

**REFLECTIONS OF A WOMAN PASTORAL THERAPIST
IN PRIVATE PRACTICE**

by

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SUMMARY

In this dissertation I have reflected on some of the realities that I faced as a woman pastoral therapist in private practice. Practical matters relating to referrals, medical schemes, and remuneration were attended to. The importance of structures for accreditation and accountability was also included. The niche I found for my work relates mainly to marginalised 'silent invisible' women and children whose stories are neither known nor understood. I show how patriarchy has shaped, ruled, dominated and impacted the lives of men, women and children in this particular group in our society. Problems associated with the issue of divorce are discussed and demonstrate how I have included mediation in my practice. A case study illustrates the way narrative therapy helped a marginalised and 'silent invisible' woman to re-author and reclaim her life from patriarchy, depression, and powerlessness.

DECLARATION

June 20, 1999

"I declare that 'Reflections of a Woman Pastoral Therapist in Private Practice', is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references".

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CHAPTER 1

MY RESEARCH STORY

1.1 Positioning the Pastoral Therapist

Pastoral therapy and pastoral counselling is a specialisation of practical theology.

The Oxford Dictionary meaning of therapy is 'healing treatment', while counselling means 'to advise, to recommend and to maintain confidentiality'. The words therapy and counselling are often used interchangeably. Therapy is in the context of this dissertation an appropriate term since therapeutic conversations (Anderson & Goolishian 1988:372) include dialogue, conversation, discourse and communication. Therapy through conversation facilitates the re-interpretation of events and life experiences using the science of hermeneutics. In this sense therapy is a hermeneutical process. Hermeneutics means interpretation (Oxford Dictionary). Browning (1983:49), referring to Gadamer, Tracy and Rorty, contends that hermeneutics is basically a conversation. In the therapeutic conversation hermeneutics broadens perspectives and increases understanding, making better sense of experienced reality. Narrative or story is the bedrock out of which interpretation or making sense of experience happens. In the telling and retelling of these stories space is opened for changing the context out of which these stories originate (White & Epston 1990:18). This in turn facilitates the re-authoring of self and relationships and provides opportunity for better choices. 'Narrative' pastoral therapy, would be an appropriate qualifying term for this form of conversational therapy.

Since the Reformation the term pastoral has been linked with the biblical metaphor of shepherding (Hiltner 1958:4). In this context pastoral denotes the care of souls. Pastoral care, is a generic term used in theological circles, and is characterised by the elements of healing, sustaining, reconciling and guiding as distinguished by Clebsch and Jaekle (quoted by Pattison 1988:7). Pastoral work includes mutual care, pastoral care, and pastoral counselling or pastoral therapy. These mutually supportive acts of care have always been a feature of the Christian community of faith (Pattison 1988:7). Prior to the Enlightenment, theological principles were easily applied to everyday problems within

communities of faith. When other empirical sciences tried to make sense of experience, new ideas began influencing the field of practical theology. This put an end to practical theology as a unified discipline (Polling & Miller 1985:10).

The question is, can these caring qualities be extended to those outside the Church? Patton (1993:75) describes pastoral as 'a religiously serious attitude to life'. Patton's colleague Thornton (quoted by Patton 1993:75,76) notes that this identifying term is also applicable to those outside a leadership role in the church. For Thornton, "pastoral" denotes 'an awakening of the soul, alive to the holy spirit of God, and awakened to the delight of prayer ...' Extending the role of the pastoral counsellor beyond the church provides opportunities for the wider community to develop a deeper awareness of God. I have noticed, that people often become interested in exploring their spirituality and may even return to the Church once they have re-organised and re-authored their own personal stories (White & Epston 1990:15).

Van Arkel (1999:1) stated that traditionally, Christian caring has been a function performed by, and on behalf of, and for the benefit of the local church. Michael Taylor (Pattison 1988:9) comments that pastoral care is an act of care offered by any person, but that Christian pastoral care is an act of care given specifically by a Christian, who may or may not have had formal or recognised training. Gary Collins (1988:16) states that the Christian counsellor endeavours to bring people into a personal relationship with Jesus Christ, helping them find forgiveness from the effects of sin and guilt while also encouraging them to become disciples. I do not see myself as an evangelist. My role as a narrative pastoral therapist is to help my clients live their lives in ways that bring them personal, spiritual and relational peace and fulfilment. I am therefore interested in helping people to develop new presuppositions (White & Epston 1990:79). According to White, presuppositions trigger implicit rather than explicit meanings. Explicit meaning is often cast in concrete and is difficult to change, while implicit meaning offers the possibility for new perspectives on experienced reality (White & Epston 1990:79). In my role as a narrative pastoral therapist I am intensely interested in the stories my clients live by. I respect the spiritual values and different religious convictions that they may hold. Those that I work with do not seem to be intimidated by the fact that I am a deeply committed

Christian believer, in fact the position of 'not knowing' and respecting the client as 'the expert' (Anderson & Goolishian 1992:25), further enhances and enriches spiritual and religious discussion. The contemporary pastoral therapist in private practice cannot succumb to the problems related to confessional limitation. He or she is required to go beyond serving Christians to serving all those in need (Pattison 1988:15).

A professional pastoral therapist has attained a certain level of academic and practical training in the field of pastoral therapy or counselling (Pattison 1988:22). He or she may not have ever been an ordained pastor within the institutional church (Van Arkel 1999:9) and need not necessarily be a practising member of the church. Conversely, lay pastoral care workers or lay pastoral counsellors within the Church may not necessarily have received formal training, although they may have attended various courses and informal training. Pastoral care in the Christian tradition was seen as a normal function of the ordained priesthood or ministry (Campbell 1991:9). Trained pastoral therapists have, in the main, been connected to established churches where fees were not charged for counselling. The church that I belong to charges for trained counselling services, those who cannot pay make a nominal contribution. In some church circles the idea that the client and the professional counsellor both benefit, is a moral dilemma (Campbell 1985:23). The moral dilemma lies in the danger that professionalism might become a 'self-perpetuating monopoly' (Campbell 1985:23), militating against social change and a self-critical approach. The church also fears that remuneration for pastoral counselling would nullify the vocational nature of counselling (Campbell 1985:25). Campbell (1985:23) notes that clients do benefit from the consistency, availability and the professional ethos that result from formal training, professional support and experience.

1.2 The Dilemma in the Church

In many churches membership has fallen drastically leaving churches financially embarrassed. These problems have also been experienced in the USA and the United Kingdom (Pattison 1988:22). Churches are no longer able to support the services of specialised people in the field of pastoral therapy. Many practical theologians and those in the ministry are seeking employment in the secular world. Many fine and dedicated pastors

find themselves financially unable to supply the needs of their own families. These are some of the motivating factors that lie behind pastoral therapists attempting to work outside the church. This does however offer new possibilities and opportunities for the love of God to be extended beyond the context of the church.

It would seem that outmoded theological and economic views are now seriously affecting the church. Owing to the economic climate and the current financial state of the church, theologically trained people are forced to look outside the church in order to use their training and skills. Increasing numbers of pastoral therapists are considering entering full or part time private practice, despite the difficulties and controversial issues surrounding this. Van Arkel (1999:1) pointed out that theological training was no longer limited to the traditional roles of ministry and that spirituality was becoming more important to more people. He also noted that mental health care fields were becoming more open to different forms of spiritual care.

People in the ministry, as with nursing or teaching are said to be 'gifted or called' to their respective professions (Collins 1988:16). Pastoral care, pastoral therapy and pastoral counselling are born from a desire to serve others. It should not matter whether the professional pastoral therapist functions inside or outside of the church. What does matter, is, that people benefit from a service provided by those who experience their professions as vocational. Warm hearts alone (Campbell 1985:35), cannot deal with the complex problems of those in severe emotional difficulty. Specialised training results in professional competence, cool heads and steady hands (Campbell 1985:35). It seems appropriate therefore that those who have given years of time and energy to the costly business of training, education, supervision and competency tests, should be rewarded by being able to practise the profession of their choice. These were the guiding factors that persuaded me to take the risk of entering the field. I explored other possibilities but they were not true to my calling. I recognised that this choice would necessitate ongoing training, continued sacrifice and expense. This did not deter me. Formal study was undertaken through the University of South Africa (UNISA). The present study has been done through UNISA in conjunction with the Institute for Therapeutic Development (ITD). Regular supervision at the ITD, enabled me to present various cases and to discuss

difficulties experienced in my practice. In order to ensure respect and accountability to my clients, I asked their permission beforehand. They were more than willing to participate and were quite enthusiastic about being part of the research.

1.3 Reflection on Women and Gender Discrimination

As a woman, the situation in the church context is dismal. Gender equality is still absent in most churches. Women are usually given wonderful opportunities to serve tea, run the book stall, support the prayer group, prepare and administer the sacraments, offer acts of pastoral or mutual care and on occasion visit the sick (Collins 1988:16). These activities fit well with the serving idea of pastoral care as a matter of doing and not thinking (Pattison 1988:5). These acts of pastoral care are essential and important and are not in question. What is in question is that there are women whose knowledge, training and skills are overlooked in the traditional church. Despite women having had the enthusiasm and energy to undergo theological training, often at University level, their skill, competence and training are ignored. As a result these women are doomed to remain frustrated and underemployed or take up some other occupation. I personally think that this is a tragedy.

The female pastoral therapist either has the choice of giving up the idea of working in her chosen field or of finding a way to practise outside the established church. I decided that to give up my dream and give up years of training, undertaken during extremely difficult and traumatic circumstances was out of the question. It was for this reason that I took the risk of going into private practice as a female pastoral therapist. The journey has been and still is uncertain and tough. Women are willing, ready and able to hold their own in the economic arena. Many are already making legitimate and valuable contributions in business and service industries, others are well qualified to play active meaningful roles in the church.

1.4 A Research Story

In keeping with Ballard's (1994:293) view of stories as research, and of Davies's (1996:18) idea of writing or talking ourselves into existence, I have reflected on my own journey while establishing myself as a private pastoral therapist in a male dominated

domain. Re-telling my own journey may be seen as a postmodern view contrary to 'the masculine bias at the very heart of most academic disciplines, methodologies and theory' (Belenky et al. 1986:6). This perspective is also in keeping with Belenky et al. (1986:16) and the notion of women 'gaining a voice'.

Reflecting on my personal journey, I was reminded of Weingarten (1997b:xii) as she challenged the dominant cultural discourse upholding the dichotomy between the personal and the professional. She comments: 'writing is a re-telling, a shaping of events that one has lived ... the writer is no longer precisely the same person she is writing about'. As a writer I have a relationship to myself as the subject of the writing (Weingarten 1997b:xii). This kind of self-reference and its ability to inform methodologies and the research process is discussed by Steier (1991:3). He points out that our research tells a story about ourselves. 'Perhaps' he says, we need to think of 'research as constituted by processes of social reflexivity, and then, of self-reflexivity as a social process' (Steier 1991:3).

Some of my experiences in practice and in research resonated with experiences of other women students from Belenky's study (1986:17). I remember similar experiences to those of the participants when they stated 'women's talk in both style (hesitant, qualified, question-posing) and content (concern for the everyday, the practical and the interpersonal) is typically devalued by men and women' (Belenky et al. 1986:17). I remember finding my own voice through the re-telling of my journey, as I reflected on the struggles I had to overcome, in establishing myself in a mainly male dominated interest field alongside the church. My struggles resonated with the 1970 feminists who contrasted 'the private domestic voice of women with the public voice of men' (Belenky et al. 1986:18). As I began to find my own voice as a private pastoral therapist, I realised that my personal journey mirrored the powerlessness experienced by the people seeking counselling. My strength in gaining my voice resonates with the re-discovery of their voices as they gain control over their lives. Some of these factors are reflected in Chapter 4, where I re-tell the story of Wynne. I quote: 'Through the meaning we ascribe to these self-narratives we are '...empowered to "perform" our stories through our knowledge' (Tomm 1990:x). Perhaps because I struggled to have my voice heard during those difficult years, I remain challenged to position myself in a way that gives me a sense of agency as '... someone who

is able to speak with authority' (Davies 1991:51). In this way, it can be seen that: 'My personal is my professional and my professional informs and forms my personal narrative'.

1.5 The 'Silent Invisible'

The church has neglected to play a role in addressing the patriarchal domination of women. This further contributes to women and children experiencing abuse. Women are constantly advised to 'love more, submit more, and comply more'. Where then, do women go for help? White and Epston's (1990:83) storied therapy approach is invaluable when helping women to re-empower themselves. In the telling and retelling of their stories, re-authorship becomes possible and disempowered people begin to take control of their lives.

The church also neglects people from the 'silent invisible' echelons of society. Women and children are seriously disadvantaged by this neglect. There is no one to challenge those powerful men who can and do, indulge in emotionally, mentally and sexually abusing their wives and children. These women appear to have everything and yet have nothing. They more often than not, have no financial independence. They own nothing and every cent they spend is monitored and controlled by their husbands. Their own careers were often set aside with the arrival of children. Loss of self-esteem and loss of confidence in themselves and their own ability soon gives way to gross insecurity. Condemnation, criticism and lack of compassion are the just deserts meted out by the church. My position as a female pastoral therapist in private practice gives me the opportunity to work with the marginalised and 'silent invisible' with whose suffering I can identify. The story of Wynne in chapter four represents this group of women.

1.6 Divorce and Mediation

My own traumatic experiences of divorce made me aware of how inadequate the church is in dealing with such matters. It was because of this that I trained as a mediator. I wanted to be more effective in my ministry to people who undergo this painful experience. This is an important area where the pastoral therapist in private practice can bring the love of God to the hurting. The Church finds itself in a dilemma on these issues. The church is against divorce, yet divorce is a reality. God hates divorce (Mal 2:16), the church hates divorce,

how then can the victims of divorce ever recover? Moral and doctrinal diversity within the church (Cook 1983:16) adds to the confusion. Bishop Frank Retief (1990:23), expresses his concern at the damage done by people with an inadequate understanding of what the Bible teaches on divorce or of the experience of divorce.

Divorce education is important since the average person neither knows what to do nor where to go for constructive help. This is particularly pertinent to the church going believer. Mediation offers an alternative option to litigation and deals with family conflict, the dissolution of marriages and the restructuring of families. Its conciliatory approach helps to preserve relationships rather than irrevocably destroy them. These ideas fit with the ideas of the Church on preserving family relationships and the social discourse on democracy, particularly in the new South Africa.

1.7 The Research Questions

Given that pastoral therapists in South Africa are entering private practice, this research is intended to reflect on my own personal journey as a woman entering the field of pastoral therapy. The research problem can be summarised as follows:

- What were the realities and challenges I encountered as I entered the field of private practice?
- How did I deal with these realities and challenges?
- What did I learn from my own journey as a woman pastoral therapist that might contribute to the discourse on pastoral therapy in private practice?

1.8 The Purpose of the Study

The purpose of this study was to reflect on the journey I took in entering and establishing a private practice as a female pastoral therapist. Since nothing similar has been published in South Africa, especially on the topic of women in private pastoral practice, I decided to present the story of my journey. My purpose is not to enter into a theological debate or even to contribute to the argument about pastoral therapists as private practitioners. It is to reflect on how I survived against all odds in order to use my training and continue to be

obedient to my calling. If God were not in it, and I not true to my calling, I could not have survived. I have therefore attended to the realities that I have had to face and deal with in this process. In writing this report I am guided by the idea that ‘The personal is professional’ (Weingarten 1997b:xii), by reflexive research (Gergen & Gergen 1991:79; Steier 1991:3) and narrative research (Clandinin & Connelly 1991:259). My *modus operandi* has been to approach the research in a spirit of openness, transparency and even uncertainty.

The purposes could be summarised as follows:

- To re-tell some of the realities and challenges I encountered in establishing myself in private practice (White & Epston 1990:82). These include limitations imposed on pastoral therapists in private practice by institutions and structures surrounding religious and health care institutions.
- The second purpose of my study was to reflect on the professional service that I was offering and to reflect on the specific contribution I was making as a pastoral therapist in private practice. I identified two important areas not sufficiently addressed by pastoral therapy in a traditional church context. In both these contexts the church was caught up in doctrinal and moral dilemmas, power and patriarchy, and was unable to provide a safe context for people with these categories of problem. The first context was pastoral therapy for marginalised, disempowered, and voiceless women and children. The second was the counselling of couples and individuals going through the unpleasant experience of divorce.

1.9 Research Methodology

My research was qualitative and exploratory (Denzin & Lincoln 1994: 1,2). These ideas of research represent a major paradigm shift from modernism to postmodernity (Kotzé 1994:19). In modernism, researchers valued objectivity, observation and the careful recording of data (Van der Ven 1993:20). Conditions and patterns were then quantified. In a postmodern approach qualitative research emphasizes the socially constructed nature of

reality and meaning (Denzin & Lincoln 1994:108). These methods are particularly appropriate to our own country where changing structures have affected every facet of our multicultural society.

In the research process, therapist and client work together as a team (Freedman & Combs 1996:11). This may be identified as connected knowing, where the knower is connected to the known (Bishop 1996:214; Kincheloe 1991:26). Heshusius (1994:15) suggests the idea of 'participatory consciousness,' re-dressing the relationship between the self and the other. She suggests that the act of knowing be of a direct participatory nature. Heshusius (1994:15) identifies the ground of this participatory knowing as 'the recognition of the deeper kinship between ourselves and others.' In this participatory consciousness we do not come to knowledge by separation of the self and the other but by way of care and love. She calls this relationship the 'self-other' and addresses the dualism whereby 'self' can exert control over the 'other' or remain ignorant of it (Heshusius 1994:17). In my research I was directly and 'personally involved' in what I researched, doing pastoral therapy as a female private practitioner (Seymour & Towns 1990:3).

1.10 Research Paradigms

In my research I have basically used three research paradigms:

1.10.1 Social construction theory:

I have used a social constructionist paradigm on which to build both my research and my pastoral therapy practice. This paradigm rejects the idea that external reality is objectively knowable (Gergen 1985:267). The constructionist paradigm acknowledges and takes into account the influences of culture, power, thought and language, thus accepting that there are multiple realities (Kotze 1994:21). Using this perspective opens opportunities for the construction of preferred realities (White 1997:16) and more useful interpretations of lived experience. Modern assumptions on the other hand are based on the idea that objective knowledge can be replicated, observed and quantified (Kaye 1990:27). Cause, effect and 'diagnostic knowledge' were thought to reveal the truth about experienced reality (McLean 1997:10). Social construction theory accepts the reality of an inter-subjective approach and

rejects the idea that research can be coldly objective. Social construction accepts that researcher and researched are mutual participants. Postmodern ideas are inclusive acknowledging the plurality of voices (Aronowitz & Giroux 1991:69), and multiple perspectives (Kvale 1992:2). Post-modern ideas view knowledge as a social construction of reality, constituted through language. Knowledge seen from a social construction perspective is constituted in language (Lowe 1991:45).

1.10.2 Language:

According to Burr (1995:43), 'language is the crucible of change, both personal and social'. This view suggests that language creates the realities we know (Anderson & Goolishian 1988:377). A constructionist approach in therapy is acutely aware of the power of language. Anderson and Goolishian (1991:2) see human systems as generating language and meaning. Their premise is that meaning and language are inter-subjectively constructed. They see problems as the central focus of therapy and therapy as a language event. A therapeutic conversation allows the evolution of new meaning to happen as a result of conversation and dialogue. Language is the tool with which problems can be re-organised and dissolved. Therapeutic language involves a specific use of language that can 'bring forth new meaning' (Kotze 1994:34). Collaborative and co-operative conversations can powerfully deconstruct outmoded social discourses. This holds true not only for therapy, but also for research (Gergen 1985:271).

1.10.3 Deconstruction:

Deirda (in McLean 1997:13) states that the context in which meaning is constructed is constantly changing. This is the premise from which deconstruction theory works. Deconstruction takes apart, undoes or unravels no longer useful contexts of meaning (Kotze 1994:41,42). Thus texts, contexts and self-contexts are understood to be fluid rather than static and immutable. Using deconstruction as a method in my therapy practice helps me to expose or 'subvert taken for granted realities' shattering fixed or 'truth' claims that keep patriarchal practices flourishing (Epston & White 1992:121). In this way more just and equitable ways of relating can be co-opted. Deconstruction theory uses language in its oral, poetic, metaphoric and written forms. Questions call people to be more aware.

