witnessed Gerlinda demonstrate her skilful ability to accommodate and adjust to other cultures when I attended Lucy’s wedding. Gerlinda sat, unperturbed, at least as I saw it, by the typical Shona ululating, dancing, and calling out of wedding gifts and other cultural formalities. I saw this as a strong coping strategy on Gerlinda’s part. It also appeared to me that the extended family members were connected to Gerlinda in a special way, while at the same time acknowledging their cultural difference. Gerlinda was the only one of Caucasian origin among close to 60 or 70 guests or family members at the

wedding party. As I saw her, she seemed to feel quite at home in that crowd. She played her mother role by making excellent arrangements for what I found to be a very relaxing garden wedding. When the time for presentation of gifts was announced, she and Eric presented their parental gift together, attracting acclaim and ululating from the family and guests.

In Shona, when a child gets married, the family of the husband usually gives the new couple their own home or house to commence their own family life. This is referred to in the following terms that denote being assigned a new home: “Kupiwa imba (literary being given a house)” or “Kubikiswa” (being given the capacity to cater for self). At the wedding, Gerlinda shared with me that she and Eric had acquired and moved to a new home and left Lucy and her husband John to start their life in their old home where the wedding took place. Allocation of the house by the wife’s family was an adaptation of the traditional patriarchal practice where it is the husband’s family’s responsibility. In urban areas, whoever has means of subsistence now tends to chip in to make life for the new couple bearable. Gerlinda’s ability to, not only assent but also participate in some of the cultural formalities obviated the otherwise possible conflict that would have arisen. I have given a detailed account of my observations of Gerlinda’s ability to celebrate diversity and ride over it. I am thus acknowledging that unlike the other families that I encountered with problems emanating from ‘cultural diversity’, Gerlinda and the other family members, managed to attenuate its potential negative impact upon their lives that were already occupied with the challenge of integrating Rutendo into their midst.

4.5 FINDING DEEPER MEANING OF LIFE IN SPIRITUALITY

Both Rutendo and Gerlinda somehow engaged in attending church as a spiritual coping strategy to attend to their challenges. To this end, there was an interesting similarity between Rutendo and Gerlinda’s spiritual journeys.

4.5.1 Solitary attendance of church in childhood (Rutendo and Gerlinda)

Both Rutendo and Gerlinda have had the propensity to seek God in their childhood, even to the extent of attending church alone without parental company. I wondered whether the similar experiences could converge into a confluence of common ground for attending church together now. Rutendo and Gerlinda seemed to have experienced similar parental neglect of spiritual nurturing at one time or another as will be covered later. I wondered whether their similarity in the past could be exploited to engender concord in their pursuit of God in the present and future. On her part Gerlinda shared that she had not received any spiritual guidance from her parents or on going to church and she said:

I went to church on my own as a child. My parents baptised me but never went with me to church except to some weddings. They gave out sweets at church – I had heard about sweets and I went there and they did give us sweets. I enjoyed stories about Jesus, music, and the atmosphere. I do trust in God. I never discussed God with my father. I do not know his thoughts.

My curiosity is whether the seed that was sown by these church visits remained live enough to germinate as she later resolved to go to church in adult life. Maybe that is what Proverbs (22:6) means by saying that if you train a child in the way he should go, when he is old he will not depart from it.

Rutendo revealed that she used to go to church with her mother and brothers. After their mother had died their father used to drive them to church, drop them and then pick them up at the end of the service. Sometimes he came in but read the newspaper in church. At one time he found himself being the only one sitting while everyone else was standing. Then, when Rutendo joined Eric and Gerlinda's family, she found that they neither had family worship nor went to church. Hence, according to Rutendo, one of the reasons that she retreated to her bedroom was to read her Bible and pray. Sometimes Rutendo would go to her uncle's (her brothers' replacement father) family, and joined them to attend church as she shared below:

Sometimes I go to my uncle's house and join them (her uncle, aunt and her brothers Ray and Cheyenne) when they go to church. Sometimes I go to church on my own.

So, in her new family, there were no spiritual or religious practices that fitted hers. To cope with her spiritual needs, she resorted to attending church or finding company in her other uncle's family. Through the therapy and research conversations, Gerlinda became aware of Rutendo's yearnings that were not too divergent from her own. That discovery led to an agreed upon common way of coping with their spiritual needs.

4.5.2 Gerlinda and children attending church together

Against the backdrop of these childhood experiences, when therapy and research journeys merged into the spirituality lane, it was spontaneous for Gerlinda to suggest that the family should attend church. As reported in chapter 3, Gerlinda had concluded that from what she observed from her devout Roman Catholic boss and his wife, there was something they were missing as a family by not going to church. Perhaps Gerlinda wanted to appropriate that which she/they had been missing. It was in one of the therapy sessions that Gerlinda said:

We should go to church as a family to find spiritual guidance, even if it means just doing it as a family activity.

At a subsequent therapy session, Rutendo and Gerlinda's hope in God had started to be active. Gerlinda reported:

We have started going to the Lutheran Church and it makes us feel good. However since we only started recently and did not manage to go every week we have not yet received counselling by our pastor.

Responding to the feedback from the 'Durban Conference' workshop Gerlinda also said:

We now go to the Lutheran Church. We have not been for a long time, in fact for months. I am feeling guilty. I felt sick. May be my need is much less now despite

being diagnosed with hypertension, diabetes and transient stress-related asthma. I am positive minded. My depression is getting better.

4.6 OPENING UP OF COMMUNICATION LINES IN THE FAMILY

Contrary to the family's tendency to 'get on with one's life and push aside emotions' as Gerlinda had admitted, the family resolved to open up to one another. Communication about material, emotional and other needs or any challenges that might come between the family and their task of incorporating Rutendo into their midst received great attention. Gerlinda resolved that they would keep the channels of communication open. Gerlinda said that she was going to socialize the children into speaking out their minds. She said that her detest of the non-assertiveness of the Zimbabwean women that she had experienced was a good reason for cultivating openness in her family. She encouraged the children to talk about anything to her rather than to receive information from strangers. Gerlinda said that she would encourage the children to talk to her about anything. This is very important in these days of HIV and AIDS when the National Plan of Action For orphaned And Other Vulnerable Children of Zimbabwe (2004:16) is advocating for the participation of children in decisions which affect their lives.

4.6.1 Outing, pizza and dating stories

To open communication channels and trust, Gerlinda and the girls had started going out together as was shared by Gerlinda.

The girls and I sometimes take a ride together. We go out and have some pizza and the children like it. We talk about anything. The other day they were asking me about my dating (children laughter). It was a good day.

The outing, eating together and talking about Gerlinda's dating stories, was a surprising phenomenon (Atkinson in Bryman & Burgess 1994:6) and one that constituted an encouraging unique outcome (White & Epston 1990:15) that generated an alternative story of connecting (Morgan 2000:55) Gerlinda and Rutendo in particular and the family in general.

4.6.2 No more secrets

Gerlinda and Rutendo demonstrated their commitment to openness that I feel has potential to remove the life support systems (White 1990:3) that had kept the challenges of silence and secrets alive. When the other members of the family first attended the research session, I asked whether there were issues Rutendo and Gerlinda had raised in their separate and combined therapy sessions that they would not want to be disclosed, they both spontaneously agreed to talk about anything.

Rutendo and Gerlinda's stories provided a mine from which there emerged marginalised discourses (Hare–Mustin1994:21) within the determinant order of the Zimbabwean culture and the HIV/AIDS scourge. This research journey process seems to have given the two women, Gerlinda and Rutendo their voices (Olesen 1994:169), not only to speak but also rid their lives of secrets. What I had regarded as a rather too ambitious effort to be numbered among the few researchers / therapists who Hare-Mustin (1994:20) says are guided by marginalised discourses seems to have yielded some gains.

4.6.3 No more beating about the bush

As discussed under 'silence and secrecy in AIDS' in paragraph 3.2.1.1 and 'bereavement and children' in paragraph 2.6, Rutendo's parents died without disclosed their HIV positive status to her and her brothers. But Rutendo's preference that agrees with HIV/AIDS Action (2003:3) is that it would have been better to hear from her parents than from relatives. Aided by Gerlinda's openness and encouragement, Rutendo seemed to have been won on the side of frank and 'straight talk' and she resolved to be open to her mum about everything. She also resorted to 'straight talk' about AIDS. Rutendo's new preferred story about HIV and AIDS displaced the image of her family as a "black sheep" of the extended family as she had stated earlier on in therapy in paragraph 3.2.2.2. She instead replaced it with wisdom to resolve to remain a virgin until her marriage. I saw this commitment as a unique outcome (Morgan 2000:53) that would enhance their relationship because Gerlinda said she prefers an upright moral life. Rutendo had also

gone beyond being intimidated or harassed by the words 'HIV' and 'AIDS' and decided to meet them head on. In her letter to me Rutendo had written:

For corrections, Gertrude, my parents did not die of AIDS related illness, they died of AIDS.

