

JOY AS AN ASPECT OF THE SPIRITUALITY OF PATIENT CARE VOLUNTEERS AT THE  
CANCER ASSOCIATION OF SOUTH AFRICA: A MULTI-DIMENSIONAL APPROACH

by

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## ABSTRACT

The purpose of this study was to address the tension between CANSA's two governance core pillars, namely service delivery and sustainability, by introducing spiritual transformation understood as restoration of the Divine-human relationship towards new opportunities, possibilities, and initiatives. The focus of this study was on the link between spiritual transformation and the service of volunteers in cancer patient care. A holistic view on health care was proposed in order to promote 'spiritual wholeness' in healthcare transformation. A quadrangular multidimensional approach examined the origins and scope of joy as an aspect of spiritual transformation in the societal (CANSA), Theological (Qohelet), healthcare<sup>1</sup> sciences as well as African<sup>2</sup> spiritual epistemology. It was argued that CANSA's holistic vision should be viewed as a process of *joymotion*. Lessons learned can be utilised to shape and sharpen CANSA's Patient care volunteers if adapted towards being human in healthcare.

## OPSOMMING

Die doel van die studie was om die spanning tussen KANSA se twee bestuurspilare naamlik dienslewering en volhoubaarheid aan te spreek deur spirituele transformasie – hier verstaan as die herstel van die God-mens verhouding met die oog op nuwe geleenthede, moontlikhede en inisiatiewe. Die fokus van die studie was die skakel tussen spirituele transformasie en dienste van kanker Pasiëntsorg Vrywilligers. 'n Holistiese perspektief op gesondheidsorg was voorgestel om 'spirituele heelheid' in die transformasie van gesondheidsdienste te bevorder. 'n Multidimensionale vierhoekige benadering het die oorsprong en omvang van vreugde as 'n aspek van spirituele transformasie ondersoek – in sosiale (KANSA), teologiese (Qohelet), gesondheidsorg wetenskappe, sowel as Afrika spirituele epistemologie. Verder is geargumenteer dat 'n vreugdeproses in KANSA se holistiese visie onderskei moet word. Insigte kan KANSA se Pasiëntsorg vrywilligers help vorm en slyp wat sal bydra tot meer menslikheid in gesondheidsorg.

“The world cannot be discovered by a journey of miles, no matter how long, but only by a spiritual journey, a journey of one inch, very arduous and humbling and joyful, by which we arrive at the ground at our own feet and learn to be at home”  
(Berry 1971, 34)

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<sup>1</sup>Health care refers to care actions and health care to a system. In this study the two terms are used interchangeably.

<sup>2</sup> African means a person with African ancestral origins. The terms Black and African are used interchangeably in this dissertation.

## **Funding**

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## **Key terms**

CANSA; Cancer Association of South Africa, Qohelet; Qoheleth, Kohelet; Coheleth, Ecclesiastes, Africa; African people, Black people, spirituality; Christian spirituality; healthcare; health care; service delivery, spiritual transformation; transformation, joy; happiness; South Africa, NGO, NPO, third sector, volunteer, community, independent sector, third sector in society, volunteer sector, advocacy organisation, voluntary organization, associations, and charity.


## List of Abbreviations

AA	Alcoholic Anonymous
AIDS	Acquired immune deficiency syndrome
ANC	African National Congress
ASCC	American Society for the Control of Cancer
B-BBEE	The Broad-based Black Economic Empowerment Act, [No. 53 of 2003],
BECC	British Empire Cancer Campaign
BPA	Bosphenol A
CANSA	Cancer Association of South Africa
CARISA	Cancer Research Initiative of South Africa
CD4	Cluster of differentiation 4 - used to assess the immune status of newly diagnosed HIV patients
COVID-19	A communicable respiratory disease caused by a coronavirus strain that causes illness in humans
CRC	Colorectal carcinoma
CSI	Corporate Social Investment Partners
CSO	Citizen sector organization
CBO	Community-based organisations
DDT	Dichloro-diphenyl-trichloroethane
DNA	Deoxyribonucleic acid
EE	The Employment Equity Act of 1998
ETDP SETA	Education Training and Development Practices Sector, Education and Training Authority
FBO	Faith-based organisations
GKSA	Gereformeerde Kerke van Suid-Afrika / Reformed Churches of South Africa
Globocan	Global Cancer Observatory
GPS	Global positioning system
GSO	Grassroots support organization
HCV	Hepatitis C virus
HBV	Hepadna virus
HDI	Human Development Index

HPCA	Health Professional Council of South Africa
HPV	Human Papilloma Virus
HRH	Human resources for health
ICRF	Imperial Research Fund
MOPP	A chemotherapy regimen
NCDs	Noncommunicable diseases
NCR	The South African National Cancer Registry
NGO	Non-governmental organisation
NHI	National Health Insurance
NPO	Non-Profit Organisation
NIV	New International Version
NRSV	New Revised Standard Version (The Holy Bible)
NSA	Non-state actor
PBO	Public Benefit Organisation
PSA	Prostate Specific Antigen
PVC	Polyvinyl chloride
SANBS	South African National Blood Service
SA	South Africa
SBO	Social benefit organization
Section 21 Company Not-for-profit company or Association incorporated not for gain	
SETA	Sector Education and Training Authority
TLC	Tough Living with Cancer
UN	United Nations
US	United States of America
UVR	Ultraviolet radiation
WHO	The World Health Organisation
WCRF	World Cancer Research Fund

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## **Publications (journals/book chapters)**

Since a Master's and D "candidate may include material from any of his or her existing publications in the dissertation or thesis, provided that they are clearly indicated as such" (Unisa Senate 2022, 24), the following existing publications by the author were used and included in this dissertation and are clearly indicated as such.

Steenkamp-Nel, A. (2018a). Shifting landscapes: Spirituality in the life of the African healthcare volunteer. In A. de la Porte, N. Joubert & A. Oberholzer (eds), *Proceedings of the 2nd Biennial South African Conference on Spirituality and Healthcare* (pp. 261–277). Newcastle: Cambridge Scholars Publishing.

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Steenkamp-Nel, A. E. (2019a). Transformative joy in Qohelet: A thread that faintly glistens. *HTS Teologiese Studies/Theological Studies*, 75(3), 1–9.

Steenkamp-Nel, A. E. (2019b). Tattoos and tableaux of flourishing: Qohelet and African spirituality in transformation. *Verbum et Ecclesia*, 40(1), 1–11.

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## DECLARATION

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JOY AS AN ASPECT OF THE SPIRITUALITY OF PATIENT CARE VOLUNTEERS  
AT THE CANCER ASSOCIATION OF SOUTH AFRICA: A MULTI-DIMENSIONAL  
APPROACH

I declare that the above thesis is my own work and that all the sources that I have used or quoted were indicated and acknowledged by means of complete references.

I further declare that I submitted the thesis to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

*A Steenkamp*

SIGNATURE

1 Desember 2023

DATE

## DEDICATION AND ACKNOWLEDGEMENT

I have just finished this study. A dissertation without letters is a bit like a hot air balloon without air. However beautiful it is still ineffective while on the ground. My supporters and well doers lifted me up. They made me susceptible for gentle breezes and sometimes crosswinds. They encouraged me to become light(ness) and deliberate(ion) itself, as I followed the wind over the breathtaking African spiritual landscape, floating over its varied topology and absorbing its raw and delicate beauty during my study safari.

This study could not be completed it without the help and support of my colleagues in the field of spirituality research who have taken the time to support this venture and to my supervisor, Prof. Christo Lombaard, for his enthusiasm, his wisdom, patience and direction during this study. Thank you for your faith in me. It allowed the study to twist and turn in sometimes uncertain and surprisingly unexpected ways.

My greatest debt of gratitude, is owed to my mom and my dear husband, André and a handful of Yorkies. Mom Sariëtte dedicated herself to her children's education. She was the first one to teach me that faith should not only be declared but lived, not a doctrine but lived experience, in other words spirituality. Her grace and prayers turned 'mountains into roads' and valleys into staircases. From André's generosity, love, our common values, goals and our coffee conversations I have gained the strength and conviction that I can do this. During many weekends and holidays for the past several years we discussed the progress whilst flyfishing. Through false starts, missed dates after a mountain bicycle race accident, a few hospital visits, moving house, and delightful university library visits in Buenos Aires, Salzburg, and Innsbruck we lived the journey. A bunch of Yorkies' silent patience and enthusiastic support while I was writing kept the inner conversation going. All my co-aviators are elegant proof of the flame of God, and the power of family. I could not have asked for better companions.

I acknowledge and respect the custodians' of African lived experiences, spiritual relationships, and continuing connections past and present with the spirituality upon which I write. And so I dedicate this book in gratitude to them.

## **CURRICULUM VITAE**

### **Annalie E. Steenkamp Nel**

Annalie is an academic adventurer who 'travelled' ecumenically. Since she could not (after her Theological studies at the GKSA (Reformed churches), Potchefstroom Seminary, South Africa) preach or become a minister because she is a woman, she developed other pathways. Her passion and vision for the spiritual development of all women and the girl child grew organically into a teaching ministry and further study. In course of time, she served as part-time lecturer at the multi-church faculty of Unisa. At TEEC (Theological Education by Extension College) and assessed Spirituality 2&3 students in the Diploma in Theology from 28 partner denominations across the Southern African region. Over the past five years three peer viewed articles in accredited journals and two book chapters in international publications were published. National and international delivered papers were well received.

Annalie Steenkamp-Nel is an entrepreneurial minister and inspirational speaker with a flair for the unorthodox and the unknown. She is a prolific writer and presenter. Recent radio devotionals and books are 'Sielsgedagtes'/'Soul thoughts' and 'Wat sê jy'/'What do you say?' When she is not working you will find her travelling, hiking, gardening and conjuring up another pesto recipe. Steenkamp Nel specialises in women's ministry, African spirituality, healthcare, and joy.

Her motto is 'Impact with elegance'.

## **CHAPTER 1: INTRODUCTION: LIQUID LANDSCAPES**

### **1.1. Introduction**

At the heart of the questions, I raise in this dissertation is the main question: *What is the contribution of joy as an aspect of the spirituality to CANSA's Patient care volunteers?*

In the discussion of the background to the study, as well as in the subsequent motivation for the multidimensional approach to the study, the African volunteer community's need to be spiritually accommodated in CANSA and the unfolding of the research design will be covered. The problem statement, research questions and goals of the study are depicted, and a brief outline of the multidimensional research approach is given. Following the discussion of the limitations and contribution of the research and the defining of key concepts employed within this study, and an overview of the content of the study is presented. The ambition is to facilitate an appropriate application of the spiritual transformational approach fostering multidimensional dialogue.

### **1.2. Background to the study**

The South African society is faced with extreme poverty, disease, violence and corruption. Despite the consequential stark hardships that often accompany daily life, African Patient care volunteers make up a significant and growing portion of the total volunteers in CANSA (Cancer Association of South Africa). For instance, during September 2010, 2 814 people were members of volunteer leadership committees of which 49.8% were black (CANSA, 2010, 41). In 2015 2 146 African volunteers rendered their services across South Africa (CANSA, 2015c, 61). Although these African people face unique challenges in an ever-changing world, they show "remarkable resilience and an ability to celebrate life" (Healy, 2004, 85). This individual joyful pulse of life is not isolated from a person's spiritual nature. The relationship between a person's spirituality and volunteering is a pertinent question.



Extensive studies were conducted on cancer patients, health care professionals as well as caregivers' spirituality. However, research on African volunteers' spirituality remains lacking. In addition, the extensive research that was done on spirituality has left joy as an aspect of spirituality an unexpectedly under-explored theme. These two *lacunae* provide an interesting intersection which could be explored fruitfully. It will therefore be brought together in this study.

This study aims to contribute towards a better understanding of the concepts of voluntary cancer patient care and joy, as an aspect of spirituality. Apart from advancing scholarship as well as exploring the intersection of those two aspects, this study aims to make a significant practical contribution too, applicable to the service delivery of cancer Patient care volunteers.

Since Bless, Higson-Smith & Kagee (2006, 24) found "that in order to conceive a research topic in a way that permits a clear formulation of" a research question, "some background information is necessary". The most important academic publications on the dissertation topic will be discussed critically, in order to indicate problems in the area of specialisation that the dissertation will address. First, the concept of joy as an aspect of spirituality will be discussed. A significant amount of research and writing was done in Theology, Psychology and even Philosophy on means to be joyful. This will be discussed in a thematic rather than a chronological manner. Then, the phenomenon of volunteerism in CANSA is discussed, and finally research done on the relationship between joy as an aspect of spirituality and volunteerism will be summarised.

### **1.2.1. Joy as an aspect of Spirituality**

Joy as an aspect of spirituality is an essential part of spirituality. Therefore, spirituality is briefly outlined first. Then, the way in which joy is related to spirituality, will be indicated (it will be dramatically expanded in chapter 2).

### **1.2.2. Spirituality: an outline of problems related to definition**

A number of authors indicated that spirituality has different definitions and applications in different contexts (Johnstone, Yoon, Franklin, Schopp & Hinkebein, 2009, 147; Paloutzian, Emmons & Keortge, 2010, 74; Zellars et al., 2010, 228; Waaijman, 2000, 423–479; Tanyi, 2002, 500). The lack of a uniform understanding poses a significant conceptual impediment in workplace spirituality (Giacalone & Jurkiewicz, 2010, 6), such as oncology nursing (Richardson, 2012, 150–155) directly related to this study. Even though, spirituality is a unique component of holistic voluntary cancer care, which implies that the problems of definition should not be circumvented. When appropriately addressed, spirituality may strongly influence both positive Patient care volunteer and patient outcomes during the cancer journey. The practical importance of coming to a working definition, a shared understanding, is thus clear too, and will be presented within the dissertation (to be discussed in chapter 8 and 9).

Research pointed out that spirituality has a positive effect on wellbeing (Fry, 2000, 375–387), on physical (Keefe et al., 2001, 107) and on mental health, as noted by Koenig (2009, 283–291). Tischler et al., (2002, 203–218) have shown that spirituality improves work success, which may well have similar implications for the volunteers studied in this project. Studies indicated furthermore that spirituality may positively influence self-esteem (Paloutzian, Emmons & Keortge, 2010, 76), sustaining valued health behaviour. Spirituality is essential for specifically women cancer sufferers' positive health outcomes such as improved perception of health status, increased rates of mammography tests, the ability to withstand poverty, and the implications of a diagnosis of HIV (Musgrave 2002, 557–560). A number of authors demonstrated that literature on sick people's spirituality, professionals' and even family care givers' spiritual needs and care has increased (Daaleman et al., 2001, 1503, Conner & Eller 2004, 624, Coleman 2003, 457). However, little information exists on volunteers' spirituality, and specifically on cancer Patient care volunteers. The proposed study therefore aims to contribute directly towards an understanding of volunteers' spirituality and how interaction with cancer patients has influenced their own spirituality. A better understanding of these aspects (to be discussed in chapter 6) may contribute towards CANSA's service delivery to patients.

Christian spirituality among African Americans tends to be deeply rooted in relationships, the community and service in the world (Musgrave 2002, 557), but ought to be qualified and applied to different concrete situations (Cook 2009, 672) in a fast-paced fluid society that often emphasises individualism (Mulaudzi et al., 2009, 51). Qohelet's spirituality was explored (to be discussed in chapter 4), African spirituality (to be discussed in chapter 5), and spirituality in healthcare (to be discussed in chapter 6) as well as how it can be brought to expression in contemporary volunteering in new and creative ways (to be discussed in chapter 8) as well as in the discipline of Spirituality (to be discussed in chapter 10).

### **1.2.3. Joy as an aspect of Spirituality**

In the previous section spirituality was discussed. Joy will now be presented.

Rhetoric about happiness, the sister of joy, has increased in our time (Abdallah et al., 2012, 1–26; Hasnain 2011, 431–442; Bruckner, 2011; Shimoff, 2008, 19, 21, 43) especially by the pathfinder of empirical happiness Ruut Veenhoven (2017, 65–84). On the one hand, is spirituality with religious coping and belief, a good indicator of quality of life and happiness (Cohen 2002, 287–310), buffers against negative emotional states such as anger and fear) and advances positive emotional states like love, compassion, and joy (Hussain, 2010, 1–2, Pudelek, 2002, 128). On the other hand, is there also ambiguity about happiness's relation to joy (Lewis 1955, 18; Shuster, 2008, 243). This study aim to contribute toward clarification of the meaning of joy as an aspect of spirituality with reference to happiness. The value of joy will now be discussed.

Joy has cultural value. Nussbaum (2003, 4) found that “values and processes geared towards seeking consensus, mutual understanding and maintaining harmony” a very important part of African culture. This “capacity in African culture to express compassion, reciprocity, dignity, harmony and humanity in the interests of building and maintaining community with justice and mutual caring” (Nussbaum, 2003, 2) is called “Ubuntu”. In the *Ubuntu* culture, by sharing you find joy within (Kehoe, 2007, para. 4). Joy is also a theme in Israel's wisdom literature such as the

wisdom books in the Bible (Collins 1980, 4, 5, 8). Qohelet recommended a frequent antidote to the meaningless of life in enjoying the simple pleasures that are available as noted in Ecclesiastes 2:24, 3:13, 5:19 and 9:7 (The Scofield Study Bible, 2006, 851, 852, 854, 857). Could there be an overlap between Africa's ideas of joy and Qohelet's? Can we learn something from Africa's joyfulness? Culture-specific and religion-specific types of inquiry may be encouraged. This study will survey the landscape with a view to greater diversity of views and more locally applicable views (to be discussed in chapter 5). In order to recognise its significance, the context of African volunteers and CANSA will now be delved into.

#### **1.2.4. African volunteers and CANSA**

The way in which volunteers benefit those they help, is well known although authors became aware of the benefits to the volunteer themselves only recently. While some volunteers find that volunteer work advance their own future endeavours, others feel good when they achieve their goals through volunteer work (Fernandez & James, 2007, para.15). Argyle (1996, 82, 83) identified volunteering as the second biggest source of joy after dancing. To volunteering has other positive effects too such as better physical health (Borgonovi, 2008, 2331) and altruistic behaviour (Baetz & Toews, 2009, 295). Even so, Perold (2006, 10) found that the African experience of civic service and volunteering is still poorly documented, and that the impact of programmes need more in-depth analysis to determine its full value for the youth (this dynamic will be explored further in chapter 5).

CANSA has a long-standing relationship with the public of South Africa through their volunteers. Even so, CANSA volunteers face unique challenges and stresses during their service in the organisation, including adapting to patients and their families expectations, as well as to CANSA structures, and to language barriers. To meet these challenges, CANSA trains Patient care volunteers to support cancer patients in drawing on their (patients) own faith and beliefs, as a source of direction and purpose and appreciation of the good things in life, as well as being a comfort in troubled, difficult times (Kester & Herbst, 2010, 103). How volunteers can draw on their own

spirituality is however not being addressed in publications yet. (This study will aim to contribute towards such everyday practices in chapter 8).

Patient care volunteers work closely with healthcare. This discipline's relationship with spirituality is thus important for this study (the most important literature related to this aspect will now be presented with a fuller discussion in chapter 6).

### **1.2.5. Broad overview: Healthcare**

Spirituality and Healthcare sciences have a long-standing relationship since antiquity. The implications of some of the most important development regarding this study's focus will now be discussed.

Since the 1960s in specifically the nursing discipline, spirituality was well defined, established and implemented as a research theme (Tanyi, 2002, 500; Catalano 2003, 378–379). Yet, Conner & Eller (2004, 624) found that although literature on spiritual needs and nursing care increased, nurses assessment of spiritual needs did not advance. Medicine did not fare any better. Balboni et al., (2007, 555) and Ferrel (2007, 468) pointed out that physicians and oncologists should be mindful of research findings that indicate the importance of religious beliefs and spiritual practices for cancer patients and their caregivers<sup>3</sup>. Kester & Herbst (2010, xiii) found for instance in 2010 that health professionals in Western medicine seemingly lost contact with the spiritual health of patients. Notwithstanding, progress was since made. In 2011 the lifelong dedication of Christina Puchalski, M.D., director of GWish and professor of Medicine in the GW School of Medicine and Health Sciences led to a \$175, 851 grant to convene a research team of 30 experts in allied health, chaplaincy, insurance, law,

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<sup>3</sup> CANSA considers caregivers as family, friends and colleagues and not professional and trained Care givers or unpaid volunteers who care for patients. CANSA distinguishes between individual and tele counselling. Individual counselling is a way to unload stress while dealing with feelings, hopes and fears in a safe and supportive environment. Tele counselling is a cancer-related free telephonic service to cancer patients, caregivers and their families and parents or guardians of children living with cancer available in seven languages (English, Afrikaans, isiXhosa, isiZulu, siSwati, Sesotho and Setswana) free of charge.

medicine, nursing, healthcare economics, education, ethics, policy, workforce, and social work to integrate spiritual care in the United States of America's healthcare system. "Spirituality may help patients cope with illness and may support healthcare professionals in their vocation to serve their patients" she said (The George Washington University, 2012).

This study aim to contribute towards an understanding by bringing attention to another indispensable link in the healthcare chain namely the spirituality of volunteers (to be discussed in chapter 5 and 6). It is important to take note of the fact that research drew attention to the significance of terminally ill adults' spirituality (Reed 1987, 335). One study found, for instance, that aspects of spirituality such as prayer and meaning in life have positive effects on people with lung cancer's psychological and physical responses (Meraviglia, 2004, 89). The WHO (World Health Organisation) has as a consequence of its new hermeneutical approach to health, broadened its definition of quality of life (as reflected in its cross-cultural self-report instrument, to incorporate spirituality Power, Bullinger & Harper's (1999, 495–505).

The same can however not be said on a similar base of the expansion of scholarship on Patient care volunteers. The extent of holistic healthcare in Africa (spirituality as a part of the wholeness of the human being) and holistic cancer care by CANSA's volunteers' is still to be determined (to be discussed in chapter 3). Therefore, this study's findings (to be discussed in chapter 9) provides information that can be of assistance in the facilitation and/or development of spiritually appropriate interventions in CANSA (to be discussed in chapter 8) extendable to insights for South African healthcare and the discipline of Spirituality (to be discussed in chapter 10) to at least parts of this continent.

The literature in this section highlighted and clarified some of the concepts of spirituality, and the meaning of joy as an aspect of spirituality and African cancer Patient care volunteers.

### **1.2.6. Research problem**

The previous section presented a broad overview of healthcare. In this section the research problem will be introduced.

CANSA is for some time in the midst of a struggle to survive in a shifting funding landscape profiled by inadequate financial support to do its work as described by (Radebe & Nkonyeni 2020, para. 6):

The pressure to illustrate impact, in order to secure funding creates a toxic system in which NGOs are incentivised to “game the numbers” in order to secure funding.

These difficulties are in itself indicative and amplified by the fact that CANSA—at its heart—in its various activities, and forms is curtailed by a callous detachment from spirituality. The following problem were observed that directly relates to the research problem or research gap: CANSA endorses a holistic care and support to cancer patients but lacks in an overarching approach i.e. a theoretical bases for patient care volunteers’ implementation of spirituality and strategies to facilitate implementation (to be discussed in chapter 3).

To address this research problem a solution is needed. The journey towards this destination is this study. To embark on the research journey we need a route. This was done through the threefold path of aims, objectives and research questions – to be discussed in the next three sections.

### **1.3. Research aim (goal) and objectives**

A study needs specific actions to complete research and reach the destination. The following aim and objectives (in the next section) acted as milestones on the journey.

The aim or goal of this study is to determine the effects of joy as an aspect of spirituality, especially from the quadruple angle of CANSA, Qohelet, African spirituality and healthcare.

#### **1.4. Research objectives**

The research objectives of the study are:

- To explore and describe CANSA's perception of spirituality.
- To explore and describe perspectives from various Qohelet passages with reference and to joy and to detect joy as an aspect of Qohelet's spirituality.
- To charter some of the contours of joy as an aspect of spiritual transformation, reflecting critically on the diverse gifts and contributions of African spirituality.
- To explore and describe joy as an aspect of spiritual transformation in healthcare. To investigate data from, among others, the healthcare discipline in order to understand the views of different fields of study on joy as an aspect of spirituality.
- To establish critical perspectives on joy which will enable an understanding of a spiritual transformation process as a reorientation of God, self and others towards the unfolding of new possibilities in CANSA.
- To incorporate the above in the development of an approach for the facilitation of Patient care volunteers in CANSA.
- To describe guidelines for the implementation of the *Joymotion* with reference to volunteers in CANSA that African cancer Patient care volunteers can foster to support their communities.
- To contribute towards the creation of a reflective joy space within the discipline of Spirituality.

#### **1.5. Research questions**

Spirituality is not sufficiently represented in CANSA's current approach. Although CANSA endorses holistic care and support to cancer patients it lacks an overarching approach. Concerns regarding CANSA's detachment and callous approach towards spirituality will be addressed by means of the following research questions.

The main research question: What is the contribution of joy (as an aspect of spirituality) to CANSA's Patient care volunteers?



Subsidiary questions that arise from the above research question, are:

- What is CANSA's contribution towards Patient care volunteers' spirituality?
- How does the Bible (particularly Qohelet) illuminate our understanding of joy as an aspect of spirituality?
- How does African spirituality perceive joy as an aspect of spirituality?
- What is the healthcare sciences' understanding of joy as an aspect of spirituality?
- What kind of hermeneutic may emerge if the joy constructs from these different contexts are brought together?
- How can the African understanding of *joymotion* and its invocation in CANSA work either for or against CANSA's different interests and strategies?
- How can a reflective hermeneutical space for *joymotion* within the discipline of Spirituality be created?

The research questions highlighted the content that the study will cover. This content demonstrated the need for a research design – to be discussed in the next section.

### **1.6. Research design and hermeneutical approach: Jo(y)urneying or *joymotion***

The research questions were determined in the previous section. In this section the research design was introduced.

Various factors along with the above research questions shaped and contributed to the decision to follow a research design. First, the research questions required a supple research design since it focuses on people. Second, the research problem i.e., a lack of an overarching approach requires an airy research design that allows space for layered relations: between CANSA's management and volunteers. Third, spiritual experiences continual movement necessitated a spiritually flexible research approach. Fourth, the lack of holism needs a research design enabling the immergence in the multidimensional context of volunteers. Fifth, accessible entry points for the study are needed allowing for assumptions in addition to diffidence, limitations together with possibilities (Liebert, 2005, 506), reformation as well as deformation, sages and

savages so to speak. Sixth, the decision to integrate a processual design in the research was motivated by a “deep yes to the natural unfolding of the lived experience of transformation” (Waaijman, 2007, 101,102).

Spiritual transformation is not new. Originating in the field of process theory perhaps given different names and labels throughout history the goal of the study’s spiritual transformation approach was to find ways to unlimited possibilities while simultaneously furthering the goals of spirituality as a science. It was not aimed at a system but to contribute towards a description and understanding of the dynamics (the “spirit”) of the spiritual dimension (Waaijman, 2016, 1), to look into “the face[s we] had before the world was made” (Yeats, 2010, 361). The dual commitment to study both lived spirituality and scholarly reflection required an unfolding supple approach that can harbour or accommodate a spirituality of journeying that have room for changing perspectives, awareness and actions regarding God, others, and the self. Given then the spiritual transformation approach’s research focus was on processuality<sup>4</sup> it was clear why the spiritual transformation approach sustained the achievement of this study’s goals.

Conversely, two requirements came to mind. First, the spiritual transformation approach required an interiority component, or what Webster (2005, 11–32) called the development of a self-implicating “theological theology”. ‘Theology in this study is understood as ‘faith seeking understanding’ (fides quaerens intellectum) (Anselm 1946) having the effect that faith is experienced as a process. Interiority can thus be described as a transformational inward self-critical openness to God and self, reciprocally grounding and outwardly pivoting newly found understandings embodied in amongst others enjoyment and joy (Levinas 1979, 110112, Frohlich 2001, 73, Waaijman 2007, 55, 97). The second requirement is the fact that spirituality’s diversity, complexity and plurality and institutional health-seeking behaviours can *au fond* (fundamentally) in specifically Sub-Saharan Africa be overwhelming and daunting (Olivier & Wodon, 2012, 1, 10, 37). Having said that ,employing a design that makes room for messiness and uncontrollability would make it possible to meet

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<sup>4</sup> Processuality is a transformational spiritual process.

both the need for structured-considerate components and in-depth investigation of spirituality. Furthermore, a spiritual transformative design would acknowledge pluralism – a crucial factor in this study.

Although Spirituality considered all reality to be multidimensional, interconnected, and interdependent the research project will be demarcated according to the study's research aim and objectives to insure the study's meaningful outcome. The parameters related to the study's focus on the third sector (NGO healthcare industry) specifically volunteer patient care expressed in the main question: 'What is the contribution of joy (as an aspect of spirituality) to CANSA's Patient care volunteers?.'

In conclusion, corresponding to the processual nature of the research problem the distinct research design utilised for this study was a processual spiritual transformation design was chosen with a multidimensional component – to be discussed in the next section.

### **1.7. The need for a multidimensional study**

In the previous section a spiritual transformation approach was discussed. In this section a multidimensional component of the approach was introduced.

Since CANSA endorses a holistic care and support to cancer patients but lacks an overarching approach for and by Patient care volunteers a research approach included a holistic lens. It was decided to incorporate in the approach a multidimensional component.

This is not a complexification of spirituality, rather spirituality was simplified over time. Spirituality can however not be reduced to simple, predictable clockwork. A multidimensional point of departure of this work opt to express its complexity balancing single view limitations with thinking wholes (holism). Rather than adopting a myopic view we stood upon the shoulders of four giants to read the landscape. It will be done by means of four dimensions. The quadruple voices of CANSA, Qohelet, African spirituality (as a sibling of Biblical spirituality just with a different angle), and healthcare.

Why these four dimensions or angles? First, three of the dimensions are marked by the *metaxis* of in-betweenness but is not yet on its way to dialogue with other fields or each other (Bargar, 2021, 10). Secondly, although African spirituality in varying degrees takes note of different perspectives it does not yet “takes delight in and benefits, dwell and work” with others, but still feel rather limited even unsettled by “the plurality of identities” (Bargar, 2021, 11). Thirdly, ancient Israel as well as African people share due to colonialism(s) “for shorter or longer periods of time, subjective identities with other people who were/are very different from them” (Abramson, 2017a). However, in South Africa it did not fully blossom into “collaboration among various individuals and social groups” yet (Abramson, 2017a) (to be discussed in chapter 4). Fourthly, the four dimensions have a relational orientation. Aspects of each are interconnected but in oscillation (as will be discussed in chapter 2). Fifth, healthcare sciences are grounded in empirical research, and patient-oriented pertaining to the domain of natural sciences. Even so, its language of “transformation” (to be discussed in chapter 6) is a natural match for spirituality, suggesting that human beings can move beyond their physical condition in order to attain a state of optimum functioning. Sixth, “with the renewed interest in spirituality amongst health professionals, it is interesting to note how many of the same elements could (and is) utilised in current social work and psychotherapy practices” (Kirsten 2004, 3). Sixth, CANSA as the fourth dimension or angle experiences the same relational oscillation as the three other dimensions and is therefore the canvas for the research’s joy paint.

### **1.8. Joy paint: Recommendations, contributions and future road signs**

A multidimensional approach was discussed in the previous section. Recommendation and contributions will be proposed in this section. The following brush strokes was made by this study.

Not only have I incorporated individual-level spiritual transformation but also program-level spiritual transformation such as training and procedures. Future empirical research should further consideration of spiritual transformation, assessed multidimensionally, over time to assess whether joy as an aspect of spiritual

transformation can create the necessary environment for optimum African Patient care volunteering. Thus, my focus was on the possible mediating role of spiritual transformation.

The process set out in this study contributed towards a better understanding of African spirituality in practice, and better outcomes for cancer care and human health. The next step is to examine a possible conceptual approach with regard to examining volunteer management and training program outcomes and ultimately propose joy as an aspect of spiritual transformation in individual spirituality and training programs in relation to African Patient care volunteers.

The study created a new trajectory towards a fuller description and understanding of the dynamics (the “spirit”) and the spiritual dimension. This multidimensional study followed up and made a contribution towards Hurowitz’s (1995, 217) challenge that:

A proper and full investigation of joy as a multifaceted and complex manifestation, especially as it exists in an ancient, and remote culture (such as in Israel) known mainly through writings such as Qohelet, requires a truly multi-disciplinary approach.

The resultant outcomes made a needed contribution in challenging healthcare policies and contexts.

In summary, the main argument is that a common lens allows drawing on the resources of many different fields uncovering a common set of principles, and expanding our understanding of different voices and their contribution to our deliberations. A general lens or framework approach which can be used to design a spiritual support strategy and guidance to African Patient care volunteers were uncovered. Spiritual transformation as an overarching theoretical lens, approach or conceptual framework in spirituality and other fields and dimensions were described with a number of examples to illustrate this approach (to be discussed in chapter 2). *Joymotion* was introduced and orientated to different applications, harbouring different techniques and providing opportunities for emerging realities (to be discussed in chapter 8) and future research (to be discussed in the next section).

## **1.9. Road signs to future studies**

A multidimensional approach was discussed in the previous section. Opportunities for future research will be presented in this section.

Knowledge obtained from the neuroscience of happiness is well developed (Alexander et al., 2021, 220–249). More knowledge on the neurophysiological scaffolding of joy could contribute towards an integrative account of multidimensional picture of joy aiding in the future development of human potential.

Achieving joy as an aspect of spirituality and specifically spiritual transformation is a multidimensional process involving generational, activational and reorientational movement in the dichotomies of life. Given that joy often occur during get togethers, future neurophysiological research may consider the investigation of wearable sensors and signal detection biomarkers associated with joy as an aspect of spiritual transformation during get togethers.

Although Spirituality and practical theological disciplines are closely related to each other, overlap, and interpenetrate to interpolate (estimate the value) the two disciplines might be an outside the ‘decencies and convections of science’ since although both make inferences or estimates based on (sometimes shared) available information, they have different foci, emphasis, and methodology, used in different contexts and have distinct meanings.

Having said the following points are important. Since the demarcation between theory and practise is no longer drawn so sharply’ (Anderson 2001:7), a too narrow focus may lead to ungeneralisable findings, and the fact that the findings showed that this study’s focus has potential for further development it is recommended that Phenomenology as a subject of Systematic Theology consider further study on the subject in order to assist congregations to apply these Scriptural principles. This study can be used as foundation for future studies within the knowledge area of Pastoral Theology, pastoral care, pastoral clinical care, caregiving, and Practical Theology to ensure the successful communication with other complex theologies.

## 1.10. Significance of the study

Future research was discussed in the previous section. The significance of the study were considered in this section.

The main question raised by this study was: “*What is the significance of joy as an aspect of spirituality in African volunteers’ cancer patient care?*”. A number of factors contributed towards the answer of this question and the significance of the study.

This research is beneficial to the development of knowledge specifically and society in general in the following ways: First, it draws joy’s spiritual processuality in “the growing scholarly debate on emotions” (Bom 2017, 215). Second, some instantaneous CANSA methods and policies (while effective in Western households, companies and communities) are in effect for African communities endstantaneous<sup>5</sup> because they are designed and developed for individualistic societies (such as online marketing, telephone marketing, online support, online shopping, online fundraising, a volunteer training course, distribution of pamphlets, one-on-one methods, etc.). Therefore, this study with its collective outlook and communal contribution is all the more important.

Spiritual pluralism in Africa is bound by a thin(ner) thread of concern for God and the human person. This study contributed towards Africans’ sense of identity, support and respect for humanity as ongoing process in diverse individuals, biological bodies, social groups, families, communities, and political bodies as a reference to assist them in thinking and understanding with integrity the origin and ongoing dynamics of their own spirituality and spiritual reflection. Christianity is enriched by African spirituality’s unique window on God. The spiritual transformation approach that can integrate joy anew into different accounts of significance in Africans lives is important. Considering that minimal research was performed on the topic of joy as an aspect of spirituality of African volunteers in South Africa this study’s findings are valuable.

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<sup>5</sup> Endstantaneous means fixed, narrow, and therefore restricted.

Healthcare research is more than a scientific rigour. Knowledge about the uniqueness and significance of people's spiritual experiences is also key in the delivery of healthcare services. This study is significant in that Christian Spirituality (as part of Human Sciences) emphasise the freshness, innovation and relevance of volunteers and their contexts, knowledge that is important in CANSA's service delivery.

The significance of the study was discussed in this section. Key concepts will be defined in the next section.

### **1.11. Defining the key concepts**

The significance of the study was considered in the previous section. The following key concept will be defined in this section namely spirituality. CANSA and cancer will be presented in the Appendix.

#### **1.11.1. Spirituality**

<sup>6</sup>Before considering spiritual transformation in the next chapter, spirituality invites us to explore one point. Although spirituality is perceived differently in different religions and cultures it should be noticed that one of the rooms of early Christian spirituality was under the North African sun: the first century Christian church of Africa and African holy men before it expanded to the cool sweeping plains of northern Europe. Its doors are the early African church mothers and martyrs Felicitas and Perpetua in Carthage, the African theologian, Augustine, and Monica his mother. Its windows are Benedict the Moor in Sicily (a son of African slaves and contemporary of Martin Luther) and Cyril of Alexandria in Egypt (Davis 2000, 663).

The term "spirituality" goes back in line with *spiritualité* (French term) to *spiritualitas* (Latin). It has roots in the word family (biblical semantic field) of *ruach*, *pneuma*. *Ruach* (Hebrew) has three meanings; air, storm, wind, as something which power lies in

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<sup>6</sup> The content of the following two paragraphs is an extended version of Steenkamp-Nel, A. E. (2019a). Transformative joy in Qohelet: A thread that faintly glistens (2019a). *HTS Teologiese Studies / Theological Studies*, 75(3), 1–9.



motion for example in Ex. 1:12 and Jr. 4:12 (The Scofield Study Bible, 2006, 81, 967). It activates, initiates or gives rise to further developments (Ps 1:4; Is 7:2; Ex 10:13) (Albertz & Westermann 1997, 1202–1220). For Waaijman (2002, 312) spirituality means “the divine-human relational process of transformation.” Gardener (2011) identifies spirituality as the virtue which makes sense of life, that brings us closer to the sacred beyond the limits of ordinary experience. Some might experience it as religion or faith comprising rituals and traditions. Others might recognise it as encounters with wonder or beauty in the natural world or joy in relationships (Knoetze 2014, 169–170). It can also be a *posteriori* knowledge, understanding associated with experience, as opposed to theoretical or a *priori* knowledge. In this study spirituality referred to the Divine-human relationship poured out by the Holy Spirit in everyday transformative experiences.

### **1.11.2. Joy**

Joy has business value. Far from corporate candy joy removes the ambiguity of what and how work should be done making the workplace a pleasant and appealing environment by creating a more passionate team and sustainable, profitable results (Sheridan 2015, 6, 29, 93, 179). Since CANSA is a volunteer driven organisation and volunteers are part of the working environment this study will aim to discover how African volunteers’ experience their own work to enhance CANSA’s sustainability and service delivery (to be discussed in chapter 8). Joy will be addressed as an aspect of Qohelet’s spirituality (in chapter 4), African spirituality (in chapter 5) and South African healthcare (in chapter 6). To assist the reader joy is to be provisionally understood as fruit of the Holy Spirit in a life with God (to be finalised in point 9.3.2).

### **1.11.3. ‘African’**

At times I understood ‘Africa’ as black Africa and at times as African societies. I beg a sympathetic reading in each instance in order that the context determines the meaning.

## **1.12. Summary and outline of chapters**

### **Outline of the dissertation**

The dissertation will contain the following subdivisions:

CHAPTER 1: Introduction: Liquid landscapes

CHAPTER 2: Method: Finding flames

CHAPTER 3: Fractures and fragments in CANSA (Cancer Association of South Africa)

CHAPTER 4: Transformative joy in Qohelet: A thread that faintly glistens

CHAPTER 5: African spirituality in transformation: Fragments and fractures of the shifting sacred

CHAPTER 6: Joy as an aspect of spiritual transformation in South African

CHAPTER 7: Fusion: critical perspectives on joy

CHAPTER 8: CANSA applications: being human in healthcare

CHAPTER 9: Findings

CHAPTER 10: Insights for the discipline

CHAPTER 11: Conclusions

### 1.13. Conclusion

Previous research was described in the form of a background study to map and assess the research journey: to motivate the aim or goal of the study, answer the research questions, and achieve the research objectives of the study—to be discussed in the next section. Research questions were laid out to make the reaching of the study’s goal possible – to be discussed in chapter two.

This study is an attempt to at least somewhat address this lack of knowledge or understanding. To “fill” the gap CANSA’s approaches will be analysed (to be discussed in chapter 3), Qohelet’s (chapter 4), African spirituality (chapter 5), and healthcare’s (chapter 6) understanding of joy as an aspect of spirituality will be investigated. Joy as an aspect of a multidimensional (holistic) spiritual transformation approach was used as a lens to focus on four dimensions (to be discussed in chapter 2). Suggestions were made that may illuminate the murky corners of the term “transformation” in CANSA’s context that can lighten the path to more effective service delivery (to be discussed in chapter 8) where the lack of theory behind the implementation of transformational spirituality was addressed. A *joymotion* framework was given to assist CANSA and other NGO’s to translate transformation to effective practice, and may also be used to guide implementation that can scale-up volunteer numbers and activities (discussed in chapter 9). But first, the method used was introduced in the next chapter.

## CHAPTER 2: METHOD: FINDING FLAMES <sup>7</sup>

### 2.1. Introduction

In the first chapter it was indicated that the essence of the study is the exploration of volunteer spirituality as a possible resource for dealing with one of CANSA's core challenge of service delivery. The multidimensional nature as well as the need to explore spirituality within an NGO context denoted the key challenges of this study: to find the appropriate research approach.