Questions lay bare, challenge and deconstruct power imbalances. The disempowered or marginalised are thus empowered to create new contexts of meaning for themselves, by preparing themselves for change and challenge.

1.11 Research Procedure

When I decided to become involved with research I spent a good deal of time reflecting on the journey that I began when I entered the field as a female pastoral therapist in private practice. I made several mind maps which helped me to prioritize what would be useful and important to report on. These mind maps formed the basis for my preparatory notes.

As a professional pastoral therapist setting up in private practice there were, and still are, many issues and difficulties to be dealt with and overcome. I have reflected on a few issues that have been important to me, and which may be of interest to others. I list in chronological order the steps in this journey:

Having decided to be true to my calling, to use my training and to develop a career in counselling I tested to see if a work-from-home situation was feasible. When the time was right I looked for and found a permanent abode that would accommodate these needs. I renovated an upstairs room to serve as an office cum-consulting room with a separate entrance for clients. Client privacy was an important consideration in my planning.

I had discussions with an entrepreneur on how to run a practice. He stressed the importance of advertising. An accountant explained how to attend to tax matters and advised that I employ a bookkeeper to keep proper records. This I did. I set about designing letterheads and cards with the help of an artistic friend. I bought a computer and learnt how to type and operate it. I wanted to be as professional as possible. My dream is to have an assistant cum secretary.

My contact with medical aid schemes began accidentally through a client who was determined that her medical aid should pay for her therapy. Through her I contacted RAMS (Representative Association of Medical Aid Schemes), and became registered with

them. Another client suggested that I write to the head of their medical scheme, which began the medical aid struggle. I also saw this as a way of obtaining recognition for pastoral therapy. I kept records of these letters for research purposes. Excerpts from some of these appear in Appendix E.

As my practice developed I tried to equip myself better to meet the needs of those I was serving. I explored the possibility for further study. As soon as I knew that I was going to be involved in research I began selecting information and material that might be useful for this purpose. My most important teachers have been my clients, 'the living human documents' (Gerkin 1984), from whom I learn daily, and to whom I am sincerely grateful.

I often had to work with couples caught in the grip of divorce. I was invited to address trainee mediators on the litigation route. These better ways of handling the tragedy of divorce led me to train as a mediator. I became involved in the running of SAAM (South African Association of Mediators) in order to gain experience. I later included this service in my practice. I have included a 'memorandum of understanding' (see Appendix I), which outlines issues dealt with in mediation that could not be settled between the parties and their respective lawyers. The process of mediation apart from settling the issues made it possible for the couple to communicate in a more amicable way. This was to the benefit of their two young children. My clients gave their consent for the inclusion of their agreement, provided that they remained anonymous. These matters relating to mediation and divorce are presented in Chapter 3.

I remembered how troubled I was as an undergraduate, by the fact that the voices of the 'silent invisible' (1.5) were never heard. Everyone seemed to concentrate on the 'visible have-nots'.

After a discussion with a lecturer I resolved to make these stories known. I had also had first hand experience of what it was like to belong to this group. Inside knowledge, personal experience and a desire to serve this group of people helped me to decide on this location for my practice. The opportunity to tell the stories of the 'silent invisible' arose as my practice slowly grew.

Wynne, whose story reflects outstanding courage and determination, acts as a prototype to the many women who find themselves in similar traps. During one of our sessions I discussed the research I was doing and invited her to participate. She was delighted saying that she had not thought that her story could possibly be important to anyone. Having enlisted her co-operation and consent I re-studied her notes and I began writing up her story. I wanted to present her story as she saw it and not as I saw it. This required constant editing with her. It was her voice and not mine that was important. We recorded some of our conversations, which were later transcribed. I took particular note of her reflections on the therapy process itself. The client and I read different versions and formulations of her story until we were both satisfied that her experience of therapy had been accurately recorded. With her permission I retell her-story and the therapeutic experience in Chapter 4.

Constant reflection and much editing and rewriting has taken place in order to present this research as concisely as possible. Reading, gathering data and discussions with my supervisors also formed a significant part of the research process.

Chapter 5, the Epilogue, ends this dissertation with some thoughts and ideas on steps that might be taken to establish pastoral therapy as a profession in the future.

CHAPTER 2

REALITIES AND CHALLENGES ENCOUNTERED

I daresay that if we knew the road ahead we would never venture forth

2.1 Introduction

In this Chapter I reflect on some of the dilemmas that I faced as I made the transitional change into private practice. Living in a socially constructed patriarchal society as a 'silent invisible' and marginalised person, I had to establish a career as an independent single mother. I also reflect on the ideas of other women who have made similar transitions. It tells the story of how I established a place as a professional woman, practising as a narrative pastoral therapist outside the institution of the church. It tells of problems related to setting up in private practice, getting referrals, financial matters and dealing with medical schemes, credibility and accreditation issues.

I began this journey full of hope, never dreaming that attempting to use skills, knowledge and experience would turn out to be such a struggle. Living on the edge is part of the story of being a private practitioner, whatever the field. Uncertainty lurks and looms in the background like an unwanted cloud. Looking back over the years I realise that this dream was conceived long before the present journey began, at a time when charging for services was unthinkable and unnecessary. I also realise that I started from a position of great weakness in the midst of multiple loss and upheaval. This chapter reflects on some of the steps taken to equip, prepare and empower myself for this role as a woman pastoral therapist in private practice. I also re-tell some of the experiences, trials and errors that relate to building the infrastructure and network necessary for the running of such a practice.

2.2 Foundational Steps, Re-telling my Story

I knew that I had to educate myself if my goal of becoming a professional person, and making my own provision was to become a reality. This was essential if I hoped to make any kind of contribution as a recognised service provider. The first step was to complete

my bachelors degree (1993). The next steps were simultaneously to learn to type, become computer literate, and learn how to keep financial records. I graduated with my honours degree (1996) in practical theology through UNISA (University of South Africa). My youngest daughter aged fifteen and I had moved to temporary accommodation after selling the family home in mid 1992. I began testing the waters to see if private practice would be viable, before buying my present work-from-home accommodation in July of 1995.

Canon Schmidt of the Christ Healing Fellowship kindly gave me the opportunity to work with him on healing seminars (1994). This helped me to develop confidence and to work with some supervision. At this stage I was still heavily involved in several court cases and legal proceedings pertaining to my divorce. This slow and cumbersome procedure was to drag on for three and a half years finally ending in October of 1995. Divorce did not fit with my Christian convictions or my dream for a family. Remaining positive as we adjusted to our new circumstances and the cold reality of a shattered family took enormous energy. The future was very uncertain.

2.3 Renewing my Mind

The disempowering language of my marriage had led me to internalise disabling ideas about my financial skills. Preparation for the divorce case forced me to reflect back over twenty-eight and a half years of marriage. I was asked by my attorney and advocate to list my contributions to the marriage and to our financial situation. This task precipitated the process of deconstruction and externalisation that led me to question seriously the accepted societal roles that kept women marginalised. It also helped me to begin rewriting my own script (White 1995:28). I found different ways of speaking and thinking about my own story. I remembered that I had always been very practical and creative, learning whatever skill was necessary to 'do it yourself'. The experience of building a family home and working with subcontractors had provided me with valuable knowledge and expertise that I was soon to draw upon. My own unique outcome was becoming more visible to me.

I realise now that my own sense of personal authority had been overshadowed. I had been giving way to ways of being that were consistent with the prevailing gender expectations

suitable for men (Rampage 1991:110). These expectations were re-inforced by the culture of the company for whom my ex-husband worked. Their prevailing social discourse and attitude towards women modeled patriarchy and institutionalism at its best. For the first year or two of being on my own I lived in constant fear that because I was a woman on my own, people would take advantage of me. I took steps to prevent this by exploring different options and equipping myself with the knowledge necessary for making informed decisions.

At eighteen I was nursing and dealing on a daily basis with situations of life and death. I knew deep within that I was capable. This self-knowledge played a very positive role in helping me on this journey towards personal re-establishment. Serious self-reflection revealed that my life story had an alternative empowering side. 'Personal authority' had not been foreign in my story, even though it was somewhat suppressed in my marriage (Rampage 1991:110). From an early age I had been given responsibility and had been trained by my mother to be competent. I was often responsible for looking after my very much younger siblings. These stories of responsibility were to play a major role in the re-authoring and restructuring of my preferred story and self-empowerment (White 1995:28).

Nurturing and caring were part of my gendered and dominant story. Bograd (1991:110) explains how women are socialised to believe that other people's needs are always more important than those of women themselves. In both Wynnes's (case study in Chapter 4), and my stories, limited personal authority and economic powerlessness fed these unproductive ideas which were reinforced by the church and society (Rampage 1991:110). These stories of uselessness and inadequacy produced an unsettling and near paralysing ambivalence in me, even though I knew that they did not fit with my preferred or experienced identity. My story resonated with Rampage's (1991:110) view when she quoted Belenky's ideas on 'women finding their own voices'. I was later to appreciate the value of internalising new and empowering voices as I developed my own independent thinking and actively began reshaping my future.

Reflecting back on this period I concur with Heilburn quoted by Goodrich (1991:22), 'Power is the ability to take one's place in whatever discourse is essential to action...'. My

mother once commented that it was remarkable: 'It was as if I was almost as competent as a man'. This remark illustrates the degree to which social discourses have favoured 'only men' as being competent. Goodrich (1991:23) comments that, 'powerlessness is not fundamentally an attitude problem....Our society is founded on the bedrock of women as powerless'. That is, incompetent outside roles of nurture and care. Goodrich (1991:23) goes on to say that there are structures – 'economic, social, political, religious and then psychological - that oppress women and work hard to keep them oppressed'. I knew that I did not wish to have other people controlling my life. I wanted to become independent, it was time to meet the challenges that lay ahead.

2.4 Steps to Reclaim my Life

I knew that if I were to set up as a pastoral therapist in private practice I would personally have to provide a congenial environment from which to work. In order to make informed decisions I consulted various people including financial consultant Magnus Heystek of the now Citadel Investment Services. His interest and ideas were valuable in guiding me on how best to manage the financial aspect of such a venture. He warned me against over-spending, saying that most new business ventures collapse within the first three years. He also warned against going too fast, taking loans or employing people unless it was absolutely necessary.

2.5 Improving Therapeutic Skills

I would like to attain standards of excellence in my service to others. To this end I have continued my education through UNISA and the ITD (Institute for Therapeutic Development). I also try to select courses that will increase my skills in working with the marginalised, dis-empowered and 'silent invisible' people. Working with men is equally important to me. In this way I can make a small contribution in assisting men to resist cultural prescriptions and societal expectations (Pease 1997:49). To this end I participated in two Covey (1989 &1992) courses given at managerial level in order to gain some understanding of how executives operate in the world of business and to familiarise myself with the jargon.

2.6 Infrastructure and Administration

Day to day administration involves keeping a record of client details, client accounts and client notes. In addition, the narrative pastoral therapist extends the therapeutic conversation (Epston 1994:62,63) by writing letters and preparing certificates as counter documents (White & Epston 1990:193). Another time-consuming administrative task involves post-therapy follow-up telephone calls. Being professional requires that transcriptions from interviews and therapeutic conversations be kept. Writing letters to medical aid schemes and collecting unpaid fees form part of the ongoing administrative task. I try where possible to ensure that clients pay after every session to reduce administration. My experiences parallel those of Bograd (1991:209) who explicates the relationship between caring and money. She says women are expected to care naturally, 'Furthermore, our culture does not define caring as a highly sophisticated, complex ability. In this context women have also learned to take for granted or to devalue their ability to understand or to connect with others. ...Further more, we look askance at women who exchange money for caring'.

2.7 Charging Fees and Silencing Patriarchal Voices

When I first began working as a private practitioner it was very difficult for me to charge for my services. Guilt always affected me. Guilt was part of my own dominant story (White & Epston 1990:18) and emanated from my childhood, a life-long involvement with the church, my nursing career and a patriarchal marriage.

I grew up in an authoritarian and male-dominated family when feminism and women's rights were frowned upon. Women were to be protected and were to serve and propagate development and growth in others. Nursing was a calling and a privilege done out of love. An Anglican priest who lectured us on ethics reinforced these views. This made the nominal remuneration we received seem noble. Motherhood was regarded as a privilege, and being a thrifty, diligent and a good wife was no more than a duty. It is not surprising that I saw my services as neither valuable nor important. Reading Bograd (1991:203-209)

has put into clear perspective why the idea of charging for my services was so difficult. I have always felt incensed by the injustice that the helping or serving professions are poorly remunerated. It has never made sense to me. Bograd's (1991:207) ideas rightly challenge and expose these expletive discourses around money and service.

Reflecting in this way has helped me to realise how much power the social discourse of my day held (Foucault 1993:101). The view that 'it's a man's world' suited society very well. Social construction theory has empowered me to re-evaluate my thinking. I was, until very recently, tempted to apologise for charging fees. I plan in the future to emulate the 'healthy self confidence' men have with regard to collecting fees for hours of work and years of training (Bograd 1991:205). Weingarten's (1997b) participatory perspective of 'the personal is the professional' has reminded me that included in my training are years of personal experience and personal knowing that cannot be substituted. Bograd (1991:207) rightly comments that women have been socially constructed to devalue and take for granted their abilities to understand and to connect with others. Relational ability in women does not merit reward as it is seen as a natural rather than learnt gift. Goodrich (1991:206) realised that she too, had internalised beliefs about her proper place as a woman. She writes: 'It is one thing for me to be powerful intellectually, another to be powerful economically. The latter says: Take me seriously. For women to have economic clout threatens something very basic in every-one's notion about women'.

The economic, cultural and social discourses of the 'silent invisible' societies value men as providers. It is therefore seen as important that they should be properly remunerated. The same norms do not yet apply to women. We as women, need to address this inner conflict in others and ourselves if we are to play a role in deconstructing these ideas (Bograd 1991:205). Qualities of generosity in women do not need to disappear. Economic independence empowers us to make choices about how we give of our time and expertise. I look forward to being able to make free professional contributions to society in the future, but this privilege cannot be at the expense of becoming dependent on my children. This was a very real fear that has played a significant role in propelling me forward. I have always thought that where possible economic viability is a personal responsibility.

2.8 Charity Begins at Home

Although Mother Theresa's life of sacrifice and service is exemplary from a Christian perspective, I find it hard to accept the idea that financial deprivation is noble (Bograd 1991:207). The story of 'Flora', was a catalyst in my fee-charging story. Flora, the daughter of missionary parents, spent her eightieth birthday in hospital having had all her toes amputated as a result of missionary poverty. Her parents had not been able to replace her shoes when she outgrew them. Sickened by her story, I resolved to overcome my former foolhardy thinking. Necessity and conversations with people in the world of business also dissipated these unproductive views on working without remuneration.

The following experience finally put an end to my naïve benevolence. I foolishly agreed to work gratis with a client, who claimed that she could not afford to pay. She brought her young children as an indication of her financial distress. During the course of the third session she blithely informed me that she earned R6 000 per month, and her husband earned R15 000. Later she commented that she and her family would be away in Mauritius for ten days. I began seriously questioning my own integrity. I have also found that the inability to pay is often a polite way of saying 'therapy is not for me'.

2.9 Taking a Stand on Fees

Most clients do expect to pay for services. The first question a prospective client asks is 'what are your fees' the second question is, 'will the medical scheme pay?' I explain that because I am a pastoral therapist, only some medical schemes will pay my fees. I suggest that they check with their medical schemes before coming to me for therapy. I always offer to write on their behalf if they have difficulty. As is later reflected I have tried to develop congenial relationships with medical schemes.

2.10 Remuneration for Professional Counselling Services

Most people who belong to medical schemes cannot afford therapy not covered by their medical scheme. Belonging to a medical scheme is costly even when the employer makes a contribution. Pattison (1988:22) recognised that charging for the services of the pastoral

therapist was appropriate, how else can the pastoral therapist in private practice survive? It is important for the pastoral therapist in private practice to be accepted as a recognised service provider. Oates (1986:14) refers to the same situation in the USA where counselling centres and practitioners in private practice applied for state certifications, in order to qualify for payment by medical insurance companies. He does not comment on the outcome except to express his anger at the idea that the presence of God should belong, as a private possession, of an individual or group. In the USA, the American Association of Pastoral Counselors (AAPC) is actively supportive of its members. In 1974 it sponsored a national workshop in order to promote the development of pastoral counselling centres (Carr, Hinkle & Moss, 1981:17).

2.11 Medical and Health Care Schemes

The question of medical schemes presents the pastoral therapist in private practice with ongoing difficulties. I am constantly required to write letters to medical and health care schemes explaining who I am, what I do, how I do what I do and what my qualifications are. This constant fight for survival is time consuming, debilitating and demoralising, but as a result of this effort some medical schemes do pay my accounts or at least a portion thereof. Several medical schemes are now engaging Medscheme, a large organisation to manage their accounts. This means that some of the schemes that have paid my accounts in the past may no longer do so. A prospective client from BMW wanted to come to me for therapy; unable to pay himself he contacted Medscheme who now manage the BMW account. BMW have paid my accounts in the past. My prospective client must have gone elsewhere. I learnt Medscheme have seen the results of some of my work and that there may be a slim possibility that they may review my situation and might accept my qualifications once I have a Masters. The person to whom I spoke said that we as narrative pastoral therapists need to do our part in setting a tariff and developing a statutory, legislated council for pastoral therapists. BHF (Board of Health Care Funders of South Africa, previously known as RAMS) could not provide a category and number for our services without this. I may yet have to stand before the directors of this body and explain my case.

Therapy is expensive. It makes a substantial difference to the client and to the practitioner if the medical scheme will pay for professional pastoral therapy. How, therefore, can we establish ourselves as accepted professional caregivers in the field of mental health? We have a valuable contribution to make in the field of health care especially in matters pertaining to the family and in relation to mental health, spiritual growth, and personal growth. These aspects play an important role in the prevention of depression, chronic illness and general ill health. We as pastoral therapists in private practice need to persevere with bringing our services and the concomitant results to the attention of medical health care schemes. In view of this, I encourage clients to inform their own medical schemes of health improvements and of reductions in the use of anti-depressants and chronic medicines. For example one of my clients was spending between R1 200 and R1 500 per month on antidepressants and asthmatic preparations. She has now been off Prozac for a year following therapy and has cut her asthmatic drugs by half. Reports reflecting established improvement in health must eventually impact positively on our profession. The documenting of client research could be an important means of making the work of the narrative pastoral therapist known.

2.12 Prevention is Better than Cure

The idea of prevention would fit well with medical schemes whose emphasis is on creating a culture of wellness. Several medical schemes are going through radical restructuring where a more holistic approach to health care is favoured. This is opportune for the pastoral therapist in private practice. Several medical schemes now provide the member with a hospital plan; a portion of the subscription is paid towards this, and the remaining portion is paid into a savings scheme. The member is then free to choose how to spend those savings. Therapy is therefore covered provided the member has funds available. It would make a great difference if pastoral therapists could be included in this option and choice for members.

Improved health and less dependence on drug therapy might make medical schemes more willing to pay for the services of the pastoral therapist. I respect Momentum Discovery as a leading player and therefore use them as an example of how medical health schemes may

operate in the future. A letter dated, 28 September 1998, from Discovery Health Medical Insurance Plan states: 'Our establishment of the country's first Medical Advisory Board to enable leading professionals *to counsel us* on managed care matters, is an indication of how serious we are about working in partnership with care providers' (*Italics mine*). What an opportunity! This suggests that this organisation is working to co-operate with the aims of the Department of Health as set out in the White paper for the transformation of the health system in South Africa (1997).

This same innovative scheme has a Vitality Plan whereby members are actively encouraged to participate in improving their own health, in an attempt to reduce long-term health care costs. This plan offers access to any Health and Racquet Club or Walk for Life facility for a once-off payment of only R150. Using these facilities earns the member 'Vitality points' which carry higher status levels and other wellness enhancing incentives. The plan also offers practical ideas for the prevention of illness.

