

CHAPTER 2: EPISTEMOLOGY: THE TORCHES OF POSTMODERN, SOCIAL CONSTRUCTION DISCOURSE, NARRATIVE PASTORAL PRACTICES AND CONTEXTUAL PRACTICAL THEOLOGY

“But just as it is essential that our sight not be crippled by scientific tunnel vision, so also it is essential that our critical faculties and capacity for scepticism not be blinded by the brilliant beauty of the spiritual realm”

(M. Scott Peck 1997:14).

2.1 INTRODUCTION

In this chapter, the background of how Body, Mind and Spirit came to be viewed as separate and autonomous aspects of mankind will be briefly examined. As a pastoral therapist in the field of trauma work, I will then look at how these dichotomies can be challenged and re-addressed in therapeutic conversations. Of necessity, this discussion calls for an examination of my own understanding of epistemology and theology and how these have challenged, shaped and changed the expression of my spirituality in the therapeutic conversations I have with others.

2.2 ILLUMINATING EPISTEMOLOGY

M. Scott Peck (1997:14) describes epistemology as “that branch of philosophy which addresses the question: “How do we know what we think we know? How do we know anything?” The epistemological problem is that philosophers have never succeeded in answering that question. According to Kotzé (2002:9) Thomas Kuhn “argues that whenever a paradigm can no longer provide answers for the problems people encounter, a new paradigm comes about that is able to provide answers”. We are currently facing paradigm shifts due to the struggle in answering the question on “How do we know anything?” These are shifts from modern discourse to postmodern discourse.

2.2.1 Modern discourse

Many in the nineteenth century thought the answer regarding “How do we know anything?” lay in science. We could know things for certain through scientific method. However, perhaps the single most important discovery of modern science has been that there are limits to scientific inquiry. With a few ifs, ands, and buts, there is no more real certainty to be found in science than in theology.

For several centuries, scientists in Western civilisations have accepted Rene Descartes’ view of reality. Descartes, a mathematician in the 17th century, believed in the dualism of the body and the mind; in other words, the body and the mind did not affect each other. The body was like a clock; disease represented its breakdown, and its repairperson was a doctor (Epperly 1988:247).

The mind, being immaterial, had no need of such a repairperson; furthermore, the immaterial mind could not communicate with the material body.

Through this evolving scientific vision, Western culture became organised around the belief that body and soul, mind and matter, are separate and operate independently with different rules. Kornfield (1997:79) states that these theories of materialist causality contribute to dualism – the compartmentalisation of psychic, spiritual and physical experience. Dualism also created power arrangements. The world was divided into particular domains. Clergy were in charge of matters of the soul; doctors of bodies; scientists of matter; psychologists of mind. This is something we can all identify with. Each of us belongs to such a group – be it our religious group, or professional society. Commenting on this state of play, Kornfield (1997:79) adds: “Although we operate in this segmented world, dualism is an idea which makes us sick. Our perception of non-interconnectedness has contributed to inner fragmentation and corporate isolation and alienation.”

In order to understand the significance of attempting to see the three parts of the human person as separate rather than merely different aspects of one holistic being, perhaps it would be helpful to look at definitions of each of these three parts. Fosarelli (2002:208) offers these helpful definitions: “‘Body’ refers to our physical, biological, and chemical aspects. ‘Mind’ refers to the mental processes and to emotions. ‘Spirit’ refers to one’s relationship with the Divine and one’s relationship with other people because of one’s relationship with the Divine.” Fosarelli (2002:208) points out that ‘Spirit’ need not have any denominational overtones. Even if one is an atheist, one still has a relationship with the Divine (that of denial), so that one can still speak of how the denial of a relationship may affect one’s relationship with other persons.

M Scott Peck (1997:271) speaks of the divisions between the body, mind and spirit as a divorce between the head and heart, between intellect and emotion, and claims it is a common spiritual condition among sophisticated twentieth-century men and women:

I have found many people, for example, to be Christian in their hearts while they are simultaneously intellectual atheists: sometimes it is the other way around. It is truly a pity. The former people – many of whom are generous, gentle, honest and dedicated to their fellow human beings – are often filled with despair, finding little meaning in existence and at the same time denying the joyful or soothing voices of their heart, labelling the heart’s messages sentimental, unrealistic, or childish. Lacking faith in their innermost selves, they are hurting unnecessarily.

Perhaps one of the greatest contributors to this *divorce* or separation of spirit from mind and body was Sigmund Freud, the pioneer of psychotherapy. He felt that religion was detrimental to a person's emotional health, since, in his professional experience with mentally ill persons, religion promoted infantile dependency on a Being who would make all things better. He saw religion as the basis of the many neuroses that his ill patients brought to him. According to Freud (1910:123) "a personal God is, psychologically, nothing other than an exalted father."

Moore (1992:xi) contends that the "loss of soul" has been the primary source of the maladies of our century, afflicting us individually and socially: "When soul is neglected, it doesn't just go away; it appears symptomatically in obsessions, addictions, violence, and loss of meaning. Our temptation is to isolate these symptoms or to try and eradicate them one by one; but the root problem is that we have lost our wisdom about the soul, even our interest in it." The result is a deficit of human spirit. We often refer to someone in despair (i.e. dispirited) as a 'lost soul', without purpose or community, struggling to survive. Many of the challenges that are given pathological labels in therapeutic settings may also be understood as maladies of the modern soul. We are searching for soul, for meaning and connection in our lives, in our world, and in the universe.

Perhaps as pastoral therapists one of our greatest challenges is to address this "loss of soul", to help those who consult with us to find meaning and connection. It is a challenge that has particular significance in my conversations with people whose lives have been impacted by trauma.

Postmodern, social construction discourse has come about in part as a direct challenge to the positivism and empiricism of traditional science, to the assumptions that the nature of the world can be revealed by observation and that what exists is what we perceive to exist.

2.2.2 Postmodern, social construction discourse

Social construction discourse holds that our beliefs about the world are social inventions and meanings emerge unendingly from the interactions between people (Hoffman 1990:2-3). Hoffman (1990:3) believes these meanings are not "skull-bound and may not exist inside what we think of as individual 'mind'. They are part of a general flow of constantly changing narratives.

Thus, the theory by-passes the fixity of the model of biologically based cognition, claiming instead that the development of concepts is a fluid process, socially derived.”

If our knowledge of the world, our common ways of understanding it, is not derived from the nature of the world as it really is, where does it come from? Burr (1995:4) provides the social constructionist answer to this question. She says that people construct it between them, through their daily interactions in the course of social life:

Therefore, social interaction of all kinds, and particularly language, is of great interest to social constructionists. The goings-on between people in the course of their everyday lives are seen as the practices during which our shared versions of knowledge are constructed. Therefore what we regard as “truth” (which of course varies historically and cross-culturally) i.e. our current accepted ways of understanding the world, is a product not of objective observation of the world, but of the social processes and interactions in which people are constantly engaged with each other.

Burr (1995:3) cautions us to take a critical stance towards our taken-for-granted ways of understanding the world, and ourselves. She adds:

Social constructionism cautions us to be ever suspicious of our assumptions about how the world appears to be. This means that the categories with which we as human beings apprehend the world do not necessarily refer to real divisions.