In the next therapeutic session, remembering her expressed sensitivity about the cause of her parents' deaths, I forgot about her comments in the letter and continued to be cautious not to hurt her by referring to her parents as having died of 'AIDS related illnesses'. Rutendo took the reflecting team and me by surprise again when, in the session, she demonstrated a drastic change of perception as she drove home the message of her letter to me by saying:

Gertrude, you seem to want to beat about the bush, my parents did not die of AIDS related illnesses, they died of AIDS.

From then on the cause of her parents' death ceased to be an embarrassing issue in the rest of our work together. Unlike the observation that most children orphaned by AIDS did not disclose their parents' HIV status or cause of death to friends or anyone else (Hinds in Wild 2001:10), Rutendo disclosed the cause of her parents' death to school friends. She said:

I have told my friends at school. There are also others whose parents' have died of AIDS. I have even referred some of my friends to CONNECT for counselling.

Rutendo had thus become open about AIDS as the cause of illness and death of her parents. She also seemed to have assumed the role of advocate and an agent for change for children facing challenges like hers rather than concealing her unresolved pain. As already stated in paragraph 3.11.1, reacting to Ray's fear of her after he had broken her vase, Gerlinda drove the point home about her openness. So openness seems to be a culture that Gerlinda is developing in Rutendo and the other children. Reflecting on Rutendo saying that there is no need to beat about the bush about AIDS as cause of her parent's death, I wondered whether Rutendo is gradually becoming more and more frank

like Gerlinda. I wondered how much of her forthrightness is inborn and how much is as a result of socialization by Gerlinda.

4.7 DECONSTRUCTING PARENTAL SILENCE (RUTENDO)

Rutendo displayed another coping mechanism in the realm of understanding. In the letter that she wrote to me and in a surprising positive change of attitude towards her parents, Rutendo deconstructed their silence and non-disclosure of their HIV status.

Deconstruction means taking apart the interpretative assumptions of a system of meaning that you are examining so that you open space for alternative understanding (Anderson and Goolishian in Kotze 1994:40). On the first day of therapy that Rutendo quizzed her parents through me she sobbed: “Why did my father not inform me that he was dying of AIDS? I even looked after him. He had diarrhoea.” Rutendo and her brothers were left stressed through lack of the opportunity to discuss and cope with their fears as their parents avoided disclosing their status before they died. Interestingly in her letter to me, Rutendo seems to have put her foot into her parents’ shoes to confirm that parents avoid disclosing their status before they die, paradoxically out of fear of causing distress to their children, as stated by Poulter cited in Jackson (2002:273). Rutendo wrote:

My parents were not really open about matters such as AIDS. My father probably thought that he would not reveal that he had it before I was in a position that I would receive the news without getting hurt that much. He told me that he had it but did not tell me that he was only left with a few months to die. May be it is because he was embarrassed and he did not want to hurt my feelings. As a result he just wanted me to feel comfortable by telling me that he was always going to be there for me.

Although I did not get space to explore this with Rutendo, I thought that in this frame of mind, Rutendo would be healed faster than when questions that were shrouded with anger reigned. Rutendo robed anger, which was the life support system (White 1990:3) of the challenge of silence about the cause of her parents’ illness and death, and replaced it with rationalized understanding and openness about it.

4.7 MAKING COMMITMENTS, TAKING ACTION AND RESOLVING ISSUES

Rutendo and her family did not focus on challenges as immovable obstacles. They decided now and then to take action. Rutendo also faced issues head on and made an undertaking that she had responsibilities to carry:

4.8.1 Rutendo's resolve to visit father's grave

In Shona, there are ways of coping with bereavement. For example, when a corpse is ready for burial, all kinsmen and friends pay their last respects to the deceased, usually bringing a farewell present just before the funeral procession towards the grave (Bourdillon 1976:201). This is the time that the ritual of body viewing to bid the deceased farewell is also done. As stated earlier, Rutendo fainted during the process and thus missed the opportunity to take part in the ritual of viewing the body of her deceased father. Rituals are symbols-in-action that celebrate events as they happen, they also celebrate our memory of the past and our expectation of the future (Shorter 1998:61). No wonder that Rutendo wanted and was determined to credit her ledgers with regard to connecting with her deceased father. She did not leave the reflecting team mentioned in Chapter 1 and me (her therapist) in doubt about her desire to visit and see her father's grave. That is a desire that the reflecting team and I affirmed as well founded and as necessary to facilitate her grieving process.

For a long time I followed up on this matter and Rutendo had not yet visited her father's grave. Perhaps the distance of 439 kilometres South of Harare could have been a hindrance to the immediate fulfilment of the commitment. What was positive about it was that Gerlinda and Eric were in support of that decision. In the African sense, by visiting her father's grave, Rutendo will in a way keep in contact with him and her past or her roots. In some parts of the Zimbabwean society, for example on 2 November, the Anglican community in Zimbabwe's Province of Manicaland, families visit and sweep the graves of the loved ones in the St Faiths Mission cemetery or at their village burial

places. A neglected grave is considered as a sign of not caring about the deceased family member.

4.8.2 Rutendo's resolve to take responsibility for siblings

Rutendo also resolved that she has a responsibility for her brothers Ray and Cheyenne. This was notwithstanding the fact that they were being brought up by their uncle. She still felt responsible for them as she stated in her letter to me:

Everything that I shall do whether it is good or bad is going to play a role in My Brothers' lives. If I choose to be playful and produce horrible results, by the end of the day, my brothers are never going to have the life that I would want them to have. About Cheyenne I really don't know how he is going to take it when he really gets to understand the meaning of death. I shall do my best to try and make him understand. For now he simply thinks that they have got a chance of coming back soon.

4.8.3 Rutendo's resolve to live a happy life

Another unique outcome (White & Epston 1990:15) was Rutendo's statement (Morgan 2000:53) that she made about her preferred story about her future relationships in the family as she wrote in her letter to me:

I would prefer a life whereby I feel comfortable and happy not where I change moods every time. I would want to be my aunt's daughter; I want to feel like I am her daughter. I want to live a positive life without any negative thoughts, feelings and ideas.

I perceived that the declaration by Rutendo was good seed for future life and relationships. Rutendo demonstrated her humorous character throughout the therapy and research discussions. As happened when she talked about missing Gerlinda's rebukes while she was in Germany on a visit. She said it in a way that drew laughter of common understanding from Mary and Ray.

Mum (Gerlinda) was "missed" a lot when she was not there, even her rebukes (children laugh about missing Gerlinda's rebukes).

In the second therapy session that involved the reflecting team, at one time Rutendo brought laughter when, trying to put a point across, she stood up and elegantly demonstrated her modelling prowess. This family responded to humour, with a kind of fond laughter always, in such a way that is difficult to describe and do justice for the reader's appreciation. Humour is a strength in this family

4.8.4 Eric's resolve to stop smoking

Another of Eric's unique outcomes (White & Epston 1990:15) was his stated commitment and action (Morgan 2000:53) that he took to stop smoking. When he talked about the fear of his own death, while sobbing, stood up and retrieved a hidden bottle of medication that he had been secretly taking to stop smoking. Eric told us that he was finding it difficult to stop. But it is my observation that, just the desire alone stood out as a sparkling moment (Morgan 2000:53) that constitutes the will that would finally find the way to fruition.

4.8.5 Eric's resolve to find his father

As this chapter is about unique outcomes (White & Epston 1990:15), and, any indication of such a unique outcome was significant for me and were confirmed by the family. A unique outcome can be in the form of an action, a plan, or a thought (Morgan 2000:53). Eric did not just cry about his disappeared father. During the session that he attended, he made an undertaking that he would go to Mutoko to try and locate his father. It is my hope that whatever results will accrue from such a search, that effort will at least help put the matter to rest. It seems that in addressing the issues and alternative stories regarding Rutendo, it circled out to other family members and issues and created alternative stories to emerge.

4.9 CHAPTER SUMMARY

Chapter 4 highlighted the various coping strategies that Rutendo, Gerlinda and other members of the family instituted to rise above the challenges that stood in the way of

their efforts to incorporate Rutendo into and relate as a family. Some were individual strategies while the others were collective ones. These coping ways and skills had been hitherto subjugated (White & Epston in Burk 1999:10) in Rutendo and Gerlinda's narratives about their lives. In chapter 3 the idea of coping spiritually in God was marred by the frustrations that both Rutendo and Gerlinda had with the church, albeit for different reasons. The family's efforts to attend church were a demonstration of their willingness to go to God although their attendance was not consistent. Chapter 4 also talked about the action that was taken to adopt Rutendo, Rutendo's resolve to visit her father's grave and Eric's plan to go and establish his father's whereabouts and his resolve to stop smoking. These and other actions would remove the life support systems (White 1990:3) of the challenges that militated against establishment of sound relationships in the family.