After consideration of factors such as the importance to include volunteers' spirituality, existential as well as methodological blind spots, in addition to processuality, the decision was taken to work with a spiritual transformation approach. According to (Waaïjman 2022, 6,7' 2007, 1–113) "the approach to the study of spirituality is to describe and understand the dynamics (the 'spirit') of this dimension' namely as 'a never ending (sic) process of transition' and 'growth in reverence for God' in daily life"<sup>8</sup>.

Since the approach allows for the possibility of process and change it is the best approach to make credible changes and improvements. Its porous structure (stages) lends itself to working with painful realities. Due to the approach's layeredness, and multidimensional capacity it is appropriate within the complexity of the NGO context—such as being addressed in this study. Furthermore, is it suitable for the fruitful incorporation of new ideas and contextual insights with its space for restoration.

The spiritual transformation research approach described by Biblical Spirituality has proofed to be functional and informative. Spiritual transformation combined features

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<sup>7</sup> Parts of this chapter is updated and adapted from a paper presented at an international conference as Steenkamp-Nel, A.E. *Fractures and fusions in CANSA (Cancer Association of South Africa): being human in health care*, at a Hospivision international conference "Exploring Fusions of Spirituality and Health", University of Pretoria, Hatfield Campus, South Africa, 14-15 July 2022.

<sup>8</sup> Waaïjman drew substantially on the insights of Levinas (1998), Ricoeur (1991), and Habermas (2011) and Husserl (1973) in that the Infinite is the source of unfolding life and refining civilisation.' Waaïjman's (2000: 421, 540–541, 570, 872 opening up of possibilities reminds one of Heidegger's 'life interpret's itself' (Heidegger 1972:148–160).

of exegesis and processuality adding a new theological perspective to spiritual transformation. In addition to utilising exegetical processes and techniques to critically analyse texts and experiences, this hermeneutical approach provided a particular framework for understanding the connections between theology and practice, transformation and appropriation, *orthokardia* and *orthopraxis*, personal and societal transformation, self and community, heart and hands.

Given the relative unfamiliarity of the design in a South African context, an in-depth discussion of the approach was included in this chapter. First, a reflection on CANSA's methodological context confronting volunteers' spirituality, that directly influenced the selection of the research approach. Second, the impact of the researcher's experience in CANSA was discussed—with special reference to work in predominantly African communities. Third, an overview of process theory followed by a discussion of the spiritual transformation approach and the catalyst for the selection of this research approach. Fourth, the utilisation of a multidimensional spiritual transformation approach to investigate joy as an aspect of spiritual transformation in African Patient care and support volunteers, was depicted. Sixth, the study is demarcated, explaining the three dimensions encompassed (included) in this study, namely Qohelet, African spirituality, Qohelet and healthcare (is discussed in chapters 4, 5, and 6). Finally, joy as an aspect of spirituality (the findings will be discussed in chapter 9).

Before my experience in CANSA will be introduced, CANSA's existing approach as documented in its public literature will be contemplated.

## **2.2. CANSA's approach: Firewind and firewood**

The first question that was addressed concerned those who stood to benefit by the research. The aim of this section was not about CANSA's management paradigms but an investigation on CANSA's approach and its relation to spirituality in order to identify and an appropriate approach for this study.

Since "spirituality is always about processes in a concrete context and this context influences the process" (Welzen 2011, 45) I had to be mindful of CANSA's existing

methodological context since “at the heart of approach is context” (Trapp 2014). At the heart of this study’s research approach is CANSA’s existing approach. CANSA follows not just one but several approaches to execute its mission (CANSA 2021c, 4, 24, 36, 45, 46, 49). For this study objectives the focus in this section was on CANSA’s two-fold approach’s relation to spirituality. Before discussing the precautionary approach impacting volunteer spirituality the operational approach was contemplated.

### **2.2.1. Fire wind: Operational approach**

Before introducing CANSA’s approach it was important to take note that NGO’s worldwide follow approaches to be resilient, capable, competitive and successful to achieve their goals.<sup>9</sup> In 2020 CANSA adopted an operational approach or “operational” view<sup>10</sup> (CANSA 2021a, 3, 7, CANSA 2015a, 9, 10; 2015b, 34). This prevailing approach’s goal was to limit damage, and reduce income risk intending to sustain projects and programmes. Consensus in CANSA was that operationalism minimises the organisation’s financial distress (due to limited resources, an increasingly competitive funding environment)—observable in CANSA’s annual reports (CANSA 2020a, 9; 2018c, 8, 44). In the 2020 Annual report it was appraised as a sustainable CANSA business model as part of the “long-term strategy to strike “a balance between commercial, developmental and key stakeholder objectives” (CANSA 2020a, 16).

Since a firewind caused by a fire storm can albeit either feed a fire or blow it out as, likewise an operational “intervention” (Wildschut 2014, 32). CANSA’s chose (willingly or unwillingly) a dual approach. It was however, not conclusive since although much is known about the approach’s financial impact its incongruency with spirituality was less known in the following ways. First, the Nobel Prize winner Percy Bridgman, a physicist (1927) used operationalism in a positivistic framework<sup>11</sup> characterised by

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<sup>9</sup> CANSA use the terms “method” (CANSA 2021c, 23, 24, 50, 85), “approach” (CANSA 2021c, 82–83, 90-98), “strategy” (CANSA 2021c:1, 19, 25-28, 47, 62, 67, 83–85, 98) and “process” (CANSA 2021c, 82) interchangeably evidently all conducive to solve the financial sustainability challenge.

<sup>10</sup> An operational view is an approach that emphasise that managers at all levels are to be held to account for maximising outcomes at the lowest feasible costs by utilising the limited resources entrusted to them (Reider 2002, xii).

<sup>11</sup> “Positivism” refers to a beneficial approach towards the learning of natural rules via sensory experience (Nelson, 2006, 208, 209).

analysis and measurement (Reider 2002, 2, 3, 5). Yet, spirituality is by contrast outside sense experience in that it cannot be effectively and conclusively measured (up to now). Moreover spirituality's range (as part of human sciences) differs from natural sciences (of which Physical Sciences is one branch) in that it highlights not just the physical but also "the uniqueness and significance of people and their problems knowledge" (Pratt 2012, 15). Equally, in CANSA the uniqueness and significance of people and their experiences (and not just the physical world) was key. Cody and Mitchell's (2002, 8) description of nursing could be equally applied to CANSA in that the organisation provide (like nursing) countless chances for people to co-participate with others to be with, observe, co-create, and engage in meaningful and long-lasting ways in improving quality of life. The dynamics of joy as an aspect of spiritual transformation will be taken up further in chapter 6.

Second, it was telling and crucial to note that operationalism with its main focus on the physical world is incongruous with holism. An example is its inherently inconsistency with the lived experience of many African volunteers for whom the rigid categories of profane-sacred, and us-them do not serve (an aspect that was taken up in chapter 5). Third, a spiritual emphasis is not usually associated with and considered conducive to the corporate world. This aspect was of importance in this study since CANSA is accountable to their CSI's (CANSA, 2022g) for whom spirituality is a lower level of priority.

While one might assume based on the aforementioned analysis that an operational approach was a rare route evidence suggested that it was being trot wider in the South African NGO landscape than anticipated. Importantly, Mahilall and Swartz (2021, 2906-2924) emphasised in their observation of Hospice's "Spiritual care volunteers" in Cape Town that the organisation's financial viability burden caused volunteers to note that management is only "interested in measurable outcomes that they can take to funders" (Mahilall & Swartz, 2021, 2906–2924) leaving spirituality on the fire's edge. Admittedly, CANSA's declining donor funding necessitated a market-driven approach while concurrently focusing on social good. Thus, the consequences of such an approach had be taken into account. First, an operational approach is still predominantly subjected to Cartesian mind-body dualism contrary to recent scholarly

developments and physical science's growing understanding of a metaphysical dimension in a post-modern age (du Toit 2006, 1260, 1529). Second, although the recognition of spirituality (until comparatively recently seen as a private matter) was growing in global healthcare (Nita 2019, 1605–1618, Sajja & Puchalski, 2018, 655–663) CANSA as a member of the South African<sup>12</sup> NGO sector was falling increasingly behind *in re* transitioning to an integrative healthcare approach. To give an illustration. In a research report commissioned by the ETDP SETA where NGOs (Non-Governmental Organisations) as a subsector of the ETDP SETA, amongst which CANSA, was surveyed holism<sup>13</sup> was identified as a change driver for empowerment (Department of Higher education and Training, 2019, 42, 63). Approaches and methods to put this noble idea (as a strive for harmony between work and life) into practise were albeit remarkably absent. In comparison, the opaque implementation of spirituality in CANSA's literature (CANSA, 2014a; 2014c; 2014d; 2014f, Herbst, 2017, 15, 26), in addition to training programs and practice (CANSA, 2020c)<sup>14</sup> painted a compelling view of neutrality towards the integration and utilisation of spirituality.<sup>15</sup>

We've seen that operationalism's essence was oxymoronically a dissonance elevated to the non-linear to such an extent that it had to be regarded as an interpolation. Therefore CANSA as an organisation did not always live up to the holistic standards expected in a current healthcare NGO's, which made it difficult to draw definite conclusions. Even so, it can be said that operationalism has the potential to kindle CANSA's volunteer fire or put it out. With this in mind, the other segment of CANSA's approach had to be investigated to discern how the results compare.

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<sup>12</sup> South Africa the African continent's most southern country, renowned for its diversity in terms of natural beauty, cultures, religions, and languages.

<sup>13</sup> "Holism" in Africa is sometimes used as an epithet for spirituality (Shroff 2011, 245). Both constructs are used interchangeably.

<sup>14</sup> Although CANSA offer patients care and support be it physical, emotional or spiritual how it is done is not clear.

<sup>15</sup> Volunteers' spirituality in healthcare is not be confused with spiritually based care in practice. For enhanced awareness of spiritual needs and spirituality of patients, as well as the capacity to provide spiritually appropriate care in practise see Chandramohan and Bhagwan (2016, 1-13).



### 2.2.2. Precautionary approach

CANSA's second approach affecting volunteer spirituality was its precautionary approach.<sup>16</sup> Due to CANSA's battle for survival (as illustrated in chapter 1 and 3) precaution were taken to protect the employees and the organisation. Let us attend to the precautionary approach.

While space limitation prevented a detailed discussion of this approach it was worth noting because of its relation to and effect on spirituality in CANSA. The precautionary principle originated from environmental law (Akins et al., 2019, 2) addressing human health as well as environmental threats. This approach gained much importance in recent years due to its pre-emptive bold financial policy adjustments to address risks that could develop into major areas of concern for the companies (Chenet, 2021, 6,7) which implies that employees and or recipients absorb financial fluctuations in times of crisis. It found fruitful application within other disciplines such as food safety (Olsen & Motarjemi 2014, 341–342), engineering (Doorn et al., 2011), healthcare such as nursing (American Nurses Association, 2007, 6, 7, 14,16, 18–19), as well as NGO's (Fisman and Hubbard 2005, 2232). This approach was noticeable in CANSA's change from physical to virtual volunteering during the pandemic to minimise risk. By changing amongst others "program services" (Fisman & Hubbard, 2005, 2231) such as online support groups the organisation was stabilised to safeguard sustainability (called macroprudential policy) (Chenet, 2021, 2). Another illustration was CANSA's online funding initiatives during the Covid-19 pandemic. In contrast, a closer look at the literature revealed a number of gaps and shortcomings.

Winters in South Africa can be short but harsh. In many homes an authentic wood fire that provides a long, slow and satisfying burn is a trustful source of reassuring heat.

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<sup>16</sup> A precautionary approach is a response in uncertain times to limit risk. It forms part of risk-governance and is the specific "lens" that perceptive individuals possesses to identify risk (Recuerda, 2008, 5). It can refer to protective measures implemented in reaction to scientific uncertainty and is often specified by a business or nation on a case-by-case basis (Green Alliance, 2002, 6). The precautionary principle is rarely used in isolation but rather applied in conjunction with a network of other standards or procedures (Boutillon, 2002, 433, 441). When there are significant risks to human health or the environment and scientific evidence is incongruent, decision-makers can use the precautionary principle to guide their actions (Didier, 2016).

Having said that not all firewood burn to the best effect. Likewise a precautionary approach was not conclusive. Much attention was drawn to the disadvantages of this framework observable in its several potential repercussions and unintended consequences. First, a precautionary approach could be unscientific, and an obstacle to progress as pointed out by Bourguidnon (2016, 26). This aspect appealed to other research studies like Kirsten's (2004, 2) investigation of inner healing in South Africa. He found that little evidence "of the inclusion of the spiritual dimension in community development practise models in South Africa. This was pre-pandemic notable in CANSA's formal endorsement and support of spirituality as well as community development without combining the two (CANSA, 2016c, 27, 28). Second, and moreover, a precautionary approach could be one-sided, 'vague, and self-cancelling "if application is not nuanced" (Brand, 2010). An example is Mahilall & Swartz' (2021, 2906–2924) finding that although "spiritual diversity" was a core concern in health care interventions the manner in which African volunteers deal with their own spirituality during health care receives no attention. This aspect propelled more to the forefront in CANSA's Chairperson 2020 report's emphasis on the "hurdles" in CANSA's "operating environment" without taking note of the spiritual environment (CANSA 2020a, 11). Third, a precautionary approach was an impediment to innovation when not "subject to review or considers new scientific data" (European Union 2000). A case in point was CANSA's restrained underplay of their service delivery's spiritual aspect to guarantee economic survival (as pointed out in the previous chapter 1 and 3) pre-pandemic (News 24 2018) in spite of Murray's (2013, 304) ample theoretical and praxis evidence that spirituality was an intuitive resource for community development during times of adversity. Fourth, and lastly, a precautionary approach could be an obstacle to progress (Bourguidnon 2016, 26). An example was CANSA's steps (or no steps) to safeguard against complexity by keeping spirituality policy embryonic and "threshold" expectations low instead of pioneering a viable approach. It was noticed that a precautionary approach did not accommodate volunteers' spirituality.

Considering all this CANSA shifted visibly towards a dual approach: the firewind of operationalism and the firewood of a precautionary approach. Both approaches were valuable, but when taken alone each had their weaknesses. Both held tension emphasizing the uncertainties of volunteer driven applications (volunteer's care and

support of patients). Even so, paradoxically, it was precisely this spiritually depleted and underdeveloped methodological context that pointed towards a totally unexpected new fire trail. Being a CANSA Health Program Coordinator and Community Mobiliser fuelled this fire trail.

### **2.3. Burning point: Otherness and sameness**

The preceding segment examined the methodological context of CANSA in relation to the spirituality of volunteers, which had a direct impact on the selection of the study's research approach. In this section, the impact of my CANSA experience will be discussed.

I had over the years in the practice of mentoring and teaching learned to kindle flames – painted here as a means to understand how my lived experience interfaced with the research process. The rationale behind this section was a “fundamental methodological move” (Frohlich, 2001, 73) before choosing a specific approach appropriate to this study. Since spirituality researchers “select, claim understanding of, or evaluate something to do with spirituality” based on their own living of spirituality I began “methodologically by acknowledging” (Frohlich, 2001, 73) in what Lonergan terms “interiority” (presence to oneself) (Lonergan, 1990, 14–17), *id est* my spirituality.

My travels in Theology and peregrinations in charity intersected unexpectedly at CANSA. Both pathways' interrelated loci strengthened and invigorated each other through unforeseen realisations. Per contra, however it did not happen easily. Since I could not work and preach as a pastor in the GKSA because I am a female, formal job opportunities in the Kingdom were limited. During much contemplation (and I might add piqued pondering) I reinvented myself by converting preaching to public speaking, pastoring (caring for a congregation including teaching) to mentoring and prayer to retreats. Even so, something was missing. Exposure to other cultures was limited due to growing up in apartheid South Africa. A Canadian road trip with visits to and sermons conducted at different denominations revealed a gap and left me curious about my ability to work interculturally in South Africa. Then a door opened in the South African NGO sector: a CANSA Health Program Coordinator and later a Community

mobiliser.

This unknown unfolding path revealed side tracks and obstacles but conveyed small glimpses of a panoramic view as well. It happened this way. The NGO fraternity provided a rich world whereby the tenets of care could be implemented, except that it was not fully practical and effective in a transcendental way. My mentors were insightful guides, but looking back on these times, it seems as if we were all trained in a model of community development and care that fell short of servicing life. We were stuck in a new South African financial survival mode which became increasingly covered (or is it sugar coated?) in a thickening service delivery sauce until it became a titanic with a lawn mower engine. The forms that different community programs were poured into became steadily more similar despite the difference in content.

Notwithstanding I increasingly experienced that the identities of both my theological and spirituality studies were active and alive—not just abstract theory but “reflection on spiritual experience” (Sheldrake, 1999, 164). My theological investigation before long became inextricably bound up with my personal faith. Over time, although it sculpted me, it left me unexpectedly unequipped providing little regarding courage and conviction to turn overwhelming corporate intentions into community action. This presents a unique problem because the study of theology is concerned with God and how he interacts with and affects the world. A background in the corporate-charity sector provided initial kernels of insight in commercial drivers underpinning stakeholders and sponsors in general but not to our African volunteer teams’ life and its opportunities in a NGO context. To highlight this dilemma further, all the above, training, experience and opportunity, were helpful but what seemed to be missing was knowledge in opening up the heart to new possibilities and the growth process. So, I realized that I had to change (again). Intuitive flexibility and adaptation followed.

It wasn’t so much a watershed moment as organic growth that provided a new foundation and altered collaboration. It reached a turning point and pivot only and as soon as I reconsidered what I knew and became open for new, although experiential and exiting frameworks. Only by becoming empty (of old ideas and tired concepts)

could I be filled up to explore and lay the experiential groundwork for a theoretically and existentially new way. It happened like this.

While working extensively with Africans in my community and in our district our strategy became gradually and sufficiently fluid adapting and combining the intricacies of the different volunteer moulds, towards a richer, exceedingly intricate although simple dynamic. When things did not go as planned (which became and is nowadays a given in South Africa) such as volunteers being late considering time consuming traveling, budget and educational constraints my spirituality became a reliable source of strength. New equations and combinations manifested fostering relations and establishing purposeful community networks. Gradually I became aware that the African volunteers act likewise.

When enough heat is added to material fire ignites (Fire risk assessment network, n.d.). Likewise, when humans add their energy to a cause it causes change. Given this as soon as volunteers combined Western leading practices and innovative campaigns with meaningful group involvement on the level of African dynamics, and township networks new initiatives arose. Allow me a few examples. They invited me along to meetings with community leaders, and visits to their cancer patients. Some seek advice in their personal lives. During volunteer liaison committee meetings they conversed at times in their own indigenous language whereafter someone spontaneously translated to me what they observed and suggested. It was not about delinking from Euro-Western thinking and relinking to African knowledge systems but more about creating space for completely original and innovative “interpretive grids” to appear (Ramantswana, 2022, 134). The volunteers started affecting their spaces. As Schneider, a distinguished scholar in organisational psychology and service quality emphasized so eloquently: “The people make the place” (Schneider, 1987, 451; 2008, 267–289).

As time went by they went through context to action: learning during the highs and lows to unlearn and relearn their own understanding. To illustrate. Due to the worsened security situation in South African townships, and the desire to learn from each other, volunteers started travelling to, and visited cancer patients in pairs.

Sometimes they prayed for cancer patients in a group hug during home visits at the spur of the moment. To overcome transport and other logistical challenges hampering attendance to public talks, meetings with school principals and/or hospital staff meetings or follow-up visits specific spontaneous strategies were implemented. Suburban (formally so-called white) volunteer liaison committees accommodated and welcomed township volunteer committees in their meetings due to the added value of reciprocal informal learning. Steps backwards and aside were many. Volunteers occasionally observe sternness in dealing with some business stakeholders. The hardest part was when we received the heart wrenching news that a patient or cancer survivor didn't pull through. Our conceptual frameworks as socially constructed filters or lenses (Warren 1994, 45) were transforming. As I proceeded along the path, it opened out to something vaster.

Despite the difficulties, I found that interacting with African volunteers was immensely fulfilling and contributed vastly my hermeneutical experience, which in turn influenced my choice of research theory.

One of the key elements influencing the selection of this study's research theory was the emphasis on process – to be discussed in the next section.

## **2.4. Situating this study in Process theory**

<sup>17</sup>The previous section offered insight into the background of collective and personal transformation in CANSA. Since a coherent theory for understanding the drivers, interactions, and implications was lacking situating transformation as a multidimensional construct in process theory – to be discussed in this section.

The starting point for my construction of a scientifically plausible framework, within the confines of CANSA was to get beyond pointing out the gaps in the organisation, in

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<sup>17</sup> The content of this section is an extended version of the following papers:

- Steenkamp-Nel, A. (2014). *Joy-pain as an aspect of spirituality and health (care)*. Paper presented at the Spirituality and Healthcare Conference presented by the Centre for Contextual Ministry (University of Pretoria) and HospiVision, Pretoria, South Africa, 13-15 November 2014.

- Steenkamp-Nel, A. (2018). *Spiritual transformation: Messiness, mastery and method*. Paper presented at the Spirituality, Theology, Education International Conference, at the University of South Africa Pretoria, South Africa, 20–22 September 2018.

order to return to the roots of CANSA volunteers' patient care and support. Since the choice of theory was influenced by the researcher (as illustrated in the previous section) it was important to note that this study's research theory was performative rather than purely informative; action rather than simply ideas, distant as well as self-implicating, assumable and critical, in addition to transformational and value orientated in its thirst for knowledge (Sheldrake, 1999, 146). The theory identified as befitting this study was process theory. Several determinants acted as motivation for the choice of a research theory.

Volunteers is a key concern of NGO researchers (Brzustewicz et al., 2022, 62–75; Compion et al., 2022, 443–458; Cunningham et al., 2022, 236–241; van de Ruit & Breckenridge 2022, 1–22). However, research approaches dominating NGO research such as ethnographic research, comparative study, and qualitative approach amongst others were rather unsuitable for examining volunteerism's dynamic aspects in that they focused on static aspects of volunteerism. A coherent theory for understanding the drivers, interactions, and implications of this multidimensional construct is lacking. Since “there exists no study design which represents spirituality in its entirety” (Hense, 2011, 9) process theory's complementarity, and dynamic perspective could present a research design.

The starting point for the choice of a scientifically plausible approach for this study is to go to CANSA's roots.<sup>18</sup> Considering that CANSA's context is amongst others healthcare it may be conducive to investigate healthcare's classical approach. Acknowledging that healthcare has ancient origins in, amongst other eras, Greek antiquity (Tountas, 2009, 185–192). This study could benefit from re-visiting the thought of Heraclitus<sup>19</sup>—who was thought to be the “first systematic moral philosopher”—and his contribution to the philosophy of transformative healthcare (Diels, 1903). Heraclitus was famous for his statement that:

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<sup>18</sup> My following published work was used as part of the critical analysis in this section. Permission from the publishers to re-publish these in this dissertation were obtained. Steenkamp-Nel, A., (2020). 'Spiritual transformation in South African healthcare: Messiness, mastery and method'. In Asproulis, N. and Devenish, S, C. (eds), *In-Breakings: Instances of Christian Spiritual Life in a Supposedly Secular Age* (pp. 145–164). Cambridge Scholars Publishing.

<sup>19</sup> For more on the echo of Heraclitus' transformation cosmology/ontology in contemporary science see Maniatis (2000, 189–204).

(392) ποταμῷ γὰρ οὐκ ἔστιν ἐμβῆναι δις τῷ αὐτῷ.

*It is impossible to step twice in the same river (Plutarch 2003, 240–241).*

Heraclitus' notion was that life is a river, always flowing as a gradual, changeable, transformational process. This principle could also be adapted to apply to people whose lives are like rivers, constantly and continually shaped, reversed, expanded, and changed according to context and circumstances (Beukes, 2002, 1275–1276). Heraclitus initially developed his observation as process theory, which he possibly derived from India *via* Iran (Duchesne-Guillemin, 1963, 34–49). It infiltrated Christian theology (Gericke 1996, 68–80) through Clement<sup>20</sup> (2018, Havrda et al., 2012), St. Thomas Aquinas (2006, 6), and perhaps Calvin<sup>21</sup> (Calvin n.d., 102) resulting in faith being understood as a process. Although religion in general is beyond the scope of this study, it is important to note that spiritual transformation occurs in Christian renewal epistemology, most notably by reversing the debilitating effects of the fall by means of the redemptive work of Jesus Christ and the restorative work of the Holy Spirit (Wolters, 2005, 46, 73, 126).<sup>22</sup> According to Calvin, Christian “conversion” is both an event and a process holding together by virtue of its connection with the kingdom of Christ (Wilcox, 1997, 127). Heraclitus' process-centred philosophy significantly influenced modern process philosophy in the form of thinkers such as Whitehead,<sup>23</sup> Griffin, & Sherburne (1978, 16, 22) and Heidegger's<sup>24</sup> (2000, 370) intuitions of personal transformation.

The idea that everything is processual and in motion has also filtered into the natural

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<sup>20</sup>For additional information on Clement's stages of faith follow Bucur (2009, 321, 328, 334).

<sup>21</sup>For the gradual process Calvin used the term “spiritual turning” which occurs when the whole body and/or individual members turn little by little to God during various steps indicating progress through repentance (Calvin, n.d., 102).

<sup>22</sup> *Penumbra*s of spiritual transformation manifested as often-overlooked illuminated *faculae* or bright spots in the Old Testament. In previous articles I looked in-depth at spiritual transformation in Qohelet (Steenkamp-Nel, 2019a) and its contemporary applications in African spirituality (Steenkamp-Nel, 2018b) where it acts as “windows and gateways to new landscapes (opportunities and possibilities) on the spiritual safari (journey)” contributing towards and integrating the spiritual-theological, social-altruistic (non-governmental NGO sector), and health(care) dimensions (Steenkamp-Nel, 2018a) of life into one unified whole (Steenkamp-Nel 2019b).

<sup>23</sup> For a linear discussion of Whitehead's weblike ever-changing processual transformation philosophy and theology follow Monserrat (2008, 815-845), Sherburne (1966, 173–176, 190).

<sup>24</sup> Although Heidegger's *blitz/blick* or *augenblick*, portrays a constant transformation of oneself as a brief glimpse into the mystery, attended by a sudden, fleeting, “lightning-flash of insight (Heraclitus, fr. 64: *keranos*)”, with subsequently a turn away from the exploitation of nature and others (Sheehan, 2010, 95, 97) his account is not spiritual yet.



sciences (Christidis, 2009, 33–62; Abdullin et al., 2016, 81–99) and crossed into other disciplines (Korb & Nicholson, 2005, 69, 71, etc.). The natural sciences for their part have largely embraced concepts of the “descriptive flow of material transformations” (Gleiser, 2017). The idea of adopting and applying process theories (biological and cosmological theories of transformation) to the human sciences, in the form of process and transformation theories, gained ground in contemporary scholarship in such disciplines as process theology (Cobb, 1998) and psychology (Yolles, 2009, 897–924), as well as in healthcare (Machado & Leitner, 2010, 383–392) for instance in nursing<sup>25</sup> (Mackey, 2005, 179–186).

At first blush, Heraclitus’ process theory fitted “well with the above idea of modern social relativity, in which the normal state is one of motion” (Heraclitus, 2009). Regardless, there was evidence to the contrary. First, systems, policies, rules, regulations, strategies, processes and tools, infrastructure, and frameworks (Department of Health, 2011, 10–11) are not agents, or self-sufficient causes (Weik, 2011, 658). Second, contrary to CANSA’s recent dualistic-reductionist focus on volunteers’ patient care (as evidenced in chapter 1 and 3) its adoption of the concurrent outdated “limitless success of the scientific method’s weighing, measuring, and reducing of matter and mind” (Jevons, 1905, 735–736) did not guarantee movement in relation to the changes required to respond to the instabilities, asymmetries, and transformations of the human heart. Third, a method without the consideration of human influence on transformation intrinsically required quite literally, a form of dehumanisation. A timeless statement by Hippolytus (IX, 5) comes to mind, about the way that the treatment given by doctors (and nowadays the South African health sector) was “just as bad as the diseases they claim to cure” considering that “physicians, undoubtedly, when they make incisions and cauterize, though in every respect they wickedly torture the sick, complain that they do not receive fitting remuneration from their patients, notwithstanding that they perform these salutary

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<sup>25</sup> Nursing is mentioned here under human sciences because of Pratt (2012,12) and Mackey’s (2005,180) suggested notion that an interpretative approach (understanding that is more diverse and less controlled) rather than a positivist and post-positivist research paradigm is useful in the understanding of peoples ‘lived’ experiences. For more on how progressive interpretive (rather than quantitative or positivist) approaches allow nursing research to understand, rather than explain human phenomenon in a natural, uncontrolled setting see Mackey (2005, 179).

operations upon diseases”.

On the other hand and in the fourth place, to develop humanity, it was worth paying attention to the fact that humans are at best “equipped to appreciate processes that take seconds, minutes, years, or, at most, decades to complete” (Dawkins, 1996, xv). We are not always in the moment, so to speak, or cognizant of the fact that machines, cement, and bricks are—in some policies and procedures—more valued than we are. Fifth, knowing, caring for, and supporting the African individual meant knowing, caring for, and supporting him or her processually (Steenkamp-Nel, 2019b, 6). This aspect will be discussed in chapter 5.

In conclusion, this section situated the study in process theory since healthcare has ancient processual origins. The outline of the process theoretical research design detailed how the spiritual transformation approach will be applied to answer the research question, ‘What is the role of joy as an aspect of the spirituality of African volunteers’ care of cancer patients at the Cancer Association of South Africa?’. Process theory provided an analytical tool or a research design to volunteer cancer patient care and support. It did not just accommodate value systems but the African person as well. This study’s paradigm was primarily determined by the emphasis on a structural dynamic. Spiritual transformation as an approach for this study to be discussed in the next section.

## **2.5. Research methodology: Spiritual transformation design and approach<sup>26</sup>**

Based on the many similarities between healthcare, the African person and spirituality a spiritual transformation (discussed in chapter 1) was proposed and utilised in this study. In this section, defining spiritual transformation approach and delineation of the components, was followed by a discussion of an outline of the stages of the spiritual

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<sup>26</sup> Parts of this section was previously published as a chapter during the research *en route* to this dissertation, and is here repeated with the permission of the publisher of that work and of the supervisor of this study: Steenkamp-Nel, A. (2018a). Shifting landscapes: Spirituality in the life of the African healthcare volunteer. In A. de la Porte, N. Joubert & A. Oberholzer (eds), *Proceedings of the 2nd Biennial South African Conference on Spirituality and Healthcare* (pp. 261-277). Newcastle: Cambridge Scholars Publishing.

transformation process. Then the texts, techniques and tools utilised will be discussed. Lastly, a six-phase spiritual transformation approach will be introduced.

An explanatory note was added before hand. Being in Africa I was led by an African custom. Africans kindle flames traditionally when they cook food on an open fire by blowing a flame “with the mouth” (Colenso, 1861, 518), in isiZulu “vutela”. Likewise, the most important shifts in the divine-human relationship kindle the spark of spirituality (Waaijman, 2007, 41). The method chosen to obtain information for this study was the spiritual transformation approach. The reason being that a spiritual transformation approach gave access to the inner information in that it goes beyond simple transformation. It gives access to how people experience transformation by God. As Socha (2019, 87) indicated that after years of thinking about the psychological basis of religion and other areas of mental processes, it has been determined that an internal transformation lies at the heart of spirituality."

The process of spiritual transformation is not new though. It appears throughout history under different labels and themes across cultures, places, ages, and traditions like Buddhism (Bartley, 2001, 204), Judaism (Sands, 2019, 2, 40, 224, 240, 299) in addition to the Christian faith (Foster et al., 2004, 332, 651, 701). Although the construct of spiritual transformation is historically part of the Reformed tradition it appears nowadays more in new (for Reformed) application studies such as spiritual direction (Whitlock, 2002, 315,317, 319) and discipleship (Wooldridge, 2008, 36). Recent developments of the construct overflowed into the fields of Organizational transformation (Yin, 2022:79–93), Psychology (Sandage et al., 2022, 1–21; Park and Hanna, 2022, 101), pedagogy (Alkouatli, 2022, 107–133), Social work (Carrington, 2022, 9), History (Leja, 2022, 70, 121, 148, 230, 232), Theology (Kardis & Tlučková, 2022, 65–88), and Management (Pruzan, 2019, 221–230). To use spiritual transformation as an approach is a new direction though. Several determinants as an impetus for this study’s research approach were considered.

The spiritual transformation approach is critical since it answers the question: "If we cannot change ourselves, can we change society?" In his seminal work *Spirituality: Forms, foundations, methods* (2002) Waaijman indicated that Since spirituality is

fundamentally transforming and change is fundamentally spiritual, spirituality is the key (Waaïjman, 2002, 455). How it can foster change in and for volunteers will be established according to four components.

## **2.6. Spiritual transformation: Components**

The spiritual transformation approach emphasizes and observes a dynamic view of spirituality in that it takes note of four components: First, it looks at the processual. Second, spiritual transformation as an approach observes the change that spiritual transformation as a process fosters. Third, it pays attention to layeredness in a sequence of stages, in addition to the fourth component; relationality.

The first component considered was process. As fire takes time to develop (flame up, smoulder, or glowing embers) (Fire Safety Advice Centre, 2022) likewise spiritual transformation takes time thereby pertaining to the processual aspect. The detection of spirituality's processuality is corroborated by Patton et al., (2017, 35–41) observation that a holistic life is achieved through the integration of a spiritually integrated approach with transformational practices. The processual character of this statement as well as the reference to holism is of importance for this study since it is a characteristic of CANSA volunteers' care and support to cancer patients as well as a feature of African spirituality (to be discussed in chapter 5).

The processual component of spirituality – underpinned by process theory – is largely ignored. This study wanted to fill the gap since spiritual transformation is not exclusive or narrow in a mere construct, believe (or even in God) that we typically regard as spiritual, but works conjointly and reciprocally during a dynamic and transformational process when God transforms through the Holy Spirit and when God is met, experienced and understood in new ways, transforming a person to meet, experience, understand others with new insights. Another reason is that volunteers' belief and commitment to God and God's commitment to them which can be interpreted as spirituality have a transformational function enabling them to handle and constructively adjust to difficult work-life situations (Barnard & Furtak, 2020, 8). As stated by a female research participant PR7: "God is love, and I take that message and [it] restore my

soul” (Barnard & Furtak, 2020, 8). As heat added to fuel starts a combustion process the process of spiritual starts during the divine-human transformation—understood not simply as a manifestation of who we are, how we feel, or the strength that comes from knowing ourselves, but also through “appropriation, practise, alterity, community, and service” (Waaijman, 2007, 72).

At the heart of spiritual transformation is divine-human interaction (this aspect regarding African spirituality will be discussed in more depth chapter 5). It is congruent to a South African study on volunteering by Barnard & Furtak (2020, 8, 9) wherein a research participant PR2 explains:

When I feel down, and I can say “I am not so bad”, because the people in NPO in hospital ...have stomach cancer. And then I say, ‘thank you God that I can make a difference, that you pick me up every morning.

The spiritual transformation approach is a cyclical process. The process unfolds spontaneously as a person’s reaction to events, new insights and understanding of God and possible outcomes evolve. The processual nature of spiritual transformation is being confirmed by Lucas Pelompe, a Movember navigator in Rustenburg: [It] “is like peeling an onion – there are more layers to discover and explore. It actually helps me be the best “Lucas’ ever” (CANSA, 2022e, para.2).

Let us consider spiritual transformation approach’s second component. Fire brings change. As fire is a symbol for the energies that start and maintain organisational or human transformation (Fudha & Badham, 2011) similarly spirituality is about change. The English word “transformation” originates from the Greek word metamorphosis for – “*meta*” means change, and “*morphe*” implies “form”, and thus has to do with the special or characteristic form or feature of a person or thing (Merriam Webster, 1984, 830) such as a caterpillar change to a pupa and a pupa to an adult butterfly. Considered in conjunction with “social development”, it suggests that different spiritual transformations share characteristics in terms of form. It also suggests changes in one’s own perception of change, or even that in certain changes, we ourselves are changed along with our shifting viewpoints. In the words of (Mooney, 2014, xi): change is necessary for spiritual transformation; it necessitates a basic reset of our orientation,

perspective, and vision. It also demands a corresponding shift in the actions that mould the world and our lives.

So, spiritual transformation is not instantaneous. Waaijman (2020, 448), one of the fathers of Catholic spirituality, description of the contemplative way can be applied to the spiritual transformation process:

the way is 'a spiral way: nobody has arrived on a perfect position, everyone is on the way, being now further, but the next moment being back on almost the same point. It is 'a continual process of detachment: getting rid of every finite – social, political, but above all psychological – influence'.

It is important to emphasise that spiritual transformation can also be described in terms of personality change, developmental psychology, clinical treatment, attitude change and persuasion, learning, coping – that is change in knowing (Waaijman, 2002, 937), change in perspective (Waaijman, 2002, 370, 496), a change of consciousness/one's understanding of God (Waaijman, 2002, 463), change of meaning (Waaijman, 2002, 938; Paloutzian, 2014, 209–239), change of form (Waaijman, 2002, 426), change of position regarding Divine-human relation (Waaijman, 2002, 424), change in continuity (Waaijman, 2002, 424), change of orientation. All of these terms indicate a turn away from self-preservation and self-indulgence towards surrender to the transcendent. It is as if one walk over the land of your life, reflecting and recalling, contemplating on situations, people, emotions, clearing out dysfunctional beliefs, inconducive and malfunctioning behaviours, painful memories, rewiring "mind and heart" (Tune, 2016). One turn to new perceptions and perspectives, and return to the source and the Source that pivots one back towards life with refreshed awareness of the richness, depth and nuance of life, once again interconnected and interdependent ('to be clear 'Source' refers to the Divinity/God'). Such life experiences is spiritual experiences.

In the third place, theorising a typical sequences of stages buttress the core of spiritual transformation. As there are generally recognised stages to a fire (Fire Safety Advice Centre, 2022) spiritual transformation has stages or layers. In this study in accordance with Kees Waaijman's book, *Spirituality: Forms, Foundations, Methods* (Dutch, 2000; English version, 2002), I made a distinction between three categories of spiritual

transformation. The terms deformation, reformation, and transformation were applied to them.

God is the source of reformation, which involves a mental renewal to discern what is good and acknowledge it via deeds, as Waaijman (2007, 41–53) describes in great detail. The reformation stage was described at length by Waaijman (2006, 41-53) and happens when a movement by God's Holy Spirit and by humans towards God's original intention takes place. Worldly patterns and desires were replaced due to a changed perception of God and His works. Light is brought into situations – observable in a person's restored relations with God, the individual him/herself, communities, organisations, and the environment. Conformity to the outside world is deformation. One is self-centered and/or self-absorbed, without prospects or hope, and constrained by other people, circumstances, or oneself (Waaijman, 2007, 44, 460–461). Transformation entailed being orientated towards, and conformed to divine reality (Waaijman, 2002, 456, 517). Sheldrake (2014, 15) supported spiritual transformation's mystical element describing it as a “quest for an immediate consciousness of, or sense of deep connection with, God or the ultimate depths of existence”. Transformation is to be dissolved in God. His thoughts and strategy become yours.

People may experience euphoria and bewilderment, a sensation of emptiness and victory, during this process. The more you become transformed, the more you become transparent, so that God shines increasingly through you to the world or community. These interwoven complexities often characterize the spiritual transformation approach, (a theme that will be reiterated in chapter 10 focusing on insights for the discipline of Spirituality).

The approach was predicated on Waaijman's (2002, 305–591) conception of spirituality as the interwoven process of the divine–human relationship, implying a layered process of transformation (Waaijman, 2002, vii, 455–82). Important for us is the processual character of Waaijman's (2007, 112) definition namely that “the attention for the processual dimension of spirituality includes a strong relationship with

the theoretical dimension as practiced in theology and philosophy, particularly in the area of hermeneutics". It is a winding and often fortuitous path reflecting breadth and depth though. This spiritual transformation approach lens or methodology whereby analysis will be conducted is also layered.

The fourth component is unfolding horizons. The aforementioned various forms (or stages) point to an endlessly unfolding horizon of Godly experiences. There are two horizons that Waaijman (2007, 3) identified: an outer and an inner horizon. A person's context, which includes their historical, sociopsychological, economic, and cultural surroundings, is their outer horizon. According to Van den Hoogen (2011), the configuration of an individual's spiritual transforming experience is known as the inner horizon, and it involves the practise of virtues like prayer. The psychologist Coder (2011, 8) looked at social development from the perspectives of two poles; socially advanced and not so advanced social change agents and described the inner and outer horizon as a dialectical process of social change brought about by both external social change and inward spiritual growth that leads to positive transformation.

The approach did not assist in avoiding organisational biasedness obscuring the individual's experience. The spiritual transformation approach concerned not just an individual in a specific context. It observed and obtained not only the change in an individual that benefit the individual, but the community to which a person belongs.

This four-component spiritual transformation approach existing of process, change, stages and horizons work together to integrate all domains of life. Multiple routes towards integration with the Divine can be followed during a person's life.

## **2.7. Texts, techniques and tools**

To identify knowledge patterns or retrieve information or evidence to form new argument in the four different dimensions or angles on joy texts, techniques and tools were utilised. The margins of spirituality studies were opened by presenting joy texts



through quadruple readings.<sup>27</sup> Cross section analysis enabled critical reflexivity. In this way multidimensional theoretical voices that are seldom represented in Spirituality scholarship were heard.

To enhance analysis and evaluation and because of the spiritual nature of what is being investigated, techniques such as critical reflection were used to question assumptions and presuppositions and juxtapose quadruple perspectives (discussed in chapter 7). To obtain, analyse and interpret traditional and modern written texts it was necessary to include theological tools (Sheldrake, 1998, 88–93) such as exegesis formally connected with the modern science of linguistics and literature, but materially focused on biblical literature (Waaïjman, 2007, 110). Hermeneutic tools of literature allowed stepping into the horizons of the other, presenting their texts and textual evidence where applicable were tools such as “metaphor, symbolism, prosopopoeia, allegory, dialogue, and narrative” (Newman, 2003, 298). These texts, techniques and tools assist in personifying abstract ideas and enhancing imaginative theology. It does require a certain level of expertise and experience to use them (and other tools of a similar nature), particularly when integrating the many dimensions in the research approach.