According to Burr (1995:4) our ways of understanding the world come not from objective reality but from other people, both past and present. We are born into a world where the conceptual frameworks and categories used by the people of our culture already exist. These concepts and categories are acquired by all people as they develop the use of language and are thus reproduced every day by everyone who shares a culture and a language.

The language I used as a pastoral therapist in the context of my therapeutic conversations was an important consideration. I needed to communicate with a vocabulary that offered hope, inspiration, and comfort. As Anderson and Goolishian (1992:28) point out:

The transformational power of narrative rests in its capacity to re-evaluate the events of our lives in the context of new and different meaning. We live in and through the narrative identities that we develop in conversation with one another. The skill of the therapist is the expertise to participate in this process.

The importance of language in trauma work is something Kaethe Weingarten specifically addresses. Although her definition of trauma maps closely to that of the DSM IV, Weingarten (2003:3) prefers to speak of ‘common shock’ rather than *trauma*. “Common”, Weingarten (2003:3) explains, “because it happens all the time, to everyone in any community. It is a *shock*

because, regardless of our response – spaciness, distress, bravado – it affects our mind, body, and spirit.” On another level, Weingarten also prefers the term common shock because of the unsavoury associations the word ‘trauma’ has assumed over the years: “The DSM creates an individual as a patient. If the person has experienced trauma, it transforms the person from a victim of violence into a patient with a medical or psychiatric problem. In the U.S., services for refugees, for instance, from politically repressive regimes are doled off if, and according to whether, one has this diagnosis” (Weingarten cited in Soderlund 2003:2).

Similarly, Weingarten (cited in Harvey 2002:93) prefers to speak of ‘witnessing’ or “compassionate witnessing” (Weingarten 2003:22) rather than *trauma debriefing*. She uses both postmodern and feminist theory to propose that bearing witness is a systemic process of meaning-making, where one’s ability to witness depends on one’s willingness to assume the risks associated with authentic connections. Witnessing provides hope when it is an inclusive process, which accounts for context, and moves beyond silencing or debate to make room for a richer understanding of meaning. Witnessing does not require agreement about this meaning, but instead demands vulnerability. Without vulnerability, witnessing is a hollow, disconnecting experience (Harvey 2002:94).

Furthermore, the possibility of alternative constructions of the self and other ‘events’ in one’s world, through language, is critical to the social constructionist view. In terms of therapeutic conversations about trauma, it is possible then to challenge the pathologising effects of labels such as “trauma victim” because for each of us there is a multitude of discourses constantly at work constructing and producing our identity. Burr (1995:53) highlights the liberating possibilities of this view:

Our identity therefore originates not from inside the person, but from the social realm, where people swim in a sea of language and other signs, a sea that is invisible to us because it is the very medium of our existence as social beings. In this sense the realm of language, signs and discourse is to the person as water is to the fish.

By deconstructing the dominant discourses that label people with pathologising labels such as ‘victim’ or ‘Post traumatic Stress Disorder’, the ideas of social construction discourse enable us to explore other more acceptable ‘identities’ for people who have experienced trauma.

Adopting a social constructionist stance in my therapeutic conversations opens up exciting new possibilities – not least of all is that it enables us to question the pathologising and suffocating

label of 'trauma victim'. Rather than buying into the dominant discourse of Posttraumatic Stress Disorder (PTSD), a socially constructed understanding of trauma opens up other possibilities such as talk of Post Traumatic Growth (PTG) (cited in Kleber 2002:1).

Choosing to look at trauma from a different perspective was the first step I took. The focus has always been on *deficit* and not on what made it possible for some people to cope with trauma. Whilst not diminishing the impact and experience of trauma, perhaps a subtle shifting of focus may help open up the possibility for some form of *positive* outcome? Is it possible for people who have experienced trauma to not only survive it but somehow to emerge stronger, wiser, better equipped? There have been several research findings that indicate that this is possible. In terms of our own research journey however, these were questions only my research co-travellers would be able to answer.

Aldwin (1993:2) cites the following research findings that indicate that people can in fact grow as a result of having experienced trauma: Burt and Katz (1987) found that over 50% of the rape victims they studied felt that they had changed in a positive direction, including improved self-concept, self-directed activity, less passivity, and less stereotyped attitudes, although only 20% of Silver, Boon and Stones' (1983) rape victims perceived positive outcomes. Smith (1983) avers that natural disasters are often accompanied by altruistic acts and social solidarity. Finally, Kahana, Harel and Kahana (1988) found that Holocaust survivors who believed that their experience positively impact their coping abilities have less negative affect.

Tedeschi and Calhoun (1995) have been closely involved in both clinical work in and research on trauma for the past fifteen years. They claim that survivors of traumatic events are stronger than psychologists have given them credit for. They find, in fact, that about two-thirds of trauma survivors can point to ways in which they have benefited from their struggle to cope with the shattering changes trauma has produced in their lives. Rather than focusing on the negative after-effects of trauma, they find evidence of posttraumatic growth (PTG) in survivors.

Among survivors of diverse traumatic circumstances – bereavement, natural disaster, combat, crime – Tedeschi and Calhoun (1996:455-471) have found five domains of posttraumatic growth reported in varying degrees. These domains are: (1) more intimate, emotionally open relationships with others; (2) the recognition of new possibilities for one's life path; (3) a more profound appreciation of what life has to offer; (4) an enhanced sense of personal strength; and

(5) religious or spiritual development. The extent to which these five domains were present in the lives of my research co-travellers will be discussed in chapters three and four.

A traumatic event requires a thorough rethinking of what one can expect of life, and as a result, how one should live it. In their model of posttraumatic growth, Calhoun and Tedeschi (1998b: 215-238), emphasise this rethinking, or *rumination*. They describe this as taking place in two phases. The initial phase involves the disturbing, automatic, intrusive thoughts described in posttraumatic stress disorder. After a while, when emotional distress is managed well enough, a more deliberate process of rumination begins as the survivor seeks meaning, develops a new narrative or life story that incorporates the trauma and its aftermath, and reveals growth outcomes.

In terms of meaning-making, posttraumatic growth may invigorate attempts to give meaning to what has been horrifying by helping others who are traumatised. It may also serve as a basis for influencing the larger social system to prevent future traumatisation of others (Bloom 1998:179; Tedeschi 1999:319-341).

Meaning-making is also an integral consideration of narrative pastoral practices and thus resonate with postmodern, social construction discourse.

2.3 NARRATIVE PASTORAL PRACTICES

“Pastoral care and counselling must be holistic, seeking to enable healing and growth in all dimensions of human wholeness” (Clinebell cited in Pattison 1993:89).

2.3.1 The light of pastoral care

As pastoral therapists we need to challenge the separation of mind, body and spirit that has been a result of positioning pastoral care within a modern discourse (see also section 2.2.1). We need, as Brockman (1974:50) puts it, to bring to the health professions a strong reaffirmation of the understanding that: “Man is basically a spiritual being. He is more than physiological and psychological processes. The search for meaning and purpose, aspiring for creative fulfilment, and the development of an ethical system are as much a part of the person as are his motions and bodily processes. Indeed, the search for meaning is fundamental to the process of becoming fully human.”

Rather than dividing people into mind, body and spirit, Clinebell (cited in Pattison 1993:89) says they should be seen instead as open systems with six equally important dimensions: mind, body, intimate relationships, relationships with nature and the biosphere, relationships with significant institutions and relationships with God.