Chapter 5 is about my reflections on the research process and beyond. I revisit and review what my purpose, questions and commitment of the study accrued from the study. I then cover the knowledges and discoveries that I made from the study and the pastoral challenges of the study. I then account for how I was changed by the research. Then I bring some of the knowledges from the study into conversation with existing knowledges in literature. I also give the implications of the study on practical theology and pastoral care. Finally I highlight Rutendo and Gerlinda's reflections about their experience of the research study.

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CHAPTER 5

REFLECTIONS ON AND THE IMPLICATIONS OF THE RESEARCH

5.1 INTRODUCTION

In chapter 5 I revisit the research purpose, questions and commitment mentioned in chapter 1. I also reflect on how I achieved my goals with the research. Then I present some of the knowledges and observations I made in the study. This is in order to review what transpired and to put it all into a broader context (White & Epston 1990:18). I also highlight the pastoral challenges that emerged from the story. After that I reflect on how I was changed by the research. Then I discuss the implications of some of the knowledges for transformation on therapy training, clinical work, supervision and research. I also discuss implications of some findings on practical theology and pastoral work. At the end I include Rutendo and Gerlinda's reflections on the research process to give them the last word.

5.2 PURPOSE, GOALS, QUESTIONS AND COMMITMENT OF THE STUDY

The purpose of this research was to explore Rutendo and Gerlinda's narratives and experiences in their effort to relate as mother and daughter in the reconstituted family. The specific goals of the study were to identify the challenges that were confronting the family that was integrating Rutendo, the girl child who was orphaned by AIDS, into their midst and how they dealt with the challenges. Another goal was to identify pastoral challenges in Rutendo and Gerlinda's stories and experiences. The leading questions in the study were three-fold: What challenges has the reconstituted family that is integrating a girl child who was orphaned by AIDS encountered in their efforts to relate with her? How have they dealt with these challenges? What pastoral challenges are reigning in this family? As already stated in paragraph 1.4.1, my commitment was rooted in Christ's mission statement in Luke 4:18 that had to do with preaching the Good News to the poor, healing the broken hearted, proclaiming liberty to the captives, and the opening of the prison to those who are bound (Hayford 1991:1043). The exploration of Rutendo and

Gerlinda's narratives was done in five therapy and six research sessions. The first question is attended to in chapter 3. The chapter outlines the challenges that confronted Rutendo and Gerlinda in particular and the family in general in the process of integrating her into their midst. Chapter 3 also gives the effects of those challenges on the family. The second question about how Rutendo, Gerlinda and family coped with the challenges was attended to in chapter 4. I then address the pastoral challenges in this chapter 5.

5.3 IMPORTANT KNOWLEGES GAINED FROM THE STUDY

The knowledges that I valued most and that seem to impact upon the integration process significantly are briefly described below. Knowledge here refers to the result of the therapy and research journeys as social processes and not objective description of external realities (Kotzé & Kotzé 1997:1). It refers to negotiated meaning within the context of linguistic interaction (Anderson & Goolishian 1991a:22) between the researcher and the research participants. At the end of the identified knowledges I have indicated the paragraphs where they can be found.

5.3.1 Integrating an orphaned child into a replacement family is a complex and challenging process fraught with dilemmas

Traditionally in the African culture, any vulnerable or orphaned child would be absorbed and cared for within the Extended Family Safety Net (Foster cited in Jackson 2002:278). That was so as long as an aunt or uncle remained alive and could care for the child (Jackson 2002:278). Rutendo's extended family's strategy for coping was that of assigning her to her uncle Eric's family as her replacement home. But, this coping strategy was fraught with complex challenges and dilemmas that threatened Rutendo's successful integration into the family. It was providential that Gerlinda took responsibility and leadership for Rutendo's integration. She sought therapy that, at the end, both she and Rutendo testify to have been of benefit in paragraph 5.9. Is it not possible that if there had not been a person like Gerlinda in Rutendo's life, the reigning challenges could have drifted on unabated to more complex states? Below are some of

the knowledges that I gained regarding challenges that confronted this family in their effort to integrate Rutendo into their midst:

5.3.1.1 Sibling disintegration causes emotional problems for the orphaned children

Because of HIV and AIDS, the traditional way of caring is now beyond the extended family's ability to cope (Kalipeni et al., 2004:313). Geballe and Gruendel in Wild (2001:9) posit that children orphaned by AIDS may be separated from their siblings if their alternative families do not have the resources to care for large numbers of children. Rutendo's experiences showed that sibling disintegration also impacts upon the children emotionally. She said she found it difficult to settle easily without her brothers and she resolved to care for them in future 4.8.2. Thus sibling disintegration is one of the challenges that negatively impact on the families' efforts to cope with the growing population of orphaned children.

5.3.1.2 Some of the extended family's attitudes and treatment of the orphaned children may be counterproductive and not promotive of positive integration

The extended family's strategy of assigning Rutendo and her two brothers to their uncles' families was an invaluable way of addressing their plight. However, some of the relatives' involvement posed more challenges for the children than they rendered comfort. In the process that disturbed the integration process that they meant to achieve. The challenges for Rutendo came in the form of unresolved grief as some of those relatives barred her from crying over her father's death (3.2.1). The other challenge for Rutendo was being labeled as an 'attention seeker' or 'showing off' (3.2.7.1) whenever she tried to mourn her father or complain about her own sickness. That in turned blocked the communication between her and the family. The relatives' attitude confirmed the observation by Dedza cited in Jackson (2002:265) that orphans are physically or verbally abused by their guardians. The relatives' disregard of Rutendo's needs at the funeral also confirmed Jackson's (2002:273) assertion that emotional suffering of children when parents become sick and die of AIDS may neither be recognised nor responded to. Further, the relatives' way of handling cultural and ritual matters disturbed Rutendo and

Gerlinda, mostly because of lack of communication to them about those rituals, a practice that drew Rutendo farther than nearer to them (3.2.10.1).

5.3.1.3 AIDS inflicts multiple traumas that negatively impact upon the integrations process

From Rutendo's story, particularly in chapter 3, I learnt that the death of parents from AIDS inflicts multiple traumas on the orphaned children. Consequently, the integration of children into the reconstituted family is rendered problematic for the orphaned child and the carers. In the current effort to transform preaching to become HIV/AIDS relevant, it is asserted that age based discrimination should be a key theme for the church (Dube 2003:248). Perhaps the community of adults would learn more if the children have the platform to express their fears and concerns in this era of HIV/AIDS (Dube 2003:249). As was the case for Rutendo, therapy may open up space for these challenges to come to the fore and for some of them to be resolved.

5.3.1.4 Carers of the children who are orphaned by AIDS already have their own challenges to cope with and therefore need support too

The efforts to integrate orphaned children into alternative families to alleviate their plight are likely to be hindered by the carers' own existing challenges. Most carers are women who find that caring for orphaned children is infact an extension of their already existing caring role (Jackson 2002:212). As in the case of Rutendo's family, some of these challenges may be perturbed by the therapeutic and research discussions about the life stories of the clients thereby bringing those challenges to the fore. Examples were, Gerlinda's own personal challenges that stemmed from her childhood (1.2.1.3), unresolved anger in Gerlinda and Eric (3.2.2.5), fear and insecurity again in Gerlinda and Eric (3.2.2.6), Eric's struggle to stop smoking (3.2.6), Mary's conflicts at school (3.2.10.1), and Eric's desire to find his 'disappeared father' (4.2.2.3 b). Most members of Rutendo's family had a measure of unresolved grief that manifested as individual or collective outbursts of crying the moment they found space for relevant conversations as in paragraph 1.2.1.1 for Rutendo in therapy; and 1.2.1.2 for Gerlinda in therapy, and five family members in a research session in paragraph 3.2.4.3. This seemed to be an

indication that they not only needed help with integrating Rutendo into their midst but that they too needed to resolve their own outstanding issues.

5.3.1.5 The orphaned child's coping mechanisms may become hindrances to the development of relationships their replacement family

The integration process may be negatively impacted upon by the orphaned child's attempts to cope with his/her past negative experiences. In the case of Rutendo, her attempts to cope became hindrances to the development of relationships in the new family. For example, her feelings of insecurity to establish relationships with Gerlinda for fear of further losses, especially in the event that her and Gerlinda's relationship might be terminated for whatever reason became another barrier to establishing relationships as Eric and Gerlinda had hoped to (3.2.2.6). Apfel and Telingator in (Wild 2001:11) confirm this fear by their observation that orphans who experience multiple losses may remain vulnerable to further loss and disruption in adulthood. Rutendo's strategy to be silent about her needs and problems (3.2.7.1) was meant to refrain from vulnerability as she feared that she might not be believed or even be given labels such as 'attention seeker' as had happened in the past (3.2.7.1). Disregard of children's feelings is common in societies and cultures that devalue children's needs and rights and thus children are likely to internalize their pain (Jackson 2002:237). Sadly, as happened in this case, the internalisation of pain and concerns by orphaned children work against the need to establish smooth relationships with replacement parents or families. Therapy enhanced the process of creating communication bridges between Rutendo and Gerlinda and subsequently the other members of the family. Rutendo had hitherto not been given space to discuss her experiences or the loss of her parents even in times that were not emotionally laden (Doka 1995:xii-xiii). The establishment of communication bridges allowed Rutendo a voice to describe her past challenges freely without rebuke. The breaking of silence gave Gerlinda access to Rutendo's mind and past experiences and an understanding of her current behaviour.