## **2.8. Six-phase spiritual transformation research approach**

To respond to the research question, ‘What is the role of joy as an aspect of the spirituality of African volunteers’ care of cancer patients at the Cancer Association of South Africa?’ a six-phase spiritual transformation research approach was compiled and followed:

(1) The first phase was a continuous process to obtain concepts and statements in existing literature based on process theory design adopted for this study (discussed in the previous section). Spiritual transformation research and case studies in different disciplines were examined. Publications that received widespread attention in the spiritual transformation field of the different disciplines were analysed (to be discussed in chapter 3 to 6).

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<sup>27</sup> Joy texts are understood as lived experience through written texts as well as embodied texts (bodily experiences of the Divine).

- (2) In a second phase, information was encoded based on process theory's characteristics (gradual, changeable, spiritual movement) and the spiritual transformation approach' components: processuality, spiritual change and layeredness (stages). Grouping into characteristics and components was made possible by the characteristics and components based on how comparable they were. In this phase, the knowledge collection and interpretation phase, it was imperative to revisit the process theory design and spiritual transformation strategy employed in this research in order to validate the analyses and provide context for the interpretation/hermeneutic.
- (3) In the third phase, critical perspectives on joy were obtained by identifying and consolidating parallels and differences, drawing upon the material gathered in the first two phases as previously mentioned (to be detailed in chapter 7).
- (4) In the fourth phase, an approach for practical application in the CANSA volunteer context: steps were refined, add or reordered (to be discussed in chapter 8).
- (5) In the fifth phase: Findings (to be discussed in chapter 9).
- (6) In the sixth phase: Insights for the spirituality discipline: spiritual transformation approach based on process theoretical design's distinguishing features was put forward (to be discussed in chapter 10).

The preceding discussion of the phases of the spiritual transformation approach, clearly illustrates processuality and actions covered.

To summarise, spirituality is transformational and spiritual transformation on its turn is processual, bringing change, is layered and consists of types. Research texts, techniques, tools and a six-phase spiritual transformation research approach were introduced. Originating in the field of process theory (as discussed in the previous section) spiritual transformation can thus be a research approach. It became apparent that since more disciplines touch upon spiritual transformation it was conducive to consider the multidimensionality of the spiritual transformation research approach (discussed and depicted in Chapter 1) as was highlighted in the succeeding section.

## **2.9. Spiritual transformation: Multidimensional approach**

In the previous section the spiritual transformation approach was discussed. In this section the multidimensionality of the spiritual transformation approach was introduced.

To build a successful fire, different layers (wood, sticks, flame) is needed. To build a multidimensional approach in scientific study different layers of knowledge is needed. I looked across diverse disciplines for the commonalities that bind characteristics and components together: “multidisciplinary” (experts who each focus on a different area of expertise while studying the same subject led to a more in-depth investigation of previously unexplored aspects) and consequentially “interdisciplinarity” (integration of various disciplines’ findings) (Klein, 2005). “Multidimensional” and “multidisciplinary” are used interchangeably. “Interdimensional” and “interdisciplinarity” are considered synonyms. Conceptual differences between the terms “multidimensional” and “interdimensional” can be pointed out: “multidimensional” refers to data from different disciplines, and “interdimensional” can be understood as being a further step forward towards the integration of dimensions.

To approach the subject under study from different angles the following determinants were considered.

The first determinant for the choice of a multidimensional approach hinged on the study's goal to look into the relationship between joy as an aspect of spiritual transformation of volunteer healthcare in an African cancer related NGO. Few studies examined this multi-dimensional construct.

Since “spiritual experience cannot be registered objectively” (Waaijman, 2007, 49) a multidimensional hermeneutical approach was needed. Various texts, techniques and tools were used since a multidimensional approach "expands the disciplines on which the process of interpretation draws" (Sheldrake, 2005, 460). The texts comprised both contemporary writings studied using modern methods of interpretation and traditional texts with their own classical hermeneutical heritage (Waaijman, 2007, 110).

The second determinant for the choice of a multidimensional approach was the research approach. An approach reflects “primarily the types of knowledge” a study “seeks to attain” (Schneiders, 2005, 15). The type of knowledge this study opted to attain was holistic considering that CANSA’s change driver for empowerment is holism (as indicated in 3.2). The importance of holism for a NGO such as CANSA was corroborated by – not to mention productivity and achievement (Dhiman, 2017; Asif, 2008, 423–428). Therefore the type of knowledge we aim to achieve is holistic multidimensionality.

The third determinant for the choice of a multidimensional approach revolved around the fact that spirituality is a multidimensional, complex concept that is interwoven with the body and mind (Cook, 2004). The soul for instance is multidimensional (and highly mobile) (Waaajman, 2002, 436), *videlicet* (in other words) this approach accommodated the multidimensional nature of volunteers’ souls.

The fourth reason for the choice of a multidimensional approach is that people are relational: relationship with other human beings as well as with God. Furthermore and subsequently, relational spirituality embraces “both personal and the deeply social transformation of society are equally addressed” (Vasconcelos, 2017, 608).

The fifth determinant for the choice of a multidimensional approach came up after considering Patton et al.’s (2017) finding that nonprofit organisation leaders “may assist in the transformation and maturation of the whole person” by incorporating a more holistic approach. Important was the dual character of the argument namely holistic and transformational. The fusion of these two aspects was supported by Taladay’s conclusion (2021, 36) that “a holistic approach assist in the transformation of the whole person”. These two approaches (holism and spiritual transformation) was thus reciprocal meaning, complementary, correlative, with a mutual exchange of advantages facilitating growth. Holism was transformational and transformation was holistic. The spiritual transformation approach was thus multidimensional. So, one way to tackle a possible solution for CANSA’s public and private dichotomy was through the reciprocal dynamic between holism and transformation.

At this juncture I want to offer a cautionary note. Spiritual transformation was not in this study viewed instrumentally. Stokols (1990, 641–642) an environmental psychologist contradistinction was here beneficial since he distinguished between the instrumental and spiritual view that was applied to the view on spiritual transformation as well:

An instrumental perspective views ‘individual productivity and organisational effectiveness - a physical way to key behavioural and economic goals’. A spiritual orientation views physical settings not as tools, but as ends in themselves - as contexts in which important human values can be cultivated’ and the human spirit can be enriched.

Spiritual transformation was not instrumental as a positivistic “tool” supporting physical change but a spiritual processual endeavour reflecting the divine-human relation inwardly and outwardly.

The sixth determinant for the choice of a multidimensional approach is the fact that healthcare is often perceived as a one-dimensional endeavour. Volunteering is by contrast not an isolated and mono-disciplinary process as represented by CANSA’s dual approach. Volunteers are affected by and interact with each other’s spiritual transformation processes during their work. Each volunteer has for instance his/her own lived experience and perspective on patient care processes. None is more preferable than the other. CANSA cancer prevention and care require all of these perspectives. Volunteering is multidimensional preparing volunteers to work in a multidimensional environment. It therefore necessitated a multidimensional approach.

Seventh, the spiritual transformation approach is multidimensional in that it is not a capitulation or collapse under postmodern “elusiveness of meaning and knowledge” (Kirby, 2006) nor is it relativism, neither spiritual neo-eclecticism<sup>28</sup> or theomimicry. It is

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<sup>28</sup> Neo-eclectic spirituality can be considered as a rejection of modernism’s desideratum to proof and reduce or simplify and innovate. The approach or lens returns instead to a blend of traditional spiritual precedents or theories for inspiration. The approach is known for spiritual sprawling by accommodating or adding, adapting and adopting different doctrines gradually over a period of time, a mere all-encompassing reconstruction of diverse (spiritual life) texts.

not concerned with [postmodern] “representation and *ironic self-awareness*” (Kirby, 2006) or spiritual bricolage (spiritual á la carte). Considering that a (w)holistic approach strives towards the broadest possible coalitions Kretzschmar (1995, 33) description is of importance namely that “integrated or holistic spirituality avoids all kinds of dualisms: a dualism between material and spiritual, secular and sacred, salvation and social transformation”.

One might add in Kretzschmar’s description spiritual transformation as well. An example thereof is the fact that health as understood by Africans is multidimensional (understood as wholeness) within Manala’s (2006,151) a succinct description of the healing process:

Health is the making whole of persons in every part of their being i.e., the restoration of one’s physical health, one’s relationship with God, re-establishment of one’s normal life functioning. The ultimate goal is the glory of God and the promotion and maintenance of human joy, peace, and harmony.

Eight different dimensions, angles, reflections and representations of the central or core ideas, offered a space for the juxtaposition of a multidimensional entry points to this study. Cheap interdisciplinarity as the plunder of different disciplines’ vocabulary will be avoided by explaining relevant terminology and developing spirituality’s own vocabulary where appropriate. Schneider(1998,10) urged researchers to combine a holistic approach to research that is fully accountable to the standards of criticism, a personal commitment to the subject matter being studied with the proper methodological perspective, and practical involvement with theoretical integrity. This was done in response to his call.

Multidimensionality is a principled position as well as a tool in this study. Corresponding to the multidimensional nature of the study and to meet the requirements outlined above, a multidimensional spiritual transformation approach was utilised for this study. In a comprehensive epistemic network, the humanities and sciences are tiered, with disciplines being the layers (Russel, 2005, 331) and in this study dimensions. This layeredness overflowed the boundaries of spirituality into a broader conversation with other relevant healthcare disciplines like Psychology, Nursing, Sociology and Medical Sciences etc. bringing insights from multiple

perspectives as opposed to be solely rooted in spirituality. Blank & Simr (2021, 202) stated it so clearly; assisting organisations possess a hybrid nature. They blend various social structures, rationalities, and communication modalities that are represented by many disciplines (e.g., religion, economics, law, social help, etc.).

The gap thusly opened up by the organisational dichotomy (spiritual and profane) was verbalised by Berger (2003, 16) who stated that the limitations of a strictly secular approach to resolving the world's social, environmental, and economic issues are becoming more widely acknowledged. The gap was broadened to include healthcare as well. This hiatus suggested that another research route was needed. To steer clear of dichotomy and its consequences such as limitability<sup>29</sup> a different lens was needed to analyse the volunteer landscape. It needed to be able to offer a fresh perspective on how cancer patient care may be organised in a comprehensive way so that service delivery and sustainability can be accomplished via African volunteers' life experiences (spirituality).

Having said that, two objections came to mind. First, it was argued, based on the research question, that involving, referring to or referencing to a holistic lens might perhaps force the healthcare field into the linear spiritual domain. I tended to differ because of the following reasons. First, the term “religion” is preferred in academic circles of religious studies and theology. Likewise, “spirituality” is more often used in the health care field (Mayo 2009:65). An example, it is well known that spirituality plays a part in a person's experience of health (Sena MAdB et al., 2021, 756080) by amongst others the Health Professional Council of South Africa (HPCA) (HPCSA 2022, 13, 19; de la Porte, 2016). Second, a significant number of social movements like the AA (de Beer, 2017; Lieuallen, 2017), and health care organisations also in South African (de la Porte, 2018; HPCA, 2018), and one might add association studies (Lynch et al., 2012; Salomé et al., 2017) looked to spirituality and religion for inspiration (Zaidi, 2018). The following three illustrations seem fitting. Association studies is

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<sup>29</sup> Drawing from the field of automotive (vehicle) ergonomics 'limitability' describes visual capacity, attention, or stimuli's time and/or space limited by one or other scenario (like eating, texting, talking, relaxing and so on) while driving (Yang et al., 2018, 32). The use of the term in this study is fitting considering that a 'journey' metaphor is being used for the spiritual transformation approach. 'Limitability' in this study pertains to the confinement or restriction of spirituality.

widely known like Lombaard's (2018, 1–15) report on spirituality's effect on health. The collaboration among medicine and faith-based projects, is well-known, as many hospitals and service organisations depend on the backing of religious communities (Levin, 2014, 139–141). There is so much mutual corporation in the health care industry that Christina Puchalski established the George Washington Institute for Spirituality and Health (GWish) in May 2001 with the intention of drawing more attention to the spiritual needs of healthcare professionals as well as patients and their families (Puchalski, 2013, 491–497). Since then universities and medical schools' research and tuition (patients and students) in culturally competent spiritual care is growing (Collier & James, 2021, 37–47). To summarise, healthcare and spirituality's modern and ancient natural collaboration is the rationale for the application of a holistic lens used to identify, and analyse information to understand the problem of CANSA's incomplete cancer patient care approach.

We followed Waaijman (2007, 2) as a methodical guide on this long voyage. The study moved epistemologically on a continuum from multidimensionality—discussing with experts studying the same subject in terms of their own specific discipline—to interdimensionality—integrating findings from various disciplines—following Waaijman's emphasis on disciplines' inherent relatedness to professions and practises (to be discussed in chapter 9). Adams (2019, 37) confirmed the multidimensional and multilevel thinking prompting the study to look beyond disciplinary boundaries in that the study of spirituality, by definition, incorporates elements from several academic fields, such as philosophy, healthcare, theology, psychology, nursing, sociology, the arts, education, and social work.

What does it mean practically? Since a unidimensional approach (exclusively spirituality) was likened to substantially weaken the study (excluding biopsychophysical domains) a multidimensional approach with a quadrangular critical perspective was followed. Quadrangular comes from the Latin *quattuor*, meaning four and *angulus*, meaning angle ((Marchant & Charles 1877, 699). It relates to a shape with four right angles or sides like a rectangle or a square. Historically, it was the shape of fortresses, ancient edifices or castles (Pausanias & Frazer, 1913, 450). Strengthening the study, the quadrangular angles of the organisational: CANSA's



context (chapter 3), Biblical: Qohelet (chapter 4), spiritual: African spirituality (chapter 5), and healthcare (chapter 6) domains or dimensions were included.

In conclusion the dual commitment to study both lived spirituality and scholarly reflection required an unfolding supple approach. Since existing approaches shed very little light on spirituality this chapter placed a strong emphasis on multidimensionality in order to improve comprehension and create clarity. Complex concepts such as spirituality in CANSA as an NGO were studied through a multidimensional analysis based on a processual theoretical research design.

In light of CANSA's need for a dynamic understanding of spirituality, the study's ultimate goal is to identify an approach that works within CANSA's constraints and broader context. Considering the reciprocal dynamic between transformation and holism, the task is to address a potential resolution for CANSA's public versus private contradiction in order to address the question "How can CANSA's understanding of Patient care volunteers' spirituality be changed for the better?". Such an endeavour necessitates paying attention to and recognising the multiple ways in which spirituality is seen as a dynamic activity. In the following four chapters then, the reality of how processual spiritual transformation will be reflected upon with discussions on African spirituality, Qohelet's spirituality, healthcare and CANSA. Before we do a critical reflection of the four let us consider CANSA's<sup>30</sup> context in the next chapter.

## **2.10. Conclusion**

The methodological context of CANSA was presented in relation to the spirituality of the volunteers, as this had a direct impact on the research approach used. The study was situated in processual theoretical research design to integrate the African person's domains of life. Texts, techniques and tools were chosen to enhance

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<sup>30</sup> This paragraph was previously published as a chapter as part of the research *en route* to this dissertation, and is here repeated with the permission of the publisher of that work and of the supervisor of this study Steenkamp-Nel, A. (2018a). Shifting landscapes: Spirituality in the life of the African healthcare volunteer. In A. de la Porte, N. Joubert & A. Oberholzer (eds), *Proceedings of the 2nd Biennial South African Conference on Spirituality and Healthcare* (pp. 261-277). Newcastle: Cambridge Scholars Publishing.

imaginative theology in combining four different dimensions. The six phase spiritual transformation approach provided a way to investigate joy as an aspect of the spirituality of CANSA volunteers multidimensionally.

## CHAPTER 3: FRACTURES AND FRAGMENTS IN CANSA

### 3.1. Introduction

The study's method was covered in the previous chapter. In this chapter the context wherein volunteers work, CANSA, will be introduced.

To address the research question: *'What is CANSA's contribution towards the spirituality of its Patient care and support volunteers?'* an in-depth description of the organisation's relation to spirituality is required.

This chapter<sup>31</sup> seeks to investigate the contextual detail of CANSA's volunteering approach. The aim is to establish a basis from which a volunteer approach in CANSA can be developed for practical application (to be discussed in chapter 8). In order to not be overwhelmed with distinctions, categories, and nuances this chapter was limited to the following three/four main ideas: CANSA's two key challenges by means of its armamentarium (collection) of public literature will be unravelled followed by CANSA's subsequent balancing act or approach when confronted with these challenges. Concrete examples will be used to help the reader to connect the dots.

Before discussing CANSA's two-fold strategic pillars let's introduce key challenges in the form of slow burning fires.

### 3.2. Slow burning fires: Key challenges

Non-governmental organisations (NGO)<sup>32</sup> play a general constructive role worldwide assisting governments in the upliftment of populations. The Cancer Association of

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<sup>31</sup> This chapter is updated and adapted from a paper Steenkamp-Nel, A. E. (2022). *Fractures and fusions in CANSA (Cancer Association of South Africa): being human in health care*. Paper presented at the Exploring Fusions of Spirituality and Health International Hospivision conference, University of Pretoria, Hatfield Campus, South Africa, 14–15 July 2022.

<sup>32</sup> CANSA fits within the broader category of voluntary organizations which purpose, values, interests, governance and action are independent from the business sector and the government. "Various acronyms are often used subjectively and interchangeably" such as CSOs, SBOs, GSOs, NSAs, CBOs,

South Africa (CANSA)<sup>33</sup> is no different. As a community-driven, volunteer<sup>34</sup>-based NGO founded in 1931 CANSA has the sole purpose to lead 'the fight against cancer by maximising understanding and response to the illness's full impact on emotional, mental and physical wellbeing (CANSA 2021c, 21; CANSA, 2020b; CANSA, 2013c). 5 000 trained "foot soldiers" (volunteers) offer a health message of hope to two intersectional groups; the government and the public (CANSA 2021c, 5, 26, 59) through a four-fold mission of care, education, advocacy and research (CANSA 2022a, para. 2). Research aligns advocacy in campaigns such as no-smoking, "pain control" and recently patients' human rights (to cancer care) opt to influence governmental and/or other organisations' policies and/or promote partnerships (CANSA, 2021c, 62; Wels, 2006, 79). Education focus on community health awareness campaigns such as 'SunSmart awareness' and "childhood cancers" fight fire with fire by informing and educating the public. 7000 Patient care volunteers provides holistic support to patients and their loved ones affected by cancer (CANSA, 2022m; CANSA, 2019b).

One might be forgiven for assuming that CANSA's glowing mission interfaces with practical volunteering effectuating holistic cancer patient care and support. Instead benighted limitability have surfaced lately.

In this section CANSA's key challenges was discussed from dual points; first cooling flames followed by a back burner. Before addressing the two aspects let's begin

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FBOs, NPOs or organisations that are registered under the Company Act 61 of 1973 as Section 21 companies, trusts that are registered under the Trust Property Control Act 57 of 1988 with the Master of the Supreme Court, and any other non-profit voluntary association. Related terms are independent sector, third sector in society, volunteer sector, advocacy organization, voluntary organization, associations, non-profit, and charity during discussions about development (Department of Social Development 1997, Lecy et al., 2012, 437; UN, 2018).

<sup>33</sup> This research is inspired by my personal experience with volunteers at CANSA as a Health Programme Coordinator, trainer, facilitator, mentor, and Community mobiliser. My work has raised my awareness that spirituality carries volunteers during volunteer activities. Prayer and song starting and ending meetings and workshops, that acknowledge that God has power, protect and are present to hear and help, give volunteers strength and guidance (Madondo, 2009, 54). For example, in an assessment of community-based volunteering as a religious health asset, Mte stated that being a volunteer and being a believer, go together. The Sechaba group's song "Aliko eliny'themba ngaphandle kukaJesu," which means "there is no other hope than Jesus," is performed or sung to boost the listeners and makes them feel relieved and joyful for their lives and the work they do." (Madondo, 2009, 38,39).

<sup>34</sup> Volunteering refers to activities undertaken out of own free will, to the common good without financial reward as principal motivating factor (UN, 2002, 3). Volunteers are paid-up members of CANSA for (at least) the duration of their voluntary service (CANSA, 2018a). CANSA's successful applicators identifying him/herself with CANSA's goals receive a letter of appointment stipulating their defined task(s) from a volunteer programme coordinator or other CANSA authorised person.

building the fire with a tightly organised opening containing a suitable binary note to introduce the warmup to the cooling volunteer numbers.

### 3.2.1. A binary note: Smog and smother

Context is important in describing a NGO. Since CANSA is ‘an integral part of the society dynamic’ (CANSA, 2021a, 9) the first note pertains to societal smog before discussing civil society’s smother.

The world is of late largely contoured by a kind of neo-survival mode or modified stress response. South Africa is just the same. In the wake of South Africa’s painful past the country had since its 1994 independence hardly time to adjust to a new dispensation before the 2008 global financial crisis and the government’s neo-liberal policy’s<sup>35</sup> double burn (Engelbrecht et al., 2015, 459–470). Lately, it finds itself between two even bigger fires; the debris of the Covid-19 pandemic and the 2022 war in Europe. Both blazed through the global economy and its NGO’s beneficiaries or rather its shifting *sa/ao* i.e. “the worst form of unlucky” (Hemingway, 1952, 1). As this takes place the South African NGO sector or third sector<sup>36</sup> is touching upon some novel fluctuation in community constellations. Although there is signs of recovery the friction caused by the contemporary South African government’s uneven local success (Chipkin, 2021, 1–25) raised blisters of unprecedented decaydence (decadence and decay). Once

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<sup>35</sup> After thorough consideration the following two points must be stated. This study is a) not a situational attempt to rescue, resist or promote a hybrid cocktail of neo-liberal transmogrification and/or (neo)communitarianism. For more on these philosophical views follow Pervova (2020), Masitera (2018, 15-36), and Ismail & Kamat (2018, 569–577). Nor is it b) an attempt to adjust CANSA structurally by means of the following. First, it is not fortifying or succumbing to the South African government’s project of cultural homogenisation. For more on the transformation of South African society please see Oliphant (2020, 4-5). Second, this is not an attempt to address resistance against managerialism or careerism. For more on this follow Claeyé (2011, 235–258, 259) and Sakue-Collins (2021, 985). Thirdly, it is not an investigation into CANSA’s aim to maximise efficiency in pursuance of sustainability. Follow Engelbrecht (2016, 459–470). Fourthly, this study does not focus on CANSA’s structural adjustment or its counterpoint re-governmentalisation. Fifthly, it is not an emphasis on quantity at the expense of quality.

<sup>36</sup> Modern democratic countries’ societal activity is divided in three sectors. The government is the first sector (state agencies and offices that provide an enabling space and environment for resources). The private sector is the second sector (suppliers and consumers, businesses and markets that provide products, profit and services for the government’s development agenda). ‘NGOs is the third sector that (voluntary organisations or associations with shared values and expectations that mobilise, contribute and supplement the state’s developmental agenda through voluntary actions) (Rahman, 2004, 42, Brown & Korten, 1989, 5, 6).

pleasant and popular urban neighbourhoods are slipping into steady physical decomposition and ‘unimaginable’ moral degeneration (Fuhr, 2022; Shackleton and Niwaxu, 2021, 1–9) triggering ethical woes such as anti-Africanism (Ndlovu, 2022) successively flaring up xenophobia. By contrast rural areas become impoverished and abandoned (Hajdu et al., 2020, 1–12) as a steady stream of people migrate to cities. The urban dust of deterioration and unrecognisable overpopulation are generating *in seriatim* (one after the other) a compensating counter-wave of semigration to rural towns and villages (Hoek, 2022). It follows that such oscillation and social scarring unravels a country’s social fiber (van Zyl, 2020, 308) causing a productivity drain (Slabbert and Ukpere, 2011, 734–741, Department of Employment & Labour, 2019) in societies as well as civil societies. In the words of Murchison (2022, 8) “you can’t just cram great moral determinations down people’s throats, à la the evil empire. When you try, you rend the fabric of civic comity into numerous tattered shreds”.

CANSA finds itself amidst societal shreds and smog. Therefore, it does not escape smother.

The second note pertains to civil society’s smother. It is widely held that NGO’s have serious challenges limiting their ability (limitability) in the sense that they are micro-cosmic mirrors of the broader society’s fluid aspirations and ambitions but also of its challenges and conflicts (de Tocqueville, 2000, xxiv; Gramsci, 1999; Mercer, 2002, 5–22; Kennedy, 2001). Since they are situated within local communities NGO volunteers equally have shifting goals and shared dreams ambivalent at times with no sharp lines, and blurred boundaries. Being a fragile context-specific “construction, not sharply distinguished from its fluid, diverse”, and at times rapidly changing social and political realities (Mageli 2005, 266) CANSA’s context (as NGO) is just the same externally but also internally. Allow me to elucidate. Being at the crossroads in post-apartheid South African communities CANSA faces besides huge challenges additional “opportunities to address socio-economic conditions” (Claassens, 2004, 3). The organisation responded admirably to these challenges and opportunities through its social development focus (community support) just to find itself entangled in a tug of war between the organisation’s own ‘two core pillars. I will now particularly focus on the technical aspects of these two pillars.

### 3.2.2. Two pillars: Service delivery and sustainability

CANSA has two core pillars; service delivery and sustainability (CANSA, 2021c, 18). To secure CANSA's first core pillar, service delivery (or care) CANSA initiated transformation<sup>37</sup> in congruence with the government's equity agenda in the following ways: First, conscious of the value of diversity in order to ensure that the "needs of all communities" were met, it deployed volunteers of all races (CANSA, 2012a, 38). Second, a volunteer survey was conducted in 2015 to establish volunteers' needs followed by a leader volunteer survey in 2018 to gauge satisfaction with the models and work methods used by CANSA (CANSA, 2019a, 65). Third, A "six-month Home-Based Care and Support Learnership course" accredited by SETA<sup>38</sup> was created in response to CANSA's 2015 ambition to create a more potent internal recognition system for "Care and support volunteers" (CANSA, 2021c, 95, CANSA 2015a, 63)<sup>39</sup>. In 2013 for the first time the organisation reached its EE<sup>40</sup>-target of 50% with a high of 61% in 2018/19 (CANSA 2019a, 64). Volunteers were an essential element in the kindling of this fire.

CANSA's second pillar is sustainability. The second pillar is being straddled in a very different way. To secure and safeguard financial sustainability against risk CANSA gradually started to hang fire (in survival mode) in the following ways. First, its governance became perennially limited decentralising structures "closer to operational requirements" (CANSA 2014c, 63, 65). This meant that official terminology became depressingly filtered, even engulfed by philanthrocapitalism and private donors'

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<sup>37</sup> NGOs as instruments of the state's societal development project are bound to implement, facilitate and support racial equity and integration within the post-apartheid society (Wels, 2006, 13).

<sup>38</sup> 23 SETAS coordinates skills development, education and training to help implement the National Skills Development Strategy (Department of Higher Education and Training, 2019).

<sup>39</sup> Implementation was unfortunately delayed in 2020 due to the Covid-19 pandemic but is still on the agenda.

<sup>40</sup> One of the main forces behind government's initiatives for the transformation of the South African society is the EE Act of 1998. By combining two essential components, the Act seeks to promote employment equity "in the post-apartheid South African workplace: Encouraging fairness and equal opportunities in the workplace by doing away with discriminatory practises; and putting affirmative action policies into place to compensate targeted groups for the disadvantages they face in the workplace so that they are fairly represented across all occupational levels in the workforce (Employment Equity Act, 1998 [Act 55 of 1998]).

influential agendas as reflected in its annual reports<sup>41</sup> (CANSA 2021c, 19). In the third place, a slowdown in economic conditions spread NGO's service delivery thinner. Lastly and additionally, another slow burner is licking lately through CANSA's governance namely employment equity. Coughlan (2006, 582) described the context in general terms as more intense and extensive challenges within a rapidly transforming South African society because of the need to fast track equity and redress and other elements of transformation.

So, CANSA (corresponding to its wider context) is straddling and strangled by the binary paradigmatic concerns of risk versus care. As sustainability became detrimental to service delivery the balance shifted. The implication is that the once helpful and positive key NGO actor in the relief of South Africa's poverty and related suffering became despite its ebullience organisationally fragmented and financially fractured finding itself of late in the same cracks of the system as its clients.<sup>42</sup> You will recognise what really matters in such a context is the effect namely that of cooling flames.

### **3.3. Cooling flames: volunteer numbers**

The foregoing binary note discussed the overemphasis on sustainability. This prompts critical reflection on its effect on volunteers.

Volunteers play an important role in the sustainability<sup>43</sup> of CANSA with transformation high on the organisation's agenda. In spite of this, over the last few years two aspects

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<sup>41</sup> To improve its B-BBEE rating CANSA had to embark on a broad and wide-ranging effort namely a skills development projects of non-CANSA employees such as the Department of Social Development's Protected Workshops and training to Traditional Health Practitioners (CANSA 2022i, CANSA 2021c, 19). The effect on this scattered focus on the organisation's vision is still to be determined.

<sup>42</sup> In two previous book chapters I discussed the fragmentation in the NGO sector (Steenkamp-Nel 2018a, 261–277) as well as in the South African healthcare system (Steenkamp-Nel 2020, 145–164). / the boundedness of “transformation” within the South African context and defined a more functionalist version of the construct. For the purpose of this chapter it can be mentioned that it is term that it still developing. It was initially perceived in multidimensional terms namely political and social reconciliation (Bertelsman, 2019) but moved like a wide-angle lens approach from an initial omniscient viewpoint of moral-societal transformation (de la Porte, 2018, 76) into the narrow focus of a socio-economic-racial perspective (van den Heever, 2019) - with currently collective but minimum personal application.

<sup>43</sup> Sustainability is the ability to meet, thrive and adapt to one's own environmental, economic and social needs.



emerged; African volunteer's numbers are slightly quiescent while spirituality<sup>44</sup> (spiritual patient care) is vague. It was argued that in the light of extensive and increasing challenges the best of both aspects was harnessed to secure the sustainability of both. In this section the ways CANSA opt to blow life in the ashes of its survival and the by-products of that attempt will be discussed.

Along a fire's edge one can find one of a fire's by-products, ash. The ashes of amongst others CANSA's focus on sustainability can be observed in the following *via trium* (three ways). First, the declining number of African volunteers followed by a decrease in the number of liaison committees and then a change in the nature of volunteering. To clarify, in 2019/20 just before the Covid-19 pandemic African volunteers in Liaison Committee<sup>45</sup> was 56% (CANSA, 2020a, 28). Subsequently, in 2020–2021, CANSA lost "corporate income due to non-compliance to BBBEE audit compliance" (CANSA 2021c, 31, 93), despite the fact that the volunteer EE statistic was 63%. This indicates a lack of numbers. A burn was also observable in the number of Volunteer Liaison Committees<sup>46</sup> freefalling from 311 to 219 between 2011-2018 (CANSA, 2011; 2013a; 2013d; 2014d; 2015a; 2016c; 2017b)<sup>47</sup>. Lastly, the nature of voluntary engagement changed from physical to virtual volunteering (CANSA, 2020a, 26). Although the latter development can be a positive it is also an indication that physical (one-on-one) volunteering is (during the transition toward normalcy) being

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<sup>44</sup> At the outset, to avoid defragmentation and clear up smoke and sky I wanted to consolidate with a clarification, or rather four clarifications. First, this chapter was not an attempt to deliver corrosive critique of CANSA but to lay a solid technical foundation for a joint spiritual transformation approach (to be applied in chapter 8). Second, this work was constructive self-criticism since the author was involved in CANSA and other civil society organisations for the last twenty five years or so. Third, I did not doubt CANSA leadership's sincerity, but *ex ante* (before the event) intentions and *ex post* outcomes should be in balance because we lived in Africa and public expectations required examples of good governance. Fourth, and finally, change was inevitable. In the words of Berkowitz (2022). "Values may change, policies may shift, and institutional memory may fade". Therefore CANSA's leadership frequently changed and will keep on changing. However balanced values and vision will not.

<sup>45</sup> The 2020 Annual Report included gender in the race calculation per volunteer governance structures and included Unit and Regional Leader Volunteer Committees with Community Liaison Committees (CANSA, 2020a).

<sup>46</sup> A Liaison Committee is a volunteer-run grassroots network that takes the initiative in providing patient care, support to families in local areas. Additionally, they market CANSA's cause, actively support national income-generating projects, and engage in lobbying activities (CANSA, 2020a, 26).

<sup>47</sup> The number of volunteers was not indicated in 2011/12, 2019/20 Annual Reports (CANSA 2012a, 2020a). Although the number of Volunteer Liaison Committees was in the 2018/19 Integrated Report recorded as 1915 (CANSA, 2019a, 64) it was not indicated in the subsequent 2020/21 Annual Integrated report (CANSA, 2021c). It is not clear if it is a smoke or a fire; a lack of oversight or decreased volunteer vision or a shift in focus.

terraformed to a new recess (a secluded space/suspension) which may blow out the organisation's original organisational definition of a physical volunteer driven NGO.

It was argued that the pandemic's impact on social mobility and social isolation has to be taken into account. Admittedly it reflects in a broader global parable. Since the Covid-19 pandemic volunteer programs are 'either only partially or not operational' (McDermott 2021, 4). To add another two twigs to the fire for CANSA to stay resilient and relevant it had to convert to short term or episodic forms of virtual volunteering (CANSA 2021c, 61), in addition to face-to-face volunteering. Additionally, global volunteer engagement still needs to recover to pre-pandemic levels (Davies et al., 2021). Yet CANSA's volunteer numbers were not just persistently plunging after the acute phase of the pandemic. The starting point of declining numbers was according to CANSA's reports prior to the pandemic. The results of The South African Volunteer Activity Survey 2018 show that the amount of time volunteers gave up decreased since before the Covid-19 outbreak, which is consistent with a larger trend (Department of Statistics, South Africa, 2018, 5, 15, 49–51).

To summarise, the consequences of CANSA's battle for survival and sustainability were observable in the floundering numbers and the changing nature of its volunteers. The second result of the overemphasis on sustainability concerns spirituality.

### **3.4. Spirituality on the back burner**

The previous section related CANSA's over firing of sustainability to limitability observable in its declining volunteer numbers. The remaining portion of this point relates CANSA's limitability to volunteers' spirituality. It was indicated how some shortcomings regarding spirituality effectuates the slow burning fires of dualism and reductionism narrowing service delivery. But first, this section begins by stating spirituality's place in the healthcare world.

While the flame of religious attendance in most parts of the world is declining spirituality is rising on the popular wave of discontent with organised religion. In fact, the fire of spirituality as a connection (without religious overtone) and contribution

(lived experience) to something bigger than oneself is spreading. To illustrate, during and post-Covid understanding of spirituality as a coping and stress protecting mechanism expanded (Jankowski et al., 2022, 1–17; Levinson-King, 2021). Correspondingly spirituality became a recent focus of disciplines such as Nursing (Oberholzer, 2022), Psychology (Scherer et al., 2016, 1–10; Omoto & Schlehofer, 2007, 394–409), Geriatrics (Malone & Dadswell, 2018), Youth studies (Markstrom et al., 2009, 59–80), and even Management studies (Mourya, 2019, 85–96). Recent conferences investigated spirituality’s relationship to healthcare and volunteerism. During the *Caring for the human spirit* conference in April 2021 spirituality was identified to hold health and care together (Spiritual Care Association, 2021). The 30th Annual Psychotherapy & Faith Conference turned the lens around towards the caregiver’s spirituality (Institute for Spirituality and Health, 2021).

The rate of spirituality’s appeal is equally observable in South African scholars’ increased interest in the growing field of spiritual care and support to families of patients coping with serious illness, including cancer (Zambezi et al., 2022, Hendricks et al., 2019), professional caregivers (Mthembu et al., 2018, 127–141, Chandramohan & Raisuyah, 2015), and the implementation of spirituality in healthcare such as hospital chaplaincy (Mabe, 2020). Given the above spirituality is becoming an important element in healthcare.

While spirituality is becoming more valued in global healthcare there is few research on the spirituality-volunteer connection in the South African volunteer context. Some small candles of interest are the studies of Vawda (2014, 512–513) and Barnard & Furtak’s (2020) investigation of spirituality’s implication for volunteer theory and practice. The NGO ‘Hospivision’ addressed this need practically by offering accredited spirituality training for healthcare volunteers (Hospivision, 2022).

CANSA took note of these developments although surfing the sentiment in complex ways. While an exhaustive description of CANSA’s service is beyond the scope of this study, several components warrant a brief discussion. One of CANSA’s proud customer *foci* through the years was its volunteers’ care and support that brought great solace and comfort to cancer patients, their loved ones as well as to volunteers through

home visits, equipment and other services (CANSA, 2022h; CANSA, 2022k). As the organisation's service diversified and knowledge increased interest in cancer care's multidimensionality deepened and widened. Emotional, physical and social aspects of patient care expanded to include food and care parcels, telecounseling, and professional care (CANSA, 2021c, 47–51).

In CANSA's reports and public literature spirituality (as another fundamental component of cancer care) gradually start to show up relatively recently. It offered patients and those affected by cancer ("with regards to managing treatment and related side effects") volunteers' spiritual support and advise as part of a holistic agenda (CANSA, 2022b; CANSA, 2022j; CANSA, 2014e; CANSA, 2015b, 36, CANSA, 2019b).

The development was a promising smoulder (start-up); though in point of fact spirituality was almost flamed out before it started. This is due to the fact that the meaning of the term "spirituality" in the CANSA context and the nature of its actualisation is significantly undisclosed, unmet and neglected by means of a quintuple (fivefold) terminological detour. First, the organisation's understanding of spirituality as an aspect of holistic care is opaque: no definitions or clarification of boundaries, intentions or destination(s) exists. Secondly, implementation of the term 'spirituality' is sketchy, inadequate, and inconclusive. Thirdly, applications are non-specific in non-specified conditions. Some examples include CANSA's public literature mentioning, advertising and offering spiritual support to the public regarding International volunteers day (CANSA, 2019b), service delivery (CANSA, 2015b, 36), and tips on how to live a balanced lifestyle (CANSA, 2014e) without any detail. Fourthly, no recently accessible evidence is given on how spirituality is being perceived or applied. Moreover no rationale and/or concern(s) for the extent and content of CANSA's spiritual cancer care locus (position, action or arrangement) is being provided.

While most people might agree with this position, the main consequence of such an ambiguous terminological initiative is that it can incite a dual inferno. I discussed reductionism but first turn to the inferno of dualism.

### 3.4.1. Vague conceptual terminology

The first inferno is that vague conceptual terminology creates a dualistic dichotomy (or rather four dichotomies) dividing and subdividing volunteers' spirituality that is: physical rather than spiritual; public rather than personal/individual; social ideals and values rather than spiritual ideals and values. Since dualism is not ontologically and epistemologically inconsequential (unimportant) its fire fingers have the potential to fan the embers of limitability into an unwelcome blaze along the following fire lines. Firstly, imprecision contributes towards the accommodation of various even contradicting perspectives deepening ambiguity. The main weakness is that when terminology is used without drawing on a substantive theory that can justify its function, practice or purpose a term is included but limited. The reason being that according to Nilsen (2015, 1):

Poor theoretical underpinning makes it difficult to understand and explain how and why implementation succeeds or fails, thus restraining opportunities to identify factors that predict the likelihood of implementation success and develop better strategies to achieve more successful implementation.

Secondly, fragmented, mechanistic, and generic ambiguity catalyses generic applications (CANSA, 2020a, 7,13,19–21; News 24, 2018, para.2; CANSA, 2018c, 8, 44; Kang'ethe & Manomano 2014, 1495). When one leave only limited room for a feeling or type of behaviour, one means *de facto* that it (in this case spirituality) is not suitable, not acceptable and that there is in fact no room for it. An organisation with this kind of operation is the opposite of spiritual namely mechanical reminding one of reductionism flattening CANSA's mission/volunteerism. Thirdly and consequently, tension caused by crippling epistemology limits organisational progress, development or renewal. Mahilall & Swartz (2021, 2906) corroborated this aspect in their finding that spiritual care in South African NGO's is less prioritised and mostly entrusted to volunteers confirming its diluted content. Fourthly, although CANSA's service is presented as 'integrated' (CANSA, 2022a, para.1), and holistic its imperceptiveness creates the opposite: dualistic volunteer care and support. Lastly, dualism can consequently lead to volunteers' limitability within the organisation. Allow me an example. A study on a Cape Town Hospice observed amongst others that volunteers' perception of their value was diminished by the absence of spirituality. Volunteers

explained that they experience a “gap” between them and management because management is “not really aware of the value of spirituality” (Mahilall & Swartz 2021, 2906–2924). Following this example by going wider instead of deeper CANSA contributes towards the limitability of its service delivery.

### **3.4.2. Reductionism**

The second inferno is that consistent and explicit terminological vagueness creates reductionism in that it contributes towards the term’s inherent complexity. Recent evidence proposes that although CANSA offers and even “embraces” a “holistic approach” in its public literature (CANSA, 2021b) its operation is in fact far more reductionist. A case in point is CANSA’s commendable “engagement efforts” with volunteers by means of a volunteer survey with a view “to get a clear understanding of volunteer ‘preferences” (CANSA, 2018b). The final much anticipated (few lines of) feedback to the public dealt regardless with just leader volunteers (mostly medical professionals) and not general volunteers. One additional reference, albeit brief, can be found in CANSA's 2019 Integrated report. This report highlights two key areas of CANSA's work that are of particular interest to leader volunteers: service delivery (which involves 50% of volunteers) and health campaigns (which comprise 40%), along with research and fundraising at 33% each (CANSA, 2019a, 65). No evidence or reference was found of what volunteers spiritually need or want or to the spiritual dimension of volunteer work—even though the main goal of the CANSA volunteer survey was the meeting of volunteers’ needs (CANSA, 2016b, 17) in addition to the fact that volunteers’ spiritual “advise” (CANSA, 2022b) to patients is publicly promoted. It can thus be said that CANSA offers in fact limited holistic support.