Carlson and Erickson (2000:70) highlight the importance of Clinebell's last point, the relationship people have with their God: "Because God is often one of the most significant people in a religious/spiritual person's life, this relationship has a very powerful constitutive effect. The way a religious/spiritual person views God's perception of him or herself as a person plays a powerful role in the development of a relational identity story."

Rather than shying away from spiritual issues in the context of therapeutic conversations, as pastoral therapists we need to create the space for people to feel comfortable enough to open up to us. We need to guard against the possibility of their experience with a personal God being limited by what Griffith (1995: 124) refers to as either *proscriptive constraints* – that this God-talk is not to be spoken here – or by *prescriptive constraints* – that God can and should be spoken of here but only in a certain way. "The secular psychotherapy culture may influence a therapist to impose proscriptive constraints inadvertently, while the religious counselling culture may influence a therapist to impose prescriptive constraints inadvertently" (Griffith 1995: 124). The challenge is to be able to offer them the kind of hospitality in our pastoral practice that Nouwen (1975:71-72) describes:

Hospitality ... means primarily the creation of a free space where the stranger can enter and become a friend instead of an enemy. Hospitality is not to change people, but to offer them space where change can take place. It is not to bring men and women over to our side, but to offer freedom not disturbed by dividing lines. It is not to lead our neighbour into a corner where there are no alternatives left, but to open a wide spectrum of options for choice and commitment.

Grame (cited in Tortorici, Healey, Dillingham & Winklebaur 1993:234) claims that in their clinical experience, clients with backgrounds of psychological trauma seem surprised and pleased when questions about religious background and beliefs are asked. "In many cases the treatment alliance has been noticeably strengthened by exploring questions about the role of spirituality and religion in a clients life" (Grame cited in Tortorici, Healey, Dillingham & Winklebaur 1993:234).

Many people who have experienced trauma have had stripped away from them any hope that anyone cares about what happens to them. When they come to us for therapeutic conversations, they have been reduced to *hopeless submission* (Tortorici 1993:5). Thus our overall goal of focusing upon the spiritual in cases of psychological trauma should be to help these co-travellers regain hope. Weingarten (2000:402) also speaks of the importance of *hope*: “Hope is something we do with others. Hope is too important, its effect on body and soul too significant to be left to individuals alone. Hope must be the responsibility of the community.” In my therapeutic conversations with people I am aware that one of the tactics of trauma is to try and snuff out all sense of hope. In order to undermine this tactic of trauma, I feel it is important to co-author ways of rekindling the person’s hope, of nurturing this flame no matter how small it may initially seem. As my therapeutic conversations with Joan would reveal, hope is indeed a powerful healing tool, not only for individuals but also for entire communities. Considering that hope is too important to do alone, I would like to argue that pastoral care could also include one’s relationship to the sacred as being part of the community of hope.

Peter Selby (cited in Pattison 1993:91) highlights the importance of experiencing pastoral care that actively invites one’s relationship to the sacred to be part of the community of hope. He suggests that those who experience pastoral care are empowered and inspired with a liberating and subversive vision which enables them to see that things can be different and that faith and vulnerability are possible and worth fighting for in this world. Key issues for those whose lives have been devastated by trauma. According to Tortorici (1993:24): “helping our clients [co-travellers] see the hand of God and the Mystery of Life in their experience is a holy work, and provides them with a necessary avenue for their healing, and a breath of new life in an otherwise suffocating situation.”

In the research literature I consulted, I came across several examples of care-givers who have been able to extend the kind of empowering pastoral care that Selby (cited in Pattison 1993: 91) describes. I refer to them as torch bearers in that their work has helped to illuminate our own research pathway.

2.3.1.1 Torch bearers of spirituality

“...every Christian is constantly invited to overcome his neighbour’s fear by entering into it with him, and to find in the fellowship of suffering the way to freedom” (Nouwen 1979:77).

The benefits of spirituality and its practices in times of trauma, loss and suffering are not a new concept. Over the centuries, people have lit candles, prayed together, meditated, and quietly turned to faith for solace, strength, and connectedness in their lives. According to Walsh (1999b:3) many people who seek help for physical, emotional, or interpersonal problems are also in spiritual distress: “Therefore, as therapists and human service professionals, we need to attend to the spiritual beliefs and practices of our clients if we are to understand them and assist in their healing and growth” (Walsh 1999b:3). Failure to ask questions about a person’s spiritual life and religious background may result in the loss to clients of a powerful resource for processing their traumatic experience and for giving meaning to their lives (Sermabeikian 1994; Tortorici 1993).

There is a growing circle of torch bearers who believe that a holistic and integrated view of the human person is a prerequisite if we are to understand psychological trauma and how to intervene effectively with those who experience it. Walsh (1993b:3) believes that while psychotherapy can be a profoundly spiritual experience for both the person seeking help and the therapist, this tends to be a hidden aspect of our work. “The very essence of the therapeutic relationship and meaningful change are ultimately spiritual in nature, fostering personal transformation, wholeness, and relational connection with others” (Walsh 1999b:3).

According to Lyall (1995:84), the religious history of an individual, is not something separate from his life story. He maintains that “the spiritual journey of the client is nearly always a reflection of important themes in that person’s life.” He considers it to be a paradox that while often “the most intimate details of a client’s family and sexual history are openly discussed, there is reticence about exploring the details of a person’s spirituality” (Lyall 1995:84).

In order to overcome any reticence and to speak openly of spirituality in my therapeutic conversations, I turned to other torch bearers, men and women who have already taken this step, for guidance.

I found the work of James and Melissa Griffith particularly helpful. *Religion*, according to Griffith and Griffith (2002:17) represents a cultural codification of important spiritual metaphors, narratives, beliefs, rituals, social practices, and forms of community among a particular people and provides methods for attaining spirituality, most often expressed in terms of a relationship with the God of that religion. In this sense, God personifies and objectifies the relatedness of

spirituality. By working out a relationship with his or her God, a religious person can bring into proper focus other relationships.

In order to truly understand another's point-of-view, however, it is important to ask your co-traveller what they experience as real about God, religion, and spirituality. Griffith and Griffith (2002:6) ask these questions in the hope of "fostering that which connects the person to hope and justice, to loved ones and to neighbours yet unknown." Inquiring about a person's relationship with their personal God may be particularly beneficial in bringing about therapeutic change when human relationships are absent, distant or inaccessible. There are often common considerations with people who have been traumatised.

Griffith and Griffith (2002:34-45) offer the following guidelines for creating the kind of space that invites conversations about spirituality:

1. An attitude of wonder in the therapist can be cultivated only if cynicism and certainty are attenuated.
2. A climate of openness and respect can be facilitated by "democratising" the structure of therapy.
3. Conversational co-travellers can speak freely of spiritual or religious experience when first they feel that their personhood is respected by the therapist.
4. Spiritual or religious experience can be available for reflective dialogue only if those present sustain embodied states that permit this experience to be recognised, understood and expressed.
5. Opening conversation to talk about spirituality or religion depends on knowing what questions to ask and more on careful listening to what people spontaneously speak about when they feel safe and respected.