In my experience gained from nursing, and as a mother in a severely 'dysfunctional family', from working with Canon Theo Schmidt of the Christ Healing Fellowship and as a therapist I am well aware of the negative impact that poor interpersonal relationships have on health. It would be worthwhile researching whether narrative pastoral therapy made a difference to clients struggling with problems such as eating disorders, depression, suicide, chronic asthma, and headaches. The incidence of health problems is said to increase in those who have suffered from loss and other grief related experiences such as death, divorce or other forms of major change. I have found that working in therapy with clients in the process of divorce has prepared them to take up their new journeys forward by the time the divorce is finalised. This has also applied to women who have not worked during many years in longstanding marriages. The story of Wynne (chapter 4) is a case in point. Therapeutic intervention appears to have helped her to avoid illness in spite of the fact that while in the process of therapy she experienced loss through divorce, several job losses, a move and a major change in life-style. This situation is vastly different from her fifteen-year history where anti-depressants, analgesics, sleeping tablets and regular suicide attempts were part of her dominant story (White & Epston 1990:18). In fact during the course of therapy she gave up using anti-depressants and sleeping tablets altogether. It is

ironic that now that her medical expenses are considerably less than before (hormone therapy only), her premiums are astronomical because of her age. Personal letters to medical schemes from those who no longer need to depend on anti-depressants or other forms of drug therapy will surely make a positive impact, thus enhancing the position of the professional pastoral therapist. Since the cost of drugs is prohibitive, reduction in their usage should be of enormous concern to medical schemes.

2.13 Attempts at Collaborating with Medical Schemes

I have written many letters to medical schemes on behalf of clients. I will in the future, provided I have permission from the client concerned, send regular progress reports noting improvements and changes. I do not interfere with clients' medication as this is outside my area of knowledge. When clients think that they would like to cut down on their medication I advise them to see their regular doctor in order that the process can be monitored. Extracts from letters that I have sent to medical schemes appear in Appendix E.

I have never had a written reply from a medical scheme. Communication usually takes place through the client. I have on occasion had short telephone conversations with personnel. I believe that we as professional pastoral therapists have a valuable contribution to make in the field of mental health care. Clients seen in the course of this research validates this idea. I sincerely hope that we will pull together as a profession to bring change to the present unacceptable situation. If medical schemes were to pay for the services of professional pastoral therapists it would impact the profession in a very positive way. We as professional pastoral therapists could then play a meaningful role with confidence.

2.14 Inclusive Health Care

The new democratic dispensation in our country favours the development of women. The new thinking in the field of health care and health management offers the pastoral practitioner, male and female an important opportunity. The White paper (Department of Health, 1997:6) for the transformation of the health system in South Africa states in its mission that its aim is to develop a caring service to all members of the population. A

primary health care approach involving all stakeholders including religious and grass root organisations will be used. Part of its goal and objective, is to unify the fragmented health services at all levels, into a comprehensive and integrated National Health System. It aims to 'integrate the activities of the public and private health sectors, including NGOs (non government organisations) and traditional healers, in a way which maximises the effectiveness and efficiency of all available health care resources'. It calls for the active participation and involvement of all sectors of the South African society in health and health related activities. We as pastoral therapists need to change our thinking and shake off negative and outdated ideas about practising outside the church. The time for change and action is ripe, the pressing questions are: how can we participate in making a difference?

2.15 Attempts at Gaining Referrals

Protectionism is entrenched; each profession jealously guards its own particular turf. Medical schemes are afraid of Christian exclusivity. Medical practitioners prefer to use traditional psychology or psychotherapy, and the legal profession is unaware of the importance of therapy in the divorce situation. For these reasons gaining referrals and becoming known as a professional pastoral therapist in private practice is slow and difficult.

The Church in general does not yet accept the idea of the pastoral therapist as a professional private practitioner. In spite of this, a few clergy send me clients whom they feel need professional help. I have also had the privilege of working with pastors and their wives experiencing marital problems.

2.16 Experimenting with Different Solutions to the Problem of Becoming Known

It is very difficult for the pastoral practitioner in private practice to gain referrals. Remembering the words of my entrepreneurial friend on the importance of advertising, I tried to make my services known by advertising, networking, and referrals.

2.16.1 Advertising

My first attempt was through a community magazine put out by the local church. I wrote an article for the weekly Chronicle in my area. This brought one or two clients but the majority of responses, as with other forms of public advertising, were from sales people looking for their own opportunities. I personally do not think that advertising is appropriate for a professional therapist, nevertheless I do run an advert in the Christian Advertiser, a small publication put out by Rhema Church. Every time I am about to discontinue this advert I gain a client as a result of the advert, which makes the expense worthwhile. (*Appendix A*).

2.16.2 Networking

In an attempt to become known, I tried belonging to NAWBO (National Association of Women Business Owners), and attended their meetings for a while. This was not really satisfactory as the organisation is commercially based and concentrates on selling commodities.

2.16.3 Referrals

At one stage I tried writing progress reports to the doctors of clients at the suggestion of my daughter who is a practising physiotherapist. On reflection these steps proved to be unwise. I realise that ethically speaking this was a breach of the clients' right to strict confidentiality and that what works in one profession is not necessarily appropriate for another. I also tried to make appointments to see the local doctors. This brought little result.

What I now do is to give new clients a file on arrival. This contains an information sheet (*Appendix D*). It carries a disclaimer and clearly states the fees, conditions of payment and expectations. I also include a pamphlet describing my services. This is a form of advertising since some clients hand the pamphlet on to others (*Appendix B*). For interest I include a simple details sheet (*Appendix C*).

Although it has been slow my practice has grown mainly from word of mouth. Some people are loath to admit that they have had therapy, others delighted with their new preferred ways of being, spread the word (White 1997:220). Visible change sometimes encourages people to come. I am discovering that personal referrals may take twelve to eighteen months to materialise.

A few referrals from my daughter have resulted in a measure of success when using an interdisciplinary approach to patients whose symptoms showed little improvement from physiotherapy treatment alone. We found that dealing with emotional issues resulted in considerable improvement where chronic headaches, back pain or other tension related muscular problems were difficult to cure. We also had good results with a patient/client suffering from 'ME' or 'Yuppie flu' using this two pronged and co-operative approach.

2.17 Joining Professional Associations

In an attempt to become connected I took the opportunity of becoming a member of SAAP (The Southern African Association for Pastoral Work) and other relevant associations. This has given me a sense of connectedness, and hopefully a small measure of credibility and support.

I belong to each of the following associations:

- SAAP
- Association for Clinical Pastoral Education in South Africa (ACPESA)
- South African Association of Marital and Family Therapy (SAAMFT)
- Association of Christian Counsellors in South Africa (ACC in SA)
- South African Association of Mediators (SAAM)

SAAP, ACPESA, SAAMFT, and the ACC are associations made up of subscribing members from the various professions. A committee elected at the annual general meeting runs these associations. These committee members have an interest in maintaining high standards of practice. SAAP for example declares in its mission statement that its aim is to

unite all people in the pastoral field. It claims to be an ecumenical, non-racial and non-sexist association accommodating people with various pastoral styles and theories. SAAP is affiliated to The International Council for Pastoral Care and Counselling and The African Association for Pastoral Studies. Its aims are to stimulate study and research, disseminate knowledge through journals, newsletters and other publications. It sets ethical standards to which members are expected to adhere, it maintains oversight for the prevention of malpractice, protects the public, evaluates and plays a role in formulating legislation.

The difference between a board and an association lies in its accountability. An association is accountable to its members. Its function is to support and serve the interests of its members and to protect the profession. Membership is voluntary. It formulates its own code of ethics for the practice of the profession.

I am also registered with the South African Nursing Council (SANC) since I am a State registered nurse. This enabled me also to register with RAMS (Representative Association of Medical Aid Schemes), from whom I obtained a practice number as a professional nurse. It is this number that entitles me to make claims on some medical schemes. There is not yet a category for me as a practising professional pastoral therapist.

Medical schemes require that service providers be registered with RAMS. This organisation has recently changed its name to BHF (Board of Health Care Funders of South Africa). It is currently restructuring itself in order to prepare itself for the 21st century. BHF is an organisation that 'interfaces with medical schemes, administrators, service providers, government, business and labour (BHF 1999). Its new aim is to make affordable health care available to every working person. To this end they intend to encourage young people to enlist ensuring lifetime membership. They hope to develop a reimbursement system that ensures cost-effective and quality health care to the largest number of South Africans (BHF 1999). This aim complies with the aims of the White Paper for the Transformation of the Health System in South Africa (Department of Health 1997).

BHF has the power to award or to withhold a practice number. I am registered with this body through my nursing training and fall under a nursing category. This poses a problem since I am registered with the SANC as a general nurse and not as a psychiatric nurse. The fee structure is considerably lower than for psychiatric nursing services. I learnt that only practitioners registered with a council are eligible to be listed. For pastoral therapists to be registered with BHF as professional practitioners in their own right would make a great difference, therefore forming a professional council for pastoral therapists could only benefit the profession.

2.18 Professional Council

If we are to take our position as professional pastoral therapists in society then we as a profession urgently need to apply for the constitution of a Professional Board for pastoral therapy. At present there are twelve such Professional Boards to which other Professional Boards could be added. We would then as a profession fall under the Health Professions Council of South Africa (former Medical Council). Before this can happen, the present professional association SAAP needs to organise itself and regulate itself as a profession. A professional board is accountable to the legislator and the appropriate Minister at government level. Such a statutory professional board is a legislated, legal body there to protect the interests of citizens. Registration with such a council would be mandatory. Without registration, practising the profession would be illegal. At present there is no legislated board with which pastoral therapists can register.

The following steps need to be taken by the present association SAAP, before such a board can be established (adapted from van Arkel 1999:6):

- Setting standards of accreditation and certification for training.
- Setting standards for professional competence, norms and conditions of practice and service ideals.
- Regulation of the field by institutionalising the service into hospitals, the defence force, labour and industry.
- Legitimising the profession with resultant social standing.

- Lobbying with the government and influential politicians for a higher profile.
- Developing certain provisos, rules and regulations designed to protect the public from unethical practice or malpractice.
- Granting licensure either permitting or withdrawing the right for practice.
- Setting a ceiling on maximum fees to be charged for services.

Van Arkel (1999:7) quotes Wayne Oates (1962) who stated: 'The private practice of pastoral counselling apart from the life of the church is a violation of the basic character of the ministry, if not an actual violation of professional ethics'. The issues are: can pastoral counselling be "private"? Should pastoral therapy form the day to day responsibility of the minister? To whom would the professional pastoral therapist outside the faith community be accountable? Is it appropriate that the practitioner receives money for services? It does not seem valid to me that the wisdom of God's hand in the therapeutic conversation is denied to the public because the private pastoral practitioner works outside the church. It is for the purpose of accountability that the constitution of a board is essential. The story of Wynne (Chapter 4) and other experiences from my practice do not support the idea that working outside the church or the charging of fees in any way nullified the effect of therapy. The effectiveness of other forms of therapy are not at issue in this dissertation.

2.19 In Conclusion

As this chapter illustrates there is still much to be done before the pastoral therapist in private practice becomes an acknowledged and accepted player in the field of health care. If we are to take our place alongside other service professions, we will have to begin lobbying for recognition and for acceptance as fee charging health care providers. The pastoral therapist from whichever perspective is there to serve the best interests of the client whether individually or collectively. Our continued service offered in excellence, whether inside or outside the church, whether for direct remuneration or not, will eventually secure the professional pastoral therapist recognition in the field of health care.

The following chapter describes the use of mediation in divorce and the dissolution of marriages. Mediation has several other applications and is now commonly used in labour,

land and commercial disputes. Family mediation is useful for internal family conflict. Due to lack of space and the context of this dissertation I have focused on its use in divorce and the re-resultant restructuring of the family. Matters related to children, financial aspects, and relocating are illustrated by means of a case study in (Appendix I).

CHAPTER 3

DIVORCE AND MEDIATION

3.1 Introduction

Before beginning my journey as a professional woman, practising as a pastoral therapist in private practice I was invited to re-tell my divorce experience to groups of trainee mediators. This experience helped me to externalise my own story and as I now reflect again, I recognise that this event played a major role in precipitating my own process of healing. It also played a role in the shaping of my career. The question that began germinating within me was: Could divorce mediation play a meaningful role in assisting voiceless and bereft women, with no economic power, to regain a voice and re-empower themselves for the future? I also pondered whether mediation could provide the means to dissolving a marriage relationship in a less destructive way? Divorce mediation is widely used in the USA, Canada, Great Britain and Australia and is gradually becoming better known in South Africa.

Although I was not aware of it at the time I had already begun my research process. 'As researchers we are always engaged in living, telling, reliving, and retelling our own stories (Clandinin & Connelly 1991:265). The purpose in presenting my story, was to demonstrate the powerlessness of marginalised, 'silent invisible' women in the process of litigation. Brown (1989:372) comments on how ill-prepared women from this group are, since traditionally husbands cared for them while they freed their husbands for work.

The law, it is true, is there to protect defenseless women and children. Until recently the judiciary was mainly run by men, many of whom held similar patriarchal views to those held by institutions, the church and society. Prohibitive costs and the slow cumbersome process of litigation, together with cultural, social and patriarchal frames of reference might or might not work in the divorcing woman's favour. Economic powerlessness and vulnerability place women in a situation where important decisions affecting their futures and those of their children, are left in the hands of legal experts. These people might or might not prescribe life-enhancing solutions. In most cases divorce creates economic

disaster especially for women and children (Brown 1989:372). The financial costs in a litigated, contested divorce suit are prohibitive. This means that finance and capital that could be used for the family is spent in legal expenses. For several reasons mediation would not have worked in my case. I needed the protection of the law and was fortunate indeed to have been recommended to highly ethical and gender sensitive legal people. I have personally experienced the devastation of the litigated route and suggest that, if at all possible, mediation is a more humane, cost effective and efficient process.

3.2 *Mediation as a Marital Intervention*

Mediation used as an accessory tool to marital therapy could be instrumental in preventing unnecessary divorce. Economic equity empowers women within the marriage, and plays an important role in improving interpersonal relationships. The following quote gives an important perspective on the use of mediation in this context:

[W]e typically limit our focus to the psychology of experience or the mechanics of interaction... We thereby exclude from attention the economic and other material realities that help mold psychological experience... Perhaps because it has not been a central part of our business to affect these material realities, we have not made them integral to our theory and rarely even attend to such matters in individual cases (Goodrich 1991:22).

If this rings true for psychology, it is probably even more true in pastoral counselling where we tend to work from a dichotomy between the spiritual and the materialistic. Goodrich (1991:23) has found that couples, having divided their assets more equitably and having addressed economic imbalances with the help of a mediator, return to marital therapy on a very different footing. Economic parity is a good equaliser and leveller.

3.3 *Mediation in my Practice*

In my practice as a narrative therapist, I often come across people caught in legal wrangles and the unhappy experience of divorce. Some attorneys now recommend mediation, when certain issues prevent agreement between parties. I decided that having studied mediation, I would include the service in my practice. Mediation can be a *self empowering* process

(Milne & Folberg 1988:7). The basic premise fundamental to mediation is equity and fairness. If the process does not work to serve the best interests of each party, then either the mediator or one of the parties is free to terminate the process. Nothing is legal or binding until the 'memorandum of understanding' is translated into a 'memorandum of agreement' by an independent attorney chosen by one or both of the parties. Each party is advised to have the 'memorandum of understanding' checked by an independent lawyer, even when the mediator is an attorney. The mediator cannot be subpoenaed to court. All discussions are strictly confidential. The parties, for their own protection, sign a clause to this effect.

3.4 *Making a Difference*

I recognised that as a mediator I would have the opportunity to make a difference to marginalised and 'silent invisible' women by sharing my personal knowledge and experience in ways that would educate and stir the conscience of divorcing couples to focus on the long term consequences of divorce. I could by the 'language' I used, call men to challenge their arrogant and patriarchal attitudes towards the wives that they were divorcing and the children they were leaving. In my practice I occasionally come across the reverse situation where it is the men who are marginalised. In these cases it is the wives who are professionally, economically and emotionally powerful and independent. Mitchell (1997:217) notes that in Britain, the number of women initiating divorce has superseded that of men. She attributes this to women's growing economic independence. More often than not, lack of economic resources keeps women trapped in abusive marriages.

During the process of mediation it is possible to give each party an empathic ear. This helps to expose power imbalances and provides an opportunity for the parties to acknowledge and voice emotional connections that prevent them from finding solutions. Brown (1989:372) recognises that divorce entails legal, physical and emotional separation. Landscape of consciousness and landscape of action questions (Epston & White 1992:127) are useful in assisting the marginalised and 'silent invisible' to access more competent phases previously experienced. These are temporarily lost in their marriages and in the heat of the conflict. Such questions as '*Who found the family home? Who organised the move?*

What did the house cost?' serve to remind women (and men), of the powerful role that they once played in decision making for the family. These and other questions, pertaining to practicalities essential to the future, set the first steps towards restructuring and rebuilding in motion. At the close of the first session each party is asked to bring to the next appointment, detailed estimates of anticipated future expenses together with a list of assets and liabilities (Appendix G). This task involves inquiry and investigation, and helps to build confidence in the disempowered party. I sometimes share some of the steps that I took toward my own re-establishment.

3.5 · The Church and Divorce

I have not entered into a discussion on the official views of the church on matters relating to the question of divorce, since it falls outside the context of this dissertation. Empirically speaking, the church and other religious organisations play a major role in propagating and blessing the institute of marriage. The dissolution of marriage is therefore problematic. The effect of this is that the high visibility of the church when people enter marriage, changes into invisibility when people exit marriage. Pastors tend to be involved in reconciliation processes, but not in divorce processes.

It was for exactly this reason that I decided to use my first-hand experience of divorce to position myself as a pastoral therapist and mediator and provide a niche where divorcing couples forsaken by the church could receive pastoral care. I could accept that sometimes divorce is the only option. Working from a narrative perspective prevented me from moralising or dogmatising. Mediation is an effective tool with which to help divorcing couples to restructure their assets and family arrangements in a reasonable and amicable manner. Pastoral therapists working from a more confessional and fundamentalist approach would probably find it difficult to become involved in divorce mediation.

The idea of mediation and its conciliatory approach is becoming more appealing to pastors. Several churches in my vicinity have invited me to address lay counsellors on the benefits and merits of mediation. Churches however still seem more comfortable when matters relating to divorce can be effectively dealt with outside its precincts.

Once the dissolution of the marriage has become *fait accompli*, some women take a firm stand and abandon the church altogether. This decision may be seen as a 'step of resistance' against further subjection to patriarchal pressures that they have escaped (White & Epston 1990:16). Some women openly express the anger that they feel towards the church and its patriarchy, but are happy to continue in a personal relationship with God. Wynne (Chapter 4) refuses to go to church, even though she works right next door to a church of her own denomination. It is here that the narrative pastoral therapist can play a valuable role in assisting women to take steps towards self re-empowerment and re-establishment. Marginalised and 'silent invisible' women have not lost their spirituality or their integrity, courage and ability. They have only fallen prey to disempowerment. Many marginalised, 'silent invisible' women, like Wynne, make a remarkable comeback winning their own self-respect and the respect of all who know them.

3.6 *What is Divorce Mediation?*

Mediation is an attempt at dealing with the dissolution of a marriage, the restructuring of a family and the redistribution of assets and wealth in the most constructive way possible. (Kaslow 1988:99) describes it this way: 'while drawing up a custody and visitation plan, future budgets, and a distribution plan for household and other material possessions, clients use their cognitive abilities to the fullest and remain task centred and goal oriented'. Brown (1989:371), writing on the post-divorce family, notes the importance of seeing divorcing families as being in a phase of transition to a new family form. Professional help has moved towards using collaborative and conciliatory approaches to the problem of divorce (Milne & Folberg 1988:3). The focus of mediation is on solving problems and dealing with practical issues relating to the divorcing couple. The goal of mediation is systematically to isolate points of agreement between the parties in order to redistribute, re-organise and restructure financial and living arrangements in a fair and equitable manner (Kaslow 1988:96). This helps to achieve a win/win rather than win/lose outcome (Covey 1992:207). Win/win means that solutions are mutually beneficial and that one party is not seriously disadvantaged. Today assets are, where possible, equally divided between the parties. Mediation works well when the parties are prepared to enter into mediated and active

negotiation, but does not work when one party is determined to gain all, while the other gives constant concessions (Haynes & Haynes 1989:10).