The aforesaid dualistic and reductionist lenses (and its inevitable shortcomings) are more prevalent in NGO studies than one might realise. Mahilall & Swartz’s (2021, 2906–2924) qualitative study about the appropriateness of volunteers’ spiritual care in a hospice (non-profit organisation) in Cape Town, South Africa resembles a matching reductionistic lens although on a smaller scale. The researchers interpret a volunteer’s reference to death as a “great leveller” as an indicator that “racial cultural, spiritual, and religious diversity” is of significantly less value and prominence to the specific

volunteer posing to be a challenge to the volunteer's response (care and support) to patients and to diversity (Mahilall & Swartz, 2021, 2906–2924). No reference is made to the context of the metaphor (death as a “great leveller”). Even so its meaning as understood by the interviewee is indeed of importance.<sup>48</sup> Firstly, this saying is an ancient Claudian quote (Claudian, 1922, 341) *omnia mors aequat* meaning that death levels all things. Secondly, the metaphor found application in Ecclesiastes 9:1–12, 2:16, 3:20 “ontological equality of all beings under God” (Deranty, 2017, 6, The Scofield Study Bible, 2006, 851, 853, 856–857). Thirdly, it is reflected in two poems, ‘Death the leveller’ by James Shirley (1898, 39) and “Ozymandias” by Percy Bysshe Shelley (1876, 72).

Therefore, this volunteer's quote does not demonstrate a lack of an understanding of diversity but rather illuminate equality. It says that although we all have different life journeys death is an inevitable part of life. This notion precisely increases life's value and understanding of our “sameness” in addition to empathy and to enjoy life to the full while one can. Life is short. Appreciate it. Diverse spiritual experiences do not exclude equality. It illuminates it. Spirituality expressed in this saying does not divide people but unite us in our humanity. As a matter of fact, metaphors such as these provide “rich and detailed” data (Lawley, 2017, 121) and verbal description of peoples' personal experience often overlooked by “traditional style” social science interviewers<sup>49</sup>. The researchers' biases that volunteers' service is invariably politically (and perhaps ethnically) stained, and their observations thus deprived from spiritual context prevented Mahilall & Swartz (2021, 2906–2924), in my view, from fully understanding this volunteer's spiritual nuance, thereby limiting his/her input.

It must be said that reductionism of this kind in and by researchers and NGO's alike can fuel several potential repercussions and unintended consequences: First, if one does not recognise or fully accommodate one exclude. Secondly, a term's meaning (like spirituality) that is not known, assumed or accommodated creates ambiguity,

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<sup>48</sup> This study is not the place to get into a deeper analysis of this proverb. However, three examples can be offered in the hope that it will invite more in-depth thinking, better substantiation for claims, and thoughtful consideration of perspectives' practical impact.

<sup>49</sup> For more on social science researchers' taken-for-granted assumptions, simplistic notions' and own literal or too literal unintended constructs see Lawley (2017, 115–122).

vagueness and uncertainty stalling implementation because a vague term is hard to put into practise. Most significantly, for volunteering research limitability constructs neutrality. But as Desmond Tutu (1984, 19) once commented, “If an elephant has its foot on the tail of a mouse, and you say that you are neutral, the mouse will not appreciate your neutrality”. Neutrality is never neutral. Choosing a (non-)side is still a choice. Thirdly, incomplete information of an organisations’ own use of certain terminology fences in and closes down dialogue crippling the growth of the term (as well as the organisation) rather than engaging the total volunteer experience constructively. Fourth, and furthermore dichotomization reduces complex explanations to simpler ones opposing the South African reality of amongst others radiant yet unrealised African spirituality (it was discussed in chapter 5). Fifth, a publicly holistic but practically reductionist patient care and support can cause potential polarization in a NGO’s service delivery on account of opposing frameworks (cancer care with a spiritual lens and care without one). Sixth, and moreover when terms mean anything or nothing an organisational commitment towards spirituality is *per se* unhelpful and impractical and therefore questionable. Eight, limitability fragments volunteer corps because it is not utilising but suffocating the volunteer fraternity as illustrated by its retaining numbers. Limitability causes scattered ashes and cooling flames observable in its declining volunteer numbers. An oversimplification of spirituality’s conceptualisation, and an undervaluing of volunteers’ contribution thereby minimising patient care. To put it in another way CANSA’s current service delivery format is to the detriment of spirituality –its ally as well as access to the public it is able to provide.

The research object to explore and describe CANSA’s perception of spirituality was achieved in this chapter.

### **3.5. Conclusion**

In conclusion it was indicated that apart from a few exceptions CANSA’s limitability and its consequences is a major organisational defect i.e. CANSA’s overfocus on sustainability contributes towards CANSA’s slow burning fires dualism and reductionism triggering declining volunteer numbers and vague spirituality. Stepping



back and looking at the big picture it can be argued that organisational tension between financial sustainability and service delivery is filtering through CANSA's volunteer ranks fracturing its flame.<sup>50</sup>

In this chapter the research objective, '*To explore and describe CANSA's perception of spirituality*' was achieved. *En route* to kindle its flame we lingered on CANSA Patient care volunteers' outer horizon – to be addressed in the next chapter.

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<sup>50</sup> This paragraph was previously published as a chapter as part of the research *en route* to this dissertation, and is here repeated with the permission of the publisher of that work and of the supervisor of this study Steenkamp-Nel, A. (2018a). Shifting landscapes: Spirituality in the life of the African healthcare volunteer. In A. de la Porte, N. Joubert & A. Oberholzer (eds), *Proceedings of the 2nd Biennial South African Conference on Spirituality and Healthcare* (pp. 261–277). Newcastle: Cambridge Scholars Publishing.

## CHAPTER 4: TRANSFORMATIVE JOY IN QOEHLET: A THREAD THAT FAINTLY GLISTENS<sup>51</sup>

### 4.1. Introduction

This chapter replied to the research subsidiary question for this study: ‘*How does the Bible (particularly the book of Ecclesiastes and its speaker Qohelet) illuminate volunteers’ understanding of joy?*’ in order to address the research main question: ‘*What is the role of joy—as indicated in Qohelet?*’.

The relationship between joy and spiritual transformation in Qohelet was examined in this chapter. The aim was to provide a comprehensive theoretical framework that unifies the book and was lacking in the discussion of Qohelet until now. The aim was to effectuate a comprehensive and integrated understanding of the African joy experience, which intersects with and forms the basis of many, but not all, African volunteering practises. Therefore, the study set out to effectively translate and interpret Qohelet's concepts of joy (to be addressed in chapter 5). The aim of this chapter was to determine how joy as an aspect of spirituality and volunteers can be applied in CANSA answering the subsidiary question: ‘*How does the Bible (particularly Qohelet) illuminate our understanding of joy as an aspect of spirituality?*’. It assisted us in indicating how joy as an aspect of a spiritual transformation framework can reach all facets of volunteers’ service delivery, contributing towards CANSA’s service and make it more fruitful.

Qohelet<sup>52</sup> inspired a plethora of writing that demonstrates the attraction of the Old Testament book on a wide scale. But few understood the spiritual aspect of Qohelet's lived experience. This chapter opted to provide an overarching framework that unifies the book that was missing from the discussion of Qohelet up until this point. It was

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<sup>51</sup> There are always going to be unexpected turns and twists throughout research. This chapter is an expanded version of the published article: Steenkamp-Nel, A. E. (2019a). Transformative joy in Qohelet: A thread that faintly glistens (2019a). *HTS Teologiese Studies / Theological Studies*, 75(3), 1–9.

<sup>52</sup> Following the Unisa policy that existing publications should be indicated, please note that the following 5 paragraphs are an adaptation of Steenkamp-Nel, A. E. (2019a). Transformative joy in Qohelet: A thread that faintly glistens (2019a). *HTS Teologiese Studies / Theological Studies*, 75(3), 1–9.

suggested that a useful theoretical framework for Qohelet was provided by the spiritual transformation approach. It was indicated that Qohelet journeyed spiritually, and that his encounters led to a deep spiritual metamorphosis leading to a new paradigm that in the end, overthrew previous spiritual frameworks and decisions. The framework that developed from this effort marked four phases, stages or movements. As the basis for the analysis, the leitwort (or keyword) "joy" was used to improve comprehension and provide clarification for the concept. The results highlighted the significance of spiritual transformation that can guide readers and CANSA towards a fresh spirituality. Possible future developments pertaining to Qohelet as a work serving as a bridge to the New Testament will be recommended in Chapter 10.

Even among those who enter the church on Sunday mornings,<sup>53</sup> the very name Qohelet is viewed with disdain or revulsion, much like in the works of great pessimism such as Dante's "cammin de nostra vita" (1350:c.1r. canto 1-3), Henry James's cramped and maze-like "Golden bowl" (James, 1904), and African novelist Achebe's intricate, slow-burning "Arrow of God" (1964, 169). Even though Qohelet appeared to have set up his tent on the edge of acceptability, it was no longer on the fringe. A growing number of academics were drawn to the book, and it inspired a wealth of writing that demonstrated the diversity of Qohelet's appeal. A new stage adaptation of Ecclesiastes called "Meaningless" (Wild, 2022) that had its world premiere at the Atlanta Fringe Festival in 2022, as well as self-actualization literature (Marcus, 2003, 6), bibliometrics (Harsanyi & Harter, 1993), rock albums (Army of Bones, 2017; Helsel, 2007), and movie literature (Johnston, 2004) all contributed to its thematic attention. The implications of Qohelet for economics (Redding, 2013), philosophy (Douglas 2011; Liston 1996), psychology (Cooper et al., 2015, 2), legality of technological data (Tene & Polonetsky, 2013, 254), social work (Sneed, 2012), communications (Morgan, 2011), beer production (Homan 2002, 275–278), health (Soliman et al., 2015, 482–489; Thompson et al., 2007, 287–289), art, music and culture (Blue Highway, 2003; De Gheyn 1603; Deutsch, 2011; Lawrence, 2015), and literature studies (Johnson, 2012) have all been contemplated extensively. Some have referred to Qohelet as the Bible's most Buddhist book (Buckley, 2016; Lorgunpai, 2006). Even on Facebook

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<sup>53</sup> Those who participate in church activities, attend services, or engage with the institution or its principles.

(Qoheleth Osb, 2018) and Twitter (Qohélet@FundacionQohelet 2018), Qohelet was active.

Approaching our own territory, little explanation is needed for the centuries-old practise of Qohelet's biblical interpretation. For a significant portion of the late 19th and early 20th centuries, biblical scholars interpreted Qohelet in a variety of way<sup>54</sup>. The historical-critical approach, which is still very influential today, produced a fragmented understanding of Qohelet's message, alternating between optimistic joy (Ogden, 1987; Whybray, 1982, 87–98) and pessimism (Anderson, 2000b, 144, 145; Sneed, 2012), as well as deterministic-positive perspectives (Crenshaw, 1990; Fox, 1999; Murphy, 2002; Rudman, 2001), which bordered on pastoral and pulpit impotence and parishioner apathy.

Does modern Qohelet research lack a spiritual foundation, or is it a "dizzying discipline"? Few people understood the spiritual aspect of Qohelet as "incarnated in life." Interaction with the text is monotonous. Christianson (2007, xiii) held with such elegance:

the stuff of the interpretation of Qohelet – the articulation of words and the pursuit of understanding especially – is marred by fatigue, cognitive exasperation and endless publication. Rendering such boundless hermeneutical energy has required the use of fat paintbrushes, often resulting in far simpler lines than the subject would demand if examined more closely (though often that scrutiny has been more comprehensive than the lines suggest).

It appears that the Qohelet discourse faces an agonising dilemma: modern Qohelet scholarship is stuck in a state of "pluralism and fragmentation," even polarising, with a lack of "imagination" (Bartholomew, 2009; O'Brien, 2011). As McClymond (1997) described it, "the words used to speak of God and spiritual things became divorced from the ideas and affections to which they referred."<sup>55</sup> What sources did

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<sup>54</sup> See Gericke (2015), Christianson (2007), and Bartholomew (1999) for a thorough taxonomy of the range of unique, albeit overlapping, philosophical approaches to Qohelet. For a history of approaches, go to Bartholomew (2009).

<sup>55</sup> In contrast with St. Iago-Peretz's statement that there was no evidence that Qohelet "ever experienced" (2013, 197) joy and Sharp's observation that "Qoheleth had no experience of joy" because "what he knows is hedonistic self-indulgence and bitter rationalization... he is not joyful" (Sharp, 2009, 211), I am of the opinion that for Qohelet to have an eye for and to be able to assert in the context of his time's dark lightless nights i.e. "Light is sweet, and it is pleasant for the eyes to see the sun" as in

deconstructionists of the postmodern era consult? Senapatiratne (2014, 20) presented the argument from the standpoint of library and information science (LIS):

Biblical scholars of Qohelet are often guilty of using materials they are familiar with and ones that they know will already agree with their predetermined academic positions, rather than the most current (and best) sources.

<sup>56</sup> Thus, too optimistic or pessimistic theological, social, psychoanalytical, or political theories that sought neutral or objective interpretation and avoided Qohelet's account of life can be reduced to a mere mechanical replication (Clouser, 2005). This is primarily because Qohelet did not, in an epistemologically illegitimate manner, premise his universal scepticism on his own professedly unique and un(con)testable personal experience (Sharp, 2004, 68). Secondly, because it was Qohelet's very "prejudices-prejudgments that made interpretation possible" (Bartholomew, 2009, 114). It is this contradiction that created a space through which the "thread of consciousness" (Christianson, 2007, 46) that kept Qohelet united givse off a faint glow. Is our gaze sufficiently deep? This chapter did not aim to provide a comprehensive understanding, but in my recent work as a community mobilizer for the Cancer Association of South Africa (CANSA) in various townships, I found that in order to enter Qohelet's spirituality as a Christian and theologian, transformation—specifically, personal spiritual transformation—was necessary (Steenkamp, 2010, 2011). What the study did not require was abstract reductionist Cartesian epistemology (Fox 1989), "shalomic" perspectives (Bartholomew, 1999, 16), psychoanalytical theory (Bundvad, 2016, Helsel, 2010), proto-existentialistic perspectives (Enns, 2011, 31; Fox, 1999, 133) and social-psychological models (Sneed, 2012)<sup>57</sup> that choose to take into account particular structural analyses or social situations. Instead, Qohelet's spirituality had to be incorporated.

To avoid a *la solution facile* (easy way out) or a pan-syntonic extreme that was a

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Eccl.11:7 The Scofield Study, 2006, 858). Qohelet had to feel joy. Summarising; Qohelet and his listeners or readers' (like the above although not generalisable) contrasting conclusions provided greater insight: Qohelet shared his lived experiences with knowing but he was not being known.

<sup>56</sup> The content of the following two paragraphs is an extended version of Steenkamp-Nel, A. E. (2019a). Transformative joy in Qohelet: A thread that faintly glistens (2019a). *HTS Theologiese Studies /Theological Studies*, 75(3), 1–9.

<sup>57</sup> Further reading on Qohelet in the context of interpretation history can be found in Lohfink (2003, 3-4) and Longman and Enns (2008, 140–149).

levelling, evening out, reverberation or amalgamation and thus in effect an annulment of the scholarly corpus on Qohelet the subsequent action was taken. First, while considering Loader's (1979) groundbreaking work on Qohelet's polar structure, consideration was given to the oversimplification and interchangeable use of the terms "joy," "happiness," and "pleasure" in scientific (Fan et al., 2014) and popular literature (Altman, 2012; Lambert, 2014). Conversely, the book's curves were intentionally kept from being overly smoothed down. The inevitable question that surfaced and was addressed instead was this one: Could a more comprehensive synthesis of disparate or distinct methods be achieved in order to build a cohesive whole? Third, to grapple with the lingering research question(s) the evidence giving support for either thesis (theory) and antithesis (contrast or direct opposite) was examined. Fourth, keeping in mind Murphy's assertion that "no one will ever succeed in giving a satisfactory outline of the contents of the book" (1955, 304–314), this section chose to humbly provide a theoretical framework that is "overarching" or comprehensive (Murphy, 1992, xxxvii–xxxviii), much like an embroiderer would. By using spiritual transformation as a hermeneutical approach, this framework attempted to give a spiritual journey that unites the book—something that had not been included in the discussion of Qohelet<sup>58</sup> up to this point. Fifth, in order to keep focus this chapter stepped back from the debates about the timeframe or historical events responsible for the writing, redacting or preserving of this book. In so doing, spirituality as an *assemblage* (collection, gathering, composition, co-working, or collaboration of spiritual ideas and innovations that drove humanity forward) within the context of Qohelet was considered. Within such a crisp and newly constructed framework firmer opinions could be offered about the importance of Qohelet for emerging forms of African spirituality and for nascent contemporary volunteerism in South Africa. Sixth, directions or stages were laid out addressing spiritual processuality *en route* to the application of volunteer cancer patient care (to be discussed in chapter 8). Seventh, a spiritual transformation approach was followed to provide an alternative perspective on the hermeneutics of joy in the book of Qohelet, often reduced by a *plethora* of approaches as mechanism to keep Qohelet as an Old Testament book in the backseat (Lombaard, 2012b, 1). The suggested approach provided an approach to Qohelet's development of knowledge.

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<sup>58</sup> This effort aimed to provide a different perspective to the established framework of understanding rather than to replace the previous one (Hamm 2015, viii).

#### <sup>59</sup>4.2. 'Spiritual transformation in Qohelet

The spiritual aspect of Qohelet's life-incarnation received little attention until now. In this section, the hermeneutical framework of spiritual transformation is examined. The hermeneutical framework of Qohelet had a close similarity with other theoretical frameworks in the following sister fields. First, Kim (2018, 45, 72, 217) from Biblical studies (Pastoral Counseling) open-ended discourse analysis (based on Bakhtinian analysis) confirmed that the torah tradition in the time of Qohelet was still in a "process of becoming", and "unifinalizable despite its ancientness". Second, Shupak's (Biblical studies) "active" learning method argued that Israel developed or progressed towards wholeness based upon complementary and progressive stages—although still in its infancy during Qohelet's time (Shupak, 2003, 416–426). Third, Mung's (Social Psychology) application of the Cognitive Dissonance Theory described Qohelet's joy texts as manageable and practical "cognitive adjustments to reduce tension, overcome deviation and reconcile incongruence with reality" (2015, iv–v). Fourth, Fox's (Hebrew and Semitic Studies) discovery that Qoheleth represented an intermediate stage between an earlier theodicy that "asserted future judgment" and later theodicies' complex multiple perspectives on injustices in society (1989, 147) indicated spiritual transformation. Fifth, Samet (2022, 451–468) emphasised the development of a new idiolect: new linguistic structures due to exposure to the colonial Greek culture, that expanded the book's intellectual space and innovative thinking. It can thus be said that the spiritual transformation process has similarities across disciplines: a core of common stages proposing an unfolding process.

<sup>60</sup>Did scholars observe a spiritual process? Some scholars noticed that Qohelet already possessed the framework for spiritual transformation. Although Qohelet underwent a "transformation of sorts" according to Enns (2011, 150), he did not specify

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<sup>59</sup> This heading and the paragraph's first sentence was adapted from an article by the author previously published as Steenkamp-Nel, A. E. (2019a). Transformative joy in Qohelet: A thread that faintly glistens (2019a). *HTS Teologiese Studies / Theological Studies*, 75(3), 1–9 as part of the research *en route* to this dissertation, and repeated here with the permission of the publisher of that work and of the supervisor of this study.

<sup>60</sup> The following 6 paragraphs were amended from the author's previously published article: Steenkamp-Nel, A. E. (2019a). Transformative joy in Qohelet: A thread that faintly glistens. *HTS Teologiese Studies / Theological Studies*, 75(3), 1–9 as part of the research *en route* to this dissertation, and is here repeated with the permission of the publisher of that work and of the supervisor of this study.

the nature of this change. Three possible explanations for Qohelet's transformation were proposed: cosmic (Perdue, 2008, 328), moral (Perdue, 2008, 31, 62, 412), or epistemological (Bartholomew, 1999). Pigg (2016, 19, 20) suggested that post-colonial adaptations should be anticipated in Qohelet:

If power is beginning to fall apart, then the question would certainly be more apparent about how one might conduct one's self in the current moment. That the images of self-monitoring, fear, suggested solutions, the whispers of a post-colonial understanding of life around tables of eating and drinking and perhaps an implicit wish for change would surface, should not be a surprise.

Qohelet's own use of language paved the way. Transformed proverbs (Schultz, 2015, 65), the law, story, and poetry (Tanner, 2001, 2), as well as a newly interpreted law of vows (Levinson, 2015, 38), are all examples of transformation. Homrighausen believed that one could interpret Qohelet 's advise on behaviour as transformational practise (2014, 4). Deacy's (2001, 90) declaration that Qohelet had little hope under the sun but for a "transformation of everyday existence," is on the verge of *mettre les point sur les i*, or spiritual perception.<sup>61</sup> Psychoanalyst Paul Marcus observed that ancient writers like Ecclesiastes not only recognised, with astounding intelligence and poetic insight, some of the central problems with the human condition as contemporary people understand it, but also provided what he thought was, in many ways, a more realistic and reasonable outlook on modern life, a more convincing story about the human condition, and more compelling technology for self-actualization, self-transformation, and self-improvement (Marcus, 2003, 6).

In the course of ongoing inquiry, the manner in which Qohelet's first indications of spiritual transformation emerged was taken into consideration. According to McCabe (1996), 92, and Knopf (1930:196), spiritual transformation was not characterised by constant change that would eventually result in a devaluation of life and a negative assessment of it. According to Waaijman (2002), 463, spiritual transformation is "the restoration of the divine-human relational process in mutual embrace." It was not merely an experience; rather, it was a profound reworking of Qohelet's conception of

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<sup>61</sup> Concepts and feelings, the brain and the heart, are linked by spiritual perception. It unites spirituality and theology without creating a division between the theological, philosophical, and historical inquiry and the spiritual awareness of divine things (McClymond, 1997, 216).



God's activities in the world, his will for it, and one's own consciousness (metanoia) (Waaijman 2002, 34, 439, 463). Deacy (2001, 4) noted (from the perspective of films) that as humanity advances, it is inevitable that conventional religious beliefs and presuppositions will be reexamined and perhaps even altered. As a result of Qohelet's<sup>62</sup> profound spiritual experience, he was able to see new possibilities and realign the axis of his spirituality to reflect his current circumstances (Peters, 2013, 79). By deeply experiencing his relatedness to God and thereby, blazing a spiritual trail, his lived experience<sup>63</sup> was a journey of spiritual transformation. Among the many things that were evident in his path to a repaired relationship (reformation, conversion) was God's boundless mercy (Waaijman, 2002, 463). It is precisely this that make spirituality fundamentally transforming and transformation fundamentally spiritual according to

Another important point is this. Spiritual transformation goes through different forms (or stages) that continually unfolds (Chimhanda, 2013, 2) as an infinite horizon of experiences of the Transcendent God (Rahner, 1984, 61). Nevertheless, spiritual transformation can not be perceived as a linear process. The book of Qohelet is rather like a "motion picture – made up as a series of small discontinuous frames" (Landy, 1990, 102). Waaijman (2002, 424) corroborated this with his observation that spirituality is "a human enterprise with moments of real growth and false growth, inwardness and self-transcendence, a search process and a divine enterprise with moments of revelation and eclipse, a phased and layered process".

During what Waaijman called "transformation in re-creation" (Waaijman 2000, 658, 2006, 44) that can be seen as re-formed existence, new, fresh opportunities and new possibilities emerge (Hermans, 2013, 172)<sup>64</sup> (it will be illustrated in the stages

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<sup>62</sup> "Preacher" is the meaning of the Hebrew transliteration (rewritten word from another alphabet) "Qohelet," not a person. According to Cook (2009), 1109, "ecclesiastes" meant "one who calls an assembly like a pastor." According to certain biblical scholars, Qohelet could have been composed by multiple authors (Ryken, 2010, 15–18). I concur, but I'll use "his" to maintain consistency and flow.

<sup>63</sup> According to Boisen (1952, 185), Qohelet's experience served as a live, breathing testament to God's existence on Earth – serving as the primary "text" of this investigation in providing a fresh perspective on the mainstream understanding of Qohelet.

<sup>64</sup> This chapter does not include the promotion of positive psychology. Positive organisational scholarship—that is, the notion that improvements can only be made by expanding our understanding of the factors that enable individuals to flourish or excel in their surroundings—is not the main focus of this research (Roberts, 2006, 294). The argument rather addressed Qohelet's own spiritual

discussed below). Nonetheless, a person may decide to proceed (reformation) or revert (deformation) during the transformation process.<sup>65</sup>

It is now time to examine deformation. Qohelet undertook a journey to discover wisdom and knowledge especially in Ec. 1:13-14 (The Scofield Study Bible, 2006, 850) i.e., “all that is done under heaven” as in Ec. 3:11 (The Scofield Study Bible, 2006, 852). Whilst Lee perceived the result of this endeavour as a failed quest (1997, 12), I rather suggest the term “deformation” manifesting at four levels or through Qohelet’s choice of methods. First, as Lee (1997, 13, 17) rightly argued, Qohelet made inexorable attempts to observe (that is to see, to meditate introspectively or evaluate with the “heart”) the rude details “under the sun” (of the world and of God) around him natobaly in Ec. 1:13-18 (The Scofield Study Bible, 2006, 850). This method came to a dead end in the form of his disgust and feeling futile because of the breakdown of justice and apparent divine solipsism for example Ec. 1:17b-18, 2:17 (The Scofield Study Bible, 2006, 850, 851). A case in point was Qohelet’s remark; “the lot of the fool will also befall me” as in Ec. 2:15a (The Scofield Study Bible, 2006, 851). His disheartenment considerably influenced Scitovsky’s ground-breaking work “A joyless Economy” (1992, xi): “Higher production enable people to save time and effort, with no prior knowledge of how to enjoy it”.

Second, as Lee (1997, 1, 3, 9, 12, 16) indicated, Qohelet sought to understand divine intention through investigation or experimentation in particularly Ec. 1:16,17 (The Scofield Study Bible, 2006, 850) meaning inspection and search for life patterns like Ec. 2:14b-16 (The Scofield Study Bible, 2006, 851). Ever so this method brought about sorrow, pain and grief, Ec. 1:17b-18, 2:17 (The Scofield Study Bible, 2006, 850, 851). A proof thereof was Qohelet’s finding that there is no advantage for wisdom over folly such as Ec. 2:12 (The Scofield Study Bible, 2006, 851). The result was a feeling of joylessness.

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transformation.

<sup>65</sup> Follow Hermans (2013, 172–173) for an extensive academic analysis that covers all five of his transformational categories.

Third, the contagion of joylessness contracted by Qohelet was characterised by joyless *ennui*—a feeling of listlessness, Ec. 2:15-17 (The Scofield Study Bible, 2006, 851), utter weariness, 2:11-12 (The Scofield Study Bible, 2006, 851), discontent, Ec. 10:16-20 (The Scofield Study Bible, 2006, 858), dissatisfaction, Ec. 4:7-12 (The Scofield Study Bible, 2006, 853) resulting from satiety, Ec. 2:4-11 (The Scofield Study Bible, 2006, 851) or a lack of interest or boredom, Ec. 1:8-10 (The Scofield Study Bible, 2006, 850). Fourth, Qohelet’s initial firm grasp on first, the limitations of justice or fairness’s and second, the impotence (non-profitability or non-advantage) of wise actions, Ec. 1:16-18 (The Scofield Study Bible, 2006, 850) gave way to his personal mental fatigue and spiritual coagulation (blood clots), checkmate, Ec. 1:13b (The Scofield Study Bible, 2006, 850) and fruitlessness, Ec. 1:14b (The Scofield Study Bible, 2006, 850). Fifth, the result of Qohelet’s method to inquire about God and life was disappointing, unsatisfactory and below expectations. His own epistemology and “research” (up to this point in his journey) did *not* provide positive evidence for a pattern or rhythm for what God does. To put it in another way Qohelet’s question (of how God’s intention is contained or intrinsically imbedded in human life) did not have an empirical answer. Fox found in his masterpiece on the epistemology of Qoheleth (1987, 138) that the book’s empirical method of studying sights and sounds (Fox, 1989, 172) was limited, and did not necessarily produce understanding or achieve all goals (Fox, 1987, 89).

Why was Qohelet’s initial methodology the incorrect approach to analyse human knowledge? A major source of unreliability and contamination was in Qohelet’s methodology. Qohelet had a limited lens or perspective as he was up to a certain point in his own words “under the sun”, Ec. 2:17 (The Scofield Study Bible, 2006, 851). Authors outlined the same concept with different definitions. Rhodes (2016, 148) calling it “a limited earthly perspective”, “limited human perspective” (Constable, 2020, 34) or temporal horizon (Janzen, 2008, 475). Humans were limited “to the very activity of God” said Christianson (1996, 84). They were limited by the fact that “there are simply too many things that humans are unable to know” (Moxham, 2015, 134; Douglas, 2011, 140). There was an evident correlation between the above descriptions and one of Calvin’s favourite metaphors in his seminal work, *The Institutes of the Christian Religion*: “believers experience God as they experience –

but can hardly said to 'know' – thunder" (Calvin, 1960, 211). Humans were indeed "prescribed to operate under the sun with a beyond the sun perspective" (Cone, 2009, 238–239). These illustrated that Qohelet's investigation had a limited viewpoint, time frame, or an inability to discern or "find out much beyond the present" (Jones, 2014, 25). Therein lied his deformation.

<sup>66</sup>Qohelet can contribute significantly to our understanding of the mechanism of deformation and reformation. The book Qohelet, for example, was discovered to be immersed in the author(s)'s personal identity and experience, which was influenced by his inner and outer horizon (Sharp, 2009, 202 and Berger 2001, 174). These two concepts of two horizons—an outward horizon and an interior horizon—as developed by Edmund Husserl's (1973, 32) were one of the foundations for Waaijman's (2002, 538–542; 2007, 3) description of the human inner experience.<sup>67</sup> According to Leon and Pfeifer (2013), Qohelet viewed the religious books of his era in terms of religious beliefs and practises, and the Torah, together with its interpretation and applications, served as the boundaries (or outer horizon) of his wider world. It gave him guidance for his life and circumstances (Lombaard, 2015, 4). It provided him with direction for his life and everyday situations (Lombaard, 2015, 4). Noteworthy is the fact that his spirituality as lived experience took place in a post-exilic setting. He was alive during a turbulent period when "traditional ways of living were giving way to rampant capitalism and trade, and the gap between rich and poor was expanding" (Seow, 1997, 33–36). This period was marked by a wide range of diverse and shifting religious understandings, moral systems, and epistemologies across various historical periods (Perdue, 2008, 3).<sup>68</sup> Qohelet's spirituality changed along with this outer horizon(s). He

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<sup>66</sup> This paragraph is an altered version of the previously published article: Steenkamp-Nel, A. E. (2019a). Transformative joy in Qohelet: A thread that faintly glistens. *HTS Teologiese Studies / Theological Studies*, 75(3), 1–9.

<sup>67</sup> The historical, economic, sociopsychological, and cultural contexts make up an individual's outer horizon. The arrangement of one's spiritual transforming experience, which includes the practise of virtues and prayer, is known as the inner horizon (Waaijman, 2002, 3). It is a living process though. Out-of-date beliefs as part of an individual's inner horizon can expand or contract in proportion to the degree to which religious convictions—which are meant to transform them—stretch or shrink. As said by Qohelet, some of his conventional views shaped him but no longer renewed him. Orthodox or traditional convictions that curdle can as a consequence move from one's inner to outer horizon. It is then that your text became your context.

<sup>68</sup> For more on the contexts of surrounding cultures in different historical contexts that expanded Qohelet's outer horizon compare the socio-historical (Barbour 2012; Fishbane 1998; Perdue 2008), socio-political (Berquist & Hunt, 2012; Sneed, 2012), religious (Kronholm 2015, 448; Perdue, 2008),

gradually gained fresh insights along the journey, which led to an unexpected spiritual metamorphosis. In the book, Qohelet wrote about his "safari"—as we refer to it in Africa—toward spiritual transformation (Enns, 2011, 201).

Qohelet's journey unfolded by working congenially within and from the (torah) tradition with a view on the dynamic character of the tradition in the following ways. First, his spirituality developed out of the torah tradition and was continuous with it, but did not repeat it. Second, he articulated and responded to the real issues of his time. Third, he appreciated the torah tradition, "learned from it, but' was "not bound by it" to paraphrase Cobb's (2003, 2) words in his description of process thought. Fourth, the torah empowered Qohelet but did not limit (Cobb, 2003, 2) him. Fifth, the best in torah tradition pointed him "toward the future rather than urging" him "to repeat the past" (Cobb, 2003, 2). Sixth, his spirituality became subject to innovation and change in addition to being flexible. Seventh, his understanding of God was never complete. It was in a process. Eighth, his notions about God went through constant transformation. Far from being internally and externally fixed they were subject to continuous developing insights. To continue Cobb's (2003, 2) line of thought; for Qohelet it could be said that his spirituality underwent changes and transformation – not to mention his readers that today still continue to do so. In this way Qohelet offered a telescope on the deconstruction and reconstruction of (his own and our) spirituality.

Qohelet's writing(s) entailed personal observation and reflection. He adjusted or stretched the *Torah* tradition of his time so as to reflect his new understanding (of God). This was a significant shift in Qohelet's spirituality, from the then *liber scriptura* (book of the Torah) to the *in libro experientiae* (book of experience). His exploration of the intertextual-interdependent space between his book experience and spiritual experience through sensory experience led to a recalibration and realignment. Much of this fell comfortably within the ambit of process thinking which Cobb (2003, 2) identified:

We appreciate our heritage and learn from it, but we are not bound by it. It empowers but does not limit. The best in our heritage points us toward the future rather than urging us to repeat the past.

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socio-economic (Seow, 1996, 171–189), cultural (Fontaine, 1982; Jarick, 2016; Lohfink, 2003, viii), linguistic and conceptual (Longman & Enns, 2008, 132–140, Perdue 2008, 48).

When the patterns of Qohelet's surrounding conditions, which the "old" framework(s) of his time was based and designed upon, were weakened and destroyed, he developed a new hermeneutical framework. The development thereof was gradual and became gradually discernible for spirituality was never complete or fixed but always in process, constantly developing. This mutability was named spiritual transformation.

<sup>69</sup>It is argued that studies of Qohelet have to undergo a fundamental change in theory creation, moving from a fragmented to a transformational, processual approach, in order to return to the spiritual tradition of transformation and explore the dynamic roots of Qohelet<sup>70</sup> In the next section, I venture<sup>71</sup> beyond—what Nathan (2014) referred to as the "desert of criticism" —towards one of the horizons namely the inner horizon. The focus is on this horizon shaping influence and the manner in which the divine-human relationship materialises (Hausherr, 1937) are rarely given "mainstream scholarly recognition" (Lombaard, 2014, 473). Qohelet's lived experience was analysed by drawing upon the theoretical framework of spiritual transformation developed by the Dutch professor of Spirituality, Kees Waaijman (2002, 426–481). It was considered that on the path to spiritual transformation, Qohelet encountered formation and deformation in various horizons.

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<sup>69</sup> This paragraph was published earlier as Steenkamp-Nel, A. E. (2019a). Transformative joy in Qohelet: A thread that faintly glistens. *HTS Teologiese Studies / Theological Studies*, 75(3), 1–9 as part of the research *en route* to this dissertation, and repeated here with the permission of the publisher of that work and of the supervisor of this study.

<sup>70</sup> The processual framework of spiritual transformation is not equivalent to Process Theology (Hartshorne, 1953; Whitehead, 1929, etc.). The latter concentrate on proofs for God's existence. Spiritual transformation places a strong emphasis on personal encounters with God.

<sup>71</sup> Allowance was made for Kugel's (2003, 192) advice that only with a relentless desire to *enter*, read in the right way – with sympathy and imagination, no academic *avoirdufois*—can ancient texts come back to life, and let us in their world, their way of seeing, to take the measure of things that are unfamiliar to us.

### 4.3. Joy as an aspect of spiritual transformation in Qohelet<sup>72</sup>

<sup>73</sup> Throughout Qohelet's expedition, his perspectives evolved. The above-discussed hermeneutical framework for spiritual change gave a thorough explanation of the delicate process that might have underpinned Qohelet's journey. Despite the abundance of commentary, the book's joyful foundation, which overthrew his spiritual status quo, was continuously disregarded, understudied, and ultimately underappreciated. I choose to clarify and deepen understanding of spiritual transformation in order to substantiate the framework found in the text itself. In order to define four phases, stages, or movements from a diachronic perspective, the analysis was conducted using the key word "joy".<sup>74</sup>

It is possible to think of Qohelet's safari as liminal, existing in between several phases and positions. Because of his theological orientation, Qohelet was wedged between being an insider and an outsiders; between his old and new theological perspective, a sage-king and a sage-writer (or writers); and a privileged lawmaker and a lower-class reveller or merry-maker. As a result, his experience was liminal. This liminality (state of transition) or inner transformation was discernible in his phrases and forms. Qohelet was a devout individual who responded to the problems of his day using the vocabulary of his spiritual enkindling (Waaïjman, 2000, 651). One "hermeneutical clue in arriving at a balanced, text-centred approach"<sup>75</sup> (Fuhr, 2008, 28; Waaïjman, 2000,

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<sup>72</sup> This heading and first paragraph (including 4th the main part of paragraph's last sentence) was published earlier as Steenkamp-Nel, A. E. (2019a). Transformative joy in Qohelet: A thread that faintly glistens. *HTS Teologiese Studies / Theological Studies*, 75(3), 1–9 as part of the research *en route* to this dissertation, and repeated here with the permission of the publisher of that work and of the supervisor of this study.

<sup>73</sup> The following two paragraphs were extended versions of an article that were published earlier as Steenkamp-Nel, A. E. (2019a). Transformative joy in Qohelet: A thread that faintly glistens. *HTS Teologiese Studies / Theological Studies*, 75(3), 1–9 as part of the research *en route* to this dissertation, and repeated here with the permission of the publisher of that work and the supervisor of this study.

<sup>74</sup> The meaning of a text or a term can be gradually changed or developed with time, as shown by a diachronic perspective.

<sup>75</sup> While appreciating Loader's *Polar structures* (1979), I derived my notion from the spiritual transformation process of deformation and reformation. For more on the death-joy theme please follow Sabo (2013).

93, 238, 669) was the keyword<sup>76</sup> "joy"<sup>77</sup> repeated several times. Robbins (1996, 40) referred to this as the "inter-texture" or the "interactive world".

Joy's interpretation as a "metaphorical frame of reference" experienced a significant dynamic transformation. Given that textual inconsistencies are considered "writerly" qualities (Thiselton, 1992, 98), the goal is to show how the Qohelet editor(s) introduced, assembled, and even left the changing face of "joy" in the text to highlight Qohelet's personal relationship with God. The reason for Qohelet's seeming "cacophony" was that he acknowledged various spiritual stages without elevating any one of them to a normative status. Taking into consideration that demarcation can be dilution (Cilliers, 2008, 3) four steps, stages, or movements were identified, although they interconnect. And overlap. They are experimentation, reinterpretation, realignment and recommitment.

#### 4.3.1. Experimentation: Joy in things <sup>78</sup>

In seven important passages, Qohelet exhorted joy<sup>79</sup> – Ec. 2:24-26, 3:12-13,22, 5:17-19, 8:15, 9:7-10,11:7-12:7<sup>80</sup> (The Scofield Study Bible, 2006, 851–859). One can find joy and contentment in Ec 2:24; 3:12-13,22; 5:18-20; 7:4, 8:15; 9:7-9; 12:13-14 (The Scofield Study Bible, 2006, 851–859) that portray eating and drinking, work, marriage

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<sup>76</sup> A *leitwort* is a term that appears frequently in a text, a text continuum, or a text configuration. By paying attention to these repetitions, the meaning of the text can be understood, or at the very least, becomes more evident (Alter, 1981, 93). Numerous topic studies, including such as Whybray (1982), Gianto (1992); Anderson (2001); and Lee (2005) prompted the keyword "joy" that appears frequently throughout Qohelet.

<sup>77</sup> It is acknowledged that the Qohelet text has more constructs than those included in this study. However, the focus of this research is on "joy" as *Leitwort*.

<sup>78</sup> This paragraph was previously published as an article as part of the research *en route* to this dissertation and was here repeated with the permission of the publisher of that work and of the supervisor of this study: Steenkamp-Nel, A. E. (2019a). Transformative joy in Qohelet: A thread that faintly glistens. *HTS Teologiese Studies / Theological Studies*, 75(3), 1–9.

<sup>79</sup> In the Old Testament, there were numerous interchangeable phrases expressing the concept of joy that made it difficult to distinguish between them. The most common was *simchah* - 1 Sm.18:8 etc. (The Scofield Study Bible, 2006, 382), variably interpreted in English Bible translations as "joy", "gladness", "mirth"; from *sameah*, properly "to be bright", "to shine" - Proverbs 13:9 (The Scofield Study Bible, 2006, 826). "The light of the righteous rejoiceth", literally, "is bright") is usually and very frequently (Edwards, 1997, 689) used in a metaphorical sense for "to rejoice", "be glad" Leviticus 23:40 (The Scofield Study Bible, 2006, 174). "Joy" was portrayed in ancient pictographic Hebrew characters as an impromptu display of delight and good spirits (Benner, 2005, 393).