Griffith and Griffith (2002:58) also highlight some of the unique benefits of addressing spiritual relationships in a person's life. They say that while relationships between individuals and spiritual beings such as ancestors, saints, spirits or angels, for example, bear many of the characteristics of human relationships, they also possess some unique aspects that can enable them to serve as resources in ways that human relationships cannot. Some of these unique features of a personal relationship between self and one's God or other spiritual being are, firstly, it may be the only relationship in which there are no secrets. Secondly, it may provide the only relationship that can be counted upon to be always present and available. Thirdly, it can provide a continuous source of meaning. And, finally, it can stand witness to what is just and unjust (Griffith & Griffith 2002:58).

Inviting spirituality into therapeutic conversations around trauma can radically change the course and outcome of these interactions. As Parker (1992: 5) puts it: “a strong form of the argument would be that discourses allow us to see things that are not ‘really’ there, and that once an object has been elaborated in a discourse it is difficult not to refer to it as if it were real.” By opening the door to spirituality in my therapeutic conversations, I have discovered that these sessions become richer and more meaningful to those I journey alongside no matter how much darkness and hopelessness has been invited into their lives by the trauma. It appears as though part of the benefit derived from including spirituality in our conversations is a greater sense of wholeness and connection. By opening this door together, I am discovering that we are bathed in the light of healing hope. Nouwen’s (1979:67) comments encapsulate the healing possibilities of these more holistic therapeutic conversations:

Let us not diminish the power of waiting by saying that a lifesaving relationship cannot develop in an hour. One eye movement or one handshake can replace years of friendship when man is in agony. Love not only lasts forever, it needs only a second to come about.

Something else that appears to stand with hope in strengthening a greater sense of wholeness and connection for those affected by trauma is faith.

2.3.1.2 The gift of faith

“*God weeps with us so that we may one day laugh with him*” (Jurgen Moltmann cited in Yancy 1988:100).

An important partner to spirituality, particularly in the context of trauma, is *faith*. I have found in my therapeutic conversations that it is often a person’s faith that helps to rekindle a sense of hope. This resonates with Wilson and Moran’s (1998:170) comment: “Even in the midst of trauma, this faith enables the believer to recognise that there is a benevolent and loving power above the world and beyond history who offers salvation, hope, and life.”

Dulles (1987:17) identifies, from a theological perspective, three features of spiritual faith: namely, assent, trust, and commitment. More than a mere act of belief, spiritual faith is a disposition, a “whole-hearted acceptance of, trust in, and commitment to that which gives meaning and purpose to existence”. This provides the believer with a deep sense of optimism and hope. Meissner (1987:119) adds to this: “Spiritual faith is illuminating; it provides one with direction, purpose, and meaning. In a word, faith “gives form and coherence to human life and experience.”

Some form of life-changing encounter with their God has often inspired people's stories of faith either during a traumatic event or shortly thereafter. Perhaps these encounters are what Maslow (1964/1968) would describe as 'peak experiences':

Associated with a variety of contexts, peak experiences are marked by feelings of wholeness and integration, of relatively egoless fusion with the world, of spontaneity and effortlessness, of fully existing in the here and now. Individuals not only feel more self-activated, more fully functioning, more creative, but objective observers are likely to perceive them that way too. Profoundly satisfying in themselves, peak experiences may revolutionaries the lives in which they occur. They contribute to the feeling that life is truly worth living.

This is not to imply that a person of faith is necessarily immune to the devastating effects of trauma. Far from it. Wilson and Moran (1998:170) point out that even for those who live by faith, what began as a life of promise, hope, and innocence can become disordered or destroyed. Consequently, it is imperative that mental health practitioners, clergy, and other spiritual ministers duly consider the impact of psychological trauma on human faith and spirituality.

Traumatic events as well as subsequent psychological trauma violate this basic sense of trust and can destroy a person's faith. Spirituality can be of great benefit in helping a person come to terms with trauma, but it is also important to note that trauma can in fact negatively impact one's spirituality. Herman (1992:52) points out what can happen when a person feels God has not been there for them in the midst of a traumatic event:

In situations of terror people spontaneously ... cry ... for God. When this cry is not answered, the basic sense of trust is shattered. Traumatized people feel utterly abandoned, utterly alone, cast out of the human and divine systems of care and protection that sustain life. Therefore, a sense of alienation, of disconnection, pervades every relationship, from the most intimate familial bonds to the most abstract affiliations of community and religion.

The trauma and the overwhelming stress which produce a numbing of the physical and emotional senses also bring about a numbing of the spiritual dimensions of human existence and experience (Ochberg cited in Wilson & Moran 1998:172). The spirit of the traumatized person is dimmed and deprived of meaning and purpose. The traumatized and numbed person easily becomes disillusioned, embittered, and overcome by extensive doubt. Confused, apprehensive, and anguished, the traumatized soul struggles to examine and re-examine the beliefs, practices, doctrines, spiritual concepts, and God-images to which he or she no longer feels connected (Wilson & Moran 1998:172).

It may not be possible to answer the 'why question' that many people ask after experiencing trauma: "Why has this happened to me?" But, in the co-authoring and co-creating of meaning-

making I enter into with people the very least we can aim for is a rekindling of the hope that trauma has stolen from them. Allowing space for an exploration of the person's faith as part of our therapeutic conversations may perhaps help make it possible to breathe life back into the emotional, physical and spiritual dimensions that have been numbed.

Wilson and Moran (1998:176) believe that an astute incorporation of spiritual counsel into various therapeutic schemata devised by clinicians will contribute greatly to securing a "why" for which victims of psychological trauma can live, even if the trauma leaves them with a limp as Tribble (1994:4) suggests:

To tell and hear tales of terror is to wrestle demons in the night, without a compassionate God to save us. In combat we wonder about the names of the demons. Our own names, however, we all too frightfully recognise. The fright itself is solitary and intense. We struggle mightily, only to be wounded. But yet we hold on, seeking a blessing: the healing of wounds and the restoration of health. If the blessing comes – and we dare not claim assurance – it does not come on our terms. Indeed, as we leave the land of terror, we limp.

It is by adopting narrative therapeutic practices that we can help people, numbed through trauma, to start taking steps towards reclaiming their lives.

2.3.2 The light of narrative therapeutic practices

"Telling one's story is a means of becoming"(Jill F. Kealey McRae 1994:215).

White (2002:12) draws attention to the responsibility that we, as therapists, have in the shaping of therapeutic conversations that will contribute to the construction of a 'robust' rather than a 'fragile' sense of self. In order to do that we need to help change perceptions of *psychological trauma*, providing instead an understanding that it can be seen as:

- a. a testimony to those intentional states held precious by people
 - b. a tribute to people's maintenance of a relationship with those intentional states that they continue to revere
 - c. a proclamation of people's acts of redress in response to the traumas they have been subject to
 - d. as expressions that are movements in life that shape opportunities for people to become other than who they were
 - e. elements of a legacy expressed by people who, in the face of the non-responsiveness of the world around them, remain resolute in their determination that the trauma that they and others have gone through will not be for nothing
- (White 2002:12)

If our conversations are shaped by these above understandings, White (2002: 21) believes people will derive a robust sense of their identities; experience themselves to be uniquely-abled on account of what they have been through, rather than uniquely-disabled as in damaged, messed up; and achieve a significant reduction in felt experiences of psychological pain, and of emotional distress.