5.3.1.6 People who seek help are not passive victims but are active agents of their lives

Paragraph 4.8 reports some decisions and activities that Rutendo, Gerlinda and family made or took to resolve their challenges. Rutendo resolved to visit her father's grave, to lead a happy life and to take responsibility for her siblings. Eric resolved to find his 'disappeared' father to stop smoking in paragraph 4.3. Gerlinda and Eric resolved to adopt Rutendo. This highlighted the fact that people who seek help are active agents of their own lives and have ideas of how to resolve their own challenges. All this family needed was therapy (including research in this case) as media for exploring their world of possibilities.

5.3.1.7 Carers may develop strong feelings of regret over well-meant help that they will have rendered

At first, I was very enthusiastic and happy to support Eric and Gerlinda to concretize the proposed adoption of Rutendo. But, questions arose after writing the letter recommending Rutendo's adoption. I had a very strange feeling of grieving for Rutendo. What am I being part to? Was it possible Rutendo might have to renounce her Zimbabwean citizenship as is required by law if she took up German citizenship? What was happening to Ray and Cheyenne? What do they think about Rutendo's adoption and possible change of name from Chaibva to Gara or Schmitt? Have they been consulted about the adoption? Is this yet another loss to them and how will it be dealt with? How close to Rutendo will they feel if she has to carry a different identity? Will Rutendo regret making the decision to change her identity? Paradoxically, it was a dilemma because I had positive regard for the advantage and security the adoption might have brought to Rutendo who had been so anxious about possible abandonment or further loss as in paragraph 3.2.2.6. Might Rutendo not be able to care for her brothers better in future if she got a good education that Gerlinda was offering her in Germany? Or was I worrying about the future, which is God's preserve? I felt the need to have such private regrets dealt with, may be, by consulting with other professionals.

5.4 PASTORAL CHALLENGES AND IMPLICATIONS TO PRACTICAL THEOLOGY AND PASTORAL WORK

A number of challenges emerged from Rutendo and Gerlinda's problem-saturated accounts (White & Epston 1990:16). First, I noted pastoral challenges that were to do with the HIV/AIDS scourge and then those that were to do with their spiritual concerns. The issues that Rutendo and Gerlinda raised spurred me to search for ways that could meet the needs of people who may find themselves in similar situations in future. Thus, while recommendations from this study may no longer be helpful to Rutendo and Gerlinda, they might be of significant help to others in similar situations in future.

5.4.1 There were some pastoral challenges that are to do with HIV and AIDS.

AIDS is a disease with moral, psychological, social, economic and political repercussions (Waruta & Kinoti 2000:94) on the infected and affected. Rutendo and Gerlinda had chronicled some challenges that the pastoral ministry could have addressed to obviate their suffering. Unfortunately, most of their spiritual needs and those of their families were not met. At the time Rutendo and Gerlinda did not belong to any Christian fellowship that could be held responsible. Yet, the pastoral counsellor's role could have been fulfilled by any person within the church, who cared to engage in the tasks of restoring fellow human beings to physical, emotional and spiritual well being (Waruta & Kinoti's 2000:7). That requires the pastoral carers to be willing and prepared to confront human suffering and the conditions that cause it, following the example of their founder, Jesus Christ (Waruta & Kinoti's 2000:7) as suggested below:

5.4.1.1 The challenge of prevention of the spread of the HIV infection

In the very first therapy session (3.2.2.5), Rutendo cried that the infection of her parents with the HIV virus could have been avoided. Despite the enormity of the HIV/AIDS crisis, biomedical and pharmaceutical developments and responses have been slow and there is still no prospect of a cure. This renders Rutendo's cry for avoiding infection relevant. Prevention has been identified as a key weapon in the fight against scourge

(Campbell 2003:5). This view is supported by WCC (2000:8) who posit that HIV infection is potentially preventable if one avoids the risk factors that facilitate its transmission.

In Zimbabwe, teaching of the ways that prevent infection is mostly left to the ministry of Health and Child Welfare. Yet, Christian moral and spiritual teaching could be an effective resource in forming and changing society's behaviour (MAP International 2001:9). Pastoral workers have the greatest opportunity as they espouse biblical models of life styles and have the Word of God to reach out to a wider and inclusive population than the secular health workers have (Vernon 1997:86). One thought is that, because the Christian community project an image that is so respectable, it commonly finds it difficult to address issues of sexuality head-on (Vernon 1997:77). However, Dube (2003:v) suggests that the pastoral workers' community centeredness, their close relationship with individuals and families, and their value of holding each person as God's person and their role as bearers of salvation give them advantage over secular carers in the fight against HIV/AIDS. Yet the spiritual response has been inadequate (WCC 2000:99). The activities for the prevention of the spread of the HIV infection can be carried on the vehicles of preaching, teaching, formal pastoral counselling and care programmes (WCC 2000:99). At least, pastoral workers could focus on the need to keep a live awareness in the community of the dangers of infection (Campbell 2003:6).

5.4.1.2 The pastoral challenge to liberate people from cultural and other hindrances to prevention of infection

In paragraph 3.2.10.1 I indicated how Gerlinda unsuccessfully persuaded Eric to influence Rutendo's parents to have protected sex after they had been diagnosed HIV positive. Eric's refusal could have been influenced by a mixture of cultural and gender considerations. Gender injustice is common all over the world (Maluleke in Dube 2003:226). In many societies the position of women limits their control over their bodies and their power to make decisions about reproduction (WCC 2000:16). They can hardly say no to unprotected sex from their partners or husbands, even when they know that their partners are unfaithful (Maluleke in Dube 2003:226). Concerning my commitment

in paragraph 1.4.1, I stated how in my personal and therapy experiences, I have encountered many people that are held captive by various personal, family, cultural or societal bondages that they need or desire to liberate themselves from. Subordination of women that contributes to the spread of HIV is perpetuated because they have fewer advantages culturally, socially, economically and sexually than their male counterparts (Maluleke in Dube 2003:226). Pastoral workers could create an environment and programmes where some of the life experiences of women can be heard without fear of judgement (WWC 2000:16) and propagate teachings that liberate them, albeit within the confines of the Word of God. I wished Rutendo, Gerlinda and I had had enough space to delve into the liberating Gospel during our co-research journey. But, I had to be sensitive to Gerlinda's detest for people 'who think they know what God wants' (3.3.3.3).

5.4.1.3 There was the challenge to have organized Home Based Care services

Rutendo lamented how she had taken care of her deceased father's personal and bedclothes that were soiled with diarrhoea (3.2.2.1). In HIV/AIDS, after the stay in hospital, patients are discharged to their homes where they continue to need some care until they die. Deliberate Community Home Based Care Programmes (CHBC) could be put in place by the pastoral teams to alleviate suffering and the burden of the infected and affected (van Dyk 2001:327). There is also the challenge to care for and be compassionate to people with past 'unhealthy' behaviour and having AIDS because of promiscuous hetero- or homosexual lifestyles, or through drugs (Vernon 1997:83). Regardless of that, pastoral workers have a major Anti-AIDS campaign role to play in caring for the victims of the scourge (Waruta & Kinoti 2000:92). In this regard, the provision of an integrative approach to health care is necessary so that a doctor, pastor and social worker may provide healing to patients in a family/community context (Waruta and Kinoti 2000:89). The integrated programmes and care work in HIV/AIDS involve sacrifice of giving up our feelings of self-righteousness, our condemning judgements of others and our faulty doctrines that point to 'sin' only, forgetting 'grace' (Map International 1996:4). This involves a commitment to expressing and integrating God's love and resources through service and counsel in the name of Christ (Waruta &

Kinoti (2000:95). Caring communities of believers could employ and pay trained First Aid Workers to take care of the terminally ill persons in shifts. This would relieve the family members significantly. Again, formal pastoral counsellors and mutual carers could spearhead some of these functions. Sadly, though a lot of literature has been produced by governments, non-governmental organisations and the private sector on the scourge, it does not necessarily mainstream the HIV/AIDS in religion or explore how religion can use its sources in HIV/AIDS struggle (Dube 2003:vi).