<sup>80</sup> The "theological grounding of emotions" was not recovered. For more in this subject follow Bom (2017, 215–233).



and family. Even though Qohelet rated "joy" highly he disparaged the pointlessness of his affirmative statement in Ec. 8:15 (The New American Bible, 2011, 700) by contrasting it with the seemingly contradictory statement "joy – What use is it?" in Ec. 2:2 (Bible in Basic English, 1982, 1478). He illustrated his cleaning up of old fires residue meaning outdated concepts in Ec. 2:3, 10–11 (The Scofield Study Bible 2006, 851) (see footnote 13 and Table 1). An example thereof is his initial perception that the *Torah* was everything that was succeeded by the empiricist (Redding, 2013, 31) experiential idea that "joy is things" (Ec 2:10, The Scofield Study Bible 2006, 85; Barbour, 2012, 167). That's why he started aiming for advancement in Ec. 2:8, 9 (The Scofield Study Bible, 2006, 851), prosperity in Ec. 2:4–7, and a personal affirmation. – Ec. 2:10 (The Scofield Study Bible, 2006, 851; Lohfink 2003, 46–51).

Bible translations that translated the word "joy" as "pleasure" suggested this contextual or constructivist interpretation of the word. The two distinct interpretations weren't all that uncommon or unusual. Quite a few studies were published on the development or transformation of Qohelet's terms or words. There was not enough space here to reconstruct the debate. However a few references in the discussion sufficed. First, Qoheleth was known for giving the same word multiple meanings depending on the situation (Chia, 1988, 175). Second, Qohelet extensively used words with multiple meanings as literary devices (Koosed, 2012, 56, Salvyer, 2001, 256). Third, "the use of rare words<sup>81</sup> with a variety of meanings, according to context, is...a characteristic of...oral speeches (non-written dialogues)" like Qohelet (St.Iago-Peretz, 2013, 63). Fourth, the discipline of Computer Science affirms that a term like joy could have the similar "meaning in each case, but that there are different viewpoints from which it may be regarded" (Maynard & Ananiadou, 2001, 113). Fifth, post-colonial writing texts broke linear style with alternative terms or meanings, producing interstices or interstitches of silence in the text thereby "gaining a hearing" (Minh-ha, 1989, 41,83), presenting marginalised voices in order to be (more) interactive. Sixth, as "new contexts create new meanings" in relation to the reality outside language (Waijman, 2007, 42–43) Qohelet developed new spiritual vocabularies for joy opening up the spiritual realities of his "being in the world". The concept of Qohelet's polysemy

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<sup>81</sup> *שׂוּחַ* - used by Qohelet (2:25) for "rejoice" is a rare word with a 'primitive root meaning "to hurry" or to "be eager" (figuratively) with excitement or enjoyment' (Strong, 2009, 1496).

(different meanings for the same word) of joy was used in the same sense that Perry (2015:xv) meant it, namely as:

dense meditation on the many levels of meaning, occasioning a spiritual transformation that leads through withdrawal to concrete engagement with the world: if not with the world we would like, at least with the only one available to us, as our human and spiritual birthright.

The two forms, stages, or dimensions of joy mentioned above (Fishbane, 1998, 154)<sup>82</sup> in Qohelet did not have the same meaning in the two verses or be in opposition to one another in terms of emotional registers (Kruger, 2004, 3). The distinction made between the two categories, phases, or facets of joy mentioned above (Fishbane, 1998, 154) is an illustration of Qohelet's oscillation between deformation and reformation, or his moving inner horizon.

His new perspective, however, did not bring him contentment (Ec 2:11 The Scofield Study Bible 2006, 851), and Qohelet experienced deformation as a result of wisdom<sup>83</sup>. He was upset, depressed and frustrated as in Ec. 2:12, 23 (The Scofield Study Bible, 2006, 851). According to Fuhr (2008:14, 15) and Fox (1999, 113), while pleasure is questioned as to its value (see Ec. 2:2-3, 10-11) (The Scofield Study Bible 2006, 851–859, 1613–14), joy is praised throughout the book (Ec 2:24–26; 3:12–13; 3:22; 5:18–20 [Heb. 17–19]; 8:15; 9:7-9; 11:9). The distinction between joy and the pleasures of projection is that joy necessitates the consideration of another important caveat: the duality of affective existence (Gay, 2001, 42). It appeared as though Qohelet purposefully left little gaps in the text to give it a lace-like appearance. These subtleties in the text provide us with an insight into the New Testament deformation spiritus-spiritualis, which is comparable to carno-carnalis: joy can be corrupt, self-absorbed, or perverse (rejoicing in the misfortune of others, a phenomenon known as "schadenfreude") (Yale Centre for Faith and Culture 2016).

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<sup>82</sup> In the field of Qohelet studies, Whybray (1982) is arguably best recognised for his "enjoy life" motif. Gordis (1968) stated that "to enjoy life" is the book's central topic and mandate. Seow (1997) highlighted the advice to live life to the fullest even in the face of adversity. The theme of "enjoy life" was blended with a fear of God by Lee (2005, 86, 122). The perspective of spiritual transformation informs this study's understanding of joy.

<sup>83</sup> See Fuhr (2008, 109) please.

**TABLE 1:** Ecclesiastes – Text and translation. Reprinted with permission of HTS Theologiese Studies/Theological Studies – with revisions.

<b>Ecclesiastes</b>	<b>Translation</b>
אֶת־אֲנִי וְשִׂבְחֹתַי הִשְׁמַחְהָ	8:15 I praised joy (The New American Bible 2011, 700).
מֵה־זֶה עֲשֵׂה.	2:2 and of <i>joy</i> – What use is it? (Bible in Basic English, 1982, 1478).
אֶת־בְּשָׂרִי וּלְבִי נִהַג בְּלִבִּי לְמַשׁוֹ בֵּין תַּרְתִּי אֲשֶׁר־אֲרָאָה עַד בְּסִכְלוֹת וּלְאַחַז בְּחִכְמָה אִי־זָה הַשָּׁמַיִם תַּחַת יַעֲשׂוּ אֲשֶׁר הָאָדָם לְבַנֵּי טוֹב	2:3 I searched with my mind how to cheer my body with wine—my mind still guiding me with wisdom—and how to lay hold on folly, until I might see what was good for mortals to do under heaven during the few days of their life (NRSV, 1989, 477).
מֵהֶם אֲצַלְתִּי לֹא עֵינִי שָׁאֲלוּ אֲשֶׁר וְכָל כִּי־לִבִּי אֶת־לִבִּי מִכָּל־שִׂמְחָה לֹא־מִנְעַתִּי שִׂמְחָה חֲלָקִי מִכָּל־עֲמָלִי כָּל־עֲמָלִי וְזֶה־הִיא	2:10 And whatsoever mine eyes desired I kept not from them, I withheld not my heart from any <i>joy</i> ; for my heart <i>rejoiced</i> in all my labour: and this was my portion of all my labour (King James Bible, 2004, 325).
וּבַעֲמַל יְדֵי שְׁעֵשׂוּ בְּכָל־מַעֲשֵׂי אֲנִי פְּנִיתִי רוּחַ וְרַעֲוֵת הַבֶּל הִכַּל וְהִנֵּה לַעֲשׂוֹת עֲמַלְתִּי הַשִּׁמְשׁ תַּחַת יִתְרוֹן וְאִין	2:11 Then I considered all that my hands had done and the toil I had spent in doing it, and again, all was vanity and a chasing after wind, <sup>[a]</sup> and there was nothing to be gained under the sun (NRSV, 1989, 477).

Similar to how twisted embroidery thread can produce a great deal of fraying and tangling, incompleteness or brokenness in Qohelet led to "tension" (Morgan, 2011). To clarify: Spiritual tension was caused by Qohelet's deformation because the inner journey creates tension (Waaijman, 2002, 38). According to Waaijman (2002), 362, tension is essential to spirituality. Tension serves a purpose. According to Morgan (2011), the spiritual tension<sup>84</sup> arises during the spiritual journey towards true existence

<sup>84</sup> The tension in Qohelet (Enns, 2011, 124) was not just psychological (Weeks, 2011, 177), structural (Berger 2001:155, 158), hermeneutical (Enns, 2011, 46, 47, 95, 102; Longman, 1998, 26, 27, 134), cultural (Enns, 2011, 57) existential (Camus, 1991), theological (Enns, 2011, 125) or political-economic

is essential for the religious person's growth and authenticity. With reference to Qohelet it urged him to move.<sup>85</sup> Stated differently, Qohelet's discomfiture with the familiar led to a desire to learn how to be (more) at ease with the "unknown" and the "Unknown." His perception of God demonstrated his desire to change even more.<sup>86</sup>

#### 4.3.2. Reinterpretation: Understanding God anew<sup>87</sup>

Though profoundly transformational, Qohelet's trip was in the words of Lombaard (2015, 3) not a "complete, but an unfolding experience". He was practising to remove the layers. His awareness of God developed as a result of his evolving, multilayered understanding of joy (Sekine, 1999, 118). Qohelet's former understanding originated in older Jewish thought, that legalism (the Torah) and institutionalism (the temple) ensured God's blessings or punishments (Sekine, 1999, 126). To them, salvation was equivalent to slavish obedience. Rituals and laws were God (Perdue, 2008, 252). Nevertheless, Qohelet and his peers increasingly started posing questions that diverged greatly from those posed by the *Torah* devotees. The backdrop or framework of Qohelet's unique experience—the experience that the entire country appropriated—was created by their reflections on the atrocities of the Babylonian exile and the string of communal losses (Fishbane, 1998, 116). These encounters instilled a bitter realisation that causal laws provide no guarantees (Sekine, 1999, 126). Keeping the Torah to ensure one's own survival was a vain endeavour. Self-exclusiveness was empty. The above conclusions provided the "scaffolding" for how Qohelet understood

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(Garret, 1987, 159–177). It was spiritual tension too (Waaijman, 2002, 461). The tensions and even necessity of a stressful engagement with the text is accepted. To narrow the hermeneutical endeavour, oppose, and exclude tensions is not the goal. Rather, it is an attempt to contribute towards the expansion or broadening of the hermeneutical *voyage* to contemplate complementary spirituality in the text.

<sup>85</sup> The following two sentences are an extension of the previously published article: Steenkamp-Nel, A. E. (2019a). Transformative joy in Qohelet: A thread that faintly glistens. *HTS Teologiese Studies / Theological Studies*, 75(3), 1–9.

<sup>86</sup> According to Lee (1997), Qohelet's deformation was not the result of a dead end brought on by his own idealism or epistemological predisposition. Qohelet had a continuous interplay between his preconceptions and the information coming from his senses (Fox 1989, 88, 93). Jones (2014, 25) correctly pointed out that Qohelet, far from promoting empirical knowledge *per se*, guided people towards sense-based experiences rather than procedures that require interpretation (Weeks, 2012, 126). His deformation was, in a sense, a type of "turn-off" or turn-offs (some could call it "off-road") or springboard towards a new potential in that it can help or pivot one into a new understanding.

<sup>87</sup> This section was an adaptation of the article that was published earlier as part of the research *en route* to this dissertation and was here repeated with the permission of the publisher of that work and of the supervisor of this study: Steenkamp-Nel, A. E. (2019a). Transformative joy in Qohelet: A thread that faintly glistens. *HTS Teologiese Studies / Theological Studies*, 75(3), 1–9.

the world. Garrett (1993, 323) illuminated Qohelet's intention:

Pathological devotion (that embraces religious devotion leads to disappointment. The practical result of a philosophical relation to God based on 'if you obey all the rules, you will be safe is asceticism (self-denial in spiritual discipline). For the Teacher such asceticism is futile (in that it is bound to fail), arrogant (in that it stems from a smug certainty about one's own righteousness), and miserable (in that ascetics have cut themselves off from the normal joys of life.

Where the Law was previously the object of understanding, now, God became the object of understanding. Qohelet's understanding of God also evolved. God was not limited to laws (the Torah) and customs (Lohfink, 2003, 57; Perdue 2008:253; Sekine 1999:26) or provided just customs and ceremonial acts. God gave joy – Ec. 2:24, 25, 3:13, 9:7, 9:9 (The Scofield Study Bible, 2006, 851–2, 856). Furthermore, it was a blessing from God when someone was endowed with riches and belongings as well as the capacity to appreciate them, accept their circumstances, and find joy in their labour (Ec. 5:19 NIV, Carson 2018, 1126). God gave joy he therefore willed joy:

Enjoy life with your wife, whom you love, all the days of this meaningless life that God has given you under the sun – all your meaningless days. For this is your lot in life and in your toilsome labor under the sun (Ec. 9:9).

This meant that since God cannot known through laws, and God self cannot known, rather focus on the here and now. The academic community had extensively explore this new understanding of God. To experience joy was to experience God. As Collier suggested Qohelet's 'peace is experienced through letting go of the need to understand or control the realities of life' by experiencing 'the joys God has woven into our experiences on earth' (Collier, 2020). What God is He gives. God has given us wonderful things to enjoy and has demonstrated his acceptance of our deeds by bestowing them onto us. As Whybray (1989) points out, to enjoy them is to be perform his will.

In the words of Douglas (2011, 197), accepting the gift of joy is the appropriate reaction to this reality. Third, life was considered a reward and might include amongst others 'joy' (Levenson 2008, 169). Humans demonstrated (through joy) that although they were 'limited by time, their 'innermost nature... related to eternity' (McNeill n.d., 32). Fifth, joy was a spiritual focuser by adjusting focus of an instrument such as a

telescope, bringing attention to or centre us progressively or calling 'all humans to develop (*via* joy) a God centered attitude (Bartholomew, 2009, 155), a God centered view of life (Liroy, 2008, 7), God centered antidote (Ryken, 1993, 269) as well as 'a GOD centered worldview, which is essential for finding significance in life' (Kaiser, 1979, 8–9). The willing keeping of God's commands and acts of service that result in divine inspiration is what brings joy (Fishbane, 1998, 155–158).

Since God is the source of joy and merriment, being cheerful is fundamental to human existence and is thus Divine will. With this realisation, Qohelet's literalist reading of the Torah thawed and he began to grow spiritually. To summarise: much attention was drawn to a reinterpretation of God. Scholars however fell short of addressing the dynamic-processual implications of joy that brings us to the next stage.

#### **4.3.3. Realignment: Enjoy with God<sup>88</sup>**

Qohelet's fire did not go out or stagnated amidst slow burning fires. He kept on moving. This was followed by a reconnection with God. His joy in God grew in importance. The dynamic is consistent with Waaijman's (2002, 241) assertion that the purpose of emotion is to transfer our attention from the visible to the Infinite. While Lang (1979, 119–120) and Anderson (2000b, 153) suggested that the so-called joy statements of the book were likely ironic (pessimistic) tropes as a way of coping with life's realities, Waaijman (2000, 1241) emphasised that affection and enjoyment lead us to the invisible things. These views contrast with Sneed's (2012, 225) dismissal of Qoheleth's joy statements as an irrational response, a kind of drug that enables him to endure the painful existence of life.

The practical is also guided by joy. During his spiritual journey, Qohelet experienced transformation and reformation. In Ecclesiastes 9:7-10 (The Scofield Study Bible, 2006, 857) his earlier accolades in Ec. 2:24, 3:13 (The Scofield Study Bible, 2006,

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381–2) were retailored into imperatives; “eat, drink and enjoy life” and bread to be eaten in joy (Ec. 9:7, 11:1-2 The Scofield Study Bible, 2006, 857–8). Being hospitable became the collective expression of joy (Brown, 2011, 93,129). Because God is present in the little pleasures of daily life, joy becomes the joy in the little things (Sekine, 1999, 119). God was joy. Joy was not idle mirth disconnected from any religious obligation (Fishbane, 1998, 155). That is the thrill of hedonism. Joy does not merely represent naïve optimism or what Michael Medved referred to as "Hollywood" (Medved 1992). The little things, like eating, drinking, and enjoying life—as in Ecclesiastes 2:24 (The Scofield Study Bible, 2006, 851), were the source of joy, inspired by God (Gianto, 1992, 530). Joy in ordinary things become sacred (Lee, 2005, 122). This realisation was brought about by the post-exilic understanding of the deeper meaning of the exilic principle, which is "I am what I am," which was strengthened by the increasing influence of Hellenism (Ex 3:14 The Scofield Study Bible, 2006, 852, Waaijman, 2002, 435). It became clear that God was a God of being as well as doing, as suggested by His name "I am." He therefore urged us to be more than only "human-doing" or "human-having," but rather to "human-being," which included "to enjoy" and occasionally just to "be." The transcendent should like a glow of fire be glimpsed through the immanent.

There was reformation in Qohelet. He had a fresh perspective on joy. According to Brown (2000) and Waaijman (2002), encounters with God begin with the tangible reality of daily existence. Joy is the result of God becoming embodied in lekker, the youngest indigenous language in Africa and South Africa; the Afrikaans term for "nice." Joy was important for reasons other than the fact that life is fleeting (Fox, 1999, 179), death was imminent (Longman, 1998, 227–231), and God is real (Murphy, 2002, 125–126). According to Lee (2005), 67, joy is significant since it was an act that truly brought about interior change. For those who surrender themselves to it, the crest of joy is a constant birth that creates and recreates (Metz & Jossua, 1979, 89). It dissolves the divisions between spirit and matter and increases our capacity to realise more potential (Liston, 1996, 121). Joy is an act of spiritual transformation (examined in more detail in chapters 5 and 6). Act joyful and life's joyful 'opportunities and internal possibilities' (Brown, 2000, 93) will present themselves. To be joyful is to be receptive to everything, events and experiences that life has to offer. To be joyfull is to act

joyfully. Joy is a call to energetic action (Ec. 9:10, 11:4-6) and an index of transformation because, as God said in Ecclesiastes 3:10–14, "everything is perfectly in its time" (The Scofield Study Bible, 2006, 859) (Lohfink, 2003, 60).

The idea is that joy is more than just a feeling in Qohelet. "Fragile" does not describe joy (Metz & Jossua, 1974, 11). Joy is a conductor of the good, real (Liston 1996, 36; Lohfink, 2003, 75) life; it is a direction and a "response to God's activity" (Niemandt, 2016) that recreates, renews, and revitalises lives, not in an instrumentalist or constructivist fashion (Lombaard, 2012, 68). Joy generates energy. We are strong because of joy (Foster 2008:, 239). Joy inspired us to move and moved us.

The good life is expressed and manifested in joy, and it cannot be fully imagined without reference to joy. Joy presents a positive picture of what life is really all about (Crisp, 2015, 183). In addition to ordinary happiness, transformation is an invitation to personal reformation. Happiness is the "crown" (Crisp, 2015, xiv). Enjoyment in the absence of God is merely pleasure. It brings joy to enjoy with God. Happiness depends on circumstances. Joy depends on God. Happiness forms. Joy transforms. Readers are given a glimpse of the future by Qohelet's joy.

#### **4.3.4. Recommitment: *Joymotion*<sup>89</sup> (with others)<sup>90</sup>**

The above three stages built upon one other. Nonetheless, it was crucial to remember that Qohelet was still prone to deformation. His involvement was centred on the Other, though not on the other quite yet (Sekine, 1999, 126, 127). "God is joy," but "God is (in) you (neighbour)" is not comprehended yet. According to Sekine (1999, 126, 127), love was "love for God," but it was not yet "love for others." He did not yet progressed

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<sup>89</sup> Bearing in mind that 'the nature of human cognition was metaphorical' Taylot and Dewsbury (2018, 3) the only caveat (suspensive condition) in this study was that "joymotion" was used not as a scientific term, but as an "analogy, figure of speech /metaphor, an artistic expression,"... which tried to hint at a transcendent fact utterly beyond the powers of human understanding and therefore without equivalent in human speech (Underhill, 1961, 418).

<sup>90</sup>This section was adapted from an article that was published earlier as This paragraph was previously published as an article as part of the research *en route* to this dissertation, and was here repeated with the permission of the publisher of that work and of the supervisor of this study:

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from self-realization to self-actualization. Qohelet's deformation manifested as an incompleteness. While engaging in "bifocal" spirituality, he reexamined and evaluated prior theories or thinking during his journey. While he actively engaged in the tangible world of his physical and social existence, he was also supported by a vision of humanity that is continuously evolving (McConville, 2013,73). There was admittedly a twin flame. Qohelet was read aloud at the Jewish Feast of the Tabernacles at a later point in Israel's history (Knauth 2003:28, 30). When the New Testament season approached, "cultural padeia" alluded to the next stage of spiritual development as applied spirituality that occurred during acts of joyous hospitality towards rich and poor guests and the celebratory concord with others (Aejmelaues, 2003, 502; Fishbane 1998, 157).

According to Roberts (2013, 35), joy is among the most overt emotional indicators of a life well lived. According to Moschella (2015, 104, 124), this new season of joy should be viewed as an opportunity to cultivate compassionate practises that let people experience the expansive joy of realising our interconnectedness and that we are neither alone nor constrained by our own resources. Joy was an embodied sense of an overflowing love and holy presence (Niemandt, 2016). Joy came from considering others, whilst happiness came from considering oneself. The core of societal transformation is joy as a component of spiritual reform (Provan, 2011, 11). It breaks down barriers and opens doors, whether they be in society or in a person's heart (Bessière, 1979, 93). Because God became embodied in the senses, joy inspired us to serve, according to the Yale Centre for Faith and Culture (2016):

*Joy can be generous; joy can be attuned to the suffering of others (as when, in a period of intense joy, we continue to be mindful of those who grieve). It may be what most distinguishes joy from happiness and why, despite the recent glut of happiness research, our culture still needs careful consideration of joy.*

Eating and drinking is sensory reformation: to appreciate food and drink is an existential engagement in the sanctification that God has bestowed upon us as felt by our senses"<sup>91</sup> (Waaijman, 2002, 177, 462). Consuming food and beverages with

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<sup>91</sup> According to Waaijman (2002), 661, "understanding" refers to the process by which we learn about the interior of a thing without using our senses. Humans can better align their souls to realise God when they align their bodies in that direction.

others ushers in a new world that turns away from the self (Waaajman, 2002, 176). As (Olivier, 2006, 5) indicated; metaphors for the social creation of reality originate primarily from physical settings (Chapter 5 delves deeper on this theme.). Thus, joy was not a feeling to Qohelet. Love for others brings joy, which was first found in the little things.

Qohelet learned in the earlier phases that the agency did not belong to the individual. God took the initiative albeit, where the individual dynamic between the parties exactly started and ended was a mystery. It takes a holy team effort to manage (on) Earth. According to Sekine (1999, 126), Qohelet served as a bridge or link to the New Testament where where kindness, voluntarism, and service are the next level, stage, or movement where joy is "jo[y]in" (Steenkamp-Nel, 2018b).

#### **4.4. Spirituality of joy in Qohelet**

In Qohelet, the issue of continuity and change was very real. Still, Qohelet was not an ad hoc thinker (Fox, 1999, 71) who produced a strange (Crenshaw 1990:28) or fragmented book that defied a single, coherent reading and avoided the mysteries of God. The goal of Qohelet's quest was to gain a novel and fresh understanding of God. Fixed beliefs and stagnation were not part of Qohelet's theology. Given that "decidedly intellectual, textually vigilant readership" was necessary for "highly gifted redactional craftsmanship" (Lombaard, 2007, 356), my volte-face [U-turn] in response to Qohelet's invitation was to assign significance to the subtler ways than were clearly indicated. The Brodeur [gold thread embroidery] in the book used tone and repetition rather than explicitly naming change to communicate spiritual transformation. Religious frameworks, customs, and practises both influenced and correlated with Qohelet's pyrolytic shift in tone and approach (Fishbane, 1998, 151). In response to fresh discoveries, there were ongoing reinterpretations and reformulations. There were no conflicting religious interpretations of joy or inconsistencies that would necessitate reductionism (Kim, 2018, 18). The book's depiction of Qohelet's spiritual metamorphosis showed how he continually adjusted spiritually to his shifting environment. In terms of Qohelet's spirituality, the four phases or stages were sufficient to suggest a movement and a transformational process. Qohelet evolved

from clerical focus to a new everyday spirituality, or "transformation-in-reformation," from exilic emancipation to reformation, from self-preservation to self-criticism (or self-realization) (Waaigman, 2000, 24, 25; 2002, 194, 900).

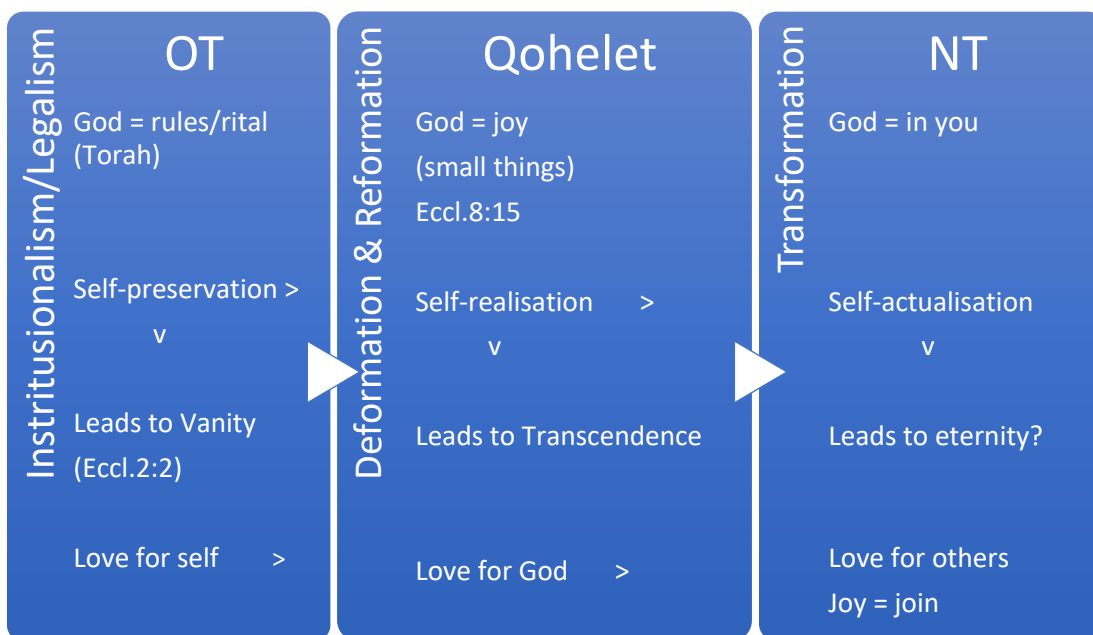
Qohelet's spirituality with reference to joy took many forms. His final home, in this book, was open-ended and his path one of spiritual transformation: a framework that allowed him to see his life as a process, without closing off the footpaths or obstructing the horizons that circle back to where he began, the traditional joyful *torah* God (Ps. 1:2 The Scofield Study Bible, 2006, 702). Qohelet's spirituality as a nonlinearly-ordered (flexible reaction to changes) process was assuredly quite fruitful and rewarding. His ideas were not static. His inner architecture changed considering a spirituality that follows the dynamic of spiritual transformation.

Qohelet was an innovator and an influencer. The book may be interpreted using a hermeneutic instrument that was spiritual transformation. The transformative interpretation offered by Qohelet was contextual, diachronic, and dynamic. He displayed how his life had evolved. He lost interest in the *cui bono*, or self-interest, that characterised his *zeitgeist* or environment. His assessment of conventional spirituality as counter-spiritual critique was based on his personal experience of spiritual transformation from a law-abiding citizen to a pleasure seeker to a reveller. Instead of implying "individual hedonism," his "joy texts" expressed a desire to eventually "shape societal structures" (Oeming, 2006, 43, 44) by means of personal spiritual transformation. It is therefore a book of discomfort. Joy is the catalyst that enables one to engage in a conversation with God that leads to spiritual transformation. That's why it reads like such a post-modern, uncomfortable novel.

At this point in the Old Testament's history, spirituality was moving from "God is rules" to "God is joy" in preparation for the New Testament's "God is (in) you." It began with legalism and progressed from self-indulgence and self-realization to the self-actualization found in the New Testament (see Figure 1). On its path to "love for others," it blazed a trail from "love for self" to "love for God." It shone from conceit to transcendence. Joy served as this movement's stepping stone, bridge, dynamo, or conductor, leapfrogging the previous spiritual framework and options and altering and

questioning the very fabric of its historical period. Qohelet was about a process rather than a conundrum. It was about movement, not equilibrium, and it was transformational rather than merely observing. As a result, Qohelet is a transformational character rather than a heterodox one.

This hermeneutical approach to spiritual transformation honoured the reformational slogan, *sacra scriptura sui ipsius interpres*, by emphasising Qohelet's dynamic, contextual, and diachronic nature. The slightly flickering flame that fuse Qohelet together was joy as a component of spiritual transformation. It was extremely significant during Qohelet's time because it signified a desire to alter believers' attitudes in addition to a spiritual transformation. Becoming a Christian wasn't about math, timing, or outcomes. It was a spiritual journey. Becoming more like God takes time. The way was shown (processually) in Qohelet, a book that served as a transitional text to the New Testament.



**FIGURE 1** Qohelet: Spiritual transformation in connection with joy. HTS Teologiese Studies/Theological Studies has granted permission for this reprint from the article Steenkamp-Nel, A. E. (2019a). Transformative joy in Qohelet: A thread that faintly glistens (2019a). *HTS Teologiese Studies / Theological Studies*, 75(3), 1–9.

## 4.5. Conclusion

Up until this point in the discussion, there was no overall framework provided to tie Qohelet together. All of the proposed Qohelet theories are contained in some form in Qohelet, though not all at once nor continuously. It is clear from the conflict between Qohelet's conflicting and complementary religious views that his spirituality is transforming.

As part of this study's multidimensional approach this analysis of joy in Qohelet is an important building block in establishing joy's relations with other branches of knowledge, and their interlinkages. Taking into consideration the global plea for spirituality in transformation this chapter's aim was to effectively translate and interpret Qohelet's concepts of joy as an aspect of spirituality in order to effectuate a comprehensive and integrated understanding of CANSA's African Patient care volunteers' spirituality (discussed in chapter 8). In this chapter the research objective; *'To explore and describe perspectives from various Qohelet passages with reference to joy and to detect joy as an aspect of Qohelet's spirituality'* was achieved. This led us to the next landscape: the shifting African spiritual landscape .

## CHAPTER 5: AFRICAN SPIRITUALITY IN TRANSFORMATION: FRAGMENTS AND FRACTURES OF THE SHIFTING SACRED <sup>92</sup>

### 5.1. Introduction

The previous chapter discussed Qohelet's understanding of joy as an aspect of spiritual transformation. To address the subsidiary research question: '*How does African spirituality perceive joy as an aspect of spirituality?*' the aim was to effectively translate and interpret African spirituality's concept of joy as part of their spiritual journey.

An analysis of their lived experience whilst going through profound transformations assisted us *en route* to the application of joy as an aspect of spirituality in CANSA volunteers' patient care – discussed in chapter 8. How this spiritual dynamic intersected and formed the basis of many, though not all, African volunteering practices indicated how joy as an aspect of a spiritual transformation framework can reach all facets of volunteers' service delivery, contributing towards CANSA's service making it more fruitful. African spirituality that was considered: The spiritual dimension, Tides and transformations, African spiritual transformation: The shifting sacred, The contra-tide of *joymotion* concluding with The shifting sacred: The future is here.

As background to spiritual transformation South Africa's transformative process was contemplated considering it as the outer horizon of inner transformation. In South Africa, authorities have been pursuing the transformation of organisations and disciplines more and more since the beginning of the current political regime. Because of this, the term "transformation" gained popularity in many spheres of South African society following the end of apartheid. From the public (Bender, 2008, 91; Department of Education 2002; Department of Education South Africa, 1997; Department of Public Service and Administration, 1997; Waghid 2002, 457–488) to the private sector

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<sup>92</sup> Parts of this chapter were previously published as an article Steenkamp-Nel, A. (2018b). African spirituality in transformation: Fragments and fractures of the shifting sacred. *HTS Teologiese Studies/Theological Studies*, 74(3), 1–10 as part of the research *en route* to this dissertation, and was duplicated with the permission of the publisher of that work and of the supervisor of this study.

(CANSAs 2016a; Working Group 2012:11), from platforms (South African Council of Churches, 2017) to pulpits (Travis 2014, 4, 63, 141) to the pews (Van Wyk 2017), and from the public treasury (National Treasury Republic of South Africa 2017, vii) to piggy banks (Iten, 2016), Industry reform was nudged to crystallise (Department of Tourism, 2016, 3–5, 17; Pieterse, 2005, 155–166).

Transformation (Kelkil, 2015, 2; Tesagaye & Sewenet, 2017, 347, 350–351, Bewaji, 2017, 13) was *ex cathedra* understood by South African policymakers as socio-economic transformation (Clarke & Basset, 2016, 183–186) and social-political transformation (Lombaard, 2015; Spies 2010, 14). Transformation or development was interpreted as "structural" (Nauta, 2004, 264) or agentive by a number of scholars (Chipkin, 2008, 132; Desai, 2008, 325; Morrow 2008, 267; Naidoo 2008, 120) and institutions (National Treasury Republic of South Africa, 2017, 1), including universities (Hoppers, 2010, 1–4, 87–88; Letsekha 2013, 5–7) and organisations or non-profit organisations (NPOs), including CANSAs (CANSAs, 2016b; Nauta, 2004, 169, 262). An "agent" is a limited, yet undetermined, person who, via practise, has the ability to change structures (or praxis). The bigger, more enduring settings and circumstances that came about as a result of people's continuing relationships are referred to as "structure" (Dornan, 2002, 305). Generally speaking, the aforementioned phenomena of (human) agency and structuration theory are frequently seen as the magic bullet for achieving justice in South Africa. The agentive approach is a response to the "deep moral, social, and economic scars" (Nauta, 2004, 150) left by the preceding deterministic political system in South Africa. It also represents a consensus and a desire to reverse these effects. The deliberate, purposeful actions and changes of the current transformation agenda (see Hoppers, 2010, 89–90) are, however, constrained, narrow, and less inspiring, given that it is already a gradual retreat from *Ubuntu*<sup>93</sup> and a *chimaera* – when not acknowledging and owning the shortcomings of transformation's design. First, the boundedness of agents' skills and knowledge was asserted by Jones (2000, 445–457), Naidoo (2008, 119), and Van der Linde-de Klerk,

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<sup>93</sup> According to Masango (2006), 108; Mokgoro (1998), 8, 9, ubuntu is an African philosophy that emphasises a "caring society" built on relationships with God (and other invisible realities), other people, and the natural world. According to Makhubela (2016) and Somni & Sandlana (2014), it is not limited to Africa alone and exhibits directionality towards the communal or peripheral concepts (beyond the individual).

Martin & de Beer (2014:93, 115). Second, the limitations of ideology were highlighted by Agbiji and Swart (2015, 13) and Nauta (2004, 166, 169, 173). Third, the impact of widespread urbanisation on the construct's complexity was highlighted by Swartz and Davies (1997, 293). Fourth, the internal tensions brought up by financial considerations are also notable (Nauta, 2004, 251–253). Fifth, the importance of community dynamics was undeniable (Nauta, 2004, 172, 262). Hence, religious apathy and indifference has the power to erode determination (Agbiji & Swart, 2015, 8). Sixth, rivalry for resources and power (Bhorat et al., 2017, 6, Nauta, 2004, 262), which in turn affects social status (Agbiji & Swart, 2015, 14), and, lastly, opposing value systems such as the lack of self-criticism in communal societies (Appadurai & Breckenridge 2008, 352). Nevertheless, the usefulness of transformation was not completely overshadowed by the construct's boundedness. Quite the opposite—authors employed transformation precisely where they aimed to conceptualise spirituality (Waaijman 2002, 455). Thus, spirituality has the power to bring about transformation (Tobler, 2002, 51). As recommended by Tutu (1999, 229, 265), Vilakati, Shcurink, and Viljoen (2013, 1), and Lama and Tutu (2016, 4, 106, 147, 161, 197, 286, 325, 345).

Instead of presenting generalisations, it is desired to give a more functionalist version of transformation, since an etic perspective can help one become attuned to links between external structural variables and behaviours (see Morris et al., 1999, 790). This chapter explored and considered a theoretical framework of spiritual transformation in the context of African spirituality, keeping in mind that it was possible to structure (Grant, 2007, 16, 17, 18) and legislate transformation, following the ongoing faith and investment placed in stakeholders' transformatory potential (Brown 2010, 173). The possibilities that joyemotion offers were finally examined. A consideration of the naturally overlapping phases or movements of African spiritual transformation came next.

A few explanatory notes before the discussion. As mentioned in chapter 2, the process of restoring the divine-human relationship is known as spiritual transformation. It transcends beyond self-transformation to include God's transformation that opens up boundless possibilities (Rahner, 1984, 61). Being an outsider looking in, I began this



chapter from an etic perspective because I am not a part of the African culture. The essential principles of African spirituality are attempted to be discussed, albeit with some humility. Furthermore, although the Bible is fundamental to modern African Christian thought and life (Mwombeki, 2001, 121–128), it is this study's view that African spirituality still forms the basis of African Christian spirituality (Froise, 2005, 56–59; Van Dyk & Nefale, 2005, 52). According to Knoetze (2015), the majority of Africans continue to be impacted by and somewhat experience the deeply ingrained African traditional beliefs. The main contention of the chapter is that Africans are not particularly interested in the fanfare surrounding transformation. The chapter instead made the case that spiritual transformation precedes the transformation agenda. Before spiritual transformation is examined African spirituality will now be observed.

## **5.2. African spirituality: The spiritual dimension**

The concept of spiritual transformation approach was introduced (in chapter 2). The focus in this section was on African spirituality before moving on to the African spiritual transformation process.

The focus was on African spirituality because of the following. First, the African community, was a rich source to recruit potential volunteers. Second, “to prevent the usual exclusion of Christianity outside the North-Atlantic world” (Bom, 2017, 217). Third, in CANSA members from the African spiritual community served as volunteers. Fourth, research indicated the retention of African volunteerism was declining (follow chapter 3).

Spirituality was not easily written about (Canda, 2003). African spiritual transformation was seldom written about (Knoetze, 2014). Since there were no sacred books (Beata 1983, 5) on which to base the study of African spirituality<sup>94</sup> except on the proverbs, folklores, oral tradition, ethics and morals of African societies, some major concepts

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<sup>94</sup> According to Paris (1994, 22), African spirituality is the elixir and unifying force that serves as the primary framework for understanding both individual and group experiences. It is figuratively equivalent to the people's soul: the integrating center of power and meaning. African spirituality focused on lived experiences while African Theology targets a theoretical, technical level of abstraction and reflection.

of African spirituality in order to establish how Africans reason about and react to the world around them, especially in reference to their spirituality were critically analysed.

Gardener (2011) defined spirituality as that which gives life meaning. She referred to a way in which the inner sense of meaning was connecting with a sense of something greater. Knoetze (2014, 169–170) coloured between the lines:

For some people this will clearly be a religious faith with its own traditions and rituals, for others it might be a sense of wonder from the natural world of joy in relationships.

Although there was a proneness to “over-simplification (and essentialisation) which was by implication homogenisation” (Nel, 2012, 460) there was an “increased awareness of the breadth, depth, and diversity” of African spiritualities in general (Page, 2005, 247) although Perold and Graham (2013, 440) depicted it as an impossible task to capture “the extent and diverse nature of spirituality across a nation” shaped by “multiple ethnicities, language and religions”. From a Western perspective, some saw African spirituality as being the same as majority politics, but it was not. Knoetze (2015, 113) emphasised that Sub-Saharan Africa was loaded with multiple diversities, ranging from different religions to different cultures and cutting through linguistic diversities and historical differences. Although there were commonalities<sup>95</sup> and differences among African people and their respective cultures (Chimhanda, 2013, 4) and traditions (Baeta, 1983, 5) there was according to Pato (1997, 54) with regards to values and attitudes also astonishing congruity in African cultures and religion:

The variation in religion has less to do with the ideas themselves than with their expression by means of dissimilar elements linked to occupations and the flora and fauna of the area.

It was beneficial to observe the outer horizon prior to the discussion about the shift in people. There are two horizons that Waaijman (2007, 3) identified: an outer and an inner horizon. An individual's historical, sociopsychological, economic, and cultural contexts make up their outer horizon. Spiritual transforming experiences, such virtues

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<sup>95</sup>“*Ubuntu*”, a contraction of “*umuntu ngumuntu ngabantu*” (a person is a person via other persons), serves as the foundation for African spirituality (Ross, 2010, 44)..

and prayer practises, are what make up the inner horizon (Van den Hoogen, 2011, 101; Waaijman, 2002, 3).

Noteworthy was the African spirituality's outer horizon or environment, since spirituality never exists outside of and is conditioned by the culture or society in which it is manifested (Lombaard, 2012a, 163). In terms of the outside horizon, South Africa's developments and transitions occurred inside a pluralistic<sup>96</sup> and fractured society (Evans, 2015; see chapter 2). African Christian spirituality<sup>97</sup> is a component of the multicultural culture. Balcomb (2015, 1-2), however, highlighted that it should be taken into account that:

Sub-Saharan Africa is overwhelmingly Christian. Christianity and African identity are indissolubly linked. The growth of Christianity has outpaced population growth.

Africa's Christian religious quantity was thus pluralised. It was not an indication of spiritual depth though. African Christian leaders at the first Africa Study Bible Launch in Ghana, corroborated this point proposing that Christians should "not simply grow in number. They must also grow in faith i.e. (that is) transformed lives through encounters with God" (Rhodes, 2017). This called to mind the phrase by Nelson Mandela: "the RDP of the soul" (Mandela, 1999) to be carried further by successive South African government administrations<sup>98</sup> which bring us to the reciprocating tides affecting CANSA volunteers.

### **5.3. Tides and transformations**

It's a changing time and tide in South Africa with individuals adapting to changing conditions. In terms of the inner horizon, South African society is situated between the

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<sup>96</sup>In addition to celebrating variety and otherness, pluralism views any organisation or system of ideas that claims to hold the only true, absolute truth as serving its own interests and political agenda (Phan, 2007, 14)..