We should also aim to be sensitive to the client's cultural and community beliefs and values. As White (1995: 85) points out "there is no excuse for people to experience re-traumatisation within the context of therapy. Distress yes, re-traumatisation, no." A narrative approach creates space for the expression of distress, but not for the theory of catharsis which "obscures the critical dimension of meaning" (White 1995:85) as a driving force.

White (1995:85) argues:

In requiring people to return to the site of trauma, are we not reproducing conditions that are entrapping, that are dispossessing people of choice? Are we not also unwittingly reproducing this culture's phobia about flight ... and its imperative of "facing up"? And in this complicity, are we not closing down the possibilities that might be available to people for honouring the special skills and the personal qualities that made it possible for them to navigate through the dark hours of their lives and into the present?

White (1995: 87) believes it is possible and desirable for people to find options for giving voice to their experience 'of trauma' in ways that are profoundly healing for them, and in ways that they judge to be entirely expressive. It is also important to consider that all expressions of experience stand within a system of meaning. White (1995:87) further emphasises the importance of consulting people about how "the re-interpretation and expressions of their experience is affecting the shape of their lives, and about what they understand to be the limitations and possibilities associated with our conversations". In this way people are assisted to take an active role in monitoring the real effects of the expressions of their experiences. This is why narrative practices emphasise the importance of continually consulting people about what they perceive to be the effects of our work with them (White 1995:87). This is something I constantly addressed with my co-travellers throughout the conversations we had as part of this research journey.

Another practice used in the narrative approach is to explore the effects of dominant discourses on people's lives and to challenge these dominant discourses.

2.3.2.1 Challenging dominant discourses on trauma

“Discourses are practices which form the objects of which they speak” (Foucault 1972: 49).

According to White and Epston (1990: 27) engaging in language is not a neutral activity. There exists a stock of culturally available discourses that are considered appropriate and relevant to the expression or representation of particular aspects of experience. Our understanding of our lived experience is mediated through language. These discourses are elevated to the level of “truth” and contribute significantly to the constitution of our personhood and of relationship. Problems arise when the narrative in which persons are storying their experience, and/or in which they are having their experience storied by others, do not sufficiently represent their lived experience, and in which significant aspects of their lived experience contradict this dominant discourse (White & Epston 1990: 27). If language is indeed the place where identities are built, maintained and challenged, then this also means that language is the crucible of change, both personal and social (Burr 1995: 43).

Foucault (cited in Burr 1995: 69) says if we can understand the origins of our current ways of understanding ourselves, we can begin to question their legitimacy and resist them. In doing this, we can bring to the fore previously marginalised discourses, to give choice to those whose accounts of life cannot be heard within the prevailing knowledges. For example, the voices of the mad, the delinquent, the abnormal and, in this case, the ‘trauma victim’. Burr (1995:74) points out that discourses are not monolithic:

they do not interlock neatly with each other, cleanly sealing off all possible cracks and weaknesses. There are weak points, places where they may be attacked, and points at which other discourses pose a real threat. The important point to remember about the nature of discourses is that they are always implicitly being contested by other discourses; this is Foucault’s point about power and resistance always being together. Where there is power there is also resistance.

A good part of Foucault’s work is devoted to the analysis of the “practices of power” through which the modern “subject” is constituted (Foucault 1978, 1984). The workings of this power are disguised or masked because it operates in relation to certain norms that are assigned a “truth” status. An example of this would be discourses that speak of people as ‘victims’ of trauma whose lives are ‘destroyed’ or ‘changed forever’. These descriptions are in fact illusionary. According to Foucault, they are all part of a *ruse* that disguises what is actually taking place. These dominant *truths* are actually specifying of person’s lives and of relationships (cited in White & Epston 1992: 138). For Foucault (cited in Burr 1995: 74) power and resistance always operate together.

Where there is power there is also resistance. And this is the key to the possibilities for social and personal change.

Freedman and Combs (1995:57) draw attention to a deconstructive questioning that is helpful in bringing about social and personal change/resistance in traumatised people. Deconstructive questioning “invites people to see their stories from different perspectives, to notice how they are constructed, (or that they themselves are constructed), to note their limits and to discuss that there are other possible narratives” (Freedman & Combs 1995:57).

Looking for these *resistances* can be likened to Wylie’s (1994:40) analogy of panning for gold or panning for ‘sparkling events’ or ‘unique outcomes’ (White & Epston 1990:74), moments that lie beyond the grasp of dominant narratives of trauma. Moments that contradict or negate the dominating and disempowering effects of trauma by allowing the light of hope to shine through. Rather than choosing to focus on the disempowering effects of trauma, the person can be asked to think of ways in which the trauma may have uniquely-abled them or to identify special skills and personal qualities that made it possible for them to survive the traumatic incident (White 1995:85).

The media plays a leading role in the perpetuation of these dominant discourses about the disempowering effects of trauma, for example that trauma ‘causes life long disturbances in effectiveness’; that ‘it is not possible to heal from trauma’; that ‘all sense of coherence is lost’; and ‘nothing will ever be the same again’. Listening to and reading stories about trauma one experiences the utter devastation of the people who faced trauma. Is it the aim of the media to reinforce the presence of fear and hopelessness in the lives of the family and the reader? Does the media have no responsibility in terms of nurturing *hope*? Why are stories of devastation, hopelessness and victimisation the order of the day? Where are the stories of people who have overcome traumatic events? Where are the stories of victory?

The similarities between the discourses expressed in the media, and the traditional discourses in trauma work were like a *light-bulb realisation* for me. To what extent do some trauma de-briefing approaches unwittingly re-traumatise people and reinforced the perception that they are *victims*? Are our attempts at helping more like lightening bolts to the recipients of our caring?

Is it possible to challenge and resist these dominant discourses on trauma in the media? An article doing just that appeared in *The Beeld* newspaper (Saturday 2 December 2000). Entitled “There is a road”, it highlights this apparent discrepancy between the voice of dominant discourses on trauma and the voice of Emily, a 14 year-old girl, who was repeatedly raped by burglars who broke into her home and attacked her family. After repeated speculation in the media that she would be *scarred for life* because of what happened to her, Emily decided that she has had enough of the ‘rubbish’ other people were spreading about her and was interviewed by reporter Neels Jackson. Far from feeling her *life was wrecked or destroyed*, she said that, while she does not deny that the problem will still crop up in her life ahead, she was working on “conquering/overcoming strategies”.

According to Kotzé and Kotzé (2002:206), when Emily read in a newspaper that a ‘trauma expert’ had said she was so traumatised that she will probably need counselling and support for the rest of her life, she was justifiably angry. The family experienced this expert statement made with such authority as yet another assault, especially on Emily. Part of the letter Emily wrote in response to this inaccurate and unethical portrait of her, reads:

To anyone interested in hearing my opinion

I am still exactly the same person as before the burglary and rape. I know I now think and feel differently about things, but I am not all of a sudden a poor, helpless, broken person that will need counselling for the REST of my life. I think the way I changed most is to become stronger in myself and my Christianity (my faith). I feel I was a strong person before the incident and have been put to the test in the most drastic way. But that does DEFINITELY not mean that I don’t still enjoy going to the movies or ballet or teasing my friends.