In divorce mediation the responsibility for seeking solutions on matters such as property, children and money remains in the hands of the couple, rather than in the hands of a judge. It is thus a self-empowering process (Milne & Folberg 1988:7). Mediation is not suitable when power plays serve further to marginalise the already disempowered party. Co-operation is an important element in the mediation process.

In practice, the most common issues dealt with centre mainly around the following issues:

- *Children:* Guardianship, custody, shared parenting, visitation, education, holidays, etc.
- *Division of assets:* Dealing with the family home, restructuring and relocation.
- *Financial matters:* Maintenance, medical aid, insurance and insurance policies, etc.

These matters are also referred to in different ways in the case histories and throughout the last chapter of Haynes and Haynes (1989:310-321) and in Folberg and Milne (1988:18,19).

3.6.1 *Brief Outline*

Mediation, as a co-operative dispute-resolution process, has a long history in a variety of cultures and contexts (Milne & Folberg 1988:3). In mediation, the third party assists the disputants in coming to an agreement but has no authority to impose a decision (Milne & Folberg 1988:47). Mediators come from a variety of disciplines, but particularly from law and mental health fields (Folberg & Milne 1988:6). The perspective from which the mediator comes and the issues and context of the dispute affect the way in which divorce mediation is handled. For example mediators with a legal background, tend to define mediation as a contractual and non-therapeutic process, while mediators with a clinical background tend to emphasise emotional issues (Folberg & Milne 1988:6).

It was found that the use of different 'language' helped to reduce conflict. For example, Girdner (1988:55) who cites Coogler et al., prefers the term 'co-parenting' to 'sole custody

with access rights', co-parenting she feels is more conducive to co-operation. I personally prefer the term 'co-operative parenting'. These mediators believe that fault, guilt, and blame are inappropriate criteria for decision-making. Brown (1988:130) favours self-determination as a criterion, seeing economic independence for each former spouse as a more worthy and practical goal. Mediation is not concerned with past wrongs. The adversarial approach concentrated on fault, and set the stage for competition, destruction and conflict (Milne 1988:41). The degree of fault often affected the settlement outcome. This approach to divorce proceedings, still the most common method used, particularly in South Africa, casts the parties as opponents rather than as decision makers (Folberg & Milne 1988:ix). This serves to increase conflict.

3.7 Social Discourses and the No-Fault Divorce

Feminist movements and tertiary education have led more and more women to become increasingly independent. Today many women play an important role in the economy. Women's rights are increasingly acknowledged. These factors and the increasing occurrence of divorce and its changing pattern resulted in the 'no-fault divorce' and other legal reforms (Elson 1988:143). The 'clean break' principle was introduced, which means that a once-off settlement is made allowing both spouses to become financially independent. Alimony has become outdated (Peck & Manocherian 1989:342). The 'clean break' principle has relieved the workload of the maintenance courts greatly even though maintenance is still paid for the children of the marriage. In view of these social developments mediation is a practical alternative to the adversarial system.

Several practising attorneys with a genuine care and concern for the people for whom they act, have trained as mediators in an attempt to offer a more collaborative and humane approach to the question of divorce (Milne & Folberg 1988:3). The role of the mediator is to act as an impartial facilitator (Bishop 1988:403). This means facilitating the process without favouritism or bias. As a mediator in private pastoral practice I have the opportunity to bring the spiritual principles of love, care and healing into the process of divorce. This means that believers and non-believers alike may benefit from pastoral care and theological perspectives.

I have found mediation to be a useful tool and skill. Divorce therapy focuses on the relief of stress, the restructuring of relationships, the restoration of self-acceptance, dignity, self-respect and wholeness. Divorce mediation focuses on the negotiation of concrete issues inherent in the dissolution of a marriage partnership (Brown 1988:130). Mediation acknowledges the emotional pain of divorce, allowing the parties to articulate their feelings in an appropriate manner. Mediation is concerned with needs and issues and is therefore different from therapy. The mediator facilitates the exchange of information, assisting the parties to discover new perspectives and solutions to current problems (Haynes & Haynes 1989:212), thus making it easier for the parties to define and decide on choices and preferences for the future.

In South Africa today, there is a concerted attempt to improve the situation for women and children. In addition to addressing the rights of women and children, fathers are being called to play more responsible and active roles as parents. These matters fall under the Human Rights Bill where equality is a pre-requisite and discrimination in terms of gender is unacceptable (S.A. Constitution: 1996:5). The Constitution (1996:11) specifically states: 'A child's best interests is of paramount importance in every matter concerning the child'. A child in this context means a person under the age of eighteen.

In South Africa mediation has developed as a result of the dramatic changes in our society. Divorce affects every sector of society. A multicultural model for mediation has been developed in response to our rather unique situation. (This is yet to be officially documented). The multi-cultural model makes provision for addressing problems in the dissolution of relationships where the extended and wider family play a role in the running of individual families. This model has aroused a great deal of interest in the USA. The present Chief Family Advocate, together with a team of colleagues from disciplines other than law, developed the model. It was tested in a successful pilot programme in Krugersdorp on the West Rand and was the pre-cursor to the pilot programme now in operation at the new Family Court, 15 Market Street, Johannesburg.

The following illustrates the mediation procedure in a divorce matter between a couple in their early thirties. A third party precipitated the breakdown of the marriage. In this story

the wife, who had been referred by the local church, initiated mediation. In almost every divorce situation one of the parties is reluctant. Jean¹ was the reluctant party. Therapy had not worked and reconciliation was impossible. A costly legal wrangle had run on for some months. A deadlock over the issues that appear in the memorandum of understanding (Appendix I) prevented resolution. The introduction to the 'memorandum of understanding' illustrates how the pastoral therapist is able to address relational issues that would otherwise be ignored. This young couple, obsessed with their own guilt, hurt, anger and a desire to get at one another had not considered how their behaviour was affecting their children. Don, in true patriarchal style could not understand what all the fuss was about, and Jean though less marginalised than the 'silent invisible' would struggle to maintain a reasonable standard of living.

The unequal balance of power was discussed from a financial, practical and emotional perspective. Don was more co-operative when he understood that divorce did not lessen the importance of his role as a parent and father. Discussions around the increased burden and responsibility of being a mother in a single parent role, led Don to participate in the school lifting arrangements. The adversarial system does not lend itself to the negotiation of sensitive issues such as these. The couple had not been aware that the constant conflict between them and the disrespectful manner in which they treated one another, was adding to the unhappiness of the children. It had not occurred to them that their example was influencing the children in 'ways of being' that were disrespectful of the dignity and value in the other person.

3.8 Mediation Case Study

The couple Don and Jean Hoxton, arrived independently, each bristling with anger. Don, determined to end the marriage, was angry because he was not getting his own way and Jean, indignant and hurt, was incensed that Don was leaving her for his secretary cum business assistant. The couple sat almost back to back. The atmosphere was miserably

¹ *All names and places have been changed in order to protect the identity of the family in question.*

tense. I find this level of conflict very uncomfortable. It is always a great relief when couples accidentally begin to speak to each another in spite of themselves.

We spent a few minutes discussing the concept of mediation and how it might help. We looked at some ground rules before looking at issues of concern. It soon became clear that shared parenting would work for Don and Jean. Jean conceded that Don was a good father. I pointed out to Don and Jean that bad mouthing and using the children to glean information about each other was not fair and was increasing the children's anxiety and anguish (Hetherington, Cox & Cox 1977, cited by Kaslow 1988:96). They agreed that their young children loved them equally. Projecting our thoughts towards the distant future had a sobering effect. We did this by looking at future schooling and future educational needs. We also looked at future rituals and ceremonies surrounding rights of passage (Imber-Black, Roberts & Whiting 1988:47-83). Gradually we turned to list some contentious issues. Notes were recorded on a flip chart, this helped to keep the couple objective and focused on the issues of contention. Externalising the issue in mediation provides an opportunity for real fears and concerns to be voiced and taken seriously. Consensus is only reached when both parties are satisfied.

The emotional issue of the family home was raised. The interests of the widowed maternal mother were also taken into consideration since she had financed the bulk of the bond. Care needs to be taken that important financial issues are not overlooked in mediation. It was agreed that the legal agreement drawn at the time would continue to stand. Mediation is an inclusive process where members of the extended family are taken into consideration. Salius (1988:166) notes the importance of the extended family support. It is recommended that each party has their own attorney examine the memorandum of understanding as a safeguard (Folberg & Milne 1988:15).

The daily care of the children and their schooling was canvassed. The question of the live-in housekeeper cum child minder was raised. Jean undertook to take care of her needs and salary.

Each party had undertaken to gather certain information regarding insurance policies, medical aid, nursery schools, and possible lifting arrangements before the next session.

Both parties had much to do. This independent gathering of information helps to re-empower the dis-empowered party. This is particularly important in marriages where one party (usually the woman) is marginalised.

Don agreed to pay all the mediation and legal fees. He felt that this was fair since he was the one who wanted the divorce. This appeased Jean's anger and anxiety a little. Each became more aware of some of the real concerns of the other. A slight spirit of co-operation began to emerge.

The second session was also very tense. Jean was extremely unhappy that the 'new woman' would benefit from the insurance policies in the event of her death. This was when the idea of a Trust was mooted. Don undertook to set up the framework for a Trust with the help of a financial expert. We would examine the rough draft of this document at the next meeting.

Jean raised an objection about Maisie (Don's partner), accompanying Don when he collected and returned his daughters to their maternal home. Mediation acknowledges the importance of voicing such feelings (Folberg & Milne 1988:3).

It was proposed that Jean's brother would act as guardian to the children in the event of either party dying prematurely. Jean would get his written consent before the next appointment. Both parents would have legal guardianship and Jean would be the custodian parent. This fitted with the idea that same sex children fared better with the parent of the same sex and served in the best interests of the children (Hetherington, Cox & Cox 1977, cited by Kaslow 1988:96). Jean, with Don's financial and practical help, would be able to provide a stable environment for the children. Don readily agreed that the children would complicate matters in his new relationship. A co-operative parenting plan was drawn, as Don wanted to be a full participant in the raising of his two daughters.

The proposed amount of maintenance paid to Jean for the children was re-examined. We addressed the unfair advantage that Don had as a result of his stronger financial situation. Women are more often than not at an economic disadvantage (Kaslow 1988:108-118). Jean expressed (very emotionally), that she would also like to buy new clothes for the

children and take them out for occasional meals and treats. Don did not initially agree to this but did so later.

The important third session gave the couple the opportunity to make final changes to the 'memorandum of understanding'. The emotional issue of birthdays, holidays and Christmas was revisited. We finally came to an agreement that was reasonably acceptable. Jean felt like many plaintiffs do, viz that as the divorce was Don's choice, he should be penalised by not spending Christmas with his daughters.

The couple left both agreeing individually to collect copies of the adjusted memorandum of understanding the following day. Don was clearly relieved. Jean was not happy, she still did not want the divorce. The reality and near finality of the situation left her reeling with anguish. I reflected on the sadness and sorrow that a divorce brought. I also wondered what could be done to discourage extra-marital affairs.

3.9 Concluding Remarks

Looking back at my role as a professional pastoral therapist in private practice I realise that my life experiences and training have enabled me to offer a unique and specialised service. Mediation allows me to attend to the practical aspects of couples and families in the process of divorce and restructuring. My background in narrative pastoral therapy has equipped me to help clients to deal with their conflict and to acknowledge the emotional loss experienced in divorce. This chapter has illustrated some of the benefits that mediation offers in the dissolution of marriages, particularly where patriarchy and economic powerlessness have reigned. It also illustrated how the process itself could assist marginalised 'silent invisible' women to begin their new journeys towards self re-empowerment. My focus on marginalised and 'silent invisible' women has not led me to ignore the fact that men too, can be marginalised or that they too, experience devastation and pain in divorce. The case story illustrated some of the difficulties experienced when young families face divorce. Divorce and restructuring are particularly painful for children who love and want to be with both parents. Mediation does help divorcing couples to recognise the importance of continued relationships, and helps to set the tone for de-escalating conflict in the future relationship of the restructured family. Mediating skills and

language play an important role in facilitating this. The 'memorandum of understanding' in Appendix I, illustrates the kind of issues that have to be dealt with in the dissolution of a marriage.

Wynne in the next Chapter goes through the process of divorce. Mediation though suggested was not possible. Wynne's husband wanted the support of his own lawyer. The case was not contested and the attorneys acting on behalf of the parties met with the husband in order to work out an agreement. This was presented to Wynne who accepted the agreement after adjustments were made.

CHAPTER 4

A woman's preferred story: Respect restored

*'By the renewing of the mind'
(Romans 12:2)*

4.1 Introduction

This is the story of a 'silent invisible' (1.5) woman who was mentally, emotionally, and economically abused by her husband (Domestic Abuse Intervention Project 1980). His power and control hid his intense feelings of inadequacy (McLean, 1996:22). She transformed her life by taking small, tentative yet persistent steps forward. Today she has a permanent post, working on night duty in the frail care wing of a retirement village. Her life has purpose and meaning once more. She rents a small apartment on her own and looks forward to going overseas for her son's graduation in June of this year (1999).

The pastoral therapist frequently comes face to face with the tragedy of this 'silent invisible', and marginalised group of women for whom few have compassion and empathy. I have often confronted myself with the question: How can I as a pastoral therapist in private practice deal with these realities? How could I help people deal with the injustices of life and encourage them to rediscover their inner reserves and forgotten strengths? I wanted to use their preferred spiritual talk and the 'restoring word' (Nichols 1987:5), by joining them on their journeys as they edge towards recovery (White & Epston 1990:15). The use of narrative therapy provides a context in which it is possible to gain access to the marginalised alternative story while deconstructing the power of the dominant discourse. In this way, women re-discover their long discounted strengths and perspectives.

My role as a pastoral therapist in private practice is to assist people to acquire the necessary knowledge and skills for their own re-empowerment. When women know how to avoid internalising the judgmental and prescriptive talk that grounded them in the first place, they are enabled to take charge of their own lives once more. Many women once turned to the church, but finding neither help nor hope, left after becoming even more disillusioned. The moralising and prescriptive (Cook 1983:49) attitude of those in the church only serves to keep this group rooted in the authoritarian mould from which they

desperately seek to escape. Keane (1998:122) states that 'Women of faith are aware of their disposition in church and society.... Far from condemning the injustices perpetrated against them in social, political and economic life, the church practised and still practises its own forms of discrimination against them'. An examination of the two thousand-year history of the church shows the extent to which it reflects societal injustices'.

In Wynne's story we grappled with many thorny and difficult issues that serve to illustrate the plight of other women trapped in similar situations. It is the story of a voiceless woman caught in a patriarchal and authoritarian discourse. These discourses (Foucault 1993:10, Pease 1997:125) are prevalent in various sectors of our society today. In this history, emotional abuse, financial deprivation, depression and medication kept the negative dominant story alive (White 1995:117). Loss of dignity, loss of self-respect and the loss of dreams and goals served to maintain the status quo. As in Wynne's case loss of confidence and outdated qualifications further kept her disempowered and bound. Her story exemplifies the kind of loyalty, courage, tenacity and fear of failure that keep many women trapped in unfulfilling and destructive relationships. However, for Wynne that 'still small voice' (Belenky et al. 1986:54) of previous success and achievement had not been totally silenced.

Her story also demonstrates the importance of her preferred spirituality. Depression and suicide played a role in preventing her from relating to God. As a narrative pastoral therapist in private practice I was not confined by any particular religious doctrine. I was therefore able to help her to 'externalise' (White & Epston 1990:48), or separate herself from 'guilt', blaming talk (Freeman, Epston & Lobovits 1997:8) and patriarchal 'church talk' (Keane 1998:24). This perspective enabled Wynne to understand the power that a prescriptive religious belief system had exerted, in keeping her dominant story alive. Sexism and patriarchy in the church exhorts women to 'submit to their husbands' (Eph 6:22), 'forgive' (Mt 16:14) and 'turn the other cheek (Mt 5:14), not once but 'seventy times seven' (Mt 18:22) regardless of the situation' (Keane 1998:123). God 'hates divorce' (Mal 2:16), is another dictum used by the church that prevents women from changing their circumstances. The church fails, however, to expound the idea that God does not expect people to abuse or mistreat one another. The church failed to help Wynne to challenge an

oppressive situation. Wynne still wants little to do with the church as a result of the treatment she experienced. She has a personal and partnership relationship with her Lord and spends time in daily prayer and Bible reading. I sincerely hope that at some time in the future she will find a spiritual home in the church where she feels loved, nurtured and accepted. Sadly this indictment against the church is common.

Society has also failed women by maintaining discourses that keep them financially dependent, disempowered and marginalised. This dispossesses women of their choices and undermines their ability to achieve their potential (Burstow 1992:8). McLean (1996:25) argues that patriarchy and conforming to the values of male stereotypes and the dominant discourse of masculinity, serves to maintain destructive systems oppressive to both men and women, thus denying men the privilege of taking full responsibility for their actions.

Wynne, being of a generous spirit, gave written permission to have her story included. All names and identities have been changed in order to respect the privacy of this client and her family. I asked Wynne if she would reflect on the process of therapy with me. Her story also reflects the similar stories of other women in my practice. Post-therapy reflections deepen my understanding, and keep me accountable to those with whom I work. I have included edited excerpts of Wynne's post-therapy reflections. Her own words are in italics. I have inserted these reflections showing the small and not so small steps of resistance Wynne took towards 'her-story'. My own inner dialogue (Anderson 1995:31) has been expressed because self-reflexive conversations (Steier 1991:163-185) are important to therapeutic conversations between clients and myself. Maintaining transparency in the therapeutic conversation is of paramount importance in narrative therapy (White & Epston 1992:17). I maintained transparency by using an 'in there together' or collaborative approach (Anderson & Goolishian 1991:5), the client is the expert and 'A-not-knowing approach' helped me to listen seriously, attentively and respectfully to her experiences. I wanted to make space for her to make her own discoveries by inviting her to co-construct the-not-yet said stories through dialogue (Anderson & Goolishian 1991:5). I also asked permission to make a few notes, which I did, on a flip chart.

4.2 *'Her-Story' Unfolds*

Wynne first came to see me on 13 March 1997. I had counselled her husband Tim for a few sessions before I met Wynne. Tim arranged the appointment for his wife without consulting her. They arrived separately and after introducing her to me, he left. She was justly furious, suspicious and hostile towards me. She voiced her anger in no uncertain terms. I asked her if this was a step of resistance against Tim's manipulative behaviour and his misuse of power (Webb-Watson 1991:53; Goodrich 1991:17). I inquired whether she would prefer to leave in order to make a stand, assuring her that I would respect her choice (Goodrich 1991:109). Setting the tone for transparency (Epston & White 1992:17), I asked her whether she would like me to outline my preferred way of counselling, she could then make an informed decision. I stated clearly that I would not 'report back' on our conversations to Tim.

I wondered if she would be interested in how events and relationships with others could impact, shape and constitute our lives. We explored whether this could be negative or positive. I also told her a little about my history, and how I had come to practise as a narrative pastoral therapist. I believe that the personal is professional (White & Hales 1997:xii). The fact that we both had nursing backgrounds was helpful. It provided a connection between us. This established a collaborative approach facilitating interactive conversations, relevant to the theory of narrative therapy (Anderson & Goolishian 1991:2). Wynne began to relax a little and told me how she had loved her nursing, especially her midwifery and how she had been very good at her work. She found nursing stimulating and rewarding. She remembered these days as happy and fulfilling. She had always been a good scholar and had never failed at anything that she had set her heart on achieving. I made a mental note of these positive self-descriptions as they could be useful when 'panning for gold' in Wynne's life story. (Wylie 1994:40-48) These affirming self-views would also provide a good foundation from which to begin re-authoring (White 1995:16) her new and different story and her alternative identity (Epston & White 1992:111). As her present situation was rather complex and difficult, I asked her if I could record these details on a genogram (Kerr & Bowen 1988:224; McGoldrick & Gerson 1985:83). I described this as a means of mapping the family history, explaining that I was curious and interested in

events such as births, deaths, health patterns, relocations and styles of relationship. I suggested that we begin with her present family before looking at her own family of origin. She quite enjoyed this. We flipped back and forth from present to past, using information recorded on the genogram. We looked at events both positive and negative, always with an eye on her preferred reality or her counter plot (Freedman & Coombs 1996:xiii). Preferred reality in this case meant a style of living that embraced dignity, respect and independence. She began to remember some of her strengths. She recalled that she had once been very independent and in control of her life. The resurrection of these 'subjugated stories' helped her to redefine some of the misconceptions she had about herself (White & Epston 1990:31). She began to identify some of the events that might have contributed to the history of depression. Externalising and objectifying Anger and Depression helped her to separate herself from this unitary knowledge (White & Epston 1990:30,38). In this way she began the process of internalising some of the positive and non-dominant stories associated with her younger days (Monk 1996:16).