<sup>97</sup>African Christian spirituality is defined as a specific set of beliefs that are ingrained in a people's cultural identity and form an unconscious set of attitudes and dispositions that lead them to act, interpret, create meaning, believe, and react in a particular way, thereby making up a portion of their cultural capital (Balcomb, 2015, 3).

<sup>98</sup> More than a hundred and fifty references to this notion were found in public documents.

tidelands. It is appropriate to quote the ancient African scholar Hermes Trismegistus (Three Initiates, 1912, 33):

Everything flows, out and in; everything has its tides; all things rise and fall; pendulum-swing manifests in everything; the measure of the swing to the right is the measure of the swing to the left; rhythm compensates.

African spirituality also travels on this tidal trip, changing perspectives along the way. From a diachronic standpoint, the dynamic interior terrain and inner scope of African spirituality were examined. The intersecting nexus (connections) between African volunteers' inner and outward horizons were the main topic of discussion in chapter 8. Regarding African spiritual transformation, there are two concurrent currents. First, traditionalists believe that what is referred to as *spiritual centrifugality* is entwined with individual responsibility and commitment, and consequently with spiritual transformation. *Spiritual centrifugality*, such as Ubuntu (Tlhagale, 2011, 21) and other rites of passage, conveys collaboration, exchanges information, and distributes acquired collective knowledge based on caring and shared concern (Sachs, 1992, 64, 174) (see Sapir, 1963, 49). Other types of *spiritual centrifugality* include rites of passage like circumcision, marriage, and burials that mould the African person via sharing of experiences to live in harmony with others (Masango, 2006, 113). In this view, Africans find it easy to be empathetic towards other people since they personally comprehend that all humans are interconnected (Sigger et al., 2010, 55). As per Masango (2006, 113), this community orientation stems from the presumption that Africans lack personal faith or spirituality and that their individual identity is essentially nonexistent (Theletsane, 2012, 271). In South Africa, this viewpoint is still common.

The second perspective holds that the people who are trying to restore Ubuntu contend that social unrest caused it to unravel and eventually collapse (Masango, 2006, 113). For a more comprehensive overview of criticism of Ubuntu, see Mzondi (2012) and Murithi (2006, 14). Rebuilding and revitalising the community is the goal of going back to *Ubuntu* (Masango 2006, 942; Theletsane, 2012, 276–277). These af(r)icionados<sup>99</sup> believe that the spirit of Ubuntu, acting as a vehicle for transformation

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<sup>99</sup>A person who is extremely knowledgeable and passionate about a certain activity, subject, or hobby is called an *aficionado* (Stevenson, 2010, 28). A person who is well-versed in and passionate about reintroducing African principles like Ubuntu is known as an *af(r)icionado*.

or an agent, aids the country in developing a new identity that would transcend the racial differences that plague the African continent (Mbigi & Maree, 1995, 9). Rebuilding the country to its pre-colonial values of mutual respect and cooperation is what it means to return to Ubuntu (Masango, 2006, 942).

It is crucial to recognise that, despite the fact that the aforementioned traditionalists and restorers offer a rich backdrop for change, they also contribute to the idea that African spirituality is outmoded or stagnant. These ideas lead to leaping over the following tidal markers by evoking “a time before mass urbanisation” (Swartz & Davies, 1997, 293). First, according to Neocosmos (2006); Ramphele, 2008, 117, 176, 298; Thomas, 2009, 51, 53; United Nations Development Programme 2003, *Ubuntu* does not have a very positive *zezindwangu* [isiZulu], *lappieskometers* [Afrikaans], or quilt as an after-effect. Second, according to Swartz and Davies (1997), 293, Ubuntu does not always ensure change. Thirdly, according to Thomas (2009), 57, Ubuntu must be “more explicit” in the present era. Fourthly, the aforementioned examples show how urgently new thinking is needed (Thomas, 2009, 52, 57). Fifth, the conversation on African spirituality lacks processuality, which makes a spiritual process “that (can) hold African spirituality together” necessary (Muto, 2011, 93).

Masango(2006,113) advises delving “deeper” “into the African concept of spirituality” in order to preserve mankind and Africa. This course of action shall be taken. By introducing a third angle—African spirituality as a transformational process—in the tradition of hermetic African spirituality, a next level of how spirituality could support a more pertinent transformation agenda in Africa will be provided (Agbiji & Swart, 2015, 16). A further level of how spirituality could promote a more relevant transformation agenda in Africa will be presented by bringing a third angle—African spirituality as a transformational process—in the tradition of hermetic African spirituality (Agbiji & Swart, 2015, 16). It was considered that Africans faced formation and deformation<sup>100</sup> on their journey towards transformation on this inner horizon. The emphasis was not on internal motivation or religion *per se*. There has already been discussion of one facet of African volunteers' outer horizon (see chapter 2 and point 4.2).

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<sup>100</sup> For a definition of the three types of spiritual transformation: deformation, reformation and transformation see footnote 72.

In this section the topic of South African transformation was situated in African spirituality. In the last section of this chapter it was indicated why and how the two areas of inquiry were mutually implicating. In the next section an overarching foundational spiritual framework was offered for the ongoing, in-depth spiritual transformation “that humanity and Christianity are in need of” (Muto, 2011, 93) that (can) or was until now relatively absent in the discourse on African spirituality i.e. African spirituality’s spiritual transformation.

#### **5.4. African spiritual transformation: The shifting sacred**

Thus far, our attention has been drawn to the various perspectives of African transformation. Gazing out to the global horizon (Makhanya, 2011, 5), it is noteworthy that this conversation is occurring during a slow but steady revival of transformation in religious institutions across the globe (van Helden, 2015; Harless, 2012, 10, 138, 139, 149, 151; Stetzer & Rainer, 2010), from the perspectives of architecture (Beliveau, 1988; Kilde, 2002), music (Chung & Sawyer 2008, 131–148), dance (Ragin et al., 2008, 81–100), dramatic art (Farley, 2008, 61–80), visual arts (Dyrness, 2008, 10–114), film (Johnston, 2008, 115–130), tourism (Spenceley & Goodwin, 2007, 256) and insect transgenesis (Atkinson & O’Brochta, 2000, 229–232; Eggleston & Zhao, 2000, 29–52) and from a business management perspective Steingard (2005, 231) observed that:

Current attempts to situate spirituality within management transmogrify the freshness, depth, and transformative potential of spirituality into yet another vehicle to more efficiently produce the materialistic ends business demands.

In African spirituality, the individual part of spiritual transformation will be emphasised since it is flexible and in a process that is similar to how the tides subtract (deduct or prune) and protract (to expand forward or outward) throughout time. When considering spiritual transformation within the African context, some sources were especially beneficial. To put it briefly, the majority of academics believe that spirituality is a fundamental part of "Africaness" and that it permeates practically every area of African life (Agbiji & Swart, 2015, 1; Magesa, 1998, 214; Knoop & Fave, 2013, 98). However,

a focus on the transformational potential of African spirituality is relatively recent (Falk, 2001), and a focus on the transformative potential of the individual is uncharted territory. In order for *Ubuntu* ideals to come true, MacDonald (2010) echoed the widely accepted view that the community process is just as significant as the collective outcome. But it's not a requirement. Both a personal and a societal understanding of spiritual transformation are possible. In actuality, spirituality is dynamic. Both individually and collectively, it can flow in both directions. According to Aburdene (2005), one of the characteristics of this rapidly evolving world is the growing spiritual movement from the institutional to the personal life spheres. Although there are some opinions that (trans)formation in Africa cannot be vanguardist<sup>101</sup> (MacDonald, 2010, 149), transformation already takes place in people's experiences. As noted by Gula (2003, 23) we can only "understand what is happening in our relationship with God to the extent that we can understand what is happening in our experiences".

Studies that presume that Africans do not prioritise personal transformation (Nurnberger, 2007, 31, 44; Tihagale, 2011, 21) are contradicted by strong evidence that Africans recognise spiritual centripetality (consonant with spiritual centrifugality) as a means of overcoming the dichotomy between the sacred and the profane (Falk 2001; Mugambi, 1995, 6, 39, 186). Spiritual centripetality is defined as a person's transforming ability to actively explore and establish their own sphere of influence rather than passively acting in accordance with the dictates of their culture or surroundings. These individuals possess a distinct spiritual identity and ontological standing, transcending their immediate environment and encompassing the realm of the heavenly kingdom. The following are two excellent instances. Firstly, Mosha (2000, 50) highlighted the African people's inclination and propensity to pursue both social and individual moral reform. As confirmed by Mercy Odoyuye (1999, 19): "To participate (as an African childless woman theologian) in the ever-widening stream of resurrecting people is to know fruitfulness, to be transformed". Second, as stated by the African theologian Mugambi (1995, 11–14, 15), personal regeneration is

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<sup>101</sup> According to MacDonald (2010), the collaborative process of transformation is just as significant as the collective outcome for the principles of *Ubuntu* to be realised. It was not a prerequisite though. It is possible to see spiritual transformation as both a communal and an individual concept. Aburdene (2005) said that while the world changes quickly, spirituality is likewise moving from the institutional to the personal spheres of existence..

necessary to refocus reactive liberation theology towards proactive personal reconstruction. Ngong (2010, 47) referred to it as a transformation within. This is appropriate since spiritual transformation occurs on a personal level (before God). Does a comprehensive reconstruction of the state and society, as outlined in the South African Constitution (Albertyn and Goldblatt, 1998, 249, 272, Moseneke, 2002, 309–315), not also necessitate a comprehensive reconstruction of the heart?

Spiritual development is not a straight line. People can experience recurrent bouts of positive and negative emotion because it's a process (Steenkamp-Nel 2018b). From a communal or national perspective, Yontef (1993, 183) made the observation that "people must individuate in order for a nation to individuate". As Huls (2006, 68) noted:

We can no longer return to what we had learned. Then it is no longer possible to hide ourselves behind others. We will have to give a personal answer with regard to the vital questions we are confronted with.

So, Africans demonstrate that the notion of the outer horizon should be expanded to include antiquated ideas. The explanation is that an individual's inner horizon expands or contracts in tandem with their religious convictions (which are meant to transform them). According to African people while their old spiritual beliefs still shape them, they no longer transform them because it turned into or is stagnant, and therefore became or is now their context. For some, *Ubuntu* moved to the periphery. On the other hand, spiritual centripetality requires time. According to Mugambi (1995, xv), process theory recognises the cyclical nature of human cultural and religious progress, hence validating the processual character of transformation.

The mapping of several transformational stages or movements with respect to spiritual centripetality was made possible by a review of the literature. Deformation and the ripples of reformation brought us closer to the African experience. A more relevant examination of *Joymotion's* dynamics and how the reality of joy create opportunities for development was conducted. In light of the developmental issues facing communities and organisations, the conversation concluded by taking a fresh look at how change agents may create and apply sustainable transformative techniques for various settings.



African spirituality's inner landscape, its inner horizon was observed. In this section only three components of spiritual transformation were discussed.<sup>102</sup> Briefly the three components tend to overlap, but can be described in terms of their chief characteristics. "Shifting fragments and fractures" are the component in which deformation take place. "Shifting reformation, recovering and rejoicing" tend to have a reform angle during which the individual frees itself from restrictions and discovers new avenues. "The shifting future is here" aimed to be God incarnated thereby engaging others to partake and encourage them to find solutions or to continue to engage with the issues beyond the confines of their own small world. This is accomplished by traveling through the landscapes of spirituality i.e. spiritual deformation. The method was descriptive and partly analytical insofar as the issue in terms of spiritual transformative concepts and joy was investigated.

#### **5.4.1. Fragments and fractures of deformation**

A racial rift was caused by democratisation (Schulz-Herzenberg, 2009, 11, 27), increased education and income, and newly adopted religious, class, or occupational identities (Mattes, 2004, 8), which caused South Africans' social and political horizon to increasingly fracture into or shift towards varied cross-cutting social identities and value systems (Idang, 2015, 106–110). Researchers observed a tidal wave of reactions or deformations as a result of this shift. The African youth's unsettling increasing "desire for change as well as a resistance to it" (Higgins & Vale, 2016, 5) was one way that citizens and corporations oscillated between ecstasy and depression (Gumede 2016), opaqueness and territoriality (Kumaran, Samuel & Winston, 2012, 37),. Other examples of this phenomenon include racialization (Carrim & Nkomo, 2016, 261–277, Schierup, 2016, 276), denominationalism (Cilliers & Nell, 2011), authoritarianism (Clarke & Basset, 2016, 183–189), impatient signals for social transformation (Bertelsmann, 2016, 3; Schierup, 2016, 301), confrontational protests

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<sup>102</sup> Hermans (2013, 172-173) provided a comprehensive analysis of his five categories of transformation.

(Jili 2012), the recent re-localisation<sup>103</sup> of identity, and re-valuing of indigenesness (Boswell, 2016).

For the government, witnessing the demise of a political dream must be disheartening. Why do South Africans choose not to follow the rainbow route (anymore)? The "value neutral" nature of recent policies was one factor (Conradie & Pillay, 2015, 8). Value neutrality raised concerns, which led to the question: Did South Africans undervalue the spiritual side of transformation, or did social and political activists ask South Africans, knowingly or unknowingly, for "inner transformation, as well as economic and social compassion" (Mooney 2014,119) namely to:

let go and shed layers of cultural sediment built up over time to allow the essence of our soul, our individual self, to emerge (as part of a lifelong process) from under the conventional and socially acceptable roles we play.

What is the message of the African soul? We'll focus on a few instances here.

#### **5.4.1.1. Shifting Interconnectednes <sup>104</sup>**

<sup>105</sup>Unlike individualistic Western cultures, traditional African cultures view the world, the self, and others in the world as extensions of one another (Beattie, 1980, 313–320). The sacred and secular worlds exert a mutual influence on each other (Mulago, 1991, 119–120). Ngong (2010, 1) described the African worldview as one where there is no firm distinction between the spiritual and physical world, as they are intricately intertwined. As Favor (2004, 244) stated "God is woven into the texture of my life". When one talks about Christian African spirituality, it must be perceived in this context.

Christian spirituality has taken many forms throughout the centuries. African spirituality

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<sup>103</sup> Relocalization, which emphasises the preservation of local identity, is frequently employed as a political and economic tool (e.g., by hiring "local" workers) (Kappler, 2015, 881).

<sup>104</sup> This section was previously published as Steenkamp-Nel, A. (2018a). Shifting landscapes: Spirituality in the life of the African healthcare volunteer. In A. de la Porte, N. Joubert & A. Oberholzer (eds), *Proceedings of the 2nd Biennial South African Conference on Spirituality and Healthcare* (pp. 261–277). Newcastle: Cambridge Scholars Publishing as part of the research *en route* to this dissertation, and was repeated with the permission of the publisher of that work and of the supervisor of this study.

<sup>105</sup> In this section I limited myself to only two components. The two components, interdependence and interconnectedness, were distinguished, but these could not in fact be separated.

took many forms too. One important form, “consistently overlooked and unappreciated’, is lay spirituality” (Sellner, 2005, 589) among which is volunteering. Interconnectedness had fostered volunteerism (United Nations Volunteers, 2011, 9). During the period in which modernity developed in Europe, indigenous volunteerism “involving African spirituality, was practiced in Africa south of the Sahara Desert, where it still thrives”. Patel (2007, 9) argues that:

Service has deep historical and cultural roots in the African context. Pre-colonial African societies relied on mutual aid, kinship and community support to meet human needs. Traditional cultural beliefs and practices encouraged collective responsibility, solidarity and reciprocity.

The inner horizon of interconnectedness in South Africa is stretching, though. Deformation was the result in the following ways. Africa's compassionate heart is being eroded by wealth and luxury, material success, and the so-called "good life." In his exploration of urban African environments, Cilliers (2008, 12; Cilliers 2013, 3) observed that African spirituality's understanding of the integration of life is in danger. Sperry (2002, 30) pointed out that Africans developed a self-fixation similar to those in any other Westernised nation, which raises the risk that a fulfilling life will be defined by individualism, spiritual narcissism, and self-fulfillment and self-realization. This individualistic approach is juxtaposed with a systemic, networking and dynamic relational approach. Personal wealth is converted into social wealth (Krige 2015, 110). Interconnectedness has become fragmented. The sense of self dissolves. There is a shift from “all is one” to “all is I”.

Although relations traditionally gave sustenance, “support and guidance, acceptance, coming to terms with fate” and was a “resilience factor” (Greeff and Loubser 2008, Dageid and Duckert 2008, 191). Africans inner horizon of the sacred is shifting. According to Dageid & Duckert (2008, 191) being a member of a religious congregation or engaging in religious practises like prayer and healing are no longer useful means of coping in more secular settings. Neither are traditional rituals or religious activities. An example suffice to illustrate the whole. The international and national community expected that granting Africans sovereign control led to the resolution of classism. It was soon met deformation. Only a sector of the African society gained access to finances and resources (Chadwick, 2016, 423–424) through

educational and employment opportunities. The rest became stuck. According to Robins (2006, 320) both jobless and impoverished South Africans who are HIV-positive and have CD4 counts under 200 use the scientific vocabulary of viral loads and CD4 counts to apply for disability awards. His finding that some low-income and jobless individuals were purposefully infecting themselves or threatening to quit receiving treatment in order to receive this R780 monthly disability allowance is equally unsettling (Robins, 2006, 320).

In contrast with Kalilombe's (1994, 128) critique of lack of individualistic ambition to some the "changing configurations of class" accrued greater benefits, "social mobility", "social wealth", "social status" and integration into the South African society (with its offshoots of "act big" (Azania, 2013) e.g. "materialism and conspicuous consumption" (Krige, 2015, 104). A Sowetan man, Arthur who 'self-identifies as being black and middle class' attested in a study by Krige (2015, 110, 111) to the importance of possessions as a symbol of class:

My house, that's how you define me because of the bond, the furniture. 'Back home I've got a computer, I mean I'm connected, I'm wired. How many people are wired? You know, I've got an office at home. I mean I've got two fridges, once in my time I had five cars.

In the course of economic struggles over access to opportunities and finances the above spiritual fracture is further enforced by a sense of sexual entitlement (Jewkes et al., 2010, 23, 27, 29, 30) and financial entitlement. Ndebele states during the 2016 South African uprising "where there may have once been the inner pain of self-degradation, there is now an inner sense of entitlement" (Higgins & Vale, 2016, 5) as verbalized by Azania (2013):

We should not be apologetic or ashamed about living comfortable lives. We have been subjected to sub-human existence for many centuries and necessarily, we must reclaim our rightful place in the human race as equals to everyone else.

In the fourth place, African imagination does not yet make room for the "other"<sup>106</sup>

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<sup>106</sup> In this context, all groups that differ in terms of colour, gender identity, sexual orientation, religion, or class are collectively referred to as "other" (Anderson, 2009, 135). Perhaps there is a hint of Qohelet in the above (see Ecclesiastes 2:10 in The Scofield Study Bible, 2006, 851).

(Ngong, 2010, 63). Lastly, the connection between the sacred and the secular is severed (Masango, 2006, 932).

Within the context of economic fights over access to salaries and personal growth, another seismic line is shifting, redefining the interdependence between citizens and the state. This fragmentation penetrated volunteerism. Apart from the personal satisfaction that comes from helping people, some volunteers in an urban landscape, according to Statistics SA (2014, 8), expect to receive compensation in the form of cash, food, skills, transport, clothes or shelter. Although all unpaid work needs to be supported economically through some means, for example through emolument activities by other family members and the community, it seems that national citizenship is giving way to a new kind of altruistic citizenship.

Following this example such individuals can be susceptible to deformation. Many Africans delimit themselves by finiteness avoiding spiritual transformation. Corin and Murphy (1979, 147–178) pointed out that separated from or rejected by their reference group and support structures within family, community, or tribal group Africans experienced confusion, helplessness, and even panic. Interconnectedness becomes fragmented and redefined in the course of economic struggles over access to opportunities and finances.

Another caveat to keep in mind is that this deformation should not surprise or derail us. Hardship had a role to play. It can be transformative. As Chimhanda (2013, 4), an African Christian theologian, reminds us: “Humankind as spirit is said to be transcendent – to transcend human limitations in the quest for God.” Volunteers can journey through deformation to reformation. By coming to terms with shortcomings, inconsistencies, irregularities and contradictions volunteers can achieve an intimate knowledge of themselves and their inner resourcefulness. In fact, active citizens are already engaged in the development process (Van Donk, 2013, 120), and reduce barriers in different contexts. Goudge et al. (2009) report how a mother became a volunteer to give informational and emotional support to others, as it had been given to her.

In a shifting landscape people are shifting. In a shifting spiritual landscape people shift spiritually, or are internally transformed. African volunteers see the world as interconnected, and their service is not dependent on formal structures as it is in the West. Therefore, they can become embedded in interconnectedness in a new way en route to a new interdependence.

#### 5.4.1.2. Shifting Interdependence

Underpinning active citizenry in South Africa is the notion of *Ubuntu*, a word in isiZulu meaning “humanity” or “interdependence” (Bangura, 2005). *Ubuntu* is at the core of volunteerism. The saying *umuntu ngumuntu ngabantu*, or “a person is a person through other people”, is a mindset that celebrated community (Kevlihan, 2005). Although “the concept of *ubuntu* is included in the South African constitution’s post-amble and in two Constitutional Court judgments” (Lenta, 2003, 158), and incorporated in the business sector as a concept in management since the early 1990s (Karsten and Illa, 2005), Knoetze (2014, 174) is of the opinion that *Ubuntu* does not focus on nation building or national development yet since the focus of *Ubuntu* is still on the inside of traditionally closely-knit communities such as the extended family or clan.”

Another horizon is unfolding. Urbanisation and globalisation have brought about alienation from family systems and their concurrent value systems (Cilliers, 2008, 3). The African value system is under threat, and has already given way to the breakdown of human relationships within the community, including those with the ancestors. *Ubuntu* in its original sense is, according to Van Binsbergen (2001, 73), just a sigh or the black elite’s utopian sticking plaster on urban ills: the images of concrete social life featuring in statements of *ubuntu* do not correspond to any lived reality anywhere – they are allowed to refer to “no-place”, and to merely depict, through social imagery, desired changes to be brought about by an application of the precepts contained in *Ubuntu*. An illustration of the problem is provided by the following examples. First, the finding that *Ubuntu* has a dark side is corroborated by Mnyaka and Motlhabi (2005) statement that since *Ubuntu* is culturally based, it can become affected and vulnerable in various ways as in the recent “fees must fall” student protests described by Smit (1999, 24):

Because [ubuntu] seeks the greatest happiness for the greatest number, it can easily slight the rights of individuals. The majority may forget the interests of the minority. The solidarity of ubuntu may be for wrong reasons. It lends itself to intimidation.<sup>107</sup>

Second, contradictorily to collectivism *Ubuntu* has the “potential danger to obscure the excessive pursuit of individual gain” (Van Binsbergen, 2001, 57). Third, Chipkin (2012, 63) noticed among the black middle class living in urban Johannesburg a process of individualisation (kin-based relationships are replaced with more voluntary forms of association), conjoined with “an ideology of self-realisation”. Fourth, the African view of a person as living in a holistic and anthropocentric world implying unity with God, others and nature (Pato, 2000; Viljoen, 2003) is fracturing setting “out to publicly deconstruct and even debunk the available conceptual and spiritual repertoire, dissociated from and jeopardizing the moral community” (Van Binsbergen, 2001, 60). Fifth, African churches became divided along religious and ethnic lines<sup>108</sup>, which exacerbated animosity among Africans (Ngong, 2010, 13, 134), especially after the prosperity gospel<sup>109</sup> unexpectedly gained traction on the continent (see Heuser 2015). The following example by Heuser (2015, 17) aids in setting the scene for the experiences and events that make up the modern African world:

Over the years the African adepts of American prosperity teachers grew into Pentecostal megastars that reputedly inspired and mentored a variety of African prosperity theologians themselves.

Sixth, the above situation is amplified by the globalisation<sup>110</sup> process which provokes additional uncertainties (Ndlovu-Gatsheni, 2010, 293) and “loss of traditional values” (Brittian et al., 2013, 651). In the words of Shaw-Taylor (2011, 9):

The western/European style of living and presentation has become the

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<sup>107</sup> In contrast with the *Ubuntu* ideal of development through contact and interaction (Chuwa, 2014, 39) Veale (1976:9) was of the opinion that to mold others in one’s own image - as extensions of the “me” (Hammer et al., 2013, 500) must be the biggest mistake.

<sup>108</sup> See Irobi (2005) for additional information on the ethnicity issue in Africa, which was primarily influenced by the degree of church inefficiency, lack of accountability, and lack of openness in addressing the needs of diversity..

<sup>109</sup> One of the most obvious causes of the prosperity gospel’s widespread adoption is undoubtedly the state of persistent poverty (Anderson 2005, 82, 83, 85). Other complicated, interconnected factors may also play a role. But the prosperity gospel is believed by more than half of the Christians in sub-Saharan Africa (Heuser 2015:21), which begs serious questions about how we comprehend African spirituality (Niemandt, 2016, 2).

<sup>110</sup> Globalisation is characterised as a process propelled by political and cultural hegemony, wherein the importance of human dignity, worth, and even existence are no longer paramount considerations (Van Binsbergen, 2001, 57–58).

norm. Lost is the indigenous way of life, gone is the pride their ancestors instilled in them. In South Africa there is a minimum South African blacks in African clothes.

Seventh, A collapse into modernity (Cilliers & Nell, 2011, 3) results in inner obstacles for identity construction, such as doubt and insecurity (Mouton, 2014, 95–96). Robert Mattes (2004) found that South Africa's self-defined identities are shifting. Eighth, a point of much concern is rootlessness<sup>111</sup> (Mugisha et al., 2016, 59; Woodhead, 2007, 18, 229, 251, 253, 256) in addition to anti-social behaviour (Ashforth, 2000, 232) within the urban<sup>112</sup> African middle classes (Krige, 2015, 105) in conjunction with severely reckless behaviour in their private lives. Higgins & Vale (2016, 4, 5) observed from a student's perspective:

I and my generation were without choice educated in a schooling environment that in its content orientated us away intellectually from our formative of home and community. This resulted in dangerously high levels of alienation as 'our affective imaginations progressively got anchored elsewhere', with the inevitable consequence that 'our own immediate world' became 'less real'.

Ninth, The aforementioned is confirmed by Makhanya (2011, 2), who said that many African academics at universities feel alienated and alone, a sentiment that is mirrored by Mabokela (2012, 129–134; Potgieter & Moleko, 2004, 80–95). People like this are prone to deformation. According to psychology, this dynamic is known as a "split-ego experience" or "mismatch syndrome" characterised by elevated resistance levels, anxiety, and fear of rejection; strong tension between conflicting impulses of treachery and loyalty, trust and distrust, a desire for both individuation and collective cohesiveness; and diffused versus rigid group borders experienced as more individualistic (on the one hand) with the traditional community with its communalistic norms (on the other). These factors cause intense anxiety and fear of rejection by their community, which can result in feelings of hopelessness, anger, and loneliness. Such a person frequently feels misunderstood (Ramirez, 1999, 1, 217).

The data suggest that Ubuntu can indeed be distorted into deformation, fracturing

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<sup>111</sup>Loss of heritage is thought to be the cause of rootlessness (Gibson, 2013,165).

<sup>112</sup> By 2050, there will be 49 103 urban residents in South Africa, up from 34 1686 in 2014. According to UN estimates, by 2050, 77% of South Africans would live in urban areas (United Nations, 2014, 21).



Africans' of value of interdependence and interconnectedness. Secularisation can undermine the traditional and modern African worldviews due to fractured spirituality, which makes it problematic to separate life (religion) from life (society)<sup>113</sup> causing subsequent moral failure (Senekoane, 2013, 319–332) or hitting “the wall”. Consequently, a lot of Africans avoid more profound spiritual transformation by defining themselves according to limited possessions. Thus far there appears to be a fragmentation or perhaps erosion of the sacred. Abreu, a contemporary Venezuelan economist and musician in Tunstall’s book, *Changing lives* (2012, 38) about the transformative power of music supports this notion with his observation that “poverty is not just the lack of a roof or bread but also as a spiritual death”.

This indicates that some or other form of change is imperative. To change or turn the tide what should be the primary inquiry is how the deformation experienced by Africans can be addressed. To be responsive to personal and social exigencies, a shift in the *foci* of spiritual intervention is however mandated because according to Rohr (2011):

Christians are usually sincere and well-intentioned people until you get to any real issues of ego, control, power, money, pleasure, and security. Then they tend to be pretty much like everybody else. We often gave them a bogus version of the gospel, some fast-food religion, without any deep transformation of the self.

“Might spirituality be the conceptual key that opens many doors?” asks Flanagan (2009, 1). In tandem with Kourie’s (2006, 26) statement that religion can offer a focal point to keep spirituality from becoming solitary and rootless as Sacco (1999, 7) stated:

Given the extent of human darkness, and the knowledge we have of life-affirming notions of traditional African spirituality, it is imperative to search for unconventional, internal resources and to kindle in ourselves and our students the dying embers of interconnectedness and interdependency.

Waaijman (2002, 455–483) confirmed that at the heart of transformation lies spirituality and *vice versa*. It is however not so easy. A specific form of spirituality was required. Oliver & Oliver (2017) emphasized the importance of a “transformation and change” “for the African Christian context”. This can be accomplished by rotating the spiritual

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<sup>113</sup> Society is seen as “civilisation” – in other words, as the material and instrumental side of human culture (Senekoane, 2013).

blood through the next heart chamber or what Benefiel (2005, 144) calls “the second half of the journey” of spirituality namely spiritual reformation.

The inclination to portray African spirituality as stagnant draws our focus to the fluidic reformation process. African spirituality contains a transformative core. As with any other stage of spiritual transformation, reformation falls across a broad spectrum of forms and shifting viewpoints. The following section is intended to show what some of these forms are and thereby to provide a context against which to read African patient cancer volunteers’ service.

#### **5.4.1.3. Tides and tendencies of reformation**

Against the backdrop of different African spiritualities with its convergence of the spiritual and material, the reformation of the shifting sacred was looked into. In order to demonstrate the various tidal variations that occur in South Africa and to establish (or ride) on the foundation of the centripetal and centrifugal tides, a brief overview of the African reformation—a fresh perspective on God, yourself, and other people, followed by joy as contra-tide<sup>114</sup>—were explored.

Much of contemporary research into transformation calls upon reformation (Brundin, 2016, 11; LaVere, 2016, 2, 121; Fox, 2006, Rice, 1991). According to Waaijman (2002), 117, reformation is a spiritual process in which the original experience and the evolving social context are creatively tied to one another. A desire for reversal, or a U-turn back to the initial orientation to God (Waaijman 2002, 462), is required to achieve the aforementioned goals. This is what African moral theologian Hevi (2004, 55) referred to as "primaeval innocence. With self-transcendence becoming increasingly recognized the African perspective on reformation can be achieved through an understanding of their “Indigenous Knowledge Systems”. Africa is not unfamiliar with the idea of reformation. The articulation and active promotion of African moral rebirth, in a moral and spiritual sense, is already ingrained in African spirituality as a challenge to authenticity or a recapturing of "Sankofa" (Hevi, 2004, 41, 102). Waaijman's

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<sup>114</sup> A contra-tide is a tide that runs up (or down) with as much velocity as an opposing tide runs down (or up) (Davidson et al., 2009, 30, 31).

description of the transformation-stage reformation—which aims to restore humanity's primordial form or the image of God—corresponds well with the African spirituality's "primaeval innocence" (2002, 463, 514-757). Similar to this, African theologian Ngong (2010, 63, 147) explained and argued that in order to mend the shattered spiritual bond, the "African Christian imagination" needs to be reformed namely:

*to call society back to reverence what should be marked as sacred, to what needs honoring and commemorating, if the highest manifestations and ambitions of a culture are to be sustained (Miszta, 2003, 67–84).*

Since all Africans have spiritual experiences and therefore, operate spiritually reformation entails a new threefold understanding. First, reformation is a new understanding of God, as in "human capacity for self-transcendence in relation to the *Deus absconditus* [hidden God] or Absolute" (Sheldrake, 1992, 52). Restoring God's image on a daily basis on the contrary, transcends beyond the known. Some Africans displayed a new understanding of God's own understanding of the former (Waaijman, 2002, 461, 463). A respondent in a volunteer study by Favor (2004, 245) described how she, as a result of her newfound awareness of God (Waaijman, 2002, 461, 463), is renewed and reinvigorated:

It took me until I was almost 50 years old to believe that, in God's wisdom, we all have different gifts, and that [if] I take the place of somebody else that should be there [and then] I as well as the people there don't get the best they can get.

Arguably, this new understanding of God spilled over to the self.

Secondly, reformation happens when a person starts to comprehend who she or he is anew in a bid to overcome the shifting sacred's limitations and frustrations as one may suspect to hide underneath the current economic, social, technological, political upheaval and successive secular complacency (see point 4.4.1). *Ubuntu* holds up an alternative in the sense that it advocates a renewed concern for the human person, "the soul of African society" (Mnyandu, 1997, 77). Self-criticism makes it possible to have such a new perspective on oneself and one's value (Maluleke, 2010, 157). The act of consistently examining oneself and, if required, changing oneself in light of Scripture is known as self-criticism (Smit, 2011, 325). A profoundly contextualised

African spirituality may result from such self-awareness. Rosado's (2006, 3) observation is of note:

People's sense of self-worth, value and dignity is most often determined not only by the kind of support and encouragement they receive from others, but also from how willing they are to self-examine negative behaviors in their own life and in their cultural group.

Another illustration is Azania's (2013) self-criticism and care for other people, by inspiring the black elite to help in the township by sponsoring and enabling one hungry and impoverished youngster to attend school, since the majority had once been that child.<sup>115</sup>

You create way for the light as soon as you clear out your own dark corners. When you break away from the "way of the world," God's shape begins to take hold of you (Waaïjman, 2002, 461). Perspectives and insights shift when a person undergoes a transformation. The idea that actors and structures are fixed, unchangeable, and permanent is freed by believers when they adopt a self-critical mindset (*semper reformanda*). An illustration would be a volunteer who receives a stipend, which is less money than she would receive from a regular employment, but who yet works hard to fulfil her voluntary duties: "I do my job with love, passion in return for growth in me like any other job I would have to do" (Hunter & Ross, 2013, 755–756). This new understanding of self spills over to others. Thirdly, reformation requires a fresh perspective on other people. You are transformed as you gain a new understanding of God, and this transformation also affects how you view non-traditional human relationships. Lefu (female, township) reported in Brittian et al.'s study (2013, 651) that:

I learn more to build my own self, to know what is wrong, what is right and which is which, ja. God has forgiven me, because if you are a child of God you have to accept each other, White, Black or coloured.

It is noteworthy that Agbiji and Swart's (2015, 14) encourage us to take a favourable view:

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<sup>115</sup>The inclusive principle that has been identified is a component of the normative system at the village level in Southern Africa. For example, regardless of the specific genealogical ties between an adult and a child, every adult has the obligation and the right to watch out for the interests of every child (Van Binsbergen, 2001, 86).

It is only when you are self-critical of your own negative conduct that you are able to renounce the opulence and greed of corporate entrepreneurs and politicians who play such crucial roles in the pauperization of Africans and African nations. By being self-critical Africans will be and become able to realize with integrity the moral values upheld by all religious traditions' (including the oral tradition of African Traditional Religion) namely virtue, justice, the sanctity of human life, equality and human dignity.

Why is reformation required? Reformation creates prospects, chances, and efforts. Smit (2011, 324) underlined the significance of reformation and connected it to introspection.

The changing mentality of the times, namely a strong sense of social crisis and an awareness of the falling apart of the social order, and therefore the urgent need for new social order and reconstruction, plays a crucial role in the need for such a Reformed ethics – as will often again be the case in history, when social crises call for new and self-critical ethical projects.

Self-criticism as a component of spiritual transformation, according to Maluleke (1996, 24), is not only progressive but also something to be cherished and encouraged since it results in liberation. A profound personal understanding of life's fractured or fragmented nature can give rise to spiritual transformation when one learns to harness a force greater than their sense of unfinished business (Stumpf, 1966, 422). Reformation is not just action. It is to "recognise the will of God" (Waaijman, 2002, 460). When a caring community, as a fellowship of believers, demonstrate mutual love it created a new corporate identity (Louw, 2012, 73), an African *communio sanctorum* (Kuckertz, 1981, 12, 80). The 2005 Commission for Africa 2005, 126, 127 Report observed:

Africans survive - and some prosper - in the face of low incomes and few formal economy jobs because of their primary loyalty with the family, clan, tribe or other social networks, including, increasingly, religious groups. Often it is self-organization, where local organizations of farmers, women and students respond to and get involved in activities, fill gaps and act as building blocks where they can see purpose and direction. Africa's strength lies in these social networks with religious beliefs and movements cross the lines between material and spiritual experience.

African Christian spirituality is "vibrant and pervasive" (Galgalo, 2012, 1). People nowadays experienced, in spite of deformation, a new *Ubuntu* or family in the form of congregations in cities and churches (Mouton, 2014). This landscape may change

again because, as Fave et al. (2011) stated:

the aforementioned perspectives began to change, and it cannot be assumed that all individual African people or youth still adhere to these notions, because over time both the cultural context and the individual ceaselessly may undergo changes.

Regardless, God speaks on an intuitive level, and African spirituality is intuitive and can per se be an *impetus* for rebuilding families and communities.

The tides and inclinations of the African Reformation, or a fresh perspective on God, oneself, and others, were examined. Joy was found to be a counter-tide against deformation and an additional method of reformation. The mechanics of joy, as a doorway to new possibilities, rooted in African spirituality were tracked.

### **5.5. The contra-tide of *joymotion***

African spirituality is frequently characterised as a spirituality of joy in the quest for change (Hevi, 2004, 100; Kalilombe 1994, 129; Mbiti 2006, 21–23) from the centrifugal to the centripetal. The belief that "enjoying life is part of living" lies at the core of this spirituality (Masango, 2006, 930). The following authors consider this belief to be the essence of African spirituality. First, Desmond Tutu's contribution to *The Book of Joy* (2016) explores joy. Secondly, it serves as the foundation for Hevi's book *The Spirit Set Free: African Spirituality in the Service of Hope and Joy*, published in 2004. Thirdly, it is Masango's (2006, 930) mould for life. Then, in certain African proverbs, it is considered the topic (Kudjajie, 1997, 49, 109). Fifth, joy ranks as one of the essentials of African womanhood in fifth place (Afotri, 2004, 95), and lastly, it is considered as a source of fun (Oberholzer, 2017). However, African spirituality is relatively recent to emphasise the transformational power of joy. Unexplored is the stage or transition from the centripetal (joy's individual transforming capacities) to the centrifugal. It was then highlighted what the various transformative qualities of joy were as a counter-tide against deformation.<sup>116</sup>

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<sup>116</sup> This research does not endorse Transformational Psychology, Spiritual Awakening, or Transformative Learning Theory. You may consult Argyris & Schön (1996), Coe & Hall (2010), Mezirow & Taylor (2009), James (2013), and Taylor (2011, 2017). Although there was a wealth of literature about African spirituality and well-being from researchers as varied as Knoop & Fave (2013), Litwinczuk et al. (2007) and Nell (2016) examining this literature in full fell outside the domain of this dissertation. The

A variety of transformative paths can result from the appearance of the "joy" theme in various circumstances. Africans expose themselves to the whole range of life's experiences in at least three of these situations. Firstly, Africans view joy as an awareness of God, which lies at the core of spiritual transformation. The appreciation of life (Bhengu, 1996, 64) and the "Transcendent Being" (Gehman, 2005, 354) that provides life are implicated in the enjoyment of life. Simultaneously, feelings—or the lack of them—persuade individuals that their actions are incorrect and that they should heed the diviner's counsel and adhere to the customs of their ancestors (Gehman, 2005, 29). The symbols of colour and hair are particularly significant in terms of awareness. The "five tufts" symbol, which refers to hair, is thought to be an ancient African hairstyle that symbolises joy and faithfulness, as well as commitment to a work. *Mpuannum* is a term that denotes allegiance or the realisation of a high vow to an ideal (Willis 1998). Red is Xhosa for delight and vanity (Macleod, 2002, 13). The following is a creation story from Africa (Niemandt, 2016) that captures the delight of creation and life itself Mbiti (2013, 44):

God made humans out of clay of different colours ... Then he gave humans legs with which to walk and run, hands with which to plant grain, eyes with which to see that grain, and a mouth with which to eat it. Afterwards God gave them the tongue with which to sing and talk; and finally ears, so that they may enjoy the sound of music, of dance, and of the talk of great persons. Then God sent humans out, each a complete human being.

Do joy any function in African spirituality? According to Masango (2006, 930), joy is a necessary component of existence. "The enjoyment of life implicates that a person is aware of the value which gives joy to life and how to pursue this, especially being the master of life, as a person in the milieu of community and society" (Bhengu, 1996, 64) in the following ways. First, joy fostered awareness of God. Because man was made in the image of God, he cannot escape God; neither can he find joy and fulfilment apart from Him. Joy as awareness was an experience of being alive. For this reason awareness was discussed first leading to a new orientation.

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discussion was therefore, restricted to literature about the Spirituality of African reformation through or as joy only.

Secondly, joy is an orientation. It is associated with God in African cultures. Paynter states, "God is joy" (2003, 176). It is the manifestation of the Spirit (Hevi, 2004, 100), and when you express inner freedom via joyous spontaneity, you are set free by the conscious or unconscious experience of the Spirit (Hevi, 2004, 100). For others, joy is the best and most devout way to describe the Christian life. According to The Tablet (1998), they pray, "May you, o Lord, be for us a moon of joy and happiness." Others believe that "a crucial component of African worship is joy" (Zamarron, 2013). As Steindl-Rast (1984, 18) so eloquently put it, "joy, so much joy-it is a key element in African worship" (Zamarron, 2013):

Everywhere in the world joy is the true expression of gratefulness. But not everywhere are the faces of God's children as transparent to that joy as in black Africa.