I am now truly sick and tired of people wanting to write about my “life”. Who gives them the right to decide how the rest of my life is going to be? It’s my life and I will live it the way I want to.

(The Beeld Saturday 2 December 2000)

Whilst Emily acknowledged that the incident changed her, she explains that the biggest change was that she grew stronger in herself and in her faith. “Nobody can rob me of my faith. Physical, material stuff they can steal, but that does not bother me. They couldn’t steal my feelings, they couldn’t take away my humanness ...” There is nothing of a “poor, helpless, broken person” as she describes it in her letter. This is a story of victory/triumph. It is a story of hope.

Commenting on the involvement of Emily's pastoral counsellor in the process of challenging the so-called 'expert' opinions expressed in the media, Kotzé and Kotzé (2002:207) add:

The ethical-political challenge that Emily's pastoral counsellor embraced, was to encourage and provide a space for Emily to voice her "subjugated knowledge" (White & Epston 1990:31; Foucault 1980:82) and to challenge "expert" opinions regarding the effects of violence on her. Through positioning Emily as the "expert on her own life", she was able to speak her own preferred alternative story "into existence" (Davies 1993:20).

By allowing more voices like Emily's to be heard, perhaps dominant discourses that dwell only on the negatives of trauma, and without consulting the person effected, could begin to be dismantled in the media and in our therapeutic practices?

Perhaps too what is needed to dismantle dominant discourses that are dishonouring of people is a careful consideration of our theology as narrative pastoral therapists?

2.4 THEOLOGY

"We are not human beings having a spiritual experience; we are spiritual beings having a human experience" Pierre Teilhard de Chardin (cited in Walsh 1999b:3).

Theology, according to DeGruchy and Villa-Vicencio (1994:6) has to do with that knowledge of God which is inseparable from the knowledge of ourselves and the world. The subject matter of theology is not 'God' in splendid isolation, but God as revealed, and therefore God in relation to everything. This understanding of God is Trinitarian and, as such, fundamental to Christian faith and theology. DeGruchy and Villa-Vicencio (1994:6) pose the question: "If it is true that God is only known through self-disclosure or revelation, and therefore in relation to us, then clearly the fundamental task of theology is to seek some understanding of that revelation and relationship. In what way is God revealed, and how do we receive and appropriate that revelation?"

Brueggemann (1993:17) speaks of a new mode of theology that is now needed and permitted. It is a theology that acknowledges that all claims of reality, including those by theologians, are fully under negotiation:

Theological discourse is prepared to and capable of participation in these negotiations, no longer pretending to be a privileged insider, no longer willing to be a trivialised outsider. Reality, so far as our social conversation is concerned, is no longer a fixed arrangement inhospitable to theological categories, but is an on-going, creative, constitutive task in which imagination of a quite specific kind has a crucial role to play. The core of our new awareness is that the world we have taken for granted in economics, politics, and everywhere else is an imaginative construal. And

if it is a construal, then from any other perspective, the world can yet be construed differently. It is the claim of our faith, and the warrant for our ministry, to insist that our peculiar memory in faith provide the materials out of which an alternatively construed world can be properly imagined.

Brueggemann's description of this 'new mode of theology' resonates for me with Griffith and Griffith's (cited in Griffith 1995: 127) openness to the "refreshing breezes of curiosity and wonder." It is in such a space that I may join with people who consult with me about traumatic events in their lives in co-creating the 'materials out of which an alternatively construed world can be properly imagined' beyond trauma. Brueggemann's (1993:17) position that all claims of reality, including those by theologians, are fully under negotiation resonates for me with the postmodern discourse's position on theology.

2.4.1 The light of postmodern discourse

Postmodern discourse represents a questioning of and rejection of the fundamental assumptions of modernism and rejects the idea that the world can be understood in terms of grand theories or metanarratives. Instead postmodern discourse emphasises the co-existence of a multiplicity and variety of situation-dependent ways of life, which is sometimes referred to as pluralism (Burr 1995:12).

While modernists would argue in a variety of ways that Christianity is not true, postmodernists would critique Christianity by claiming that Christians think they have the only truth. The claims of Christianity are rejected because of the appeal to absolute truth. Absolute truth claims can be dismissed by the postmodernist for being "intolerant", for trying to force one's beliefs onto other people. Postmodernists have genuinely given up on the idea of absolute truth, thus the church faces new challenges in proclaiming the Gospel to our contemporary world (Dockery 1994:14).

As many of the people who request trauma debriefings at LifeLine are from non-Christian backgrounds, Dockery's points are well taken. To claim Christianity as the only *truth* would be intolerant in the extreme. As my conversation with Mr Solly indicated it is possible to be *spiritual* without being *religious*. The meaning-making that occurs in my therapeutic conversations is co-authored but it is the traumatised person's reality and experience that always takes centre stage. My own Christian beliefs, values and experiences may guide me in this process, and may, when appropriate, be offered tentatively for consideration by my co-travellers.

It is important to be aware of Griffith and Griffith's (2002:15) analogy of the spiritual domain, which they liken to: "a parliament with dozens of political parties represented, none of which uses a shared language in its debates while advocating with passion for its own worldview. Spirituality and religion are so afflicted with such a confusion of tongues that clarity about the language used is necessary before work can be accomplished."

One of the most valuable learnings I can take from Griffith and Griffith's (2002) thoughts on this lack of shared language is the importance of not assuming to know what someone else's understanding of spirituality is. It is important to adopt what Buddhism refers to as a *beginner's mind* when embarking on a spiritual journey or Anderson and Goolishian's (1992:28) 'not-knowing' position.

It is important to approach conversations about spirituality with an acknowledgement that I am no more theologically or spiritually equipped than anyone else, and that I am tasked with listening carefully and with openness. As Griffith (1995: 126) points out: "if 'I think I know' the basic story of someone's experience with God, I am probably beginning to close off therapeutic possibilities. I then risk joining those forces of cultural oppression that would instruct and censor what could be spoken. Resistance to these forces is possible only to the extent that I can discover and depart from my own certainties."

As a Christian my initial response to a postmodern discourse was to see it as a possible threat because it means this shift from a modern to a postmodern culture obviously requires a new theological reflection. I now realise that it is just as possible to see it as a welcomed opportunity particularly in the light of Rossouw (1993:895) warning that "a theology that pretends to be a timeless and closed system of theological knowledge, unaffected by cultural shifts, runs the risk of becoming obsolete". Rather than being lured into "already knowingness" by my own "stories of certainty" I can be open to what Griffith and Griffith (cited in Griffith 1995:127) describe as "the refreshing breezes of curiosity and wonder, in which multiple realities co-exist and relationships can evolve."

Freedman and Combs (1995:22) provide a helpful summary of what it means to adopt a postmodern, narrative and social constructionist worldview. They list four key ideas concerning reality: Firstly, that realities are socially constructed; that they are constituted through language; that they are organised and maintained through narrative; and that there are no essential truths.

In my therapeutic conversations with trauma survivors I am fully aware of the thought that nobody has privileged access to ‘the way things really are’. What helps me to *understand* Freedman and Combs’ point that there are no essential truths is Bons-Storm’s (1998:18) helpful metaphor: “Truth can be understood as the road towards liberation from oppression and alienation, through changing landscapes and changing contexts. It is an avowed truth of where one stands ‘for the time being’.” Such an understanding of *truth* invites in the possibility of change when conversing with people still in the grip of trauma. It points to a time when their current *truth* may be different. This possibility of change empowers me to see ‘truth as contextual’ as a position that invites hope.