4.3 Post-Therapy Reflections on the First Session

Wynne, reflecting on her first therapy session made the following comments:

When I first came to you I came with suspicion because I have been through this whole process with various other psychiatrists, psychologists and the like. So, to start with, I needed to get to know you and to get to trust you. When you started with questioning me in a very subtle, gentle way I began to trust you and your integrity. So I was open, I was honest, I did not have a problem with getting rid of what I was keeping inside me and have been holding onto for many, many years.

I have been feeling that anger towards Tim for many years. When he told me about you and made an appointment for me to see you, I was very put out. He had been here, coming to you, and he had not told me about it until he actually told me the day before that I had an appointment. So of course, I came here in my negative anger with him, with the whole world around me, with everybody. I was very sceptical. Very sceptical. I did not know who the hell you were or where you came from.

4.4 My Reflections

Wynne's reflection on our first meeting made me aware of how important it was for 'the client to be the expert' on her own life and experiences (Anderson & Goolishian 1992:25).

I was also aware that as a narrative pastoral therapist in private practice my responsibility was to enable her to reconstruct her life in a self-empowering way. The ‘evil of patriarchy’ had impoverished her at every level of her existence (Keane 1998:124). For example, the way Tim took control of Wynne’s life, even making her appointment, kept me thinking and questioning the power imbalance in this relationship. This later steered me to ask questions regarding the ‘influence of power and abuse’ in their relationship (Jenkins 1997:49). I wondered how much the gendered stories and the class consciousness of Tim’s private school background, (he went to a well known and exclusive boys’ school), had impacted on the couple and how much was a reflection of the societies in which they had grown up (McLean 1996:23-25). Wynne, on the other hand, had gone to a government school, she once commented that she often felt disadvantaged by this in the presence of Tim’s family and friends.

4.5 Wynne and Becky: Their Childhood Years

Wynne remembered struggling against the odds from a very early age. Her sister Becky, two years younger, was always competing with her. This sibling rivalry had quite an impact on Wynne’s confidence. Her relationship with her sister had always been difficult, she felt that her sister was the centre of attention. In therapy we addressed this difficulty. Wynne remembered: ‘Becky my sister was jealous of me because whatever I tried, I usually succeeded. I was very shy, not a person who showed a brave face ever. An oversensitive child, I used to take things to heart. I was a real softy if you like’. Together we imagined what it must have been like for her sister. Teachers especially, made constant comparisons and references to Wynne’s high standards of achievement denigrating Becky. Wynne said that she had not thought of it like that before. In this way we challenged or ‘deconstructed’ previous, set ideas regarding her relationship with Becky (Epston & White 1992:110).

4.6 My Reflections

I was struck by the ‘power’ that people in authority had in the constituting of our lives, in this case the lives of Wynne and Becky. At school they were set up by teachers to compete,

comparing their strengths and weaknesses. This competition struggled on in Wynne's mind as an adult. It seemed as if 'Guilt' was paradoxically related to both success and failure. I wondered how we as a society could be more inclusive, more tolerant and less critical and demeaning? How could we celebrate uniqueness and difference and encourage the expression of personal strengths and talents? My immediate concern was to assist her to internalise the positive and 'sparkling facts' that related to other positive turning points in her story helping her to see them in a different light (White & Epston 1990:76).

4.7 Deconstructing the Power of the Dominant Story

Deconstructing the dominant story means taking the story apart and reconstructing it from another perspective, highlighting other less known marginalised stories.

Wynne went to school at a very young age in the then Rhodesia. She never saw herself as intelligent or good at school, yet she matriculated at sixteen with an 'A' class matric. She began her nursing at seventeen, and had to wait until she was twenty-one before she could wear her epaulettes and sign for Schedule V drugs (habit forming and dangerous drugs kept under lock and key).

Her-storying the pre-marriage years during the therapy process was enlightening for Wynne. She was quite surprised to discover that she had excelled as a young woman. She re-incorporated her abilities and strengths which started to form part of her preferred story, this helped her to see herself and her world in a new light. It was a novel idea for her that life had a 'multi-storied' texture (White 1995:15).

Rejection and being different had become an integral part of Wynne's self-experience. She remembered that she suffered acute embarrassment from having excessively sweating hands. Her hands often smelt unpleasant and no one wanted her to touch their things. At the age of fourteen she had a cervical sympathectomy and the problem mercifully disappeared. We discussed how much she was able to do with her hands and what an asset her hands had been in her careers as nurse, midwife and mother. I asked her if she thought that a change in attitude towards her hands together with a decision to care for her hands

(landscape of action question) might portray (to her hands) how valuable and important they were to her. This was asked especially in relation to the caring hands of a nurse. This idea appealed to her. A 'unique outcome' had been that she no longer felt ashamed of her hands (White & Epston 1990:55). Wynne then started to manicure her nails and has lost the need to hide her hands. These ideas in narrative therapy encourage people to come to performances of new meaning (White & Epston 1990:55). This conversation led us into a discussion about her hair. I asked her what age she was when it lost its colour. Despite the fact that she was only fifty-two Wynne had snow-white hair. This and her thin and frail appearance made her look many years older. We discussed the possibility of tinting her hair, she thought it an idea worth considering. She arrived at her next session with her hair lightly coloured; she gradually restored it to its former colour. This step made a great difference to her, and to her sixteen-year old son who was acutely embarrassed by the fact that everyone thought she was his grandmother. She began to experience a sense of belonging and felt more acceptable (Parry 1991a:43). She began to experience the joy of her own personal empowerment and was delighted at how this was impacting positively on other relationships.

4.8 Edging Forward

Previously 'Depression' as we came to call the problem through externalising and personifying it had drained Wynne of all her energy (White & Epston 1990:38-76). Self-care and self-respect had vanished. She used to spend a good deal of time asleep, or trying to hide. This was her way of coping with emotional pain. During our sessions we discussed ways in which she could start to take control back from Depression to counteract it. She thought walking and swimming were possibilities worth trying. Wynne began by walking around the perimeter of the property where she lived, she liked the idea of joining Walk for Life but she did not have the financial means to do so. She later began swimming in the landlady's pool. She quite enjoyed this for a while. A significant step that she took was to join a singles club. As a result of this she started going to group classes for ballroom dancing. This was short-lived as she found that the men were not to her taste. Wynne loved dancing and had achieved her intermediate exams in ballet as a teenager. All these new activities played a significant role in enabling her to make her own choices. Selecting what

she did and did not want was becoming part of her preferred reality. She was consciously resisting being prescribed to by people in powerful positions. Her will to survive and take control stimulated her own energy resources. She was beginning to spend time on things that she enjoyed doing. Life began to take on a new dimension. She began tipping the scales. The negative and oppressive story by which she had lived for so long was losing its power. Definite steps forward were becoming part of her daily story. For example, she began reading biographies of people who had also achieved success in their lives. She borrowed some of the self-help books that had been helpful to me. We both enjoyed the ensuing discussions. Wynne's progress also impacted my own energy levels. I often felt more stimulated and energised at the end of a session than at the beginning. She was delighted when I shared this with her.

4.9 Wynne's Post-Therapy Reflections

In our post-therapy reflections I asked Wynne whether she thought that physical exercise had played a role in counteracting Depression. She thought that these activities had made a great difference to her. She said that the walking gave her an opportunity to think and get in touch with nature again. She was beginning to see her world in a new way and was becoming more observant and more interested in what was going on around her. Wynne, reflecting on her therapy sessions, made the following comments:

I read, I listened to music, all the things that you suggested to me. It became clearer and clearer that doing things for myself was vital and not selfish. As I progressed, I realised that I too, had something to offer and could make a contribution to those around me. I once again wanted to participate and be with people.

4.10 My Reflections

Pathologising, common in psychology and psychiatry, had not helped Wynne to experience new hopeful perspectives, perhaps they had even added to her experiences of 'worth-nothing' and hopelessness? It was as if Depression and the autocratic treatment she had received had paralysed and immobilised her, sapping her of all her energy and willpower making simple pleasures like walking seem too daunting.

The merits of narrative therapy and a re-storying approach with its 'prospective rather than retrospective' emphasis were beginning to excite me (White & Epston 1990:127). I could really appreciate the value of the client being the expert.

4.11 Wynne's Marriage and Tracing the History of Depression

In tracing the history of depression and mapping its influence (White & Epston 1990:42) on her life it became clear that Wynne's marriage was a major influencing factor. Wynne and Tim had been married for twenty-five years. This marriage turned abusive soon after the second child was born (Domestic Abuse Intervention Project 1980). There were three children born of the marriage. Tim had been involved with another partner, Tessa for the best part of twenty years, while Wynne took responsibility for raising the children, running the home, and attending to the needs of Tim's parents. Wynne clearly remembered 'this lovely little boy' Angus who was about three at the time, screaming, 'Daddy stop shouting, at my mommy'. This was the start of serious marital problems between Tim and his wife. Wynne remembered being hospitalised for eight or nine weeks with Depression, soon after Tim had unexpectedly sold their family home. It transpired that shortly after this hospitalisation period and before Wynne had recovered, the family moved to 'Seekonna,' an isolated spot outside Pietermaritzburg. Tim's printing business had collapsed. Tim returned to Johannesburg that same weekend leaving Wynne to unpack and settle into 'that barren' place. The three children were sent in haste, to private boarding schools. (The children's education was funded by a trust left by Tim's late father. A 'usufruct' clause allowed the trust to provide for the family's needs after the collapse of the business). Wynne was left in isolation, in a place where she did not want to be. She was financially strapped, and was therefore unable to pursue her normal activities. She had no friends. She had lost the home that she and Tim had built together and, without warning, was separated from her husband and children. It was hardly surprising that depression overwhelmed her to the extent that she attempted suicide on six or seven occasions. Hospital staff did not treat her too kindly. She experienced the professional 'gaze' (Foucault 1993:67) from a variety of professionals. After her last suicide attempt in June 1996, Wynne succeeded in swapping accommodation with Tim's partner who lived in the cottage on the plot north of

Johannesburg. The situation was reversed, Tim now spent more time in Natal with Tessa at 'Seekonna', staying with his mother on his now short visits to Johannesburg. Later, Tim and Tessa moved to Rusiesberg where he worked on a quarrying operation owned by Tessa's son. Tessa, who is older than Tim, is still married.

It was from Johannesburg, in March of 1997 that Wynne came to see me. Frustration, anger, and bitterness had almost overwhelmed Wynne. During the course of therapy we had tried various different ways to address these crippling emotions. Ongoing rejection, abuse and the gross betrayal of her trust by Tim's longstanding liaison with Tessa fed these emotions. The tactless and cruel display of affection towards Tessa by Tim and the children, in Wynne's presence only stimulated Wynne's feelings of hatred and anger. In contrast to the care they gave Tessa, they treated their own mother with harshness, constant criticism and rudeness. Mother blaming (Freeman, Epston, & Lobovits 1997:8), and relentless criticism by husband, children and the medical fraternity was another source of severe pain. Insensitivity added to her misery, Tessa was warmly included in important family celebrations while Wynne was often made to feel like an outcast. Wynne's anger was a legitimate response to injustice. Wynne came to the conclusion that keeping those emotions under control was stealing her precious energy. She herself made a decision to let go of her anger. She herself recognised that anger and bitterness were working against her and inhibiting her freedom. I made a mental note that a letter of redundancy (White & Epston 1990:91) would probably be an appropriate means of dealing with the issue of Anger.

4.12 Wynne's Children

The eldest son Gavin, aged twenty-two is now working in London after studying at Oxford. Gavin relates well to his mother but has a contentious relationship with his father and siblings and has little time for Tim's partner, Tessa. His mother admires him for getting on with his life and appreciates his care and concern expressed in regular telephone calls to her. Wynne has accepted that he is gay and believes that he is not sexually active. I have not met Gavin.

Marion, the second child is twenty and is a student at the University of Stellenbosch. She has always been openly hostile towards her mother. According to Wynne, father and daughter have an excellent relationship. Tessa (Tim's present partner) has known Marion since she was an infant, they apparently have a very special relationship. This emotional triangle (McGoldrick & Gerson 1985:7) between Tessa, Marion and Tim often left Wynne feeling excluded. During the process of therapy Wynne decided that she would no longer tolerate her daughter's rudeness and unkindness. We explored different options together. She decided to invite Marion to discuss their differences over a cup of coffee. The conversation was worthwhile and the relationship improved a little. Wynne told her daughter how much she loved and missed her and expressed her longing for a more congenial relationship. Wynne also made it clear that while she would like to make peace, she was no longer willing to accept abusive treatment from Marion. This demonstrated firm if small steps of resistance (Wade 1996).

Angus and his mother lived together in rented accommodation on an isolated plot north of Johannesburg. The following event precipitated action. The estranged husband of the landlady fatally shot himself through the head while parked at the gate. Wynne was first on the scene. This was a shattering and disastrous experience for all concerned. Wynne and her son Angus did their best to support the family through this time. This was not easy as their own lives were in disarray. Shortly after this Wynne moved in with her mother-in-law and Angus moved to his present accommodation.

In the conversations that Angus and I had together he began to appreciate that there were other ways of relating, besides being rude and abusive (McLean 1996:23). He discovered that these more respectful ways were better suited to his ideas on life. Two crisis occasions provided opportunities where Angus realised how damaging his abusive (McLean 1996:23) behaviour patterns were, both to himself and to his mother. As Angus moved towards developing his goal of self-respect and integrity, he began taking responsibility (Jenkins 1997:132) for his role in the relationship with his mother. Their relationship improved considerably, as did his schoolwork.

These improvements were temporary and short-lived as the intensity of chaos and upheaval within the family circumstances increased. The future was desperately uncertain. He and his mother explored the possibility of boarding school. Angus wanted to live with his father, Tim and his now permanent partner rejected this idea. Imminent change and uncertainty was not conducive to good relationships between Angus and his mother. Their ambivalent and tempestuous relationship was preventing them both from moving forward. Wynne realised the need to take care of her own interests. Angus is now in grade eleven at a private school in Midway and boards with a teacher. He spends most weekends with his mother. He is struggling and his relationship with his mother is still very tense.

4.13 Wynne's Father's Death

During the therapy sessions Wynne remembered the sudden circumstances of her father's death following surgery (Walsh & McGoldrick 1991:18). Her connectedness to the one person who really believed in her was abruptly severed by his unexpected and untimely death. She was tearful when she sketched the course of events surrounding this loss. At the time of his death Wynne was pregnant with Marion, she and Tim were on holiday with Gavin, their first child, who was then about two years old. Tim was, to use her words, 'wonderful' in caring for her and supporting her at that time. They were then very happy together.

We explored the wisdom and need for Wynne to write a letter 'saying good-bye' to her father, expressing those things that she had been unable to say before his death (Kotzé 1993). She chose to do this on her own between sessions. She was surprised at the impact that writing this letter had, as she was unaware of the emotional pain that she still carried. From her nursing she was all too familiar with death. I suggested that she wrote a second letter to herself, from her father saying all the things that she felt he would have wanted to say to her. She and her father were very close. This letter reminded her of how affirming her father had been of her and of how proud he was of his eldest daughter. She thought that her father would be very pleased that she had taken steps to control her own life again. I engaged Wynne in a series of 'landscape of action' (Epston & White 1992:127) and 'landscape of identity' questions (White 1997:60). These are designed to access the steps

taken towards a preferred reality and may include ‘how did you manage to, or, what gave you the strength to?’ These questions played a major role in helping Wynne to reclaim and re-‘member’ her father as an important member of her life (White 1997:63). These questions assisted her to re-author and internalise the positive messages that spoke of her strengths and successes. He was one of the significant people in her life whose opinion was of great importance to her. He became a recognised member of her life-club (White 1997:50).

These ‘alternative versions’ of who she was, had been lost in her dominant story of pain and trauma (Epston & White 1992:112). She found writing these letters and our discussions on death and making her father part of her life, liberating. She said that she no longer felt restless from within.

4.14 Canvassing Employment Possibilities

Soon after we began therapy Wynne realised that finding employment was an important step to take if her present situation was to change. We brainstormed possibilities that would utilise her skills and knowledge gained over a lifetime. She soon discovered that, and to use her words, ‘once a nurse always a nurse’. During this period the relationship between Wynne and her husband seemed to improve and there were times when she hoped that the marriage could be restored. More disappointments, broken promises and a severe lack of financial support finally led her to ask herself what sort of life she was living and why was she holding onto it. While cleaning her refrigerator one morning, she had a flash of inspiration and decided that she had had enough. Remembering her ability to achieve and excel, she decided to divorce Tim. At her next session we discussed the different options and possibilities apropos divorce procedures. My knowledge of mediation was of assistance to her as I was able to outline the kind of journey that she could expect, depending on the course of action that she chose to engage in. I recommended a mediator, whom she contacted. A settlement was negotiated between Tim’s and Wynne’s respective attorneys. The divorce has only recently been finalised. Wynne rang a few days ago announcing that she was ‘a happily divorced woman’. Therapy assisted her to re-establish herself, by the time the divorce was through she had already taken up her new lifestyle.

Her period of mourning had already taken place, she now feels free and is delighted that her new journey forward is well under way.

4.15 My Reflections

I marvelled at Wynne's courage in being able to turn her situation around. Wynne bravely tried several jobs before finding her present position. Finding her feet was difficult and often humiliating. Nursing has become very sophisticated since she trained twenty-five years ago. She had not nursed during her marriage but had worked unremunerated in her husband's printing business. She, like many women, was exploited throughout her marriage. Her-story reflected the economic inequality and power abuse experienced by many women in our patriarchal society (Goodrich 1991:23). Her-story is like that of many women married to men for whom a male dominated society is comfortable and acceptable, only the details differ.

During our therapy we deconstructed the following:

- The marginalised roles of women in society
- The expert position of the therapist
- Sexism and patriarchy from the church
- Power and dominant discourses
- Judgmental and prescriptive talk
- Abusive practices
- Sibling comparisons
- Rejection.

These conversations helped to access stories that had become dormant.

4.16 Post Trauma Therapy

Wynne was rudely awakened out of a deep sleep at eleven o'clock one night to find three armed men stripping the bedclothes off her. They bound and gagged her leaving her on the

floor while they stripped her cupboards of everything that she possessed and then disappeared. She eventually managed to free herself and call for help from her neighbour.

Wynne turned this traumatic experience to her own advantage. As we talked it over, it occurred to her that she could use losing her clothing (she had not had any new clothes for ten years) as a symbol for letting go of her destructive and painful marriage experience. She decided to take her next two salaries and spend them on new clothes. Wynne was ecstatic about her new wardrobe, she now feels thoroughly up to date and fashionable. On a recent visit to Natal several of her friends hardly recognised her.

Wynne, conditioned by the violent social discourse of the day in South Africa was so 'grateful' that she was not raped as she so easily could have been. She saw this experience as another example of how God had played a role in protecting her. She prayed in silence throughout the whole nightmare. Wynne has taken to spending the first half-hour of her day in prayer. She found that this made a significant difference to her sense of well-being and confidence.

In response to Wynne's ghastly experience her nursing colleagues sent her flowers. A staff member who had been giving her a hard time on the ward personally delivered these. They discussed some contentious issues that had arisen between them. Wynne recognised that she still harboured anger towards Tim and her situation. Past Anger and Defensiveness were still working against her. We spontaneously used this opportunity to co-construct the following letter of dismissal to Anger. I employed this medium to render Anger and Defensiveness redundant (White & Epston 1990:90,125). Wynne was to lose this post, she found it impossible to update her skills to the standard required in this busy maternity ward. She loves her present position and they love her. She has been there for five months.