5.4.1.4. There is the challenge to support children in the bereavement process.

In her story, I saw Rutendo revealing the need for pastoral involvement in the family's grieving processes. A deliberate programme to support and involve children of the sick person, allowing them to express their anticipatory grief during the parent's sickness, at their time of death and during the funeral. Zimbabweans have respect for the pastor's or ministers of religion's word and what the priest or pastor proposes will almost always be implemented. The pastor or priest could make sure that the children are not blocked from crying or making the children's preferences known at every stage of the funeral. In His attendance at Lazarus' death, Jesus did not remain calm and undisturbed by the reality of death (Dube 2003:35). He was not detached from the messy business of living but was deeply disturbed by the death's devastation, its force and finality and so He wept (Dube 2003:35). Children should be assisted in expressing their grief too.

5.4.1.5 The challenge to guide and support the prospective replacement parents of the children orphaned by HIV/AIDS

Gerlinda and Rutendo acknowledged that therapy had provided useful and practical help for them to cope with their difficulties in the integration process. It is fortuitous that Gerlinda spearheaded the search for therapy. But it might have been better for the family and the children to have been prepared in advance as a means of strengthening the family's capacity to cope and support them to address the new needs (Jackson 2002:279). Yet, in HIV/AIDS related and any other anticipated bereavement, lack of explicit and deliberate planning puts children at risk of homelessness or related hardships (Steve et al.

1995:78). Thus I propose that a deliberate programme for counselling Eric, Gerlinda, their children and Rutendo in advance of incorporating Rutendo into the family might have helped by alerting them all to some possible challenges that confront alternative families. This would also apply to Joe and Anna and their children, where Ray and Cheyenne were assigned, also before they went to that replacement family. Generally, if such counselling is done, some of the underlying problems for which these families eventually seek therapy might be identified and addressed as a preventive programme.

5.4.2 Dealing with the pastoral challenges that are to do with spiritual needs.

With advance preparation pastoral challenges to do with spiritual needs that affected the integration process in this family could have been attenuated in some way. That can be of help to families in similar situations.

5.4.2.1 Identifying and negotiating spiritual practices and preferences of the orphaned children and the replacement family

An example here was the importance Rutendo placed on prayer and attending church. This could have been addressed proactively and the importance and ways to meet Rutendo's needs explored, especially in face of the contradictory spiritual practices of the new family. Formal pastoral counselling programmes could take care of this challenge significantly in what I have chosen to call 'the pre-reconstitution stage'.

5.4.2.2 The need to provide conversational space for catharsis in the congregation

From the concerns that Rutendo and Gerlinda raised, I noted the need for providing conversational space for sharing of experiences in the congregation. They had only had the opportunity to raise these spiritual concerns within the space that was provided by counselling (3.3.3.1 and 3.3.3.2). From my experience, people in my congregation at St Mary Highlands Anglican Church in Harare used to benefit from 'testimonies' from fellow church members of how they had coped with certain challenging situations. Such

testimonies were usually part of the pastoral programmes and supervised by the priest. Thus, pastoral programmes could provide 'safe spaces' for ventilating, telling and listening as a healing community. Gerlinda and Rutendo could have raised and would have been helped with their concerns about the church. As the process of sharing testimonies could be an emotional undertaking, pastoral counsellor's participation would be advisable.

5.4.2.3 The challenge for Christian messages to be relevant in the HIV/AIDS era

The challenge to be relevant in worship service was considered significant after being raised by both Rutendo and Gerlinda, albeit for different reasons. Both Rutendo (3.3.1.1) and Gerlinda (3.3.3.2) found the church practices and messages devoid of answers to questions that confronted them. Rutendo and Gerlinda's experiences were supported by Obeng in Waruta & Kinoti (2000:16) who observes that in some cases, the preaching is dull, irrelevant and unrelated to the practical and pressing issues of life or the needs of the people. The celebration of life through renewal in worship (WCC 1997:78) did not materialise to meet Rutendo's desire to be assured of the love of God in her bereavement. Ministers are called to preach with communal sensitivity (Wilson 1995:156) and to be aware that preaching is a silent dialogue between the preacher and the hearers (Wilson 1995:153).

In the case under study, there was the need to address HIV/AIDS related contextual issues that affect both the congregations and the non-Christian neighbours. I celebrate the recent provision of HIV/AIDS related sermon guidelines and liturgy for services in 'AfricaPraying' (Dube 2003).

At crisis points in life, human beings acknowledge their own limitations and learn to depend on God (Waruta & Kinoti 2000:90). Pastoral care is seen as a mission to help those who are Christ's to grow in Him, and in addition to help those who do not know Christ to discover him as their Lord and Saviour (Vernon 1997:3). As Rutendo and Gerlinda's therapist, believing that Christ died for all, I see the challenge to seek and

reach out both to the young and the old people within the congregation, and those beyond its walls (Vernon 1997:2; WCC 2000:49). Such a programme might have touched Rutendo and Gerlinda's lives in their quest for spiritual guidance. A good example is that of Jesus who ministered to, and drew friends and converts from the most despised and marginalized groups of the society of His day (Vernon 1997:83). Here again, the witnessing by Christian community has responsibilities that go beyond waiting for members who turn up for worship on Sundays but reach out to the suffering in the community. That way Rutendo and Gerlinda who were searching might have been found. In the past, the church in Zimbabwe used to run 'Mvuserere' or 'Vusolele' which literary means, both in Shona and Ndebele, respectively, 'Wake the Sleeping'. These were door-to-door crusades that were mounted at the crack of dawn with singing and preaching. Many got to know Christ as their Saviour and Lord that way.

5.4.2.4 There is also the challenge for role modelling in ministry

Gerlinda held serious allegations against some of the behaviour and lifestyles of Christian ministers and other Christians. To me, that was a challenge on need for genuine role models in the Christian ministry. Gerlinda disclosed her observations that made her distrust ministers of religion in paragraph 3.3.3.3 and tragically those observations also kept her away from attending church. Gerlinda's expectations are well founded because people experience safety and trust when there is consistency in the leader's life, when there is congruity between what is said in the pulpit and what is said in the home and when the private performance squares with the public performance (Wilson 1995:108). Pastoral workers are expected to serve as models or patterns for the community they represent, and in the process typify the values of that community (Wilson 1995:87).

5.4.2.5 There is the challenge to equip parents for spiritual nurturing of children

The way that Rutendo and Gerlinda were both coincidentally groping for God and Christian worship on their own and without parental guidance in their childhood speak volumes of lack of parental guidance in the things of God (4.5.1). To me, there thus

seems to be a challenge to prepare parents for nurturing Christian families. That confirmed Bons-Storm's (1998:14) assertion that the context in which we live influences faith deeply. In paragraph 2.2 I indicated that my Biblical model of a family was that of Joseph, Mary and Jesus Christ as their Son. They took their children to the temple for worship and for fulfilling the spiritual requirements. That was a family that followed the scriptural exhortations that if we teach children in the ways of God, they will not depart from them (Proverbs 22:6). When Jesus grew up, He met with temptations and trials and He was able to rebuke the devil with 'It is written' quotes from Scriptures. That showed that He had grown up studying the word and I believe he learnt the ¹Pentateuch with parental guidance. I thus proposed that programmes for parenting with particular emphasis on spiritual nurturing and guidance should be part of the Christian Ministry. How many more children other than Rutendo and Gerlinda, have been or are being brought up by parents who do not involve themselves in the things of God? Christian Ministry should aim to go beyond the giving of marriage certificates to couples at weddings but also to provide the know-how of spiritual nurturing of their children as preventive strategy.

5.4.2.6 The challenge for professional preparation of pastors for their responsibilities in HIV/AIDS

It is not adequate to raise the shortcomings of the Christian ministry without addressing preparation for their role in the HIV/AIDS scourge. Most of the pastoral challenges projected here raise the need to train priests in counselling. Dube (2003:v) projects this need succinctly as follows:

Most ministers who are serving now never learned about HIV/AIDS in their theological training programmes. They were not instructed on HIV/AIDS counselling, prevention and care, or HIV/AIDS project/programme design and management and yet they are expected to stand up to the challenges... They were not instructed in reading the Bible from the HIV/AIDS context. They were not instructed on preaching in an HIV/AIDS context. They do not have liturgy that specifically addresses HIV/AIDS.

¹ Pentateuch refers to the first five books of the Bible that would have been there in the time of Jesus.

Training of Christian Ministers is important because the healing ministry of the church is not only of disease but healing of other suffering with emotional, economic, social or political cause (Mwaura in Waruta & Kinoti 2000:97). Without such a holistic approach, some Christians are falling victims of phoney prophet-healers (Mwaura in Waruta & Kinoti 2000:97) when they fail to get adequate support from the church.