2.4.2 Contextual practical theology

My theology must be practical as well as contextual. Nicholas (1998:157) claims practical theology needs to be about how people live, and the social and political conditions that form the choices open to them. She says practical theology is context-specific. It does not try to subsume the particulars of people’s lives into universal truths, but embraces the specifics of different lives as the grounding for the work of an ongoing reflection and action, based on the conviction that God-talk matters.

The focus of my contextual practical theology in the therapeutic conversations I have about trauma is ‘faith lived in context’ (Bons-Storm,1998:14). For me, being faithful means to live in critical orientation to a Christian tradition in such a way that the ambiguities and the brokenness I am constantly exposed to during therapeutic conversations with people can be endured. It also means that despite these challenges, I am still able to experience life as meaningful and can hold onto a trusting relationship with my God.

The modernist discourse, which favours talk on the mechanics of the world at the cost of a more comprehensive understanding of their world, hampers the ability of people to put whatever they are doing in a bigger context (Roussouw 1993:899). If my faith brings me to an understanding of reality, an understanding of the nature, meaning, and value of life, and the lifestyle that fits that understanding of reality, then I can make a valuable contribution to restorer a sense of wholeness to those lost in the darkness of trauma. If, on the other hand, my faith consists of a set of rules, a

collection of do's and don'ts, I will not have much to contribute. In fact such a stance may only serve to re-traumatise people.

Kotzé (2002:13) draws a distinction between *prescriptive* and *participatory* ethics. Prescriptive ethics refers to “ethics resulting from a process of deductive reasoning grounded in systems of “truth” that are mostly embedded in scientific and/or religious discourse. This form of ethics allegedly has objective or transcendent “truth” status and is not bound by time or context, thus assuming prescriptive status” (Kotzé 2002:13).

Participatory ethics, on the other hand, requires an “ethical consciousness situated in the participation of all, especially those who are usually marginalised and silenced” (Kotzé 2002:18). As I have a voice and power in the context of my therapeutic conversations I have an “ethical obligation to use the privilege of my knowledge/power to ensure participation with the marginalised and silenced, to listen to them, but not to decide *for* them, and to engage in participatory solidarity *with* them (Kotzé 2002:18).

Hope plays a central role in my practice of contextual theology. Many people may have lost or a diminished sense of hope when they come to me for trauma debriefing. In this context, I am in a position to help keep hope alight until such time as they are able to reclaim hope for themselves.

Bons-Storm (1998:15) writes that living in this world with one's eyes open spells dread and despair, and that the brokenness of life in all its aspects cannot be ignored. To be faithful one needs stories that go against the grain because they do not gloss over the dread and despair but give a vision of hope. This fits with White and Epston's (1990) narrative ideas of ‘unique outcomes’, which are moments that contradict problem-saturated stories in people's lives and hence invite in the possibility of hope.

Hope plays a crucial role in trauma work. Bons-Storm (1998:15) writes: “In the Second Testament I read that of faith, hope and love, love is the most important. But nowadays I think that hope is the most needed virtue. Hope nurtures the courage to love, that is, to be open to others and to see the best in them and to cherish them without being afraid. Without hope in the midst of dread there cannot be faith.”

Rather than supporting a style of communication that merely downloads and prescribes religious information on people, I must actively pursue a style of communication that involves the experiences and expectations of my co-travellers (Roussouw 1993:900). My theology must be *contextual*. In other words, my contextual theology must deal with what Nolan (1994:213) describes as the problems, issues and questions that arise for persons in any particular context and especially in contexts of oppression and suffering – regardless of what their own personal religious beliefs may be.

In my therapeutic conversations with Andrew (see chapter four), he appeared to have no consciously formalised sense of spirituality or awareness of the possibility of a higher being acting in his life. It was important to me to and to our journeying together to keep his own beliefs centralised and not to impose my own belief system on him. The basis of dialogue, after all, is the conviction that the One and Only Truth cannot be known, because everybody is limited by his/her own context, position, viewpoint and interests (Bons-Storm 1998:17). “In dialogue these limitations can be reduced, viewpoints can be broadened, and, eventually, interests shared. Perhaps one person’s vision of hope can touch the other’s vision of hope. Belief in the possibilities of the ‘other’ is the breeding ground of dialogue” (Bons-Storm 1998: 17). Andrew appeared to be intrigued when I asked him if it was possible God was present with him throughout the armed robbery/hi-jacking he was subjected to. His closing comments in chapter five indicate this was a question that planted a seed that would begin to germinate a sense of spirituality in his life.

This challenge of honouring the belief system of the other can be described as the hermeneutical task of theology that is interpreting the gospel in terms of the context in which we find ourselves. ‘Hermeneutics’ is a word derived from Hermes, the messenger from the gods to humans in ancient Greek mythology. In other words, hermeneutics is the task of relating the message of the Bible to the situation or context in which we live. But it is more than simply interpretation. To use a helpful expression from Hans-Georg Gadamer, it is a ‘fusing of two horizons’, that of the text and that of the context, but with the awareness that the interpreter himself or herself also stands in a given historical context and tradition (DeGruchy & Villa-Vicencio 1994:10).

In my therapeutic conversations I aim to create a safe space in which, to paraphrase Nelle Morton’s (1985:202) immortal phrase, I can allow trauma survivors to be ‘heard into speech’. A position that appears to resonate with a feminist theological stance. Ackermann (1994:206) points

out that issues which are central to a feminist theological perspective, like human relationships, the work of justice, caring for your neighbour and liberating praxis, are all directly drawn into this work of healing (Ackermann 1994:206).

2.4.3 Feminist theology

“Religion is not about standing still, repeating established “truths”, being limited by accepted interpretations; religion is about the communication of community in the present, the inter-relatedness of everybody, connecting and networking, carrying and caring. Thus feminist theology presents a radical critique of religious and theological thinking stuck in notions of patriarchal supremacy”(Isherwood & McEwan 1993:61).

For healing praxis to be truly restorative, it has to be in Ackermann’s (1998:83) words: “a collaborative and sustained action for justice, reparation and liberation, based on accountability and empowered by love, hope and passion.” Without this level of commitment and care for my co-travellers and the journey we undertake together, our conversations are likely to be shallow, disconnected and meaningless.

In order to achieve a restorative healing praxis, of necessity, my theology must include feminist, liberation, resistance, and transformationist perspectives. As a pastoral therapist these perspectives empower me to participate in God’s intentions for justice and compassion. It is a theology that conveys what Neuger and Poling (1997:234) describe as the notion of “a God who loves deeply and asks much.”

What characterises feminist theology for Storkey (1985:85) is the awareness of our experiences and the inclusion of the rest of our selves in the doing of theology. The real lives and lived experiences of women and men, their diversity, their gifts, their differences and struggles, commit us “to ask theological questions and to give feminist answers”. Answers which overcome old dichotomies and usher in an understanding of pluralism which give speech to the speechless, which empower the powerless and which let outsiders participate (Isherwood & McEwan 1993: 91).