4.17 My Reflections

Writing letters, certificates and counter documents (White & Epston 1990:188), plays a significant role in narrative therapy. These ideas fit with the contemporary usage of language, through the written word. A distinct benefit is that the written word or document

can be read again and again thus re-enforcing either 'letting go' of an unwanted story as in the letter of dismissal, or internalising the preferred story, as in the certificate of success.

The following letter of dismissal illustrates these ideas:

LETTER OF DISMISSAL

21-09-1998

To Anger,

I have come to the cold realisation of how you, ANGER have been shaping and controlling my life. 'Re-claiming' the real Wynne has shown me how you, Anger insidiously crept into my life from the time of my marriage. You are now preventing me from reconstructing my life. You therefore have to leave. You misguidedly thought that you could permanently steal my power and control over my life. Your time is up. Your ploy lies naked and uncovered before me. You, Anger, successfully kept Defensiveness and Revenge alive. You are stealing and spoiling my peace and poisoning my joy. You render me unteachable. With you in the way I cannot tell the difference between right and wrong. I cannot listen to others. You prevent me from "listening".

You never thought for a moment that this day would come, did you? I realise now that:

- *You keep bad thoughts and bad habits alive.*
- *You have stolen my good listening skills.*
- *You entice me into self-justification.*
- *You steal my confidence and keep insecurity alive.*
- *You steal my gentleness and sincerity.*
- *You feed bitterness.*
- *You deplete and sap my energy.*
- *You interfere with my memory.*
- *You distract me from my goals.*
- *You de-motivate me.*
- *You stifle my creativity.*
- *You destroy my productivity.*
- *You weigh heavily on my spirit.*

It has been a great shock to realise just how much you have denied me. I had no idea how much power you wielded in my life. Sadly for you, this realisation leaves me no alternative but to give you notice of your dismissal. I hereby demand that you leave with all your baggage before the month end.

I have already dealt with the connections that opened the way for you to enter my life. I, as you know, am all but divorced from Tim. He no longer has any control over my life. I am my own person.

I have given Marion the freedom to go her own way.

Demoralisation, domination and criticism co-opted me into living a lie. These intruders in my life namely, anger, criticism, defensiveness, insecurity, and lack of energy are foreign to my true self and character.

My own character, as those who have stood by me throughout my life know, is loving, kind, generous, active, creative, caring, empathic, lively and goal focused.

These true characteristics are re-emerging at a rate too rapid and energetic to allow you to remain. There is no more room at my Inn.

I am delighted to reclaim my rightful power from you, Anger.

I can no longer ignore my rights and entitlement, as I now know what they are.

This unhappy association with you Anger is at last ended.

(Signed), Wynne Newsworthy. Srn & M.

Co-constructing this letter enabled Wynne to connect with the kind, caring and gentle side of her personality.

At this last appointment we also formulated a certificate to celebrate her achievements in order to internalise the new and more appropriate story of herself. The role of language and the use of written documents significantly mark transitions from one status to another. These documents have an existence independent of their author and subject (White & Epston 1990:188).

Wynne loved the idea of block mounting this certificate which she thought she would hang on a wall that she could see from her bed as a constant reminder of her achievements.

By co-constructing the document Wynne was able to participate in the reconstituting of herself. Others, seeing the certificate could also help to consolidate this new meaning of herself as she told and retold her new story. In my heart I celebrated her victory, I shared the ideas of Katy Butler (1997: 22-30) who stated in her article on children, 'If the notion of resilience did not exist we would probably have to invent it.' Wynne's internal resilience gave her the impetus she needed to restore life to herself. What a victory! She

won it against insurmountable odds. Here is a woman who overcame patriarchy. It was indeed a privilege to walk a short way with Wynne on her journey.

4.18 Counter Document

Words constitute and shape of our lives (White & Epston 1990:188). The power of the written word in deconstructing the dominant story is illustrated in the following counter document. Documents can serve to reinforce the preferred story and we designed Wynne's certificate of success.

CERTIFICATE OF SUCCESS

I, Wynne Newsworthy have since March of 1997 moved from death to life.

I now embrace life and am entering life in abundance.

These are the steps that changed my life:

- ❖ **I decided to re-claim my life**
- ❖ **I changed my image by restoring my grey hair to its former colour**

Good-bye 'old lady' and

'Hello to the modern Wynne and to Life itself'

***Today I remembered with pride the young Wynne who used to be
in the driver's seat of her own life;***

The Graduated and Trained General Nurse and Midwife.

***I glow when I remember the Wynne of those days
poised, full of fun and vitality, competent, energetic and carefree
I welcome you back into my life again, I am proud of you
'Re-membering' you is a pleasure***

I, WYNNE AM PLEASED TO ANNOUNCE THAT:

- ❖ ***I AM ENJOYING LIVING LIFE TO THE FULL***
- ❖ ***I LOVE MY REGAINED FREEDOM***
- ❖ ***I LOVE PRACTICING MY PROFESSION AGAIN***
- ❖ ***I STILL HAVE MUCH TO OFFER***

Signed: Wynne Newsworthy Witness: Yvonne Fuller-Good

21 September 1998.

4.19 Wynne's Post Therapy Reflections

Wynne said that she could not put her finger on how the changes in her had happened, she only knew that everything was different.

Coming to you has been a process. I cannot pin point an exact time. It has been over the weeks, the process has changed my whole conception of things, it feels as if a metamorphosis has occurred. I came in as a worm, lower than a worm, with the same sort of self-esteem as a worm. I have actually changed my whole outlook of the world and how the world sees me. I have now emerged a butterfly, maybe only a moth, but even so, something that flies. Something that's free.

Before therapy I was a crushed human being. I had no self-esteem, no value. I was destroying myself. I was destroying my whole family. I have now learnt how to deal with the problems one at a time, not all in a flurry or in a rush. It has been an absolute revelation because when I came, I only had negativity in my life. There was nothing, nothing, nothing positive at all. The world was a dreadful place of which I did not wish to be a part. I just wanted to isolate myself and never ever come out again, never come out of this shell.

You led me back to the Lord, I have always been a believer but a sceptic. He wants me to be a whole caring individual. A separate entity. There is no way to explain the depth of feeling, it goes deep into your soul right at the very absolute essence of your being. Before, I was a casual believer, very casual. Now I have a special relationship with my God.

4.20 My Reflections

Wynne's transformation illustrates the power of words and the importance of language. It is through language that we constitute reality. Reality is named by us (White & Epston 1990:72). Listening and responding with the heart and paying full attention creates emotional connection and the releasing energy (Goodrich 1991:21).

An important part of the work of the pastoral therapist is to critically reflect on the therapeutic conversations held with clients. Personal reflection on the relational power between client and therapist, and the importance of self-reflection by the pastoral narrative therapist, helps us to be aware of the power of words and language (Goodrich 1991:21). We therefore need to constantly question ourselves on the effects of our language in the lives of our clients and ourselves.

4.21 Conclusion

The following aspects in narrative therapy appeal to me making it the choice of preference for the way in which I work. I have found these methods and ideas effective for my style and personality. I appreciate the fact that the client remains 'the expert' and that labelling and pathologising are not part of the therapeutic style in narrative therapy.

It was a privilege for me to witness Wynne's response to pastoral narrative therapy and the re-authoring of her life (White & Epston 1990:13). I am constantly reminded of the personal resources, courage and determination that people are able to draw on in their will to survive. Pastoral narrative therapy in accessing the non-dominant story offers the client the possibility for real and lasting change. Internalising the successes and the unacknowledged stories has a powerful impact on mental and physical energy levels. I wonder how pastoral narrative therapy can be made available to more people? How can we bring the church to the people? How can these pastoral narrative skills become more widely used inside and outside the church?

Wynne, who had lost the desire to live, feels like a new person in spite of the fact that she has a harsh journey ahead of her. Her story illustrates the power of negative voices and the crippling effect that the male dominant discourse (Foucault 1993:10 & White 1995:28) can have in the lives of women. In Wynne's story, lack of financial independence added to her position of feeling limited and disqualified (White & Epston 1990). Wynne, however, did have the advantage of being trained in a profession. She has been fortunate in finding employment even though her training is twenty years out of date. The loss of skill has added to her struggle. Changing the plot of her story (Parry 1991b:12) has in fact changed her life.

4.22 Post Script

It is not too difficult to understand how Wynne was recruited into believing as she did. I am sure that the reader will agree that it is a poignant story. My hope is that narrative therapy will help at least a few women to know when they are being misused and abused.

It is also my hope that as a result of narrative pastoral therapy better interpersonal dynamics will result.

As a narrative pastoral therapist in private practice I often find that once the story changes, space is made for the inclusion of a spiritual dimension. Voices of guilt, shame, blame, despair and self-disapproval, anger, hurt and disappointment leave little room for spiritual dimensions. It seems as if it is too difficult for some to accommodate the idea of God while the dominant story reigns. Others manage to remain in close relationship with God but will not return to the church. This is another thorny reality that the pastoral therapist in private practice has to face. How do we deal with these realities?

It is thus apparent that the pastoral therapist in private practice plays a significant role in ministering to the needs of the 'silent invisible' both as therapist and mediator. There is a niche for the pastoral therapist in private practice. This dissertation and the research involved, is only a small beginning in a world where there is much pain, suffering and sorrow. The language that we use and the world views that we hold, have far reaching effects. The power of language has a direct bearing on the way that we live out our own lives. The words that we use affect and influence the lives of others. Can we as pastoral therapists especially in private practice, make this a positive influence?

CHAPTER 5

EPILOGUE

In this chapter I shall reflect on the tellings and reflections of my journey as a woman pastoral therapist in private practice as presented in this report. The research problem I addressed was formulated as:

- What were the realities and challenges I encountered as I entered the field of private practice?
- How did I deal with these realities and challenges?
- What did I learn from my own journey as a female pastoral therapist that might contribute to the discourse on pastoral therapy in private practice?

5.1 *A Research Story*

The retelling of my story has helped me to regain my voice, which at first was tentative and uncertain. Finding my own voice has permitted me to join others who challenge cultural, patriarchal and other prevailing social discourses. I find that I have *experienced* the wisdom of Weingarten's (1997b:xii) words and agree that,

writing is a re-telling, a shaping of events that one has lived. In the writing in my experience, a precious alchemy occurs such that the writer is no longer precisely the same person she is writing about. As a writer I have a relationship to myself as the subject of my writing. I am not alone. ...authors too, are in relationship with the selves their stories make vivid, I tell myself, ...life needs more exposing. If anyone has a chance to contribute to an exposé, I say, take it.

I too, am no longer precisely the same person that I was writing about. The fact that I can now appreciate the value of feminist voices is an indication of the changes within me. I previously viewed feminist writers with a sense of suspicion and even fear.

I concur with Steier (1991:3) when he, writing on research, says that research tells a story about us as researchers and that self-reflexivity and social reflexivity are necessary partners. This has become an existential reality for me. I was previously too subjectively bound to have even been aware of the power of patriarchy in my life.

5.2 Reflection on Women and Gender Discrimination

I am grateful that a desperate need to understand the dynamics of my own family situation spurred me on to continued study and education. Circumstance and a burning desire to use my knowledge and experience precipitated my journey into professional private practice. My most profound teachers have been my own children, they have undoubtedly been my main and primary teachers. My journey resulted from their excruciating pain and suffering. I am grateful to have been able to break free from the shackles that bound me to a world where the tyranny of patriarchy seduced me, women like me, and our innocent children into powerlessness and voicelessness. My current teachers are feminist writers, other scholars and most importantly my clients, the 'living human documents' (Gerkin 1984).

My personal journey has been useful in mirroring the powerlessness of those with whom I have counselled. Finding my own voice has helped me to help others to rediscover their own voices and to regain control over their own lives. Retelling some of the realities and challenges I encountered in establishing myself in private practice has enabled me to retell the stories of other marginalised, 'silent invisible' people living out their lives in quiet desperation. Wynne's story acts as a prototype, illustrating the plight of other marginalised and 'silent invisible' women. A purpose of my study was to reflect on how I coped and managed to remain true to my calling by finding ways to use skills, training and valuable life-experiences gained over a lifetime.

5.3 Positioning the Pastoral Therapist

The idea of making a contribution to society has always been important to me. I had to keep this aim firmly in focus if my dream was to become a reality. The entrenched views and ideas on professional pastoral therapy held by traditional structural organisations such

as the institution of the church, medical schemes and legislated health systems have hampered, but not extinguished this dream. I had not realised before the extent to which patriarchy rules and shapes the church, or how much these influences had shaped me. Theologians have spent much time grappling with the idea that pastoral counselling can only be given by members or official pastors in the church. The church and pastoral theologians have in the past taken a firm position against professionalising pastoral therapy (Van Arkel 1999:7). Their dilemma has been around the question of whether this aspect of a minister's work should be separated from his or her general ministry and how accountability to the church could be accommodated. It was also thought that remuneration for counselling, might create a 'self-perpetuating monopoly' that would militate against social change and a self-critical approach (Campbell 1985:23). The other fear that has kept such a view alive is that professionalism would nullify the calling and vocational nature of counselling (Campbell 1985:25). Contrary to this view, my experience has been that there are a variety of different opportunities for extending the love of God beyond the precincts of the church. As a professional narrative pastoral therapist in private practice I have had the opportunity and privilege to be true to my own calling, to work with, and to counsel people experiencing personal, emotional and relational difficulties. The story of Wynne and other similar stories have helped me experience that the elements of healing, sustaining, reconciling and guiding are not lost by the nature of professionalism and can indeed be effectively extended to those outside the church (Pattison 1988:7). I have found being a professional outside the church is an advantage where pastoral narrative therapy is concerned.

5.4 Divorce and Mediation

I have been able to make a contribution by working with those experiencing the pain of divorce. I have discussed how difficult it is for the church to meet the needs of the divorcing family. Through narrative therapy I have been able to help marginalised, 'silent invisible' people to re-establish themselves and restructure their lives and those of their families. Other 'silent invisible' women like Wynne and myself, have been able to let go of debilitating cultural and societal discourses. They, like us, have been able to use their often dormant and hidden potential in ways that were rewarding to themselves and others. Other

clients of mature years have successfully re-entered the market place. This resonates with McAdam's (1998:58-63) 'appreciative inquiry project' based on narrative principles. In this project a shift to appreciative inquiry brought about positive changes in a disempowered community.

I studied mediation, and have found it to be a useful alternative option to litigation in the event of divorce. It works well with those couples who are not bent on destroying one another and who are willing to co-operate as they prepare to go their separate ways. Mediation encourages a responsible attitude towards decisions taken on important matters relating to the restructuring of the family and the family assets.

I would like to expand my service and make it available to more people by working with groups. Economic empowerment is fundamental (Goodrich 1991:22) to women gaining a voice (Belenky et al. 1986:16). Some couples are able to negotiate economic agreements on their own, while others need help from a mediator or financial advisor. Mediation can also be a useful tool in the prevention of divorce. Economic imbalance in a marriage relationship stimulates marital conflict. Betty Carter (in Goodrich 1991:23) suggests that, 'we send our clients to mediation to divide family assets equitably between the partners, putting the wife's part in the wife's name and the husband's part in the husband's name. With economic parity husband and wife return to marital therapy on a very different footing'.

There has been a great deal of resistance to mediation, partly because the profession, like professional pastoral therapy is 'new' and partly because people do not understand the concept. Some think that the 'no fault' divorce principle applies only to the mediated divorce. This is not so. The 'no fault' principle applies to the litigated divorce as well. An important point in favour of mediation, is that discussion and conversation, albeit through a facilitator, become possible. How else can a couple in serious marital conflict converse with one another about their separating futures? Constructive discussion is seldom possible in the context of the adversarial divorce where indignant, accusatory and demanding letters fly angrily between attorneys and their clients.

Some argue that the 'no fault' principle' further disempowers women. It is true that some cases do not lend themselves to mediation, (it would not have worked in my case even though suggested), but it can be an empowering process as discussed in Chapter 3. I have discovered that men, secure in themselves, do not need to disempower women even in the situation of divorce. I have also noticed, when doing mediations that the financial fact finding exercises help to reassure women that managing their own financial affairs is not beyond them. The women, with whom I have worked, have displayed remarkable resilience and determination in overcoming feelings of inadequacy. It is not courage or intelligence that marginalised and 'silent invisible' women lack, but opportunity and empowerment.

Women over fifty struggle particularly hard. Career choices in the fifty's and sixty's were mainly limited to the poorly paid professions of nursing, teaching or secretarial work. The social discourse of that period did not support the idea of working wives and mothers. From the mid-seventies we as women, found ourselves being scorned and denigrated for being 'just housewives'. These attitudes from educated and emancipated young people played a major role in propagating our negative self-perceptions. We, as women perceived ourselves as valueless. These negative perceptions have to be overcome as women equip themselves for re-entry into the market and the journey towards economic independence, following divorce. For the above reasons it is important for mediators to be culturally and gender sensitive. An awareness of these dynamics is important. Suggestions and financial provision for retraining help to begin the process of restoring dignity, worth and a sense of new identity to women, who once more begin to see themselves as capable.

The pastoral therapist in private practice could make an appreciable difference to divorced and divorcing families by offering divorce mediation and therapy. Working with divorcees has helped me to understand the depth and multiplicity of loss sustained by those who experience divorce. White and Epston's (1990) narrative therapy is remarkably appropriate in helping marginalised and 'silent invisible' women to re-author their stories. I look forward to running 'Journeys forward groups' in the future. This different application of the idea that the 'client is the expert' (Anderson & Goolishian 1992:25) would give divorcees themselves, the power to decide what topics would be useful for discussion.

Another neglected area and niche for the narrative pastoral therapist would be to work with children from divorced families.

5.5 *My Research*

My professional pastoral therapy was therapeutic and participatory and was characterised by post-modern principles. This means that I worked with a spirit of respect, upholding the dignity of my clients at all times. I did not play the role of expert and worked from a position of 'not knowing', acknowledging that 'the client is the expert' (Anderson & Goolishian 1992:25). An egalitarian, partnership relationship in therapy was my aim. I was interested and curious to learn more of my clients' stories. I worked from a social constructionist paradigm, acknowledging multiple realities. These meanings are named by ourselves and others and are influenced by society, culture and language. Part of the re-empowerment process in therapy is to assist clients like Wynne to challenge and rethink the prescriptive discourses that influenced their lives.

As a pastoral therapist in private practice I have a prophetic role challenging oppressive discourses in society. I am aware of how the social discourses of institutionalism and patriarchal economic power trapped unsuspecting men and women into believing that this was a just and acceptable system. Many men are now experiencing the limiting effects of their patriarchal and institutional inheritance. This is reflected in the church and other hierarchical institutions (Keane 1998:124). Education, feminism and the changing role of women have encouraged women to participate in, and develop economic self-empowerment. Women are coping well and it would seem that patriarchy, despite the power it previously afforded men, has not served men well.

5.6 *The Pastoral Therapist in Private Practice*

If the needs of the marginalised, and 'silent invisible' are to be met, then there is a very definite niche for the pastoral therapist in private practice. People I have worked with have experienced how the church sorely neglects attending to the needs of those experiencing divorce in its various different stages. It also neglects attending to power imbalances

resulting from patriarchal, cultural, emotional and social discourses. It can hardly be expected that the church as it stands, can do otherwise since it is in itself a patriarchal institution.

The private practitioner comes up against many contentious and difficult issues. Not the least of these difficulties lies in gaining referrals and becoming known. Having achieved recognition the professional pastoral therapist then finds that medical schemes refuse to pay the fees charged for services. Many clients cannot afford to pay and the practitioner is left to work without remuneration. Resolving the remuneration issue remains one of the most difficult issues pastoral therapists in private practice have to face. The methods that I have used that have brought some results have been writing to medical schemes (Appendix E), talking to representatives of medical schemes on the telephone, and asking clients to speak to their medical schemes about their own accounts.

Statutory recognition and accreditation of the services of pastoral therapists, and recognition by medical funds are important issues that need to be resolved. Payment from medical schemes would enable pastoral therapists to be fairly remunerated making it possible to make a reasonable living through the contribution that we make to the health profession.

In my view it is unnecessary to deny the professional services of properly trained pastoral therapists. The arguments against professional pastoral therapy being available to the public are in my experience, academic and fictitious. They do not represent reality as this dissertation reflects. In my experience as a pastoral therapist in private practice I have found that some church-going clients prefer not to discuss certain issues with their pastors. Clients sometimes feel less inhibited with the professional pastoral therapist working outside the church and therefore find it easier to be open and frank about sensitive issues.