Second is the need to prepare the pastors/priests for non-condemning and non-judgemental HIV/AIDS awareness campaigns that do not stigmatise the infected and the affected. AIDS is seen as something for which the victims are to blame, a disease of, and cause for moral judgement (Mwaura in Waruta & Kinoti 2000:96). The Pastoral teams should reach out with accurate facts about the disease, love, support, prayers and medical and material assistance and not condemn or dwell on how the disease is transmitted (Mwaura in Waruta & Kinoti 2000:97). Engendering correct attitudes in priests has a dual effect. They will display good attitudes to the affected and infected and also pass on those attitudes to their congregations in their preaching and other activities. Pastors' attitudes rub off on the members of their congregation who depend so much on leadership, as stated by Obeng in Waruta & Kinoti (2000:16). Therefore there is need to place emphasis on certain aspects of the training programme of the priests (Waruta & Kinoti 2000:16) to include equipping them for HIV/AIDS related challenges.

5.5 IMPLICATIONS FOR TRANSFORMATION OF CLINICAL THERAPY, THERAPIST TRAINING AND SUPERVISION AND RESEARCH

Some of my experiences and knowledges from this study appeared to have some implications for transformation of clinical therapy, therapist training, supervision and research.

5.5.1 I learnt that local knowledges and experiences need not be generalised

First, there is the idea of not generalising or taking local knowledge as universal. In this regard I learnt that what seems to be novel to one person or professional institution may no longer be impressively novel to another. This came to light when I had indicated the

‘crying session’ involving the reflecting team I mentioned in chapter 1 as an ‘unprecedented move of compassion’ at CONNECT (1.2.1.1). One of my supervisors wrote, “You tend to exaggerate Gertrude”. As a result of the dialogical nature (Kotzé et al. 2002:65) of learning that prevailed at CONNECT supervisor and I later concluded and agreed that although the controlled sharing in the client’s emotions was already accepted at ITD, it was in fact first of its kind at CONNECT. As a family therapy trainer and supervisor, as well as a family therapy colleague, I am now sensitive to guard against what Gergen (1991:149) terms the error of presuming that experiences within a transient period of history are ‘universal’. That agrees with Weingarten’s assertion that what we experience as everyday depends on where we live and who we are (2003:6). So, I now realise that what I believe, know or have experienced is not to be expected to be the case with everyone. I now explore what the other person knows and then in turn contribute what I know, acknowledging that there are other knowledges that those people hold that I do not hold and vice versa. I will endeavour to adopt the same sensitivity towards my clients.

5.5.2 I learnt that the personal identity of the therapist or professional has potential for negatively influencing the therapist/client relationship

Another implication for transformation in my future therapy and research work was to do with my personal identity, conduct and words that could have disrupted our therapy and research relationship. Gerlinda would have refused to work with me had she known about my socio-political identity (3.2.2). She also disliked ‘people who think they know what God wants’ (3.3.3.3) talking to her about God. Yet, I have been trained to bring the Good News about Christ to those I interface with. Gerlinda did not also like those who use the ‘this Born Again talk and speaking-in-tongues business’ (1.10.4) that I subscribe to and practice. So, had I not gained sensitivity due to Gerlinda’s disclosure of her dislikes, I might have inflicted harm thinking that I was communicating the gospel.

For me, this research process therefore both answered and raised questions, some of which I think require further research to obtain answers. In the therapy and research conversations, as a professional, I panned for and accessed very sensitive information

about Rutendo and Gerlinda. Should we not, as a routine, disclose our identities to our clients before we engage them to allow them the opportunity to choose whether to work with us or not? Is it ethically correct to work silently with clients when they might choose not to work with us if they knew our identity? If professionals have to disclose their identities, what is it about themselves that they have to disclose? What does it mean for the therapists?

If such a procedure had been done at CONNECT, I would have lost the opportunity for what I have found to be a great learning experience after working with Rutendo and Gerlinda. Conversely, should therapists also be allowed space to choose the clients they prefer to work with? These are questions that demand answers as they underscore the difficulty of the question of disclosure of identity. Besides, therapists and researchers are human and have a variety of identities. Do they have to go about disclosing their identities?

In this regard, Taylor's (1983:134) identifies a number of divergent views that are worth reflecting on. First he found that some people believe that the counsellor should concentrate on the client's story and not his/hers (Taylor 1983:134). Others however thought disclosure of identifications might signify weakness and make clients lose confidence in the therapist (Taylor 1983:134). Taylor identified yet a more recent belief that disclosure of normal human weaknesses and experiences as a person does not mean disclosure of weakness as a counsellor (Taylor 1983:135). Further, it is believed that people's confidence in the counsellor or therapist's ability to help them will chiefly depend on their understanding of the meaning of the gospel for their lives, and of whom they are as Christians (Taylor 1983:135). So I see self-disclosure by professionals as a subject for further discussion and research.

5.5.3 I learnt that there are limits to what therapists can accomplish in the face of Clients' multiple problems

As mentioned in 4.2.2.3, some 'silent clients' other than Rutendo and Gerlinda emerged during the course of the research journey and the family agreed that they too needed to

attend therapy sessions. As the proposed therapy sessions for those members did not take place, I also experienced feelings of failure in the process of the research. I concluded that therapists or researchers might also develop feelings of inadequacy in the process of their work for various reasons. The need for therapy for members of the family other than the presented 'identified client' surfaced as had happened in my previous study (Mutasa 2000:26). In that study I chose to refer to such clients as 'silent patients' that Joslin and Harrison have termed 'hidden patients' while referring to older relatives raising children orphaned by AIDS (1998: 66). In the case of bereavement, Dane and Miller cited in Wild (2001:11) referred to 'hidden grievers'. Because this research was carried out in a narrative discourse, I chose to refer to such new cases as 'silent voices'. These voices had been relegated to oblivion of silence while only Rutendo who had been the presented as the person needing therapy had found a voice in the process. I wondered how many more silent voices remained unheard in this family. The fact that no therapy sessions were held for the other family members is not meant to rule out that the family could have been assisted therapeutically elsewhere or by someone else. Gerlinda herself had expressed regret that the other members of the family had not come for the research sessions. As therapist and researcher, I felt like I had exposed the sore areas in this family and disappeared without helping the clients find healing.

So, if my experience is anything to go by, therapists and researchers are also likely to experience feelings of inadequacy following their involvement with families. They are also likely to feel guilty for the perturbation of the family's existing problems during therapy and research without having time to address them as I indicated in 3.2.2.4. Thus therapists and researchers need to deal with their responsibilities for caring and, the necessary (my emphasis) guilt that accompanies the impossibility of fully carrying out those responsibilities (Paton 1993:19). Paton also says that the guilt about not fully carrying out one's responsibilities in therapy is one of the most important and inescapable clinical experiences (1993:19). I also wondered, regarding the 'silent voices', whether it could help the therapists to view families in the same way that Adams terms the 'iceberg method' (1970:200). He has experienced that clients initially may keep four fifths of their problems (sometimes the deepest or most difficult ones) under water (Adams 1970:200).

It seems that the 'iceberg' concept could also apply to this family, having revealed a tip of their problems initially, in the form of Rutendo only. Would there ever be time to clear and sufficiently deal with more than the one fifth of the client's challenges that are presented in the therapy or research stories? I have resolved to avoid condemning myself or negatively looking back and simply act to the full potential in the moment at hand and replace the regrets for not measuring up with an optimistic sense of future enormous possibility (Gergen 1985:169).

5.6 HOW I WAS CHANGED BY THE RESEARCH

I came to the end of this research a changed person in a number of ways. There are several perspectives that I held that were transformed and others that were enhanced or confirmed by this study. Some of the changes have implications on my future therapy and research activities while other changes will affect my ways of thinking in day-to-day life. I will include these changes here as a way of 'taking it back to the client' practice propounded by Freedman and Combs (2000:129). In that spirit of 'taking it back to the client', I hope to let Rutendo and Gerlinda know that their conversations with me gave something to me (Freedman & Combs 2000:129). I will do this by acknowledging the areas that they and the research process impacted upon my thinking, understanding and actions below:

5.6.1 I was changed by the qualitative way of research

First, I was changed by the qualitative research and related concepts that informed this research. The open-ended nature of qualitative research changed me significantly. In my previous work, I carried out quantitative research, the last one having been on 'The relationship between the Nurses' Attitude Towards Abortion and their Care of the Abortion Patient' (Mutasa 1989). In that study I calculated the correlation co-efficient of the attributes under study, coming up with some empirical value (Mutasa 1989). With hindsight I can now say whatever answer I came up with was my and not the research participants' answer. This qualitative research was a more open-ended approach that

allowed me space for much more than I had imagined that Rutendo and Gerlinda might not have been able to contribute under the structured quantitative scientific enquiry. As a qualitative researcher, I did not impose issues upon Rutendo and Gerlinda but left them to make most decisions in our conversational work together. That way I was endeavouring that both sides behave as of equal status for the duration of the study (Denzin & Lincoln 1988:47).