Joy as an orientation receives relatively little attention. I discussed these areas elsewhere in the dissertation (chapter 3 & chapter 8). Third, Africans have a remarkable conception of joy as a source of energy. In *African Religions and Philosophy* (1969, 269), Mbiti, in his groundbreaking work, spoke of joy during "instant" or "convertible" occasions in life, like harvest season.

Considering that joy contributes to the lives of Africans it is necessary to take note of the events generating joy as it can influence cancer Patient care volunteers' work. In contrast with popular books that promoted the idea of joy activation or to put it in another way "how to activate your joy" (Kondo & Sonenshein, 2020, Parness, 2012, Jonat, 2017), scholars observed that joy itself is an activator or generator.<sup>117</sup> That is why Qohelet encouraged eating and drinking. Joy experienced during eating and drinking is a means of reformation as stated by Gardner (1954, 41): "The African appears to follow the materialistic maxim: 'Eat, drink and be merry, for tomorrow we may die'". The results of a recent piece of research by Mbuvi (2018, 153) provide compelling evidence in support of this view considering that "the cultural and the religious are so closely entwined that all aspects of life have (*or can lead to*—my

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<sup>117</sup> As this field is rapidly advancing this section is not intended to give a complete overview but to convey a basic understanding of the phenomenon of joy as a generator in order to understand African volunteers' working environment. The parallels however help to form a more complete understanding of joy as an aspect of the spiritual transformation approach.



addition) religious meaning". I would add that the cultural and the religious can in addition *advance* religious meaning. I premise this point on the view held by Mbuvi (2018, 150) with regard to African spirituality that the communal orientation of the African settings should be recognized in order to make a case for understanding Qohelet's joy texts in relationship to the African community and communal meal. Allow me an example. The cohesive processual approach of joy during eating and eating (as *Ubuntu*) was experienced in a study on a professional mentoring programme's welcoming event by Mulaudzi et al. (2009, 51):

When Nelisa a new nurse in OR in the USA started feeling uneasy and stressed about nurse-to-nurse communication she was assigned a mentor named Jennifer in whom she confided her feelings. Jennifer realized during their discussions that sociocultural support was important and arrange a cultural event where Nelisa and other South African nurses taught traditional codesa dance to the OR nurses. Another colleague taught American line dance to everyone. The hospital cafeteria prepared and delivered pizza and Nelisa's favorite South African food, Braai (barbequed lamb and chicken), to be prepared by and for everyone to taste.

So joy as a generator is for Africans a mechanism.

Fourth, joy is a goal. In an examination of alternative healthcare Tiedje & Plevak (2014, 364) found that spirituality structure volunteering, volunteer Mario explained:

I view my interaction with the person in need as being on the same path to reach joy, happiness and freedom. We have the same desire for God, for eternity. We are on the same path. We have the same heart. We are brothers and sisters.

Fifth, joy as a reward. In the assessment of volunteer caregivers positive experience in a home-based care context in South Africa, volunteers felt joy from the development of skills during *training* and day-to-day hands-on experience. "Making a difference in the lives of the patients and community, I am feeling happy" said a volunteer (Akintola 2010, 6, 7) and BS: "I tend to feel a certain joy knowing that I was able to help somebody and have given that person happiness even though that person has passed on" (Madondo, 2009, 103). Sixth, joy sustains caring: Faver's (2004, 248) exploration of spirituality's role in social work and social justice found that joy has the capacity to care for others sustaining the world. Seventh, joy as a generator and reformation as recovery has a ritualised aspect. In accordance with Waaijman (2002, 462) Africans see eating and drinking as a ritual. Pato (1997, 55) accentuated this view in saying the

whole rhythm of daily life in Africa is a continuous liturgy that permeates such commonplace things as eating, drinking, ploughing, working etc. Rakoczy (2004, 10) observed that reformation is already taken place in everyday homes all over South Africa:

African women do theologies with their bodies first: Fetching water over long distances, chopping wood for fire to prepare food for their families, working in the fields - and in the homes of the middle-class and upper class. These actions of care and concern are the first theological voices of African women.

Eating and drinking while experiencing joy is (as part of reformation) continuous. The *semper reformanda* principle is operative when spiritual developments takes place during get-togethers. Sixth, eating, drinking and enjoying open up discourse on the interpretation of life (situations and experiences). It follows that joy experienced during eating and drinking cultivated spiritual imagination. Joy itself transforms spiritual energy into material energy that was meant to be transcendental in a particular context. So joy is ritualistic (characterised by ceremony).

Eight, in Africa eating, drinking and enjoying is often accompanied by music and dance. Kudjajie (2017, 12, 13) described music as having “moral authority, socially, culturally, and politically ...expressing, forming and mirroring identities”. Africans are taken (in line with spiritual centripetality) beyond themselves to find themselves during a highly profound spiritual musical experience such as drumming (Dewey 1980, 199). Through music, they come into contact with the divine (Oosthuizen, 2016, 8), with the drum serving as the primary activator (Spencer, 1988, 72). The drum is also a sign of joy since it vibrates deep within the body, inspiring the inner person to express gratitude to God and take action (Mbiti, 2006, 21). Africans are reminded, upon hearing the drum, that everything good, including the fruits of our labours, ultimately originates with God (Mbiti, 2006, 22). The most subdued joy of a drummer can be found in their inaudible cross rhythm, or body motions (Kubik, 1962, 40).

Across Africa the inextricable link between music and spirituality provided the bedrock for spiritual transformation in that “events facilitate spiritual transformation” King (2008, 151, 165). This “multifocal” experience open participants up, considering and

incorporating” (King, 2008, 155) new possibilities. As such joy as an aspect of spiritual transformation is an African hermeneutical framework or approach with multidimensional methodology.

The recitation of pertinent African proverbs in African congregations ranks ninth because it fosters creativity and, consequently, deeper comprehension. Bagwasi (2003, 334) confirmed this notion stating that the use of proverbs in Africa is regarded as a “mature, serious and intelligent mode of speaking in which serious topics are transmitted and dealt with”. Joy make it possible to transcend a particular context and engage in their own reformation including i.e. In African churches, reciting pertinent African proverbs brings joy (Moon, 2009,178) as described by Kudjajie (1997, 54).

An African congregation stay interested, stay awake, and pay keen attention when a message stirs their imagination. They understand the message better. When they enjoy it, they remember it, and see themselves agreeing with the truth being proclaimed.

Joy is thereby transformative, cathartic, and communal (or relational). Dancing is a means of expressing thankfulness, praise, and joy in God's presence, and it strengthens the soul (Oosthuizen, 1976, 21). Eleventh, and finally, The reciprocity of joy was its strenght. Identity is no longer anaemic and irreducible; or something that must be fiercely defended (Ticciati, 2013, 47). Joy allows people to perceive their identity as something that God has assured them of, eliminating the need to struggle for it (Ticciati, 2013, 47). Joy's increasing interconnectedness turns into a tool for reformation, a counter-movement or wave against distortion. A self-actualizing feeling, joy is a useful life tool.

So, one could argue that joy in African spirituality is functional.

## **5.6. The shifting sacred: The future is here**

Is a period of change also a period of transition, according to Reisenberger (2002, 9)? Are Africans able to go from deformation to transformation via reformation? The literature review's content showed that certain works about spiritual development in Africa tend to concentrate on stagnation or the rights and capacities of the African

people as a whole. However, one approach to redefine or establish what South Africans truly stand for and are prepared to maintain is via personal spiritual transformation. Some Africans are already centripetal—they have become translucent and dissolve in God, allowing God's light to alter themselves and their communities. Others start to recognise people (or groups of people) who take the lead and actively participate in shaping their own future (Kirsten, 2004, 7). For them, experiencing joy entails being aware of oneself, being oriented and driven, fully engaging with life, and skillfully fusing the material and the spiritual.

Africans' joymotions can be accommodated or developed as sustainable transformative methodologies in meetings, classes, graduation ceremonies, sermons, and lectures to encourage the spiritual transformation that comes before social transformation, because God accommodates Africans' "pulse of life" (Block, 1949, 233). This kind of spiritual centripetality—individual spiritual development, that is, personal accountability to God and divine inspiration via Joymotion—does not emphasise decolonization as escapist that becomes verisimilitude. One major goal of the contemporary decolonization debate should be the possibility of spiritual transformation serving as a means to configure entrifugal social action.

African spiritual centrifugality, which states: "I am because we are," and spiritual centripetality, which states: "We are because I am," are two examples of how Africans might help the rest of the world and themselves redefine joy (Dube, 2006, 151). It is not an agent-driven revolution of structures. It is the Spirit's revolution of the heart.

## **5.7. Conclusion**

This chapter assisted us in answering the research question; "*How does African spirituality perceive joy as an aspect of spirituality?*". It was detected that despite the appearance of ambiguity, fragmentation, inconsistency, and instability, African spirituality is dynamic, not a short-term solution, and most definitely not static. It is both procedural and dynamic with the ebbing tide carrying away outdated notions and beliefs from the shallows. Surprising events and novel ideas are brought about by the incoming tide. In this chapter the research objective; "*To charter some of the contours*

*of joy as an aspect of spiritual transformation, valuing the diverse gifts and contributions of African spirituality, but doing so critically”* was achieved. Can healthcare sciences provide another angle on the same subject that can provide a more clear context of volunteers’ joy experiences? This aspect was discussed in more detail in the next chapter.

## CHAPTER 6: JOY AS AN ASPECT OF SPIRITUAL TRANSFORMATION IN SOUTH AFRICAN HEALTHCARE<sup>118</sup>

### 6.1. Introduction

In the previous chapter the contours of joy in African spiritual transformation were chartered. This is chapter guided by the research question, “*How do healthcare sciences’ understand joy as an aspect of spirituality or spiritual transformation?*” The aim of this chapter is to discover how joy as an aspect of spirituality and volunteers can be applied in CANSA answering the subsidiary question: “*What is healthcare sciences’ understanding of joy as an aspect of spirituality or spirituality?*”. Reflections are advanced, attempting to understand more clearly joy as an aspect of spirituality in healthcare—underpinning CANSA’s cancer by Patient care volunteers.

This chapter is divided into two parts that precede and conclude a pivotal middle section. The first part is entitled “South African healthcare: Ailing healers.” It offers three categorical reasons why transformation in the healthcare system remains unfocused and therefore is not optimized. The concluding part concerns “Joy as an aspect of spiritual transformation in healthcare”. The pivotal middle section deals with “Spiritual transformation in healthcare”. This central discussion is drawing attention to scholarly voices that herald a rapprochement between approaches.<sup>119</sup>

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<sup>118</sup> The content of this chapter is an extended version of the following conference papers and published works (permission from the publishers to re-publish these in this dissertation were obtained):

- Steenkamp-Nel, A. (2014). *Joy-pain as an aspect of spirituality and health (care)*. Paper presented at the Spirituality and Healthcare Conference presented by the Centre for Contextual Ministry (University of Pretoria) and HospiVision, Pretoria, South Africa, 13–15 November 2014.

- Steenkamp-Nel, A. (2018). *Spiritual transformation: Messiness, mastery and method*. Paper presented at the Spirituality, Theology, Education International Conference, at the University of South Africa Pretoria, South Africa, 20–22 September 2018.

- Steenkamp-Nel, A., (2020). Spiritual transformation in South African healthcare: Messiness, Mastery and Method. In Asproulis, N. and Devenish, S, C. (eds), *In-Breakings: Instances of Christian Spiritual Life in a Supposedly Secular Age* (pp. 145–164). Newcastle upon Tyne: Cambridge Scholars Publishing.

<sup>119</sup> I do not intend to reform the healthcare system, thereby running the risk of co-optation. Spiritual transformation and organisational transformation/reform work in the words of Koosed (2012, 246) “in tension and in tandem, often deliberately defying or subverting conventional notions of consistency, in order to transform the world”. The task is to create new or recreate existing approaches, using old ones as raw material.

<sup>120</sup>The very term “healthcare,” even among those in South African medical waiting rooms is causing agitation in addition to perturbation<sup>121</sup>. Terms such as “hell care” (Staff Reporter, 2008), “killer hospitals” (Gonzalez, 2014), “chaotic” (Statistics South Africa, 2017), and healthcare staff remarks such as “sent older patients home because they will die anyway” (Shaikh, 2018) are indicative of the problem. Subsequently, amidst plans proposed such as the National Development Plan 2030 (Department of Health, 2012, 3, Rippel, 2018), the National Planning Commission stated in 2012 that the public health system could and “cannot meet demand or sustain quality” (National Planning Commission, 2012, 25). More recent reports reveal an apparently collapsing healthcare system (Swart 2022). Finally, the expansion of state services by means of the planned NHI (National Health Insurance) Bill and the Medical Aid Schemes Amendment Bill will, according to scientific findings, provide new opportunities for corruption (Hyslop, 2005, 773–89; Chipkin, 2012, 10–6, Matshiqi, 2012, 4–9). The amount of care or diversity of service providers will thus not make a difference.

Before the causes are considered it is important to note that this discussion occurs within a broader international discourse about the unravelling of healthcare systems worldwide (Daschle et al., 2011; Sanchez-Serrano, 2011, 239). Globally and locally a *plethora* of causes were identified such as, first, escalating costs (Dieleman et al., 2016, 2521–2535). Second, inadequate clinical diagnosis (Petti et al., 2006, 377–382). Subsequently, overburdened systems (Chopra et al., 2009, 1023–1031). Third, a “lack of access to better, safer, more effective and affordable medicines” (Sanchez-Serrano, 2011, xxiii, 4, 41, 220). Also noteworthy is language barriers (Scheffler, 2015, 8). Then, the healthcare system's lack of trustworthiness (Shore, 2008; Gille et al., 2014, 62–64; Corbie-Smith & Ford, 2006, 395–397). Another cause is broken outcomes “characterised by a poor standard of infrastructure, skills shortages, poor staff attitudes, low levels of patient satisfaction, incompetent management, continuing

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<sup>120</sup> Although CANSA is not the South African healthcare system it forms part of the South African healthcare system since it is a community volunteer driven initiative. In addition, its patients are favored by its advances as well as confronted by its challenges. For more on CANSA's most recent initiative to assist and restore patients' dignity and quality of life follow CANSA (2022d).

<sup>121</sup> Perturbation can indicate a physical disruption like choppy and dangerous river water (Stevenson, 2010, 1328). In this context it means a personal feeling of upset, anxiety or nervousness, due to a deviation in a system, object or process.

human resource and financial crises, and starkly different health outcomes for different socio-economic groups” (National Planning Commission, 2012, 301), low productivity (Leydon et al., 2010, 420–424) and loss of institutional memory (Coovadia et al., 2009, 830) after the adoption of affirmative action. Then, resource constraints in third-world countries (Willis-Shattuck et al., 2008, 1–8). Another one is ideological barriers characterized by inefficiency, low productivity, and corruption.<sup>122</sup> Then there are limping processes, for instance, a lack of collaboration, competency and information flow between government entities and NPOs that provide healthcare (Steenkamp-Nel 2018a, 265), as well as a lack of disclosure (Kahn, 2016, 2) as expressed by the NHI (2018):

There is no Public Forum in which South Africans can get access to the submissions made nor to debate this proposed radical reform to the South African Healthcare System.

A broad look at the global vista reveals that it is additionally important to consider the sector’s positive aspects. The international healthcare discussion occurs within the broader discussion of the transformation of healthcare systems (Obama, 2016, 525; Yip, 2012, 836, 837; Hutchinson, 2011, 256, 282) such as *inter alia* a medical perspective (Dzau, 2010, 949–953), nursing perspective (Clarke & Dreher, 2017, 34–37), psychiatry (Lund et al., 2010, 393–404), psychology (Long, 2013, 19–35), and family practice (Dookie & Singh, 2012). An example is psychiatric care’s retreat from compartmentalised, fragmented, traditionally medical-dominated model to more comprehensive care focusing on the whole person (Smit, 2007, 639). Following this example this development builds on recent findings on variations in the rates of mental illness, together with the large burden of mental health disease in South Africa (Herman et al., 2009, 339–344). Subsequently, “lean management” processes were imported in order to streamline healthcare (Machado 2010, 383–392; Fillingham, 2007, 231–241). In addition, there were the aspiration towards collaboration and integration “within and across professional healthcare boundaries” in an effort to “reduce prejudice and fragmentation” (Greyvenstein, 2018, 203).

The WHO being aware of healthcare’s fragmentation in 2002 formulated an inclusive

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<sup>122</sup> Please follow de Beer (2018) “for more on the South African healthcare system’s spending frenzy and even ‘curse’”.



definition of quality of life. Alongside the physical, psychological, levels of independence, social relationships, and environmental domains (QOL), spirituality was incorporated (WHO, 2002, 21). This epistemological shift was followed by a renewed interest and integration of a biopsychosociospiritual model within healthcare settings (Katerndahl & Oyiriaru, 2007, 393–414) mirrored by, amongst others, the neurological perspective (Wade, 2015, 1145–1154), occupational therapy (Finlay, 2001, 68–276), and palliative care (O’Kelly, 2007, 235–241). Following these developments Medicine (Pulchaski et al., 2014) pointed out the critical role spirituality play in the provision of holistic care. The previous modernistic gap in fact since the 1960s gradually re-narrowed and (re)bridged in specifically the Nursing discipline, where spiritual care was, despite intrinsic and extrinsic barriers, (Tanyi, 2002, 500–509; Catalano, 2003, 378) a part of healthcare. In South Africa there is a growing realisation that in order to face the limitations, challenges and changes in a multicultural healthcare environment, less static and more open-ended positions and responsibilities, amidst new trends in technology, social and culture developments, demographics, economics, politics and market expectations (Jooste, 2004, 2, 3) are needed. As a consequence there are nowadays (also in wider Africa) calls for holistic healthcare (Agbiji & Landman, 2014).

Spirituality’s practical aspect did not escape attention. However, in spite of worthy efforts, the establishment of holistic care takes time even in nursing (Conner & Eller, (2004, 624). Some still feel that dealing with patients’ spiritual needs is very demanding (Carey, 2012, 404; McSherry, 2006, 913). So, considering all the challenges and obstacles on the journey although spiritual care<sup>123</sup> was a long time perceived as something separate to the caring process, the Cartesian dichotomy (between spirituality and healthcare) was then bypassed and the debate arrived at the acknowledgement that “spiritual care is integral to holistic care” (McSherry & Ross, 2010, 163; Group, 1998, 1569–1585).

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<sup>123</sup>The definition of spiritual care is care that acknowledges and addresses the needs of the human spirit in the face of trauma, illness, or grief. These needs may include the need for purpose, for a sense of self-worth, for the ability to express oneself, for support from one's faith, possibly in the form of rituals, prayer, or sacraments, or just for a sympathetic ear. Spiritual care goes in whichever direction is necessary after fostering human contact in relationships of compassion (NHS Education for Scotland, 2009, 6).

Holism was progressively integrated in healthcare at all levels: organisational (Zaadoud, 2017, 386–394), managerial (Si et al., 2017), Medical practice (Pulchaski et al., 2014, 642–656), educational (Nelson Mandela University, 2018, Narayanasamy, 2015, 234–248), and even employee wellness (Life Healthcare, 2017, 77). Health professionals are nowadays to be held “responsible and accountable for holistic patient care including the spiritual dimension of care” (Baldacchino, 2015, 597). Great progress was made. We are however not there yet. Holistic healthcare still has to be contextualised. Nowadays there is an urgency to not just accommodate but to contextualise (reflect and incorporate) contemporary societies’ cultural, religious and ethnic diversity in healthcare (NHS Scotland, 2009, 5; McSherry, 2006, 906; Narayanasamy, 2003, 185–194) not just for the patient but also for the health practitioner and healthcare volunteer (de la Porte, 2016).

In South African policy landscape the tide is turning as well. A broad-based solution by means of a very ambitious NHI (National Health Insurance) Bill (The Presidency, 2019) was tabled in the parliament in August 2019 “to provide more equitable access to quality healthcare” (Parliament, 2019). The planned re-engineered care will, however, likely generate the following outcomes. First, it is expected to render patients insensitive to the prices they pay (Agarwal et al., 2010, 805). Second, it will only increase the potential for the misuse of public resources and financial fraud (Medical Brief, 2015). Third, “strategic purchasing of healthcare services ... *on behalf of users*” (Department of Health, 2019) will possibly “patronage” healthcare through a single gatekeeper (van den Heever, 2019), which is usually the artery to “irregular spending” (Mabuza, 2018). Fourth, it will have a negative impact on patient care (Rispel et al., 2016, 239). Fifth, it has the potential to lower healthcare worker morale (Rispel et al., 2016, 245–248). Sixth, it will inevitably cause a wage-price spiral and therefore may well contribute towards the escalation of private healthcare costs (Herman, 2018). Finally, it is argued that it may advance the very inequalities it seeks to address. If those forecasts are correct, healthcare in South Africa is destined to slide towards the septal defect (hole in the heart) of lower quality delivered at a higher cost. South Africa’s health and healthcare system is all but broken. The healer is itself ill because it lacks a key driver for change. Beyond the desperate need for political will at hospital

administration levels, and the much discussed under-budgeting for healthcare in this country there is a widespread unwillingness to step into the river of transformation,<sup>124</sup> leaving the hospital system, medical staff, and ultimately our patients, sick and degraded.

Where did the good intentions deviate from original and noble nature? The abovementioned NHI and other transformation processes were initially infused by the ideals espoused in the ANC's Freedom Charter resulting in South Africa's Constitution (Sachs, 1998, 239–248; Republic of South Africa, 1996) that had a strong developmental focus (Department of Health, 2017, 1,2). Even so, the river of transformation, although pregnant with possibility, began to ebb and narrow in its focus, silting up and showing signs of becoming a dry riverbed.

A possible diagnosis of the growing sickness is as follows. First, there is confusion between how transformational policies and frameworks are understood and applied. This can be found in the use of unclear and conflicting language, such as “policy interventions” and “policy responses” (Department: Presidency, 2012, 82, 98). Next, strategic objectives and action plans are mostly structural (Department of Health, 2017, 19) and mechanistic (Department of Health, 2017, 66; Department: Presidency 2012, 355)<sup>125</sup>, and lack guidance for medical practitioners for on-the-ground application. Third, reference to the philosophical origins of the selected transformation plan and philosophical basis is mostly absent, as indicated by terms such as “strategic coordination framework” and “policy commitments” (Department: Presidency, 2012, 113,145). Fourth, a further reason for concern is the adoption of processes and methods which have few philosophical or methodological foundations. Fifth, transformation strategies are adopted and/or adapted to particular questions without

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<sup>124</sup> In previous articles (Steenkamp-Nel, 2018a, 2018b, 2019a, 2019b and 2020) the boundedness of “transformation” in the South African context was discussed and a more functionalist version of the construct defined. For the purpose of this chapter the term was still under development. In South Africa it was initially perceived in multidimensional terms as a political and social reconciliation (Renner, 2014, 263-285), but has moved like a wide-angle lens approach from an initial omniscient viewpoint of moral-societal transformation (de la Porte, 2018, 76) into the narrow focus of a socio-economic-racial perspective (van den Heever, 2019) applied as a collective but minimal personal application.

<sup>125</sup> Jointly reviewed, the deviations mean that it is not possible to provide a detailed description of all applicable government policies. For a recent overview follow the White Paper on financial, service delivery and management, legal and regulatory action plans (Department of Health, 2017, 51, 66).

justifying their appropriation, with the result that experiential approaches ignored formal processes amid fears that the state's capability issues will "bedevil the chances of success" (Department: Presidency, 2012, 477). The recent South African inter-epidemic transmission of *soi-disant* (titular) policies, preceding the transformation agenda, therefore seems to have created an increasingly corrupt and over-regulated infrastructure. It follows that South Africa is drifting (again) in the direction of the previous deterministic political dispensation of reductionist positivism.

Why is a philosophical foundation necessary for healthcare? Some might argue that philosophy in South Africa is currently unimportant. Such critics might say that only outcomes count, based on a formal pragmatism. Such outcomes thinking, should, however, consider that although policies can appear as dynamic developments of the transformation process, the result is unsatisfying from a scientific perspective in the following ways. First, cadre deployment<sup>126</sup> to prevent a "quick fix" for many of the human resource problems in health care" (Department of Health, 2011, 8) is in itself a quick fix that does not address obvious outcomes as well as concerns (as indicated above). Second, according to the National Treasury "nobody knew what it (sic) was doing", for example projects "being entered into at R400 000 but ending up being R10 million" (Department of National Treasury, 2018). Third, the process of transformation as a "long and ongoing process" in its early phases can be "threatened by politic" (sic) (Barnard 2006, 140, 149). Fourth, scholarly work (re)directing healthcare policy might be read carefully by healthcare officials, taken seriously and considered with full awareness of its flow-on implications for healthcare users, doctors, nurses, patients, and the entire South African community – not to mention volunteers.

How can the health sector's hypotension (low blood pressure) in these circumstances be cured? How can the healer be healed? Considering the recent attention this important field received, it is imperative that the epistemology of healthcare be taken seriously. What follows in this chapter is by no means a complete diagnosis, nor is it a total repudiation of decisions taken or policies developed. Rather, it seeks to provide both evidence for and a meaningful discussion of ways in which the South African

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<sup>126</sup> Cadre deployment is the selection of loyal members the ruling ANC party in senior administrative positions in the public service.

healthcare system as a whole can be returned to health.

The argument put forward in this instance is that what is needed is a thorough, careful and systematic return to healthcare's holistic origins.

We may not yet know what process in healthcare transformation exactly is or entails, neither may we ever be able to fully describe it adequately, but I believe that the *status quo* is static and one-sided, primarily because it often does not reveal a commitment to personal processuality. This is not an attempt to exalt form over substance or methodology over outcomes. Rather, it is an attempt to place the human at the centre of the transformation we are exploring, and to do so more completely. Considering that healthcare has ancient origins and that the South African transformation agenda is built upon processes, it might be conducive to examine the application of process theory in healthcare.

## **6.2. South African unhol(y)istic healthcare: Ailing healers**

The research discussed above reveals a growing body of exploration and knowledge on the topic of process theory and transformation. However, the vast majority of that research addressed transformation in a generic way that did not take the human aspect of healthcare transformation into account. While a necessary first step in this new subfield, there is a need to study the human aspect of transformation in healthcare further. These studies offer more complex and contextualised explanations of the changes that the healthcare industry has to undergo. Its application in different healthcare disciplines is reflected upon.

Healthcare transformation is characterised by different approaches to healthcare delivery with different focal points and outcomes. Solutions to the medical "mess" often proposed focus on the "training" approach *versus* the "tools" approach. These two approaches yield contradictory results. The "training approach" from the discipline of

nursing<sup>127</sup> (among others), found strong correlations between get-togethers, intervention strategies, team training, clinical champion(s) and better service (Mkize 2018; O'Daniel & Rosenstein, 2008, 9–11), while the “tools approach” from science and ergonomics, found strong negative correlations (Scanlon & Karsh, 2010, 90–96) stating that retraining and counseling leads to a “bad apple fallacy” (Karsh et al., 2010, 617–623). To prevent this growing divergence, the redesign of “systems, tools and techniques” (Russ et al., 2013, 803) is proposed.

The South African healthcare plan, which emphasises data collection, better planning systems, consultation, professional and technical regulation changes, and “quick gain” actions (Department of Health, 2011, 74), is an illustration of the previously mentioned “tools approach.” Another example of this approach is Meissner’s “hope” that another tool, namely statutory regulation might be able to overcome the problem of fragmentation in healthcare (Meissner, 2004, 902). Two more illustrations were the diversification of health care services (Francis & Humphreys, 1999, 127–35), and the temporary placements of foreign HRH in SA in an effort to address health worker shortages (IOM, 2011) in the hope that it will lead to cost reduction.

An exclusive “tool” approach focusing on a change of systems rather than people (Russ et al., 2013, 803), is nevertheless not decisive. Scanlon & Karsh et al. (2010) have admitted, after their study on healthcare “tools” that individuals can offer insightful feedback on training, especially when it comes to enhancing team dynamics and procedures. (Russ et al., 2013, 804).

The human factor is not a complete solution, however. Although the “training approach” corroborates its method by using the opposite argument—that of human-dependent “follow-up and feedback” processes (O’Daniel & Rosenstein, 2008, 11) and inter-professional contact sessions (Reeves et al., 2017, 12–13)—it admits that improvements are marginal, evidence uncertain, and conclusions unclear (Reeves et al., 2017, 2, 3, 22). This is the case because external political drivers frequently affect

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<sup>127</sup> The nursing practice is included in this study because much of the material regarding the spiritual dimension of care is reckoned as “applicable for health care workers, professionals, and volunteers” (Highfield, 1992, 89).

the outcomes (Best et al., 2012, 445). Hence, a form of uncontrolled confluence-diffidence “chronic” instability impacts the flow of the Heraclitan river and its human tributaries.

What is constricting the health sector’s “blood flow”? The human causes of problematic healthcare are the following. First, a battle for epistemic authority (Porter, 2010, 3) and well-entrenched status hierarchy between health professionals promote a reluctance to share, learn and improve collaboratively, cross- and interdisciplinary resulting ultimately in poor patient care (Nembhard and Edmondson, 2006, 943). Second, conflicting views, contradictory opinions and perceptions across (and regarding) professional and discipline boundaries (Johnson, 2010) based on occupational imperialism (Larkin, 1983, 15) bordering on the clotting of mutual mistrust between health professionals (Widmark et al., 2011, 2) prompt practice isolation and eventually higher health costs (Orchard et al., 2005, 4), which eventually limit public trust (Smythe et al., 2018, 287–295). It is noteworthy that the third cause of the South African broken healthcare system is the competition as well as a “territorial” mentality between health NPOs (Kumaran, 2012, 37) that dispirits and discourages the very volunteerism that helps to keep cost down. Fourth, the “pervasive problem of ineffective communication between health professionals causes medical errors that decrease patient safety” (O’Daniel & Rosenstein, 2008, 271–284).

Another cause, and in the fifth place, in South African healthcare is the “culture of blame and responsibility” (Reardon et al., 2014). Sixth, the masculine, collective context in South Africa, distinguished by elevated power distance levels<sup>128</sup> described in the seminal work *Culture's Consequences: International Differences in Work-Related Values* by a pioneer in intercultural studies Hofstede ([1980]2001)) as well as Donthu & Yoo (1998, 178–186) requires high levels of constant assurance (Furrer et al., 2000, 355–371) and continuous appraisal (Busari et al., 2017, 233) causing simple

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<sup>128</sup> “The degree to which society's less powerful members accept and expect that power is not distributed fairly is known as the “power distance” (Hofstede, 2011, 9). “Collectivism” refers to a coherent organisation that opposes other in-groups and offers security and integration in return for unwavering allegiance (Hofstede, 2011, 11). “Masculinity versus femininity” refers to the societal preference for goals, self-assurance, bravery, and accomplishment over teamwork, modesty, empathy for the underprivileged, and equilibrium (Hofstede, 2011, 12)..

tasks to be more time-consuming and thus more expensive, handicapping affordability. Seventh, a leading cause of death (Braithwaite et al., 2015, 358, 364) worldwide is the “interaction between human error” (Russ et al., 2013, 802), instruments and technology, physical surroundings, organisational culture, state regulations, and work policies (Karsh et al., 2010, 618) as well as technical system failures. Eighth, mutual mistrust between health cultures (Mokgobi, 2012, 52) is another barrier to person-centred care. Ninth, various methods of treatment used by various medical professionals (Agbiji & Landman, 2014; Vandebroek, 2013, 746, 752; McIntyre, 2008, 871, 874) advance a fragmented healthcare system. Finally, there is little mutual respect, empathy and tolerance between health professionals and the public and *vice versa* (Scheffler, 2015, 8) leading to health care being unsatisfactory.

The ambiguity confronts us with a dilemma: is the medical setting a composite of material and human causes or approaches? If so, the healthcare sector might be forced to a painful realisation that its inadequacy to deliver service means that it is fundamentally flawed because it fails to accommodate the needs of the people it serves. This uncertainty is forcing researchers and policy-makers alike back to the drawing board. Some might say that this return to basics is absolutely necessary, because the system designed by governments, developed by state sponsored health science disciplines, and applied by the health sector is too profligate and top heavy. The result therefore is that the healthcare discipline (and sector) is “held hostage” by its own “culture and conventions” as stated by Clarke & Dreher (2017, 36):

Self-examination and fundamental revision ... to truly lead to change, is not likely to come from - or at least be endorsed by the profession.<sup>129</sup>

The problem can be stated this way: if no improvement/transformation of the system is possible, and humans operating the healthcare system are fallible, how can the broken system be healed, or transcended? I propose there is a droplet of hope. Nursing is one of the few disciplines to sensitively and reflectively address the real issue; How can we effect social change? By leveraging the academy to generate strong, intelligent nurses who are well-suited to democratise our expensive, diverse healthcare system (Clarke & Dreher, 2017, 36).

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<sup>129</sup> This acknowledgement can be applied to all healthcare disciplines based upon the above evidence.



What is needed in South African healthcare is a replacement of abstract reductionist Cartesian epistemology (Mphatswe et al., 2011, 176–182), and its antithesis, system approaches (Leon et al., 2012), with practical and holistic<sup>130</sup> strategies that focus on humans and their dependence upon spirituality for meaning-making (including physical, relational and emotional well-being), in order to produce improved positive health outcomes.

It is indicated that holistic care includes spirituality. Holistic transformation of the healthcare system therefore includes spiritual transformation. To transform a healthcare system however, individual transformation is needed. Spiritual transformation and health is focused upon.

### **6.3. Spiritual transformation in healthcare**

Spiritual transformation was chosen as the framework for this study because attention to spiritual experiences behind current transformation policies and practices was especially deficient in the literature. For instance, Vieten et al. (2006) characterised the factors common to the transformative process, Mehl-Madrona et al. (2013, 3) the level of depth and Pargament (2006) the qualities but did not describe the process. To address this still pending aspect a multidimensional approach is utilised. Various healthcare disciplines' theories on joy as an aspect of spiritual transformation is indicated. This knowledge has the potential to assist us in understanding how spiritual transformation in a health context contribute towards African cancer patient volunteers' spirituality that can contribute towards CANSA's training and managing of volunteers.

The construct of spiritual transformation in this section is located within the broader research agenda of healthcare.<sup>131</sup> A brief summary of spiritual transformation and it's

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<sup>130</sup> The South African Jan Smuts introduced the term as an alternative for the compartmentalisation of science into separate disciplines describing it as the study of living processes (Smuts, 1926, 103, 154, 165, 168, 169, 210).

<sup>131</sup> For the purpose of this study, I did not distinguish between health disciplines or healthcare disciplines. The above challenges affecting the health sector were sufficient to show that they affect all healthcare disciplines. "Healthcare" in this section thus pertains to all disciplines involved with the spiritual aspect of healthcare.

general processes is presented. Although this is not meant to be an exhaustive explanation of spiritual transformation's health aspects, it might explain/clarify/shed light on joy as an aspect of spiritual transformation.

The category of transformation developed in this chapter began with an ontological framework necessary for the conceptualisation and delivery of healthcare to patients. But it must go further. It has to construct a hypothesis for how spiritual transformation fits within healthcare. A metaphor may help. Transformation is like a river, not only systemic but also relational, processual and personal, and integral to healthcare. Taking this to be true, the contribution of the spiritual aspect<sup>132</sup> to transformation within healthcare is explored. Spiritual transformation as personal, spiritual, processual, repetitious and continual is introduced. The goal is to offer an over-arching theoretical framework that can unite the healthcare industry is offered in a way that was until now absent in the discourse in the sector. After doing so, conflicting and overlapping frameworks of the spiritual basis for transformation are evaluated, and their impact on future trajectories analysed.

The construct of spiritual transformation employed in this section is located within the broader research agenda of healthcare. A summary of personal spiritual transformation and its processes is presented. To return to the metaphor of transformation as being like a river—what is in view is not only the river, but also the person stepping into it. In order to transform a system, the people who participate in that system ought to transform. Jooste emphasised this principle, pointing out that nothing (in the South African healthcare system) will change “without personal transformation” (Jooste, 2004, 5) meaning that health professionals and everyone involved in the development and implementation of healthcare policy should—like an ever-changing river—transform themselves before attempting to change the system. To take care of patients' spiritual needs (Best et al., 2016), managing systemic healthcare change *and* personal change is enormously demanding. From a theoretical point of view, it requires a move from a tool-training approach to holism.

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<sup>132</sup> Although there were striking similarities, this article does not advocate for Process Theology, which is concerned with perfection, proof of, power of, and persuasion by God. See Cobb & Griffin (1976, 90–99). Rather, I wish to focus on spirituality's dynamic character.

Transformation in the healthcare system is impossible without first giving careful attention to the necessary intervening step: personal spiritual transformation. From the neurobiological field, Newberg (2006, 189) confirms this statement:

The study of spiritual transformation is one of the most important areas of research that may be pursued by science in the next decade since it offers a fascinating window into the biological correlates of spiritual experiences.

This focus is not new. Spiritual transformation attracted much attention as a means to how humans can transform the world. The capacity to change is being investigated by different healthcare disciplines from, amongst others, a psychiatric perspective (Stout & Dein, 2013, 29–44), frail care (Nelson-Becker, 2017, xxi, 188, 202), and psychology (Coe & Hall, 2010, 61, 457, 609; Hollingsworth, 2006; Sandage, 2006) by considering the link between religion and radical change (Tumanggor, 2016, 836–844; Zinnbauer, 1998, 161–180; Pargament, 1997, 246–271), and personality and radical change (Paloutzian, 2005, 331–347; Borghuis et al., 2017; Kawamoto, 2016, 218–231; Tickle et al., 2001, 242–258) and nowadays spiritual transformation as change. According to Pargament (2006, 10–24), a leading expert in the psychology of spirituality, spiritual transformation<sup>133</sup> pertains to a fundamental shift in the role that the sacred plays in an individual's life and involves a drastic restructuring of one's identity, meaning, and life goals accompanied by changes in one's worldview, range of emotions, and behaviours (Schwartz, 2000, 5) in the following ways. First, amongst HIV patients, spiritual transformation<sup>134</sup> six significant outcomes were found, including a rise in positive self-perception, drug rehabilitation, finding new meaning and purpose in life, growing in self-awareness, and engaging in spiritual activities and spirituality (Kremer & Ironson, 2002, 243–262), as well as the achievement of treatment goals (lower viral loads, increased CD4 counts) (Ironson & Kremer, 2009, 263). Second, spiritual transformation is significantly associated with better adherence to medication, reduced symptoms, reduced distress, increased positive coping strategies, altered life perspectives (such as increased existential transcendence, greater meaning and purpose in life, optimism, decreased fear, and increased acceptance of death),

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<sup>133</sup> The dynamics of spiritual transformation in African spirituality context received attention in Steenkamp-Nel (2018b).

<sup>134</sup> Amongst other indicators are ordinary spiritual experiences, like joy that elevates one above the ordinary, were quantified (Ironson & Kremer, 2009, 267).

increased spiritual practises, significant shifts in spirituality, and substance-use recovery (Ironson & Kremer, 2009, 263–264, 269, 274). Third, the chance of survival up to five years was 5.35 times higher and the risk of death was lowered (Ironson & Kremer, 2009, 264). Fourth, Cole et al. discovered during their study of the spiritual or religious aspects of trauma experiences a positive correlation between spiritual transformations (i.e., inherent religiousness and spiritual coping) and adapting to disease outside of one's own coping mechanisms and regardless of one's level of spirituality (Cole et al., 2008, 119). Spiritual transformation has accordingly not only “potential benefits with respect to psychological well-being” but also health not to mention its impact on survival (Ironson & Kremer, 2009, 263). Given the above, spiritual transformation is indeed important to overall subjective well-being confirming that spiritual transformation is causal. Apart from causality spiritual transformation has versions.

Spiritual transformation is not static or linear, but is instead a form of dynamic change, as demonstrated by different versions of spiritual transformation<sup>135</sup> in different healthcare sciences. A common core is shared by disciplines such as oncology (Cole et al., 2008, 112–121), medicine (Greyson & Khanna, 2014, 43–55), and psychology (Schultz, 2011). In the case of psychology, spiritual transformation generates the shared notion of spiritual growth and spiritual decline.

The decline that will allow us a window on broader healthcare findings is introduced. Much of the research demonstrates that spiritual transformation is a positive experience. Spiritual transformation is however not always just positive. Several research have examined the challenges in relation to spiritual transformation. Decline can occur. Decline means constraint by “self-created barriers or outer obstacles” (Pargament, 2006, 18–21). A case in point is healthcare professionals’ suboptimal provision of medical care to patients suffering from drug addiction. When they followed a more avoidant approach such as fewer visits, less compassion, and a decrease in personal involvement when providing care for these patients (van Boekel, 2013, 33) unaware of who could offer relief, some patients repeatedly switched healers (a

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<sup>135</sup> This chapter is not a furthering of, amongst others, self-transcendence theory. Please follow Reed, (2018, 463–476). I will rather focus on spiritual transformation in healthcare.

practise known as "healer shopping") without having enough knowledge about their condition or course of treatment (Goudge et al., 2009, 13). This declining phase or stage in spiritual transformation is verified by Schultz (2011, 2, 73) who found that not all traumatised individuals experience spiritual growth, following highly significant interpersonal offenses. So, why, if our brain can change, do we find it so difficult to change (healthcare systems as well as ourselves)? Best et al. (2012, 443) stated the reason so eloquently:

Change requires human input and human qualities such as energy, commitment, some understanding, a sense that one is doing the right thing and acting reasonably in the circumstances, and a belief that what one is doing will be worthwhile, effective, and appropriately rewarded.