In many of my therapeutic conversations the theological question of patriarchy often makes itself felt, particularly when dealing with women or children who have experienced trauma at the hands of men. In order to dialogue effectively with these individuals, I must operate from a base that enables me to break through the conceptual trap of patriarchy so that both women *and men* can be helped to respond to God’s invitation for justice. Neuger and Newton (1974:42) stress the

fact that we need to listen to one another very carefully in order that “we might reveal the destructive traps of dualistic and hierarchical theology and the consequent oppressiveness of a patriarchal society”.

I will refer in greater detail to the importance of this need to ‘listen very carefully’ for the voice of patriarchy when I discuss my conversations with Joan and Rosie in chapters three and four respectively. While I have often sensed a hesitation towards, or a rejection of, ‘God the Father’ in trauma conversations, I have not found this same response to talking about Jesus Christ. Louw (1996:122) believes the connection between God’s Fatherhood and a patriarchal culture could arouse negative associations. “Women, could for example, experience the term “Fatherhood of God” as a symbol of oppression” (Louw 1996:122). This is where metaphorical language may be of help to pastoral therapists. McFague (1987:33) offers a new metaphorical theological concept. Because of the fact that God is often conceptualised in the tradition of the church as King, Lord, Ruler and Patriarch, she proposes another metaphor:

I will suggest God as mother (father), lover, friend. If the world is imagined as self-expressive of God, if it is a ‘sacrament’ – the outward and visible presence or body of God ... Would not the metaphors of parents, lovers, and friends be suggestive, with their implications of creation, nurture, passionate concern, attraction, respect, support, co-operation, mutuality?

(McFague 1987:61-62)

According to Keane (cited in DeGruchy & Villa-Vicencio 1994:72) Alwyn Marriage helps us to understand God’s capacity for being a mother:

She begets us not once, but again and again. The brooding mother was present at the annunciation when the promise of a second creation was made and when, through her creative power, the Saviour is conceived. Finally, at Pentecost she energetically gives birth to the infant church. Since birthing is a feminine activity and a ‘biologically related metaphor’, one which is repeated throughout Scripture, Alwyn Marriage finds it reasonable to ascribe femininity and fecund motherhood to the Spirit of Life.

For many feminist theologians the figure of Jesus does not appear to hold the same oppressiveness associated with a patriarchal God. According to Japinga (1999:106) this may be because the role of Jesus in human life and in the Christian tradition ultimately has little to do with *maleness* and everything to do with a love that is making all things new.

2.4.3.1 The light of Jesus

“I am the light of the world. Whoever follows me will never walk in the darkness, but will have the light of life” (NIV John 8:12).

In the course of my therapeutic conversations I am constantly reminded that people who have experienced trauma may not experience God as I do, as *loving* and *merciful*, but may instead feel alienated, distant, even angry. Elaborating on this thought, DeGruchy (1994:64) believes that *suffering* constitutes perhaps the primary datum of life, and that it is in this suffering that many people find the reason to disbelieve and reject God.

Griffith and Griffith (2002:8) caution others to note that religion has the potential to both heal and harm. While many ill [traumatised] people find comfort, understanding, and meaning in their relationship with their God, others may feel abandoned by God, feel guilty for having become ill, or neglect their health by adhering to religious beliefs or practices. Yancy (1998:9) adds to this:

I found that for many people there is a large gap between what they expect from their Christian faith and what they actually experience. From a steady diet of books, sermons, and personal testimonies, all promising triumph and success, they learn to expect dramatic evidence of God working in their lives. If they do not see such evidence, they feel disappointment, betrayal, and often guilt.

However, the possibility of connecting with, or re-connecting, with the figure of Jesus appears somehow less threatening, more attainable than connecting with God. Perhaps it is the knowledge that Jesus also suffered much, that makes this identification with him possible. As Yancy (1995:160) puts it:

Again, I find it strangely comforting that when Jesus faced pain he responded much as I do. He did not pray in the garden, "Oh, Lord, I am so grateful that you have chosen me to suffer on your behalf. I rejoice in the privilege!" No, he experienced sorrow, fear, abandonment, and something approaching even desperation. Still, he endured because he knew that at the centre of the universe lived his Father, A God of love he could trust regardless of how things appeared at the time.... Jesus' response to suffering people and to "nobodies" provides a glimpse of the heart of God. God is not the unmoved Absolute, but rather the Loving One who draws near.

Perhaps it is because narratives about Jesus are open to personal interpretation and meaning making that they hold such relevance for people. Cochrane (cited in DeGruchy & Villa-Vicencio 1994:44) points out that "since God has been revealed in Jesus Christ, Christians have access to this revelation in the form of a story. God's self-disclosure is, in the first place, story-shaped, narrative in nature."

Significantly Jesus appears to be untainted by the brush of patriarchy that feminist theologians see the Bible and much of Christian doctrine to have been painted with. Bons-Storm (1996:131) writes:

Despite the exclusively male and sexist imagery in dominant Christologies, many women love Jesus and are inspired by him. They love him not in the first place because he died for them on the cross and paved the way to the Father-God, but because he is one of those men who really understand women and are interested in what they say and do (John 4:1-42).

In many ways Jesus brought about revolutionary changes, not least of which was his attitude towards women. Women populated Jesus' parables and illustrations, and frequently he did miracles on their behalf. According to biblical scholar Walter Wink (cited in Yancy 1995:154), Jesus violated the mores of his time in every encounter with women recorded in the four Gospels. Truly, as Paul would later say, in Christ "There is neither Jew nor Greek, slave nor free, male or female..."

Sayers (1971:47) expands on the reasons why Jesus appears to be more easily acceptable and approachable to women:

Perhaps it is no wonder that the women were first at the Cradle and last at the Cross. They had never known a man like this Man – there had never been such another. A prophet and teacher who never nagged at them, who never flattered or coaxed or patronised; who never made arch jokes about them, never treated them either as 'The woman, God help us all!' or 'The ladies, God bless them!'; who rebuked without querulousness and praised without condescension; who took their questions and arguments seriously, who never mapped out their sphere for them, never urged them to be feminine or jeered at them for being female: who had no axe to grind and no uneasy make dignity to defend; who took them as he found them and was completely unselfconscious.

Perhaps the appeal of Jesus for Christians and non-Christians alike lies in his status as a revolutionary who cares for women and men equally. He stands as a symbol of hope. Because he truly understands us in our humanness, in our vulnerability, at those times in our lives when we feel most alienated and alone, he may be seen as a light in our darkness.

2.5 A CONSIDERATION OF THE JOURNEY SO FAR

In this chapter, I have touched on how the body, mind, and soul divide occurred and the challenge we, as pastoral therapists, have of reintegrating these aspects in order to offer those who seek our care a truly holistic form of counsel. In order to meet this challenge, I have found my own understandings of trauma and spirituality have been questioned, shaped and changed. My approach to therapeutic conversations has been reformulated by the ideas of social construction and postmodern discourse and by narrative therapeutic practices. Like my epistemology, my

theology too has been challenged, stretched and thickened by rising to the challenges of contextual theology; the introduction of feminist theological considerations; and by the therapeutic conversations I have had with my research co-travellers.

Perhaps the evidence of these beneficial changes will become more apparent as I now turn my attention to the research journey I co-authored with Joan around her narratives of trauma and spirituality.