Because of the flexibility of qualitative research, I was able to move out of the scientific research 'population' concept. Consequently, with Rutendo and Gerlinda's permission, I accessed the thoughts of an audience other than the research participants. I presented the preliminary results of this study in a workshop format at the South African Association of Family Therapists (SAAMFT) Conference in Durban in May 2004. Feedback from the workshop that related to Gerlinda generated a further invaluable conversation that impacts upon the study as in paragraph 3.3.3.3 and 4.5.2. The exercise revealed the benefit of group-review of research result. A rich cross fertilisation of ideas becomes handy. I propose that where possible, research at CONNECT be subjected to group or peer review before publication to make it broader and richer, but remembering that the client has the last say even in the face of what transpires from such workshops.

5.6.2 I learnt to respond to the spontaneous needs of my clients by extending my roles

Second, this research also changed me by giving me skills to be sensitive and attend to Rutendo and Gerlinda's spontaneous needs. That generated roles other than those of therapist and researcher. The qualitative research also enriched my values as therapist and researcher. I found myself more and more caring with rather than for (Vernon 1997:84) Rutendo and Gerlinda. One experience that will stay with me is when on the first therapy day that we were working with the reflecting team that I mentioned earlier. Rutendo cried and stirred up the mother's compassion in me. As I watched her cry in therapy, at one point I felt that if that was any of my children, it was time she or he would have flown into my arms to cry on my shoulder. Without imposing myself upon her, I spontaneously dropped my pen and file that I was holding in my hands on the floor and spread out my

arms and said, “Rutendo if I was with my daughter, she would have run into my arms to cry over my shoulder. I am here for you if you feel like, come”! As our chairs were close enough, she just slid into my arms and I hugged her while she reciprocated the hug and sobbing infectiously for a while. I have not followed up with Rutendo what that meant to her but it was an emotional stir for me. Thus qualitative research allowed me to be sensitive to my and others’ internal feelings and act upon them.

5.6.2 I went beyond therapy and research to being an advocate

Third was that I learnt that I had more roles than that of therapist and researcher. As stated earlier, Eric and Gerlinda started the process of securing legal permission to adopt Rutendo. Participating in the letter writing was to me an additional role of an advocate that I performed willingly.

5.6.4 I was changed by the consultative nature of PAR

Fourth, I was changed by the consultative nature of PAR and other concepts. My commitment to PAR was one of the compasses for my work. Unlike in the past where I had used questionnaires that could not be altered, I was committed to the consultative nature of PAR. The importance of respect for Rutendo and Gerlinda was a consistent thread that ran through the journey and it is my hope that they felt respected. It was my respect for them and my commitment to PAR that facilitated my regarding and weighting of Rutendo and Gerlinda’s decisions and viewpoints as crucial in this research. Hence the validation (McTaggart 1997:13) exercises that we had at almost every stage of the study. I tried to move away from speaking for others that always involve reinterpreting their experiences and imposing new meanings on them (Clifford & Marcus cited in Hare-Mustin & Marecek 1994:13). Rutendo commended PAR and validation in paragraph 5.9.1 where she says that PAR made her always feel that the researcher was paying attention to everything she said while to Gerlinda it gave her a feeling of empowerment. Deliberate consultation with Rutendo and Gerlinda made the research interesting and liberating and also inculcated in me a genuine feeling that they were the experts (Anderson & Goolishian 1992:29) of their lives.

Fifth was the conversational nature and narrative way of researching that changed my way of and ideas about research. The narrative nature of therapy and research also enabled me to help Rutendo and Gerlinda externalise the thin descriptions (Morgan 2000:13) that had so dominated their stories. That helped me to constantly regard the problem as the problem and not Rutendo and Gerlinda as the problems (White & Epston 1990:38). In that way they somehow geared themselves for action that rid their challenges of their support systems (White & Epston 1990:63) that had allowed them to subjugate Rutendo and her family. In narrative therapy, the desirable outcome is the generation of alternative stories that incorporate new knowledges and vital and previously neglected aspects of lived experiences (White & Epston 1990:31). Unlike in the past where I focused on problems, I was interested in conversations that sought helpful alternative stories that would be identified by Rutendo, Gerlinda and their family as stories by which they wanted to live their lives (Morgan 2000:14).

There were problems in establishing relationships in this family. Eric and Gerlinda's family started off as stepfamily and with the incorporation of Rutendo, it became a reconstituted family. I disregarded Barnes (1984:6) focus on the structure of stepfamilies or the reconstituted families. In my previous research study of the stepfamily I dwelt much on examining structural issues that were reigning in the family. To the contrary in this study, I regarded this family's story as the subject of study and a unique one that needed individualised attention rather than view it from a structure related dysfunction (Barnes 1984:6). Besides, there were multiple stories alongside the family's story. Though chapter 3 depicts the problem saturatedness of the family's story and those of the individuals, chapter 4 highlighted the unique outcomes (White & Epston 1990:15) of the family or the individuals.

Sixth, I have become more aware of and am now actively involved in addressing the needs of the orphaned children. Before my work with Rutendo and Gerlinda, my awareness of the intensity of the needs of the bereaved children was extremely poor. Whenever I went to funerals my focus was on the widow or widower. As a result of

Rutendo's story, my attention has been drawn to the needs of orphaned children as well as the adults. As observed by Weingarten (2000:397), before this research I was 'unaware' and 'disempowered' in relation to the needs of the orphaned children. Through Rutendo and Gerlinda's passionate storying of their experiences in grieving their parents (mother in the case of Gerlinda), I have become an 'empowered' witness of the lives of orphaned children. For example, in the African culture, when mourners arrive at a funeral, they join the bereaved in the crying and go round shaking hands of the bereaved and others present. This is a way of paying condolences known as *kubata mawoko* (literary meaning holding/touching hands). I have become aware of how we adult mourners go round the rows of sitting mourners, disregarding or avoiding engaging children in favour of the adults, ironically sometimes ignoring the orphaned child. I now deliberately include or engage the children and they seem to be appreciative of the gesture. When I say my condolences to bereaved children, I am amazed that their responses are quite appropriate.

With the sensitivity I gained from Rutendo, and learning from Kotzé (1995) advocating for the participation of children even in the planning of their parents' remarriages, I am now particular with the involvement of the orphaned children in the funeral processes. This came about because of Rutendo's regret at not having taken part in the final viewing of her deceased father after she had fainted. It was also influenced by Rutendo's detest of how she was deliberately barred from crying at her father's funeral. At a recent funeral I facilitated the extended family members to take care of an orphan of the deceased who was crying profusely with no one taking care of her while the adults were busy consoling each other.

Seventh, as a result of this study, I resolved to believe and not judge the children without any basis. Rutendo challenged me as she was crying about her parents and family not believing her. She looked me in the eyes with tears running down her cheeks and said Gertrude, 'Do you believe me? Am I faking'? I told Rutendo that I believed her and that was the reason why I was working with her and Gerlinda. I have since resolved that it would be more tragic to a child if I disbelieve his or her real experiences than otherwise.

In other words for me, it is better to believe than not believe a child until their claims are proven otherwise.

5.7 IMPLICATIONS FOR PRACTICAL THEOLOGY AND PASTORAL COUNSELLING

The research revealed a number of factors that have some implications for practical theology and pastoral therapy.

5.7.1 There is need to be there for those searching for God

Where are the answers for Rutendo, Gerlinda and others who do not belong to a church community who have questions about spirituality? Oglesby Jnr. (1981:27) says something profound: Self-knowledge and the knowledge of God come not as a consequence of ‘searching out’ through cognitive striving, but in the response of faith as we encounter God. This is in agreement with another profound statement by St. Augustine who prayed, as referred to by Sheed (1960:1): ‘For Thou hast made us for Thyself and our hearts are restless till they find rest in Thee (My emphasis)’. If it is in God that we find rest, how can Rutendo and Gerlinda be helped to balance between fellowshiping with other believers but not focusing on the people and church tradition but on God instead? People and church tradition have let them down in terms of need satisfaction. Yet, when the outsider, the seeker or the non-Christian are brought face to face with the church in action, a process will begin that will result in conversion and full participation in the (Christian) community (Wilson 1995:152). When the people of God are functioning as a community, they draw others to Christ (Wilson 1995:152). He is the Bread of life (John 6) that can meet their needs. Besides as stated in Romans 8:23 that ‘All have sinned and fallen short of the glory of God’. Who can meet another person’s inner needs but God? How then can Rutendo and Gerlinda be helped to search for their spiritual needs in the right place? Rutendo and Gerlinda’s strength is in that they did not doubt or condemn God but people and their Christian traditional practices. All they needed is guidance to access divine counsel and empowerment.