Several of my clients have said how much they appreciate the fact that I work from home. They enjoy the quiet atmosphere and feel safe knowing that colleagues and friends do not need to know that they have had therapy unless they themselves choose to tell them. The above factors support the idea that there is a definite need for the professional pastoral

therapist to practice in a private capacity. It is therefore, of major importance that a registered professional council is formed without delay. We as practitioners need to find some way of gaining a practice number through the Board of Health Care Funders of South Africa (BHF), in order to facilitate remuneration from medical schemes. These matters need to receive urgent action, lest we continue to lose trained people to the profession for lack of financial reward.

5.7 Professional Council

My journey has been very much more difficult than it would have been had there been a statutory professional council to which I could have belonged. This would have entitled me to a bona fide practise number from BHF. This would have entitled me to practice as a pastoral therapist, and not as a general nurse. At present my practice number is through my nursing qualification. The irony is that although I have permission, the necessary credentials and the accountability to practise as a nurse, I know that because my knowledge and training is *hopelessly* out of date I would cause serious damage. I have spent years training in the field of narrative pastoral therapy, my knowledge and training is up to date, and yet, because there is no council I cannot practise freely. I am constantly faced with endless problems with medical schemes and often have to work gratis, because the various medical schemes refuse to pay and the client cannot afford to do so.

5.8 Providing for Accountability

If we believe at all in the professional contribution that the pastoral therapist can make in private practice, then practitioners will need to join forces in making a determined and concerted effort to put pastoral therapy on the map. The necessity for forming a council, gaining statutory recognition, and developing an active professional association is an urgent reality. Practising professionals would further enhance the profession by submitting articles to a professional journal. This would help us to develop connections within the profession both here and abroad. Reports on case studies and the concomitant results sent to medical schemes would create an awareness of our work.

As has been illustrated, narrative pastoral therapists work from the premise that the client is the expert. The client either directly or indirectly funds the medical scheme, perhaps therefore, it is the client who should be setting the standards and calling the shots? How accountable are we when we cannot work with clients even though they wish to work with us? When clients are ‘...established as consultants to themselves, to others and to the therapist, they experience themselves as more of an authority on their lives, their problems, and the solution to these problems’ (White & Epston 1990:11). The difficulties with medical schemes and the absence of a council do not serve the best interests of the client. By not attending to these matters we continue to maintain the status quo and to feed patriarchy and institutionalism. My journey has taught me that there is a very definite niche for the professional pastoral therapist. Divorce therapy is only one aspect. I have focused on women, marriage and divorce because that is where my experiences of life have equipped me to serve best. There are many other groups of people who fall under the description of marginalised ‘silent invisible’ people whose needs go unattended. They too would benefit from professional pastoral therapy. My journey has revealed how these thin arguments have sustained patriarchy, protectionism and institutional power in the past. These powerful and controlling systems have been held together by invisible walls exposed by post-modernist thinking. We no longer need to remain entrapped. We as a profession must risk moving forward by actively engaging in research, publishing journal articles and developing group work. We need to tell and re-tell our stories until our voices can be heard, and marginalised ‘silent invisible’ people can take their rightful place in society.

5.9 Summary: Important Issues and Questions

Questions that I have touched on that need to be addressed further are:

- How can we as professional pastoral therapists make our services available to the widest possible range of people?
- Do we as professional pastoral therapists want to be co-players in the transformation of mental health care in South Africa?
- Do we as professional pastoral therapists want to play a role in improving the well-being of people in our society?

- Do we want to continue feeding exclusivism?
- Could we as a profession join together to make a concerted effort to launch this discipline as a recognised, accepted and respected form of mental health care?
- Could pastoral therapy make a meaningful contribution to the development of a more egalitarian society?
- What contribution can we as professional pastoral therapists in private practice make to people in need, regarding those people who have definite spiritual needs, and yet fall outside the church?

Reflecting on these issues and issues discussed in the previous chapters I believe that we as pastoral therapists have a duty to ourselves, to our profession, to society and our clients to share our knowledge. We therefore need to make sure that we can practise our profession and make ourselves available for service.

5.10 Financial Concerns

As pastoral therapists in private practice we cannot ignore the question of fees. Maintaining financial independence is our own responsibility. We cannot in this day and age expect other people to support our daily needs. The pastoral therapist in private practice needs to address these issues relating to fees and money in a practical and constructive way. Part of this responsibility involves dealing with medical schemes. This is a reality that the pastoral therapist in private practice faces. Like the widow who bothered the judge (Luke 18:5) we have to present our case continuously before the governing boards of medical schemes. How else will our voice be heard? This is as important for the client as it is for the pastoral therapist in private practice. When the medical scheme refuses to pay for the services of the pastoral therapist in private practice it seriously affects the client.

The problem is that we have to help others to help us. I have discovered that if we are to gain the co-operation of medical schemes then it is imperative that pastoral therapists collectively put forward a tariff structure for services rendered.

We need to set minimum and maximum tariffs, at the very least, or offer a guide for minimum and maximum tariffs. I would like to suggest that we begin by making provision for the category of professional narrative pastoral therapy. I expect that the reader will accuse me of attending to my own self-interest. This I cannot deny, since my experience in trying to establish recognition with different medical schemes has been for pastoral therapy. I have learnt that any form of exclusivism will not be tolerated and that only professional excellence can be accepted. I have found that clients themselves do have a certain amount of power in bringing pressure to bear on their medical schemes. I suggest that the time is ripe for us to take the following steps:

- Establish a fair tariff structure in line with similar services.
- Begin negotiations with BHF.
- Begin negotiations with medical aid funds.
- Provide reports on clients already seen, having obtained permission from the clients in question for documentation of changes in health, sleeping patterns, states of depression, interpersonal relationships, life-style, productivity and drug therapy. These would illustrate how pastoral therapy makes a difference and is an effective method in the field of mental health care.
- Supplying documentation of other case studies across the profession. This would create awareness and demonstrate the results obtained through pastoral therapy.
- Engaging in research pilot programmes with different medical schemes would present opportunities for our work and the concomitant results to be monitored.

I believe that if we act now we may have the opportunity to find recognition and acceptance. Perhaps my efforts over the last four or five years will at last bear fruit and open the door for professional pastoral therapists to practice with credibility. I too, want to continue doing the work that I love best.

I know that unless the situation changes regarding medical funding I will have to change the nature of my work and practice. I am on the very last edge. I have a serious responsibility to attend to survival needs. I have watched with a heavy heart as other

practitioners have given up the struggle and turned to happier, less demanding and more profitable professions. I do not wish to join them.

5.11 Concluding Reflections

Pastoral therapy can make an important contribution in the healing of our nation. Its applications could be far-reaching and varied. Pastoral therapists will have to join together creatively and develop professional pastoral therapy to its full potential as a viable service and profession. This would concur with the aims of the Department of Health in making primary health care available to all members of the population (2.14). Professional pastoral therapy could be offered through educational and group programmes.

Practising your profession (especially after years of training) is a basic fundamental right in terms of the South African constitution (1996:22), even if it requires the sanction of the law. On this basis pastoral therapists have a right to be acknowledged as members of the health care practitioners in South Africa.

BIBLIOGRAPHY

- Andersen, T 1990. *The reflecting team: Dialogue and dialogues about the dialogues*. New York: Norton.
- Andersen, T 1997. Researching client therapist relationships: A collaborative study for informing therapy. *Journal of Systemic Therapies* 16, 125-133.
- Anderson, H D 1995. Collaborative language systems: Toward a post modern therapy, in Mikesell, R H, Lustermann, D & McDaniel, S H (eds), *Integrating family therapy*, 27-44. Washington: APA.
- Anderson, H D & Goolishian, H A 1988. Human systems as linguistic systems: Preliminary and evolving ideas about the implications for clinical theory. *Family Process* 27, 371-393.
- Anderson, H D & Goolishian, H A 1991. A collaborative language systems approach. Paper presented at the Narrative and Psychotherapy Conference, Houston/Galveston Institute, Texas.
- Anderson, H D & Goolishian, H A 1992. The client is the expert: A not-knowing approach to therapy, in McNamee, S & Gergen, K J (eds), *Therapy as social construction*, 25-39. London: Sage.
- Aronowitz, S, & Giroux, H A 1991. *Postmodern education politics, culture & social criticism*. Oxford: University of Minnesota Press.
- Ballard, K 1994. *Disability, family, whānau and society*. New Zealand: Dunmore.
- Belenky, M F, Clinchy, B M, Goldberger N R & Tarule J M 1986. *Women's ways of knowing: The development of self, voice and mind*. USA: Basic Books.
- Bishop, R 1996. *Wakawhānaungatanga: Collaborative research stories*. Palmerston North: Dunmore.
- Bishop, T A 1988. Standards of practice for divorce mediators, in Folberg & Milne in Folberg and Milne 1988:225-248.
- Bograd, M 1991. The color of money: Pink or blue?, in Goodrich 1991:203-209.
- Brown, E M 1988. Divorce mediation in a mental health setting, in Folberg & Milne 1988:127-141.
- Brown, F H 1989. The postdivorce family, in Carter & McGoldrick 1989:371-398.
- Browning, D S (ed) 1983. *Religious ethics and pastoral care*. Philadelphia: Fortress.
- Burr, V 1995. *An introduction to social constructionism*. New York: Routledge.
- Burstow, B 1992. *Radical feminist therapy: Working in the context of violence*. London: Sage.
- Butler, K 1997. The anatomy of resilience. *The Family Therapy Networker* 21(2),22-31.
- Campbell, A V 1985. *Professionalism and pastoral care*. Philadelphia: Fortress.
- Campbell, A V 1991. *Rediscovering pastoral care*. New edition. London: Darton, Long & Todd.
- Carr, J C, Hinkle, J E & Moss, D M 1981. *The organisation and administration of pastoral counseling centers*. Nashville: Abingdon.
- Carter, B & McGoldrick, M (eds) 1989. *The changing family life cycle*. 2nd ed. Boston: Allyn & Bacon.
- Clandinin, D J & Connelly, M 1991. Narrative and story in practice and research, in Schön, D A (ed), *The reflective turn: Case studies in educational practice*, 258-281. New York: Teacher College Press.
- Coates, R B 1997. A ministry of mediation: The divorce settlement. *Journal of Pastoral*

Care 37, 265-275.

- Collins, G R 1988. *Christian counselling: A comprehensive guide*. Milton Keynes: Word.
- Cook, D 1983. *The moral maze: A way of exploring Christian ethics*. London: SPCK.
- Covey, S R 1989. *The seven habits of highly effective people: Powerful lessons in personal change*. London: Simon & Schuster.
- Covey, S R 1992. *Principle centred leadership: A philosophy for life and for success in business*. London: Simon & Schuster.
- Cruden, A 1978. *Cruden's unabridged concordance*. Michigan: Baker Bookhouse.
- Davies, B 1991. The concept of agency: A feminist poststructuralist analysis. *Postmodern Critical Theorising* 30, 42-53.
- Davies, B 1996. *Power/knowledge/desire: Changing school organisation and management practices*. Canberra: Department of Employment, Education, Training and Youth Affairs.
- Denzin, N K & Lincoln, Y S (eds) 1994. *Handbook of qualitative research*. California: Sage.
- Domestic Abuse Intervention Project, 1980. Power and control wheel. 206 West 4th Street, Duluth, Minnesota 55806
- Elson, H M 1988. Divorce mediation in a law office setting, in Folberg & Milne 1988: 127-141.
- Epston, D 1994. Extending the conversation. *The Family Therapy Networker* 18(6), 1-36, 62-63.
- Epston, D & White M 1990. Consulting your consultants: The documentation of alternative knowledges. *Dulwich Centre Newsletter* 4, 25-35.
- Epston, D & White M 1992. *Experience, contradiction, narrative and imagination*. Adelaide: Dulwich Centre Publications.
- Folberg, J & Milne, A (eds) 1988. *Divorce mediation: Theory and practice*. New York: Guilford.
- Foucault, M 1993. *Foucault for beginners*. New York: Writers & Readers.
- Freedman, J & Combs, G 1996. *Narrative therapy: The social construction of preferred realities*. New York: Norton.
- Freeman J, Epston, D & Lobovits, D 1997. *Playful approaches to serious problems: Narrative therapy with children and their families*. New York: Norton.
- Gergen, K J 1985. The social constructionist movement in modern psychology. *American Psychologist* 40, 266-275.
- Gergen, & Gergen, 1991. Toward reflexive methodologies? in Steier, F (ed), *Research and reflexivity*, 79-95. London: Sage.
- Gerkin, C V 1984. *The living human document*. Tennessee: Abingdon.
- Gerkin, C V 1986. *Widening the horizons: Pastoral responses to a fragmented society*. Philadelphia: Westminster.
- Girdner, L K 1988. How people process disputes, in Folberg & Milne 1988:45-57.
- Goodrich, T J (ed) 1991. *Women and power: Perspectives for family therapy*. New York: Norton.
- Grebe, S C 1988. Structured mediation and its variants: What makes it unique, in Folberg and Milne 1988:225-248.
- Haynes, J M & Haynes, G L 1989. *Mediating divorce: Casebook of strategies for successful family negotiation*. San Francisco: Jossey-Bass.

- Heshusius, L 1994. Freeing ourselves from objectivity: Managing subjectivity or turning toward a participatory mode of consciousness? *Educational Researcher* 23(3),15-22.
- Hiltner, S 1958. Extracts from: *Preface to pastoral theology*. Reprinted by UNISA, Pretoria.
- Hinkle, J E Jr 1981. Central issues related to the use of fee scales, in Carr, Hinkle, & Moss, 1981: 123-130.
- Heystek, M 1998. Personal consultation. Johannesburg: Citadel Investment Services.
- Imber-Black, E, Roberts, E & Whiting, R A 1988. *Rituals in families and family therapy*. New York: Norton.
- Jenkins, A 1997. *Invitations to responsibility: The therapeutic engagement of men who are violent and abusive*. Adelaide: Dulwich Centre Publications.
- Kaslow, F W 1981. The psychology dimension of divorce mediation, in Folberg & Milne 1988: 83-103.
- Kaye, J 1990. Toward a meaningful research in psychotherapy. *Dulwich Centre Newsletter* 2,27-45.
- Keane, M 1998. Feminist and Womanist Theology, in Maimela, S & König, A (eds), *Initiation into Theology: The rich variety of theology and hermeneutics*, 121-136. Pretoria: Van Schaik.
- Kerr, M E. & Bowen, M 1988. *Family evaluation*. New York: Norton.
- Kincheloe, J 1991. *Teachers as researchers: Qualitative inquiry as a path to empowerment*. London: Falmer.
- Kotzé, D J 1993. "Dear Father": Writing letters as a means of concluding conversations cut off by death. Paper presented at IFTA conference, Amsterdam, May.
- Kotzé, E 1994. The social construction of a family therapy training programme. DLitt et Phil thesis, Rand Afrikaans University, Johannesburg.
- Kvale, S 1992. *Psychology and postmodernism*. London: Sage.
- Lowe, R 1991. Post modern themes and therapeutic practices: Notes towards the definition of 'Family Therapy: Part 2'. *Dulwich Centre Newsletter* 3, 41-52.
- Madigan, S 1996. The politics of identity: Considering community discourse in the externalizing of internalised problem conversations. *Journal of Systemic Therapies* 15(1), 47-62.
- McAdam, E 1998. The appreciative inquiry project. *Dulwich Centre Journal* 2 & 3, 58-63.
- McGoldrick, M & Gerson, R 1985. *Genograms in family assessment*. New York: Norton.
- McLean, B A 1997. Co-constructing narratives: A post modern approach to counselling. MEd research study, University of Otago, Dunedin.
- McLean, C, Carey, M & White, C 1996. *Men's ways of being*. Colorado: Westview.
- Milne, A & Folberg, J 1988. The theory and practice of divorce mediation: An overview, in Folberg & Milne, 1988:3-25.
- Milne, A 1988. The nature of divorce disputes in Folberg & Milne 1988:27-44.
- Mitchell, S 1997. *Icons saints & divas: Intimate conversations with women who changed the world*. Sydney: Harper Collins.
- Monk, G 1996. How Narrative Therapy works, in Monk, G, Winslade, J, Crocket, K & Epston, D (eds), *Narrative therapy in practice: The archaeology of hope*. San Francisco: Jossey-Bass. Chapter 1-3.
- Nichols, J R 1987. *The restoring word: Preaching as Pastoral communication*. New York: Harper & Row.
- Oates, W E 1962. *Protestant pastoral counseling*. Philadelphia: Westminster.

- Oates, W E 1986. *The presence of God in pastoral counseling*. Waco: Word.
- Oxford Dictionary 1982. s v 'hermeneutic'. New York: Oxford University Press.
- Parry, A 1991a, A universe of stories. *Family Process* 30, 37-54.
- Parry, A 1991b, Story connecting: What therapy is all about. *The Calgary Participator* 1(1), 12-14.
- Pattison, S 1988. *A critique of pastoral care*. London: SCM.
- Patton, J 1993. *Pastoral care in context: An introduction to pastoral care*. Louisville, Kentucky: Westminster/John Knox.
- Pease, B 1997. *Men and sexual politics: Towards a profeminist practice*. Adelaide: Dulwich Centre Publications.
- Peck, J S & Manocherian, J 1989. Divorce in the changing family life cycle, in Carter & McGoldrick 1989:335-370.
- Poling, J N 1991. *The abuse of power: A theological problem*. Nashville: Abingdon.
- Poling, J N & Miller, D E 1985. *Foundations for a practical theology of ministry*. Nashville: Abingdon.
- Rampage, C 1991. Personal authority and women's self-stories, in Goodrich 1991:109-122.
- RAMS, 1999. Transforming private health care financing in South Africa. Email: rams@cis.co.za.
- Retief, F J 1990. *Divorce: Hope for the hurting*. Cape Town: Struik.
- Ryrie study Bible*, 1978. New American standard translation. Chicago: Moody.
- Salius, A J 1988. Mediation of child-custody and visitation disputes in a court setting, in Folberg & Milne 1988:163-190.
- Seymour, F & Towns, A 1990. Family therapy research: New directions. *Dulwich Centre Newsletter* 2, 3-9.
- South African Constitution, 1996. Act 108 of 1996 as adopted on 8 May 1996 and amended on 11 October 1996 by the Constitutional Assembly. Wynberg: The Constitutional Assembly.
- South Africa Government Gazette 382 No 17910, notice 667 of 1997. White paper for the transformation of the health system in South Africa.
- Tomm, K 1990. Forward, in White, M & Epston, D 1990.
- Van Arkel, J T de Jongh 1999. Pastoral counselling as private practice? An effort to define the issues, Paper presented at SAAP conference. Johannesburg, South Africa.
- Van der Ven, J A 1993. *Practical theology: An empirical approach*, Tr by B Schultz, Kampen: Kok Pharos.
- Wade, A 1996. *Small acts of living: Resistance to violence and other forms of oppression*. Paper presented at the Therapeutic Conversation 3 Conference, June 27-30. Denver, Colorado, USA.
- Waldergrave, C 1990. Just therapy. *Dulwich Centre Newsletter* 1, 5-25.
- Walsh, F & McGoldrick M (eds) 1991. *Living beyond loss: Death in the family*. New York: Norton.
- Weingarten, K 1997a, *The mother's voice: Strengthening intimacy in families*. New York: Simon & Schuster.
- Weingarten, K 1997b. Foreword, in White & Hales 1997.
- Webb-Watson, L 1991. The sociology of power, in Goodrich 1991:48-62.
- White, C & Hales, J 1997. *The personal is the professional: Therapists reflect on their families, lives and work*. Adelaide: Dulwich Centre Publications.
- White, M 1992. Deconstruction and therapy, in Epston & White 1992:109-152.

- White, C & Hales, J 1997. *The personal is the professional: Therapists reflect on their families, lives and work*. Adelaide: Dulwich Centre Publications.
- White, M 1992. Deconstruction and therapy, in Epston & White 1992:109-152.
- White, M & Epston, D 1990. *Narrative means to therapeutic ends*. New York: Norton.
- White, M 1995. *Re-authoring lives: Interviews & essays*. Adelaide: Dulwich Centre Publications.
- White, M 1997. *Narratives of therapist' lives*. Adelaide: Dulwich Centre Publications.
- Wylie, M S 1994. Panning for gold. *The Family Therapy Networker* 18(6), 40-48.