5.7.2 Pastoral carers need to be shepherds of those they care for

Concerning Pastoral Care, I adopted Paton's (1993:17) view that the image of the shepherd illustrates the meaning of care. That the shepherd tends both for the whole flock as well as being vigilant about the needs of the individual member of the flock while being concerned with needs of the whole (Paton 1993:17). As argued by Headgear in Paton (1993:17) I understood care as both the anxiety that we feel about our own lives and also as the solitude we direct toward others. Paton (1993:17) who posits that care is what makes us human and if we do not care we lose our humanity also convicted me towards considering care in this study. Pastoral Care is also a commitment to expressing and integrating God's love and resources through services and Counsel in Christ's name (Waruta & Kinoti 2000:95). In the Bible God shows His Divine care, concern and protection of orphans from abuse in Exodus 22:22¹22 'You shall not afflict any widow or fatherless child'. 23 'If you afflict them in any way, and they cry at all to me, I will surely hear their cry; 24 'and My wrath will become hot, and I will kill you with the sword.' The care for orphans is also assigned upon the believers in James 1: 27 that 'Pure and undefiled religion before God and the Father is this: to visit the orphans and widows in their trouble.' It was at the interface with the 'other' that I became aware of Rutendo and Gerlinda's needs.

5.7.3 Pastoral carers need to become a 'pastoral extended family'

In 5.8.2, the challenge regarding orphans and widows here seems to be two fold: from God's warning in the Exodus text, the first challenge is to protect the orphans and therefore preventive of acts or other abusive and exploitative ways. From James's text, the second challenge is to intervene and act at the time of need. It means going out to the orphans and widows, to intervene and be an answer to their challenges. This is in agreement with Hale (1996:923) whose commentary on James's text is that; true religion is to do works of love such as caring for orphans and widows. As put in Isaiah 40:11, pastoral care expresses the caring relationship between God and His people (Taylor

1983:7). While the numbers of children orphaned by AIDS are swelling, the AIDS deaths are eroding the very fabric of the extended family that could provide support to the orphans. The support system therefore no longer exists as in the past and there are too many responsibilities. Even where children find replacement families, it may be difficult for the orphaned children to trust in new relationships for fear that the replacement parents might also die of AIDS. So, some children may become orphaned more than once. Is it possible for the Pastoral ministry to serve as an extended family? Or is AIDS equally eroding the church?

The research took place with the backdrop of practical theology and pastoral counselling made it easy to include God talk with ease. This was notwithstanding the fact that Gerlinda had a number of misgivings and some likes and dislikes in the area of spirituality that I had to observe during the time we worked together. Given that pastoral care takes various forms like praying and reading from scripture (Waruta & Kinoti 2000:95), I found myself restricted to being sensitive about what might hurt Gerlinda and therefore did not pray or read any Scripture. I remained with the question as to how, who by and when Gerlinda could be engaged in Scriptural talk without hurting her. While that could remain a major barrier, I followed Taylor's idea to hold private prayer for Rutendo and Gerlinda since, prayer for others is the most powerful thing we can do (Vernon 1997:29).

5.7.4 HIV/AIDS carers should facilitate healthy expression of negative emotions by the infected and affected persons.

Another pastoral challenge would be to facilitate constructive and healthy ways of dealing with negative emotions prevailing in HIV/AIDS. The therapy and research sessions were characterised by either individual or collective spontaneous outburst of crying at the mention of certain past experiences by this family as in paragraphs 1.2.1.1, 1.2.1.2 and 3.2.4.3. Yet Rutendo's family had denied her the space to mourn her deceased father in paragraph 1.2.1.1 while the other family members decided to 'push emotions aside' 3.2.2.7. Yet, the best way to survive grief is to express it and, it needs to be shared

with others and with God and there is therapeutic value in working through each aspect of sorrow (Hayford et al. 1992:1142). Hughes (2006d:18) says that the issue of emotions is a minefield in which we must trade carefully. Teaching about the words of Jesus' second beatitude, "Blessed are they that mourn, for they will be comforted (Matt 5:4)", Selwyn Hughes encourages the expression of emotions in ways that do not damage oneself or others (2006d:18) by acknowledging the emotions while yielding to the Holy Spirit to keep one's emotions in check. He also posits that being aware of emotions is one of the first steps towards experiencing good mental, emotional and spiritual health (2006d:19). He suggests that whenever we are unwilling to face and feel a negative emotion it implies that we are not in charge of it but that it is in charge of us and, that our Lord does not want us to be mastered by our emotions but to draw upon His power so that we remain in the position of mastery (2006d:19). Hughes proposes the opening of emotions to the lord and asking for his help by saying a prayer to this effect:

Lord, right now I am hurting so much I do not think I can endure it. I feel like screaming, running away or even hitting someone, (being honest if that is how you feel). I do not want to be like this, Lord but I do. Thank you for loving me the way I am. Help me now to handle my feelings in a way that glorifies You and honours Your name.

Thus, facilitating the appropriate expression of emotions in godly ways could be another pastoral challenge in responding to HIV/AIDS by pastoral workers.

5.8 RUTENDO AND GERLINDA'S REFLECTIONS ON THE RESEARCH

Finally, at my request, Rutendo and Gerlinda made some comments about how they experienced the research. I expressed my curiosity about what Rutendo and Gerlinda had benefited from the study in the form of some reflective statements. They agreed to comment on the reflective statements. Below are their responses to the statements about our work with me. I have learnt several lessons from both what they appreciated and what they did not appreciate. Although these experiences are particularly specific to Rutendo and Gerlinda and local to their situation, I generalised the lessons in order to open them up for possible study or reference by others in similar situations or studies:

5.8.1 The Participatory approach gave assurance that I, the therapist/researcher was paying attention and clearing misunderstanding in the study

To the first reflective statement: “How I experienced the participatory nature of this research including how Gertrude kept on asking me to comment on her interpretations”, Rutendo wrote:

The experience was great I always felt that Gertrude was paying attention to everything I said. She always rechecked with me if what she thought I meant was correct or wrong. She always wanted to have a better understanding of how I felt and what my thoughts were about certain things; with my family participation we were able to understand each other more afterwards.

Gerlinda had this to say in answer to the same statement:

I like this approach because this way you can avoid misunderstandings and misinterpretations. This also gave me a feeling of empowerment and helped me because I felt that I am actively addressing our problems.

5.8.2 The conversational way of working promotes friendship between the therapist/researcher and the client.

Second, regarding the statement “How I experienced the conversational nature of our work together with Gertrude” Rutendo wrote:

Gertrude and I worked well together. I felt completely comfortable to talk about my fears and feelings with Gertrude. She never made me feel as if she was just doing her job. I could connect with her and she helped me overcome many of my fears and to get at ease to open up.

About this Gerlinda wrote:

I felt perfectly at ease and developed a great liking for Gertrude as a friend whom I can trust and who can put things into perspective.

5.8.3 The participatory way of work removes the sense of being analysed in the client

Third, regarding “what I found to be most helpful and how it was helpful” Rutendo wrote:

Having to have Gertrude ask me how I felt about certain things that had happened in life and to be able to cry. Having to talk about my fears helped me to become comfortable with expressing how I felt. It helped me have a relationship of communicating more with my mother; it helped me to come to terms with the death of my parents.

In response to the same statement Gerlinda wrote:

The participatory approach was very effective unlike being analysed (My emphasis) and just talking away aimlessly.

5.8.4 Therapy engenders a sense of hope and faith, ability to face disappointments and setbacks

Regarding the statement: “What Gertrude left out that I would have wanted to be included because it is very important to me”, Rutendo, wrote:

Therapy with Gertrude was really helpful. Ever since I have known Gertrude I have become someone who is able to face disappointment and having hope and faith that in life there will be setbacks but I should have the courage to face those times. I can now talk to my mum about anything more than I used to.

5.9 CHAPTER SUMMARY

Chapter 5 was first a revisit of the purpose, questions and commitment of this research to establish how I had fulfilled my research goals. Then I outlined some important knowledges and discoveries that I made from this study. This was followed by a dialogue between some knowledges and literature and the pastoral challenges in this study, giving some recommendations of what to do to meet the challenges. Then I gave an account of how I was changed by the research. I then gave an account of the implications of the study on practical theology and pastoral care. At the end of the chapter are Rutendo and

Gerlinda's impressions and experiences of the research. They also both read and edited this whole research report. Concerning the adoption, as stated earlier the application for adoption has not been successful. Gerlinda has informed me that she intends to carry out a special ritual to consolidate Rutendo's belonging into the family.

5.10 POST SCRIPT

The significance of the "I" in this text continued to emerge when on 15 January 2006, my cousin Eunice Muzengeni died and left behind Loveness, her 13-year-old delightful daughter. As I had learnt from Rutendo, I influenced my cousin's family, first to involve Loveness in the decisions that were being made about the burial of her mother. I also ensured that she took part in all the processes of the funeral. It was then later discovered that on 10 January, a day before she was admitted into hospital where she died four days later, Eunice had made a written will that I should take custody of Loveness. Her (Loveness's) father had died nine months previously. The Family Post Bereavement Property and Responsibility Disbursement Dare confirmed Eunice's will. My husband and I accepted the replacement parents' role once again and it is a pleasure to have Loveness as part of our family. The processes to legalize this arrangement are underway although Loveness became a member of our family soon after her mother's burial.

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