APPENDIX A



**MEDIATOR
and
THERAPIST**

YVONNE FULLER-GOOD

B.Th Hons (UNISA); SRN (Grey's Hospital, Natal)

MEDIATOR AND THERAPIST

MEDIATION DEALS EFFECTIVELY WITH CONFLICT

FAMILY ISSUES

DIVORCE

POST DIVORCE

Mediation the road to a better future!

**THERAPY INVITES YOU TO DEAL WITH THE PAST AND
PREPARES YOU FOR A NEW TOMORROW!**

- * Marriage & couple counselling
 - * Self Esteem
- * Individual counselling
 - * New life skills
 - * Grief counselling

BELIEVE IN YOURSELF AND OTHERS!

Phone or Fax: (011) 465-5879 Cell: 083-273-4654

APPENDIX B

PAMPHLET

**MEDIATION
COUNSELLING
THERAPY
AND
SELF-DEVELOPMENT
EMPOWER YOU**

BELIEVE IN YOURSELF AND IN OTHERS



YVONNE FULLER-GOOD

B.Th Hons. (UNISA), SRN (Grey's Hospital, Natal)

Box 520 Lonehill 2062

Tel & Fax 465-5879

083-273-4654

Email: yvonnefg@global.co.za



**MEDIATION
COUNSELLING
THERAPY
AND
SELF-DEVELOPMENT**

Therapy invites you to deal with the past, drop misconceptions and discover the real you!

Develop:

- ❖ New life skills
- ❖ Self esteem
- ❖ Self confidence

Discover:

- ❖ Who you really are
- ❖ Where you want to go
- ❖ How to get there

Marriage counselling offers new perspectives on recurring problems

- ❖ Couple counselling
- ❖ Individual counselling
- ❖ Child counselling

Pre-divorce counselling focuses on the reality of divorce:

- ❖ Do we really want this?
- ❖ What will the result be?
- ❖ Will we regret it?
- ❖ How will it affect the children?



Mediation offers a forum for fair and equitable agreements

Mediation is:

- ❖ Democratic
- ❖ Affordable
- ❖ Flexible
- ❖ Relatively unthreatening
- ❖ Constructive
- ❖ Informal

A creative and effective method of dealing with family and interpersonal conflict

Divorce Mediation is designed to:

- ❖ Minimize destruction and trauma
- ❖ Encourage communication
- ❖ Maintain dignity and self-worth

Post- Divorce Mediation:

- ❖ Deals with changing family needs

To find out more about Therapy and Mediation, contact:

YVONNE FULLER-GOOD

B.Th Hons. (UNISA), SRN (Grey's Hospital, Natal)

Box 520 Lonehill 2062

Tel & Fax 465-5879

083-273-4654

Email: yvonnefg@global.co.za

APPENDIX D

TERMS, CONDITIONS, AND FEE STRUCTURE

RATES: R 170 PER HOUR; COUPLE THERAPY: R 180 PER HOUR

MEDIATION: R 350 PER HOUR

OUTLINE OF THE PROCESS:

Fees are charged according to the period of time spent, payable after each session.

Disclaimer: I am not a psychologist but a pastoral therapist in private practice.

The first appointment is an exploratory appointment, taking a brief history, looking at present problems and determining the best approach. Each person is unique.

The second appointment involves doing a genogram. This entails looking at events that have occurred in the history of the family for three generations. Events such as births, deaths, marriages, divorces and position in the family are discussed. Both negative and positive relationships are examined.

My aim and purpose in doing therapy is to get my clients up onto their emotional feet as quickly and effectively as possible. This requires looking at the whole person. As the story unfolds emotional pain, misinterpretations and misconceptions are seen in the context of the whole allowing a shift to take place. Greater understanding allows new coping methods and new life skills to be implemented as we work.

Where possible, it is more effective to work for two hours at a stretch, for at least two or three appointments. Sensitive issues take time to surface. Past experiences and forgotten memories evoke powerful emotions and this is where real and lasting healing takes place.

Often people feel so much better that they give up the process too soon. This is unwise since emotional healing is a process. As progress is made the time between appointments is lengthened. Occasional follow up appointments help to keep new skills and new thinking patterns on track. Life skills, coping mechanisms and new ways of dealing with conflict is taught individually and in groups.

It is a thrilling experience to watch clients develop self confidence and inner security. Self-acceptance, self-knowledge and freedom from inner shame and guilt facilitates people to respond rather than react. Undiscovered skills and strengths emerge releasing new energy and vitality. Improved interpersonal relationships impact on everyone and everything, this includes general health, self-motivation and productivity.

APPENDIX E

LETTERS

Letter 1

The following is a letter written at the suggestion of a senior banking official who thought my services might benefit his staff. He later came to see me about his own personal problem. This was my first letter to a medical aid society. The letter is in full the names of all people and places are fictitious. The names and addresses of the medical schemes are genuine. Writing these letters was experimental.

BANK MEDICAL AID FUND

Box 1242

CAPE TOWN

8001

RAMS NO: 824649

SAAM NO: 950130

Phone: (021) 480 - 4598;

480 - 4680

Fax: 480 - 4670

1996

27 September

Dear Mrs Don

I have been advised to send you my curriculum vitae and credentials.

I practice in Lonehill, Johannesburg and work with a wide range of people. Family, individual and couple counselling are my forté. My clients range in age from seven to seventy-seven.

Dealing with loss through divorce, bereavement or change forms an integral part of my work. All too often, people try to heal from loss by entering into another relationship, this increases problems and pain.

I enclose my Curriculum Vitae and copies of my Degrees. I also enclose a rough outline of the process that I use. Rough because each case is so different. I meet people where they are, but do not leave them there! Past and future continually impact on the present. Unresolved issues, losses and misconceptions silently and powerfully impact on the present and future. Re-telling and re-interpreting the story allows the client to re-frame his or her personal story. This promotes a paradigm shift together with a measure of emotional healing.

I will furnish you with some information from Dr Kotzé who heads up the Institute for Therapeutic Development and from Prof Jan de Jongh van Arkel from UNISA. I am currently doing my masters through both institutions. These methods of health care are used to good effect in both the USA and the United Kingdom. This postmodern approach deals with the whole person and is remarkably effective.

Therapy is cost effective since emotional wellbeing impacts on physical wellbeing.

Acceptance from more medical aids will benefit the workplace, society, health care and the profession as a whole.

Looking forward to your response

Mediator and Therapist

Letters 2-6 are excerpts only.

The idea of writing these letters was to try and assist clients in getting their medical schemes to re-imburse them. As stated earlier, contributing to medical schemes is an expensive monthly outlay, it is therefore extremely important for the client to be able to claim for fees paid out for narrative pastoral therapy.

Letter 2

The following letter was written on behalf of a client whose medical scheme was unwilling to pay for my services. They did re-imburse my client several months after receiving this letter. This client had been to see a Doctor. who had prescribed ante-depressants. The friend (and ex-client) who brought her knew about the loss of her son in a motor accident and thought that narrative therapy would be helpful.

STATUS MEDICAL AID FUND

Box 1411

RIVONIA

2128

RAMS NO: 8824649

SAAM NO: 950130

Phone: 807-4610

Fax : 807-4640

1997

27 October

Dear Joan,

Re: Mrs Eileen Devastated No: 1297376

One of my clients asked me to see Mrs Devastated who had been advised to take a week off work and was prescribed a course of anti-depressants. We worked together for an hour and fifteen minutes on Wednesday 13 August, I suggested that she use the next day to think and write some letters. On Friday 15 August, I found her levels of stress and depression greatly reduced. I spent two hours with her on Thurs. 21, she has not looked back since then.

We constructively and interactively dealt with her severe losses. In my last follow-up call I was delighted to find that this level of recovery had been maintained, she reported that she had gained a little weight, and that all areas in her life were going well. She herself decided not to take her anti-depressants as the depression had lifted. She lost only two days at work.

Thank you for advising me to send you my CV and credentials:

Assuring you of my best service at all times,

Letter 3

The following letter was written because they rejected the account, they did not pay, no reason was given. This client was young and worked for a salary, it was therefore important for her that her medical scheme should pay for her therapy. Unfortunately my letter was not successful.

AECI
P.O. Box 3521
JOHANNESBURG
2000

RAMS NO: 8824649
SAAM NO: 950130

24th May 1998

To whom it may concern,

Re: Dr. J. R. Angus No: 230732390

Dr. Jes Angus was referred to me by Dr. Mazie Wesley, PO Box 784 LANDA 6182 (Hopefontein Clinic, 396 Ianda Road, ONSIDE). Dr. Wesley has first hand knowledge of my work since we have on occasion worked together.

Dr. Angus was suffering from severe stress and was depressed. Her stress has been compounded by a recent loss. Dr. Angus is a conscientious and diligent member of the JENLER team. She has not taken time off work and arranges her appointments outside working hours. We have worked together for approximately thirteen hours over four sessions.

We have been dealing with present difficulties and by means of a genogram we have dealt with past issues and conditioning. Her levels of confidence and self esteem have improved, she has started living life more fully again. I am delighted to report that her health has remained good and she has managed to avoid habit-forming and costly anti-depressants. She has not taken sick leave...

Letter 4

The following letter was the first letter on behalf of this young couple. I have not been paid but I am happy to say that as a result of therapy, this couple is now enjoying good health. Their marriage relationship is restored and both are again doing well in their respective work places. Their latest news is that they are both very excited as they await the birth of their first child in June of 1999! It does not seem right that the hours of hard work, time thought and energy put in by me was not remunerated. Unfortunately stories like the above resonate with previous stories about nurture. Benevolent maybe, but they do not put food on the table or petrol in the car.

MEDIHELP
P.O. Box 26004
ARCADIA

RAMS NO: 8824649
SAAM NO: 950130

22 August

1998

To whom it may concern,

Re: Mr & Mrs S Van der Linde
MEDIHELP No: 6342472 Member : Mr S Van der Linde

Mr. and Mrs. Van der Linde came to see me. They were both extremely stressed and constantly ill. Mrs. van der Linde suffered from frequent bouts of bronchitis and colds. Mrs. Van der Linde is a conscientious and diligent member of the Johannesburg Bank at Twoways Mall. We have worked together for approximately eight and a half-hours over several sessions.

I worked with Mr. Van der Linde for nine hours over six sessions. He too, is very conscientious and was suffering from extreme stress. Stoff is employed as a Magistrate at the Kruiskop Magistrates Court, an exacting, demanding and stressful occupation.

I also worked with them as a couple for eight hours over five sessions. I am happy to say that both Mr. and Mrs. Van der Linde are now enjoying good health, sleeping well and their levels of stress and tension are much reduced. They have not needed to resort to drug therapy. Neither found it necessary to take time off work and arranged their appointments outside working hours. We dealt with present difficulties and by means of a genogram dealt with past issues and conditioning. Levels of confidence and self esteem have improved, and both are living life more fully again with improved productivity at work

Letter 6

The last letter was written on behalf of a client who has used the medical scheme extensively over many years. They have paid out a great deal for this client in the past. This client has attempted suicide on several occasions and was severely depressed. They paid in part only. I wrote to the medical scheme although the client was able to pay himself, he had other heavy medical expenses for his daughter who was receiving hospital treatment for bulimia at the time.

To: *Judith Mill*
EASTERN HEALTH CARE
P.O. Box 5223
OVERWOLD
3273

RAMS NO: 8824649
SAAM: 950130

28 September 1998

Dear Judith,

Re: Mrs. Marcia Endit, Medical Aid No: 17603252465940

Herewith the report on Mrs Marcia Endit. Mrs Endit came to me for the first time on 7 September, 1998. I have seen her several times and we have made very good progress. She is feeling much better in herself and her relationships with the other members of her family are much improved. Every-one has noticed a difference in her. She is less irritable, less anxious and is sleeping better. She has cut down her Rivertrol by one tablet and her psychiatrist Dr Rick Draw from the Leafdale Clinic is pleased and surprised at the change in her.

Mrs Endit's father-in-law died in hospice on the 29 July 1998 of terminal cancer. Grief and post traumatic stress are part of the present problem. Mrs Endit's mother-in-law lives with the family. She is depressed and struggling. This is adding to the stress and strain.

Mrs. Endit has experienced much pain and trauma over the years and has suffered from severe depression. We are systematically working through many years of trauma. I work as fast as possible but need to move at a pace suitable to the client.

I offer you a short description of the methods that I use ...

APPENDIX F

IDENTIFYING INFORMATION

To be completed by each party

Date: _____

Referred by: _____

Please give a brief outline of the problem as you see it:

Who initiated these services: _____

Your full name and surname: _____

Date of birth: _____

Address: _____

Telephone: (h) _____ (w) _____

Sex: _____ Religion: _____

Occupation: _____

Income: _____

Other party's name and surname: _____

Date of birth: _____

Address: _____

Telephone: (h) _____ (w) _____

Sex: _____ Religion: _____

Occupation: _____

Income: _____

Children names and dates of birth

(1) _____ (2) _____

(3) _____ (4) _____

Relationship: _____

Date of marriage: _____

Date of divorce: _____

How were you married: _____

In community of property: _____

Ante-nuptial contract with the accrual system _____

Ante-nuptial contract without the accrual system: _____

APPENDIX H

ASSETS : NETT WORTH STATEMENT

NAME: _____

DATE: _____

WHAT DO YOU OWN?

Cash in bank	R
Cash in savings	R
Cash surrender value of insurance	R
Annuities - current value	R
Pension - withdrawal value	R
Property	R
Market value of securities	
- Bond	R
- Shares	R
- Mutual funds	R
Other assets:	
.....	R
Total Assets	R

WHAT DO YOU OWE?

Current accounts outstanding	R
Owed on Hire Purchase Installments	R
Owed on Personal loans	R
Amount due on taxes	R
Other liabilities:	
.....	R

TOTAL ASSETS	R _____
TOTAL LIABILITIES	R _____
NETT WORTH	R _____

APPENDIX I

The Memorandum of Understanding

PROVISIONAL MEMORANDUM OF UNDERSTANDING (WITHOUT PREJUDICE)

By and between: Don and Jean Hoxston

PREAMBLE:

Don and Jean were married on 15 December 1990 by ante-nuptial contract with the accrual system. The couple intends obtaining a divorce. The couple has lived apart for the best part of eleven months. Two children were born of the marriage:

Jennifer, aged five and a half born 8 February 1992

Sarah, aged three and a half born 23 February 1994

Jennifer and Sarah are about to start nursery school. Don has agreed to pay the fees for both children. Don and Jean have jointly decided to send their daughters to the Playpen Nursery School, 16 Pippin Road, Krugerscorner. The school is ten to fifteen minutes from Jean's home. Both Don and Jean will be involved in afternoon lifting. They plan to become part of a lift scheme at the school. Jean will do the morning lift on her way to work. Both parties would like to send their children to boarding schools at a later stage.

A reliable housekeeper/child minder is able to care for the children when they are not at school. This is very important since Jean is involved in sales and works on a commission only basis. This sometimes involves unavoidable and irregular working hours. The housekeeper/child minder is paid by Jean at an approximate cost of R1 000 per month.

Jean is currently living at: 14 Wet Street, Primton, Krugerscorner where she would like to remain. Krugerscorner is convenient to Jean's work and there is a support system at hand. This family home is registered in Jean's mother's name, Mrs A Fortune. Don and Jean are still paying Jean's mother the outstanding loan of approximately R83 000. Each party pays R1 500 per month towards the loan. In addition Jean is paying her mother between R1 500 and R1 000 per month in rent depending on how much commission she has earned.

There is a possibility that this home may need to be sold. Part of the proceeds will be returned to Jean's mother who is in financial difficulty, following the death of her husband three years ago. Jean may therefore need to relocate.

Don is living in temporary rented accommodation at: 3 Newplace, Krugersdorp South. He has no immediate plans to move.

Don earns in the region of R10 000 per month

Jean earns in the region of R5 500 per month

Don and Jean are anxious to come to an amicable and workable agreement as soon as possible, the court date has been set for 3 October 1996. They would prefer to have a mediated agreement since they have been unable to agree on the following issues using the adversarial route.

- * Maintenance
- * Medical Aid for Jean
- * Ceding of Don's life policy

The following is acceptable to both parties.

Loan

Don will continue to pay R1 500 to Jean's mother being the agreed amount to repay the personal loan between Don and Jean's mother Mrs A Fortune.

Jean will continue to pay R1 500 being her portion for the said loan.

In addition Jean is paying R1 500 in rent and on occasion only R1 000

Don's share of the rent works out at approximately R500 this being his portion of the children's rent.

School fees

Don will pay for the children's school fees \pm R800 per month at present.

Don will pay R1 600 per month in maintenance. This covers each child at R800 per month. R500 is his portion of the rent. R450 is his portion of the cost of the maid. This leaves R650 to cover food, toiletries and other needs for the two children per month.

Don will buy clothes for the children when necessary.

Medical aid

Medical aid contributions will be paid by Don at R1 056 per month.

Don will continue to keep both the girls on his medical aid and to pay for their medical expenses including emergencies. The couple has agreed to discuss out of the ordinary procedures such as orthodontic treatment before embarking on treatment.

Jean will set up her own scheme with Santa Health. Don will pay the equivalent amount for Jean's portion of his cover for a period of one year. This amount is R229 per month.

Insurance

- * Car
- * Householders
- * Personal effects

Each party will be responsible for their own accounts.

Life insurance policies

Don will pay the premiums for Jean's death and disability cover for one year from the date of the divorce.

Formation of a Trust

In the event of Don's death, his life policy cover will be paid into a Trust set up by him. Jennifer and Sara, the two daughters born of the marriage will be the sole beneficiaries of this Trust.

The appointed trustees are:

Angela Trusting of 2 Commet Avenue, Luckville 2310
Benjamin Glutton of 6 3rd Street Safeway, Notarville 1864

The couple has agreed that no changes will be made without mutual consent. Jean is to have a copy of Don's last will and testament in her possession.

In the event of Jean outliving the named executors Jean will become the sole executor of the said Trust for the children.

Maintenance will be paid out of the above-named Trust to Jean at an inflation-related rate.

Each daughter to be paid 25 % of the said Trust on achieving eighteen years of age and the balance of the said Trust to be paid to each daughter on achieving 21 years of age.

Don will be responsible for setting up the legal Trust documents.

Education policies

Freedom life policy no: 327 034 20800 for Jennifer Hoxton
316 543 28156 for Sarah Hoxton

This policy will continue to be paid by Don. In the event of Don's death the policies will form part of the said Trust.

Escalation clause:

Maintenance for Jennifer and Sarah to escalate at a rate that is in line with inflation.

Legal expenses

Don will pay tax and 'party and party' costs.

Guardianship and Custody

Don and Jean are the legal guardians.

Jean will continue to be the custodian parent.

In the event of both Don and Jean dying, Jean's brother Ned Goodfellow, of 17 Untimely Road, Dimview 1832 Tel. (065) 872-7777 is the chosen and appointed guardian.

Parenting Plan and Visitation

At present the children who are young live with their mother. They spend one week night and alternate week-ends with their father.

Holidays

Christmas and July holiday periods to be decided upon jointly. Don and Jean would both like to be with their children for part of the Christmas celebratory period. Where this is not possible the children will spend alternate Christmases with each parent.

Birthdays

It was decided that flexibility was important and these occasions will be handled in the best way possible for the children and all concerned. Family needs change and adjustments will need to be made in the future. If problems should arise, the couple will address the issues through a mediator, if they are unable to reach satisfactory agreements themselves.

The couple agrees that the children need good relationships with both parents and have pledged to support one another in achieving this important aim. Both view the other as competent, caring and good at parenting. Both have agreed on the importance of responsible role modeling.

The couple will endeavour to maintain good relationships with their respective extended families. They both recognize the importance of maintaining good relationships with the remaining grandparents. They both recognize the importance of the wider family in giving the children a sense of belonging and security. Both have agreed not to badmouth the other to their children. Both have agreed to confront and deal with the inevitable anger, hurt, frustration and grief that loss through divorce entails.

Signed:

Mediator.