It comes down to spiritual transformation as spiritual growth. "across a life span" (Carson, 1989; Bailey et al., 2016, 101, 107). Spiritual transformation can in addition generate a shared notion of spiritual growth. Several examples might assist our understanding. First, spiritual transformation is associated with improved drug compliance, reduced symptoms, reduced anxiety, constructive coping, altered life perspectives (such as increased transcendence, greater meaning and purpose in life, optimism, decreased fear, and increased acceptance of death), increased spiritual activities, significant shifts in spirituality, and recovery from substance abuse (Ironson & Kremer, 2009, 263–264, 269, 274). Second, people who undergo spiritual transformation—however defiant—experience an increase in survival of up to 5 years and their risk of death decreases (Ironson & Kremer, 2009, 264). Spiritual transformation has thus possible advantages in terms of survival, health, and mental well-being (Ironson & Kremer, 2009, 263) confirming that change of heart or spiritual transformation is both processual<sup>136</sup> and consequential.

Spiritual transformation is also layered. Research from within psychology has closely described differences in the types of transformation. Pargament (1997, 21) identified in his seminal work *The Psychology of Religion and Coping: Theory, Research, Practice* (1997) two types of spiritual transformation: primary and secondary. Primary

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<sup>136</sup> Spiritual transformation is not the same as spiritual development. That is the domain of Positive Psychology. For the inputs, intermediate processes and outputs involved in the processes follow Paloutzian (2014, 222–223). For how "we begin life spiritually immature and grow in stages towards maturity" please follow Culliford (2011, 25).

spiritual transformation pertains to a a fundamental shift in perspective regarding the nature of the sacred or a move from self-centered to God-centered endeavours or a change in the understanding of the character of the sacred (Pargament, 2006, 18–21, 1997, 21) or “nature” (the spiritual realm) (Mehl-Madrona et al., 2013, 3). As Nuñez (2006, 409) puts it: The core moral principles possess immense capacity to initiate personal transformation, foster innovative notions, and encourage analytical contemplation regarding people and their surroundings. One respondent, Yebo in a study by Counted (2016, 338) explained:

There are times in my life, based on how I wanted to do stuff. At that time I say I felt something telling me to just tell the truth. And the bible says that “He is always with us.” And on that word, I responded and actually I was thinking that people would be mad at me in this situation but in actual fact they just said it” s alright. God is faithful. And I was like “wow” - so that is just a proof of God being in a situation.

Secondary spiritual transformation refers in the first instance to fundamental changes in the pathways to the sacred. For instance, a change from group to individualised experimentation or change of church activities. In the second, it connotes an overcoming of barriers within the self or outer obstacles such as illness in one’s search for the sacred (Pargament, 2006, 18–21). Cole et al. (2008, 119) found that spiritual transformations—that is, inherent religiousness and spiritual coping<sup>137</sup>) —have a favourable link with experiences of spiritual or religious aspects of trauma, as well as adjustment to illness beyond one’s own coping efforts and apart from a person’s level of spirituality. An example of how a medical professional can change pathways is described by Maben et al. (2012, 29):

A relatively new ward manager, named Alice, encountered low staff morale on her ward. Trying a different strategy, her invitation to the nursing staff had a profound effect when she gave everyone an ice cube to hold for ten minutes saying: “You trying to hold that ice cube is how patients feel when they want to go to the toilet, and they’re holding it because nobody has answered the buzzer.

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<sup>137</sup> Adumbrations of spiritual transformation are not lacking in Christian renewal epistemology. It is found once again in recent spiritual transformation theories such as Waaijman (2002). Waaijman’s spiritual transformation framework serves as a touchstone for my interpretation of the Bible book, Qohelet (Ecclesiastes) where I paid “particular attention to differences in spiritual levels/pathways on the different stages of the human(e) spiritual safari (journey) pointing out ‘windows and gateways’ through which the reader may see a variation of vistas” through Qohelet’s eyes (Steenkamp-Nel, 2018a).

Beyond secondary transformation, a third possible transformation involves the way in which people self-impose rules, qualifications and prerequisites to transformation. It occurs in the same vein of Bailey et al.'s (2016, 101,107) emphasis on barriers and obstacles to spiritual well-being. For instance, Mary describes this difficulty in accessing spiritual flourishing in a study by Bailey et al. (2016,104) as follows:

If I'm struggling with something, it's really hard to take it to God, because I feel like I need to fix it before I get to him. "Alright, I'm going to diet, I'm going to do this, then I'll take it to God.

Thus, it can be stated that spiritual transformation has ascending and descending aspects. Beyond the world of facts and empirical data, spiritual transformation contains an intuition that deals with people not as things but as feeling subjects. Second, along with God, spirituality is about peopling. It is a new understanding of our orientation towards God, and facilitates positive movement within people, thus offering them new pathways and dealing with barriers.

The argument put forward in this chapter is that spiritual transformation is multifarious, repetitious and continual. Just as the length of time it takes for a negative health-condition to develop "over time" in a person's life, so positive spiritual transformation—once established—tends to be enduring (Ironson & Kremer, 2009, 274) or long-term (Beauregard & O'Leary, 2008, 292). Positive improvements persisted, increased, and even changed, on average, 20 years following spiritual transformation, according to a longitudinal study (C'de Baca & Wilbourne, 2004, 531–541). Sandage explains it as follows: because personal and social transformation is complicated, "the need for multiple episodes of transformation is realistic" (Sandage, 2006, 249). Bingaman (2016, 10). confirms this: The human brain is far from being fixed and unchanging; rather, it possesses a remarkable capacity for ongoing development and transformation of its own structure and functioning.

These positive effects pertain not just to patients. Evidence suggests that spiritual transformation of healthcare professionals is possible too. First, an argument is made that curriculum and pedagogical adjustments [be made] at nursing schools to foster nurses' clinical imagination, the development of cognitive habits, and their expert knowledge of how the sciences and humanities' requirements relate to nursing

practise. (Benner, 2012, 183). Similarly, measures are offered for how such change can be identified and established in the healthcare professional himself/herself (Jooste, 2004, 5). Then, a finer-grained analysis of the nursing workplace is recommended to enable nurses to develop a positive identity (Hutchinson et al., 2006, 123). Third, nurses are encouraged to move towards transformational leadership<sup>138</sup> (Jooste, 2004, 5). Some healthcare professionals embrace the impact they can have on the “river of transformation”. In the dynamic South African healthcare setting, Heraclitus’ sentiment that “You can’t put your foot in the same river twice” is entirely fitting.

Based on the evidence, spiritual transformation—as understood by healthcare sciences—is personal, spiritual, processual, fluctuating, repetitious and continual. One of the most striking findings pertaining to the spiritual transformation framework is that some healthcare disciplines are beginning to take ownership of their own spiritual transformation and are taking initiatives to intentionally integrate the spiritual into healthcare education and as a profession. Personal spiritual transformation is however impossible without secondly giving careful attention to joy as an aspect of spiritual transformation.

#### **6.4. Joy as an aspect of spiritual transformation in healthcare**

The framework of spiritual transformation developed so far in this study constructed a hypothesis for how spiritual transformation fits within the services rendered by African CANSA Patient care volunteers. In the previous section we discovered that spiritual aspects contribute to transformation as understood by the healthcare discipline. An over-arching theoretical framework was offered. But it must go further. It has to find the relation between spiritual transformation and joy and how joy fits within this all-

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<sup>138</sup> Although transformational leadership’s intention namely a redrawing of the well-known lines dividing upper, middle, and lower level leaders as part of the present organisational context shift, which involves more fluid and open-ended roles and responsibilities (Jooste 2004) might not have a spiritual intention or goal, two parallels with reformation, as an aspect of my theoretical framework of spiritual transformation were noticed. First, the effect of reformation is to generate “initiatives, opportunities and possibilities” (Steenkamp-Nel, 2018b). Secondly, although the movement of “transformative leadership” might not be explicitly “spiritual”, it is able to knowingly or unknowingly take participants *en route* (a characteristic of spiritual transformation) by “opening up” possibilities.



encompassing theoretical framework. The construct of joy employed in this section is also located within the broader research agenda of healthcare. No attempt was made to relate joy with healthcare sciences in a token fashion. Rather a reinterpretation of healthcare disciplines with joy at the forefront is given.

In this section health geographies of joy is presented before reflecting on how it fits within the research framework of spiritual transformation. In this section the nature of joy is introduced, by identifying three forms of joy, and describing four activators of joy that reflect appropriately in the research framework of spiritual transformation. To return to the metaphor of transformation as being like a river – what is in view is not only the river of transformation but also the artery that feeds the river namely joy. Joy enriches spiritual transformation. Joy (like spiritual transformation) is not static or linear, but is *in lieu* a form of dynamic change, as demonstrated by different versions of joy in different healthcare sciences. A common core is shared by disciplines such as food and nutrition (Babicz-Zielińska et al., 2006), medicine (Barefoot et al., 2011), and psychology (Harmon-Jones et al., 2011). In healthcare sciences joy generally generates the shared notion of elusive effervescence, processuality and causality. The elusiveness of joy is introduced allowing a window on broader healthcare findings. In 2015 for the first time ever, a pictograph, that is the facial expression of a “crying with joy” emoji 🥲 was chosen by Oxford Languages (2015) as the top (most used) English “word” in the media. This nuanced form of emotional expression in electronic communication reflected recent theoretical development in healthcare namely the striving to capture the fine grained emotional concepts rather than just classic broad categorised theories.<sup>139</sup>

Joy. The very term and state is elusive. Philosophers (Aristotle 1934, McGinn, 1997), theologians (Moltmann, 1973), psychologists (Johnson, 2020, 5–24), and even

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<sup>139</sup> Dimensional emotion models (Russell ,1979, 1980; Russel et al., 1989; Thayer, 1990; Plutchik, 1980; Whissell, 1989) capturing fine grained emotion concepts surpassed classic broad categorised theories (Ekman, 1992) of six basic emotions (anger, disgust, fear, joy, sadness, and surprise) that are easy but less accurate. The next step in the field of neurocomputing is already underway and that is to “represent not only a wide range of emotions, but also different intensities within an emotion family” (Zhou et al., 2020, 38–49).

computer scientists (Morris et al., 2012, 119–125), and law (Keeva, 2011), had been trying to define it for a while. Since the 1990s, the recently established field of positive psychology attempted to pin joy down but the endeavor was “inconsistent, incoherent” (King, 2020, 37) and disjointed (Johnson, 2020, 5). Even so, several studies agreed that researching positive emotions is more difficult than negative emotions because of the following reasons. First, positive emotions like joy “are comparatively few” (Fredrickson, 2003, 330). Second, they are relatively “undifferentiated” in comparison with negative emotions such as anger, fear and sadness (Fredrickson, 2003, 330). Third, Compared to unpleasant emotions, positive emotions “don't seem as useful.” since negative emotions (sometimes described as “meaningful misery”) enable people to evaluate experiences (Rodriguez, 2013), motivates increased effort, and improve on past behavior (Nelson et al., 2018, 45). This founding was confirmed by Seligman (2003, 11–20) who stated that psychology “traditionally focused on addressing negative emotions, as these are most pressing” and frequently disregarded are the circumstances that promote wellbeing and the typical, healthy functioning of human behaviour. Recent voices, from the still evolving, positive psychology perspective, corroborated this stating that “psychology should focus more on the strengths in people” and in interventions (Fitzpatrick & Stalikas, 2008a, 248–258). Fourth, the study of positive emotions are harder because scientists attempt to understand them with models that worked best for negative emotions (Fredrickson, 2003, 331). Fifth, joy is less directly related to (information obtained through) the five senses and therefore “less well understood” (Singer, 2009, 29). Sixth, joy (with love) have received inadequate attention because of the difficulty to conceptualise and define it (Henderson, 2012, 8). Seventh, Panksepp (2000, 37) found that joy is one of the most important and least studied emotions of which humans are capable. Perhaps because “emotions were wrongly considered as more primitive and less valuable than the light of reason” (Facco, 2015, 91). Eight, joy is closely linked with spirituality that is itself difficult to conceptualise and to define operationally (Henderson, 2012, 8).

In spite of these challenges interest in the study of positive emotions is rapidly increasing. Scholars suggest that “the voice of joy amidst antenatal discourses on risk aversion and medicalisation” needs to be heard more explicitly (Crowther et al., 2014m 157–165). Joy for primary care physicians is in “short supply” said Sinsky et al. (2013,

272) indicating a gap. In response thereto researchers made renewed efforts to found linkages. Joy is not the American sense of controlled feeling i.e. joy while doing something or doing something under one's control like having "fun", "fun knowing you", or overstating "You look great; great weather; this is great",) (White 2017:63). It was since then found that joy is related to empathy in particular the imagining, recalling, and observing of joy in others (Van der Gaag et al., 2007; Morelli et al., 2015a, 2015b; Chiesa et al., 2015; Wang et al., 2016). Fineman (1991) differentiated between emotion (emotional arousal e.g. joy, love contentment, fear, anger or embarrassment) and feelings (aware-ness of the arousal). In contrast with Turner (2007, 7) who viewed joy as "a primary high intensity emotion the next variant after content and cheerful", Koellinger and Treffers (2015, 5/22) described joy as a "positive mood". Contrary to Mutch (2014, 109) who speculated based on Ledoux's assumption (2003, 121) that "joy and happiness may refer to the same emotion" Watkins, Emmons, Greaves and Bell (2018, 533) noted that joy is a "*discrete (my italics)* positive emotion". It is noteworthy that contradictory emotions like sadness and joy can exist simultaneously (Huffman et al., 2010, 423). In spite of all the seemingly contradictory observations joy's vigor and feelings of strength, confidence, and competency (Izard 1991; Meadows, 1975) harmonise in Einstein's (1915, 189–190) (who unlocked some of the greatest mysteries in the universe) statement:

Doing what you love, the way you like to do it, is the way to learn the most, that when you are doing something with such enjoyment that you don't notice that the time passes. That is the way to learn the most, that when you are doing something with such enjoyment that you don't notice that the time passes.

In addition to joy's elusiveness is also its effervescence. Four main "feel-good" chemicals is associated with joy particularly the pleasure boosting hormone endorphins, then the cuddle or love hormone oxytocin, subsequently the mood elevator serotonin, and lastly the reward and motivation hormone dopamine (Satapathy et al., 2020, 126,128–129; Gupta, 2019, 1–7; Green, 2015). Because of these hormones joy has a clear link with shining eyes, an authentic smile, and a relaxed posture (Dick-Niederhauser, 2009, 204). In a study where music that evokes joy was played the brain's "neuroarchitecture" correlated with the emotion of "wonder" or "lit up" (Koelsch, 2014, 3495; Trost, 2011, 2769) and blood oxygen levels increased

(Koelsch et al.'s 2013, 49–60) corroborating Kilrea's (2016, 68) statement that joy is like "effervescent bubbles in a glass".

In addition to joy's elusive effervescent nature it is also processual. Although many scholars in healthcare disciplines' attempted to trace the nature of joy the hinterland of joy itself remains *terra incognita*. To clarify much attention was drawn to the stages of grief (Kübler-Ross, 1969, 37–109) but little is known about the stages of joy. The processual nature of joy is however being implicated in the following ways. First, several studies agree that joy is associated with the pursuit of rewards and as such is an ideal state of being to such an extent that "people undergo therapy to restore them to that ideal" (Pillay & Moonsamy, 2018, 221). Second, people "who are pleased with their lives expressed feelings of joy over half of the time" (Diener et al., 1985, Koelsch et al., 2006). Third, Fredrickson (1998) found that joy takes time to unfold but does not indicate how. The dichotomy opens a gap as verbalised by Dick-Niederhauser (2009, 195-196):

By investigating the conditions and processes responsible for [...] joy, we can learn a great deal about the conditions and processes that bring about mental health, because [...] joy [is a] core indicators of mental health.

Given the above evidence suggests that joy has a processual nature that contributes towards a hypothesis of joy as a building block(s) of spiritual transformation. A metaphor may help. A river starts at the source, flows along its course and ends or drains into a lake or sea. Joy is a process.

In addition to being processual joy is also causal. In order for a river to exist a river must be fed. In order for a person to transform an impetus or catalyst must exist. Prior research generally confirmed this in the following ways. Positive emotions evoke better physical health like cardiovascular health (Miller & Fry, 2009, 636–639), vascular health (Miller, 2010, 354–356), resilience to infections (Janicki-Deverts, 2007, 301–307). It reduces mortality (Krijthe, 2011, 1298–1307). Steptoe et al. (2005, 6510) found that positive affect<sup>140</sup> is directly related to health-relevant biological processes like the

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<sup>140</sup> "Positive affect" is a mental health state that can be defined as pleasurable engagement with the environment and is characterized by happiness, joy, excitement, enthusiasm, or contentment (Pressman & Cohen 2005, 925–971; Tomkins, 1963).

neuroendocrine (lower cortisol, a stress hormone), cardiovascular (lower blood pressure and heart rate) and inflammatory system (lower fibrinogen<sup>141</sup>). In the same vein and more specifically related to the emotion of joy a number of authors have posited that joy specifically promotes health in the following ways. First, a healthy upbeat attitude mobilize and stimulate the body's defenders for instance women with a hopeful, positive outlook have higher natural killer cell activity and those who experience a great deal of joy and happiness in their lives have a higher survival rate (Levy & Wise, 1988). Second, patients who expressed more joy were predicted to live longer (Levy et al., 1988). Third, joy is protective against 10-year incident CHD (Cardiovascular disease) (Davidson et al., 2010, 1065–1070) and the rate of cardiovascular recovery is more rapid (Tugade & Fredrickson, 2004, 320). Fourth, joy tends to reduce stress (Izard, 1991, Tomkins, 1962, 1963b). Given the above, joy is indeed important to overall subjective well-being (Watkins, Emmons, Greaves & Bell, 2018, 533) confirming that joy is causal.

As can be seen joy is elusive, effervescent, processual and causal. Together with its fourfold nature (in the previous point) joy has different forms. In contrast with Johnson (2020, 85) who stated that “one of the most pressing areas for future work for the science of joy is to map out the different forms joy can take”, three forms of joy is already being identified by healthcare disciplines i.e. joy as a generator, activator and reorientational movement. In the first place, the generative affect (positive emotion) of joy on those who experience positive emotions has gained much importance in recent years (Russell & Fosha, 2008; Tugade et al., 2004; Frederickson, 1998). Joy inspires the forming of new ideas out of experiences, stimuli, knowledge, and beliefs in the following ways. First, positive emotions “offers new possibilities for generating change” and even have a bridging function between client and therapist (Fitzpatrick & Stalikas, 2008b, 138). Second, positive emotions, on its turn, are associated with “increased mental wellbeing” (Fredrickson, 2010) and occupational success (Bakker & Demerouti 2008, 215). For instance, employees who connect with the positive emotions of clients, patients, or students “reduce burnout and increase job satisfaction” (Andreychick, 2019, 147–156). Third, positive emotions and thought increase access to more

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<sup>141</sup> Fibrinogen is an inflammatory marker and predictor of future coronary heart disease (Steptoe, 2005, 6511).

individual capacity, options and reduce threat (Lyubomirsky et al., 2005). In fact, employees' feelings of joy led to novel and useful ideas and solutions during service to customers (Slåtten, 2011, 96, 104) broadening their thought-action repertoire (Fredrickson, 2001) and "individual modes of thinking" (Fredrickson, 2003, 174). Fourth, in retail joy is associated with customer delight (Bagdare & Jain, 2013, 790–804). Fifth, feelings of joy, amongst others, were associated with meaningful goal achievement (Maslow, 1970; Mathes et al., 1982; Nix et al., 1999). Sixth, joy can have organisational value. It makes the workplace a pleasant and appealing environment (Manion, 2003, 652; 2008, 12). As Gary, a 46-year-old planner, in a study of financial planners by Miller and Koesten (2008, 24) said:

I perceive that I am sincerely attached to them [clients] and their goals. Emotionally, I am driven, internally motivated to help them make their lives better, and having done those things, I get the greatest joy from knowing that I helped.

In sum, joy is generative. Therefore it is life-giving in the sense that new ideas sprout out of experiences, stimuli, knowledge, and beliefs when one feels joyful. In other words, joy is associated with resourcefulness.

In the second place, joy is a unique emotion in that it accelerate action. Izard (2009, 15) calls it a "mediator of thought and action" in the sense that it helps in decision making (Damasio, 1994). Joy in fact drives human behaviour (Turner, 2006, 48) in the following ways. First, children resolve key dichotomies of life like "particular versus universal, individual versus society, novelty and creativity versus tradition and historicity, and freedom versus necessity" through joyful play (Stetsenko & Ho, 2015, 224). Joy, accordingly then, Thus, joy not only increases a person's short-term thought-action repertoire by making them want to play, but it can also haphazardly improve their physical, mental, and social skills over time as a result of repeated play (which all correlate with spirituality). Second, engaged<sup>142</sup> workers that experience joy are "vigorised, dedicated and absorbed", "experience better health; create their own job and personal resources; and transfer their engagement to others" (Bakker &

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<sup>142</sup> Work engagement means "a positive, fulfilling work-related state of mind that is characterized by vigor, dedication, and absorption" (Schaufeli et al., 2006, 702).

Demerouti, 2008, 215). Third, joy renders humans positive in spite of challenging and changing working conditions (Kern et al., 2014, 834–851). For instance. Bimbo, a female teacher with 14 years of experience at a government owned senior secondary schools in Lagos State, Nigeria reported: “We enjoy trainings and seminars focusing [us on] on how to help teachers resolve any challenges they are facing...” (Shokunbi 2016, 132). Third, joy is associated with “focus, wanting, pursuing, achieving and consuming’ (Richardson et al., 2016, 310). In fact joy was observed to motivate potential holidaymakers to book a holiday (Hosany et al., 2020, 477–495). Fourth, evidence suggest that individuals with a relatively positive attitude reported greater trait positive activation, joy, self-assurance, attentiveness, and serenity (Harmon-Jones et al., 2011, 1340). Sixth, much attention was drawn to the fact that joy generate (more) joy (Harmon-Jones et al., 2011, 1345; Hareli et al., 2009; Knutson, 1996; Montepare & Dobish, 2003). Namely people feel more positive after creating mandalas and drawing sessions that focused on love and joy (Henderson, 2012, 42). In contrast with Frijda that associated joy with “free activation” which he describes as an “aimless, unasked-for readiness to engage in whatever interaction presents itself” (Frijda, 1986, 89) resources invigorated by joy are durable and can be drawn on later, long after the instigating experience of joy has subsided (Fredrickson, 1998, 305). These findings indicated that joy broadens an individual’s thought-action repertoire (Fredrickson, 1998, 305). Joy, like a spring contributes to and forms a river. It is an activator. Apart from joy’s activation function, joy reorientates.

In the third place, joy is a reorientational motion. When humans are confronted with novel information or new or challenging situations that often acquire fresh approaches. The academic community therefore has extensively explored the relation between joy and change.

Although positive emotional experiences were traditionally perceived as “reactive” or temporary, individuals with this capability “seem proactive and future-oriented’ (Tugade et al., 2004, 1179) in the following ways. First, positive emotions broaden attention, thinking, and behavior (Tugade et al., 2004, 1166; Sakaki & Niki, 2011; Friedman & Förster, 2010). Second, it generate “unusual, flexible, creative, integrative, open to information, and efficient” thought patterns (for a review see Isen, 1993, 1999).

Then, it increases “dopamine levels which enhance the ability to” process information, scan coping options, modify and adjust efforts accordingly, “rather than persevere on a particular decision rule” (Ashby et al., 1999) and subsequently, a person is “less likely to mentally self-distract during stressful times” (Tugade et al., 2004, 1179). Fourth, joy considerably influences and attunes humans to be open to new possibilities and perceive circumstances in a new light (Johnson, 2020, 6). Fifth, it helps to organise and structure (and change) in order to survive and adapt (Aubé, 2005, 25). To give an illustration. Breast cancer patients who expressed more joy at baseline testing lived longer (Levy et al., 1988, Levy & Wise, 1988). To provide a concrete example, consider patients with an optimistic point of view having a lower incidence of coronary heart disease (Tindle et al., 2009; Boehm et al., 2011; Barefoot et al., 2011) or a better outcome after a pathological coronariography (Gramling & Epstein, 2011). Following this example a wide spectrum of empirical evidence documented the adaptive value of joy. I name just one. Dick-Niederhauser (2009, 207) from the psychotherapy discipline discovered that

Joy is regarded as the emotional correlate of healing, indicating a process of unification and self transformation<sup>143</sup>. It is much more efficient to start the search for curative processes on the basis of the experience of joy than on the basis of a multitude of therapy process elements.

Sixth, joy appealed to behavioural sciences to the extent that positive emotions predict commitment to change (Attridge, 2009, 383–398; Lo et al., 2010; 5384–5388.) by producing “expectations for increased opportunities” (Weisbuch, 2012, 510). Joy moves because it is accompanied by a change in perception of self, others, and the world (Mathes et al., 1982). Moschella (2015, 97–126) described joy as:

being rooted in one’s giving attention to the goodness of God, shifts the human perspective from a logic of scarcity to one of abundance, making possible transformative visions of the world as it could (and should) be. On this accounting, pastoral theology and practice should take as its point of departure a holistic vision of flourishing, joyful life, rather than simply reacting to the manifold crises of human living as they come.

To summarise humans need from time to time to reorient and reorientate. To reorient on a safari means to find out where you are, or determine your orientation, position,

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<sup>143</sup> Self-transformation in this context can be regarded as a synthesis of what was previously perceived as separated or conflicting (Popovic, 2002).



or relative to your surroundings or situation. It can also include recognizing your abilities or just to get your breath back. To reorientate means on a journey to face or turn in a new direction or to adapt, reprogram your GPS and change course or route. Joy has the ability to pivot both occurring in three forms as a generator, activator, and reorientational action or motion confirming that an upbeat heart invokes spiritual transformation. Since the three can be distinguished but not separated they will be presented simultaneously.

Joy can be activated on the grounds that it has its own activators or triggers. To return to the metaphor of transformation as being like a river – what is in view is not only the artery that feeds the river namely joy but also the fountain that enriches the river. This principle is of considerable importance since this study is interested in the betterment of CANSA's volunteers' service delivery. The following studies give more information on contexts that give rise to or feed joy arteries. In the first place, the development<sup>144</sup> of compassion for oneself and for others promotes positive affect (Lutz et al., 2004) meanings positive emotions such as joy. In the second place, music has a profound effect on emotions invoking feelings of joy (Saccuman et al., 2011, 192) described by (Miller, 2008) as:

Listening to joyful, happy music often makes your blood vessels expand, causing blood to flow more freely wherein music that causes anxiety causes blood vessels to narrow, causing blood to be more restricted.

In the third place, a study by Fredrickson (2008) found that a seven-week course of daily loving-kindness meditation increased participants' daily experience of positive emotions including joy. Fourth, gratitude is important for experiences of joy (Watkins et al., 2018, 533, 2004, 32) in that "gratitude predicted increased state joy two months later". In the fifth place, there is a relation between eating food and joy. Considering the preference of food during the experience of joy, in a study by Babicz-Zielińska et al. (2006, 164) most female participants demonstrated an increased need for ice-cream (17%), sweets (15%) and fruit (20%). This finding was consistent with an earlier study on men wherein Macht et al. (2002, 147–158) found that when healthy men were

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<sup>144</sup> Some disciplines call this shift a developmental approach (Leon et al., 2012; Rispel et al., 2016, 248).

“cheerful, chocolate tasted more pleasant and stimulating, and more of it was eaten”. It indicates a relation between joy and sweet tasting food. Sixth, a strong correlation exists between joy and positive social settings. This is particularly significant for this study since volunteers deliver their service in a social setting and community context.

A look at healthcare disciplines compelling interest in joy because of their natural disposition towards patient care worthwhile for our processual perspective (Koelsch et al., 2013, 49–60). First, it is being found that social contact induce joy (Panksepp, 2000, 43). Second, social support spurs joy, which is not surprising considering that the presence of close others constitutes both rewarding emotional experiences (Carstensen, 1993) and serves as a platform for sharing information (Beardsley, 2022, 221). Third, (physical and virtual) social networks prompt the sharing of joy (Fave et al., 2011, 200; Seeman, 2000) among older individuals in get togethers, who place great value on emotionally rewarding social relationships (Carstensen, 1993; Lang et al., 1998) and in younger generation especially during the Covid-19 pandemic through online activities such as baking (Beardsley, 2022, 219–237). Fourth, joy stems from relationships, meetings and celebrations with close friends and family members (Aubé, 2005, 28). Fifth, opportunities for new commitments (a new resource) or strengthening of old ones trigger joy (Aubé, 2005, 31). Sixth, for many women cooking can be in addition to anxiety also be is a source of joy (Furst, 1997, 441–449) especially during the Covid-19 pandemic (Stokes & Atkins-Sayre, 2022, 18, 24), cooking (as care) for others (Cairns et al., 2010, 591–615) whereas widows living alone and eating alone lose the joy of friendship, appetite, nourishment and eventually weight (Lyon & Colquhoun, 1999, 53–67; Rosenbloom & Whittington, 1993, 223–229). Men enjoy cooking but for other (and developing) reasons (Szabo, 2014a, 2014b). Sixth, joy in others trigger positive emotions (Van der Gaag et al., 2007; Morelli et al., 2015a, 2015b; Chiesa et al., 2015; Wang et al., 2016). So, relations can activate joy. Seventh, joy as resistance can be “pleasure activism” (Brown, 2019, 432) when joy experienced during food projects brings “about social and political change”.

This relational dynamic—the art of interacting and connection with others (Henderson, 2012, 9)—can trigger joy in the following ways. Positive social memories generate positive emotions (Holden et al., 2016:1). A recent study found that frequent sharing

of positive experiences increase physical and mental energy, or enthusiasm and excitement for life (Lambert 2011, 307–308, 312–313). So, social joy is energising. When people share what they truly care about and find meaningful they develop intimacy (Weingarten, 1997). On its turn when a situation is familiar and people feel safe joy arises (Fredrickson & Levenson, 1998). Even animals experience joy. In an experiment with rats Panksepp et al. (2007) found that

the intrinsic ability of the nervous system to laugh and experience social joy is a pre-condition for the emergence of the types of mental sophistication that allow to find joy and laughter both in life slapstick incongruence as in the game of unpredictable cognitive events.

To take care of others is also associated with positive feelings (Nelson, 2013). It corresponds with Abbe et al.'s (2003, 400) findings that to do positive things and be with others in an enjoyable way brings variety in one's life. Another example is the raising of a child (Thierbach et al., 2010, 96). So, joy is relational.

As can be seen, more than simply a good mood, a sense of elation, or even a sudden spike of exhilaration, joy's nature is elusive, effervescent, processual and causal and corresponds well to situations that requires personal adaptations by humans in order to get physically better. The transformational value of joy lies within its good design for promoting generational, activational and reorientational movement in the dichotomies of life. Joy can be amplified by four different activators or triggers namely compassion, music, daily loving-kindness meditation, gratitude, eating of sweet-tasting food and social contact.

The main focus of this section was to find the relation between spiritual transformation and joy and how joy fits within our all-encompassing theoretical framework. Taken as a whole, these findings provide support for the idea that joy transforms. The dynamics of joy affects how we see the world. Joy is associated with spiritual transformation, and this may be a helpful a conceptual bridge linking healthcare and spiritual transformation.

## 6.5. Conclusion

This chapter assisted us in answering the research question about the role of joy as an aspect of African cancer Patient care volunteers' spirituality. Joy as an aspect of spiritual transformation formed the primary focus. It was discovered that the world as a whole—including the healthcare system within it—is an ongoing process governed by change, incorporating both systems and human beings. A new way of viewing spiritual transformation was proposed: joy as an aspect of spiritual transformation as put forward by and being part of healthcare. Different healthcare disciplines were explored and brought to expression in new and creative ways. In this chapter the research objective; *“To explore and describe joy as an aspect of spiritual transformation in healthcare, investigate data from, among others, the healthcare discipline in order to understand the views of different fields of study on joy as an aspect of spirituality”* was achieved.

The next challenge move from flame to future fusion by traversing the intersections, interaction and coexistence of sustainability and service delivery. The following chapter will consider the elaboration of the processual view of joy as an aspect of spiritual transformation in an attempt to integrate all of the previous chapters into a holistic whole, and to explain the arguments for implementing an improving the spiritual transformation framework as a means of establishing a context in which volunteering can take place in CANSA.

## CHAPTER 7: FUSION: CRITICAL PERSPECTIVES ON JOY

### 7.1. Introduction

In the previous chapter 6, background for understanding the practices and beliefs regarding joy as an aspect of African spirituality was provided. Following this it is asked: “How can CANSA’s understanding of Patient care volunteers’ spirituality be changed for the better?”. What is the golden thread linking all the disciplines? What remains unnoticed? addressing the main research question: “*What is the contribution of joy (as an aspect of spirituality) to CANSA’s Patient care volunteers?*”.

Since a mere comparison of scholarly voices will not be sufficient to detect important contradictions and similarities and cannot answer the question as to whether disciplinary differences arise from or contribute to joy the discussion was stretched to a more stringent and comprehensive quadrangular critical discussion. This chapter will juxtapose and illuminate interpretations by different disciplines to illustrate the rich interpretative potential of joy as an aspect of spirituality *en route* to appropriations or applications of joy in CANSA’s contemporary volunteer context – to be discussed in the next chapter.

The differentiation between disciplines is not discouraged in this study and getting along with each other is encouraged contrary to the notion that “specialty areas acquire their own unique theories and methods and are less and less like each other” (Breckler, 2005). Going down the multidimensional spiritual transformation river the scholarly voices from four perspectives; CANSA, Qohelet, African spirituality and healthcare (presented in chapter 3 to 6) will be brought into dialogue: assisting in establishing the context from which applications in CANSA (formulated in the next chapter 8), will unfold followed by findings to be laid out in chapter 9. The following intersections and indeed similarities between disciplines concerning approach and process were found.

A wide cross section viewing the perspectives from the side will provide a view on the similarities and differences between the disciplines, and possible consolidation. Links

or associations between the disciplines will be established to show us the way towards the aim of the study: to arrive at a voice or basis from which to present joy as an enabler of spiritual transformation: a reorientation towards God, self and others and the unfolding of new possibilities.

Original to this chapter is the consideration of themes arranged in a spiritual processual format. The theme-by-theme arrangement ensures that processuality is always central to the discussion. Given the wide appeal of process theory and the richly varied appropriation in the chosen four disciplines or angles, it is a difficult question which theme to include. Although readers might have their preferences among the different disciplines, the guiding principle for the chapter is a representative sample of research from the different disciplines with emphasis on detail that was especially influential with reference to or significant for CANSA's volunteers' spirituality. While each discipline has its own distinctive point of view, the themes presented were chosen to further the goal of this study to uncover a way, ideating possible solutions for CANSA's public and private dichotomy, and the reciprocal dynamic between joy and transformation.

The recurring themes and its discrepancies and gaps as noted in the literature will be first, ambiguity, followed by spiritual transformation and lastly, joy.

It is noted that the previous chapters in terms of their length is revealing reflecting the purpose as explained in each chapter. The longest chapters are the fifth and sixth, concerning African spirituality and healthcare, followed by the chapter on Qohelet and the chapter on findings.

## **7.2. Ambiguity**

Ambiguity was observable across all four disciplines. It unfolded in the different disciplines outer horizon as its context.

CANSA's recurring constructivist conceptual fog regarding spirituality effectuated ambiguity since spirituality finer detail is consistently and continuously undefined nor

does examples of implementation appear in public literature deepening ambiguity. Further is CANSA's volunteer patient care repeatedly presented as integrated (CANSA, 2022a, para.1), comprehensive, and holistic although the understanding of spirituality is unclear. Moreover African volunteers' spirituality is not accommodated in spite of the organisation's best intention towards inclusivity.

This vagueness harbours (knowingly and/or unknowingly) various even contradicting perspectives effectuating limitability (limiting volunteers' service delivery) (as discussed in chapter 3). Instead of being a bridge between volunteer and patient spirituality, CANSA falls contrarily into rhetoric by not providing possibilities when all other possibilities expire, or see opportunities when none is expected.

The next discipline of the quadrangular discussion, Qohelet is equally marked by elaborate equivocations (understood as double meaning of words causing fallacies, misconceptions, paradoxes and ambiguities). In this case however is the ambiguity intentional showing the degree to which deepest loyalties over the contrasting and complementary terrain of a variety of partially incommensurable (having no common standard) moral communities and time frames in the book occurred. The "elusiveness of meaning and knowledge" (Kirby, 2006) created by the author is not unlike Postmodern understanding of spiritual transformation as spiritual blogging where the individual is the caveat for spiritual existence. Qohelet however diverted from this argument in that he placed God at the centre of existence: "He has made everything beautiful in its time. He has also set eternity in the human heart; yet no one can fathom what God has done from beginning to end" (Eccl. 3:11 The Scofield Study Bible, 2006, 852).

In the following quadrangular view, African spirituality (as discussed in chapter 5), its incongruent and inconsistent at times but moving quality indicates its ambiguity. An example thereof is *Ubuntu*, (African interdependency)'s dark side namely the implosion of minorities' interests by means of intimidation (Ojedukon, 2015, 183–184) and clone-colonialism (Steenkamp-Nel 2019b). As Leo Tolstoy so eloquently stated: [When] "ideas are vague, indefinite concepts, it can [be] easily plugged into any theory" (Tolstoy 2008, 1185).

The next angle in the quadrangular multidimensional approach is healthcare (as discussed in chapter 6). Ambiguity in healthcare regarding spirituality arises due to the disciplines' dual approach of the "tools" versus "training" excluding spirituality. Its attempt to transfer the thinking behind the transfer of transformation to the contrasting of "tools" and "training" is a kind of *ignoratio elenchi* in that although the argument may be valid, it does not address the issue of spirituality but appears to do so. Moreover its handling of contextual challenges effectuates inadequacy to deliver holistic patient care service.

To bring everything ambiguous together. Ambiguity challenges NGO's like CANSA to not relegate spirituality to paper pressure in the form of acts, bills, policies, position statements, press releases, frameworks, annual reports, leaflets, manuals, surveys and codes of conduct but to be fundamentally concerned about and to cultivate their capacity for a view for the whole, and to seek avenues of understanding, large and small. Rather than vaguely incorporating spirituality, it should be incorporate even celebrated and utilized like Qohelet commitment to joy in their service to the community that holds spirituality, development, and change together (to be discussed in the next section). Equally important its ambiguity can be overcome by developing policies, procedures, frameworks and strategies as well as a spirit to support the spirituality of CANSA's African volunteers.

One is surrounded by a postmodern *plethora* of vague constructs (or lack of a constructs) no static terminological fog when life is a synthesis of all that we know hold lightly by its complex processual incompleteness. Further, is it important to note that times are changing. Amidst all the ambiguity scholars [and the public] "are starting to tire of perpetual (never ending) deconstructed blurring" (Lackey, 2021, 1; Clasquin-Johnson, 2017, 9). Post modernism's scrupulous scepticism is yielding to post-postmodernism or metamodernism's process orientated patterns (Bakirov, 2019) making the so-called "next (developmental—even transformational) step" of note (to be taken up in an upcoming article).

The intention of this section is not to argue for lesser standards of governance and



sustainability within CANSA, but for suitable standards. Governance standards should not be introduced on the assumption that spirituality is not practical or suitable for CANSA. Yielding to spirituality should not be unwilling repressive tolerance but understanding consideration since the exclusion or a value-neutral stance regarding spirituality is detrimental to the unique character of CANSA. To take cognizance of African spirituality can be the organisation's strength and have the potential to contra-corrode<sup>145</sup> the onslaught on the values and key principles that made CANSA the most recognised cancer prevention organisation in South Africa.

Although CANSA supports transformation, actual organizational transformation it requires more than the mere presence of open avenues. CANSA must communicate that they are willing to speak about issues relevant to African volunteerism (in a non-profit setting). Since government policies are so invasive, management's intentions and actions should be clear and supportive in planning, recruiting, encouraging, and generally supporting African volunteers in their important efforts since they are not volunteer corps but voluntary corps.

It might be said that ambiguity can be sardonically functional. Mechanistic terminology accompanied by and operational generalisations that treat spirituality as a matter of context rather than content suggests a kind of dualistic elusiveness as described by the Oxford language philosopher Austin (1962, 125):

people take refuge in vagueness [because] the more precise you are, in general the more likely you are to be wrong, whereas you stand a good chance of not being wrong if you make it vague enough.

Since ambiguity resides in the paradox with which a construct is often defined or understood serving as a means to avoid controversy (McFee 2018, 40–54) to “access” spirituality, “to innovate and create new possibilities” of reconstructing spirituality, theory is required. As Reichertz (2009) stated: “It is also necessary to go beyond current theoretical frames or, as stated by researchers using abductive logic, go

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<sup>145</sup> Contra-corrosion in this study's context is spiritual corrosion prevention and control by means of testing, or evaluating in order to ensure the quality of procedures and processes without destroying an organisation's serviceability or values.

beyond the current rules of established knowledge”. This will be discussed in the following chapter 8.

Self-created ambiguity can be an inner refuge yet creating outer tension. (Hypo)tension in healthcare (chapter 6) create deterministic drift. Tension, between clashing in Qohelet (in chapter 4) creates movement, reformation. The organisational tension between financial sustainability and service delivery is filtering through CANSA’s volunteer ranks fracturing its flame. Rather than tension the world, the self, and others in the world should be viewed as (ex)tensions of one another. The reason being that times of despair and intricacy like ours ask for movement. Cobwebness (desperate or confused times) and crow’s nest routes require clarity (clear perception or understanding without indistinctness or ambiguity) and as much perspicuity (lucid processes) as possible – to be discussed in the next section’s recurring motif.

### **7.3. Spiritual transformation as an inner process**

In the previous section ambiguity was addressed. In this section spiritual transformation as an inner process will be considered.

A similar pattern of spiritual transformation was quadrangulary (across all four disciplines) observed (in chapter 4 to 7). In a transversal space cutting through its disciplinary lines this section will bring the intersections and connections between the disciplines into the discussion starting with the first stage of deformation, followed by second, reformation, and finally the third, transformation (see chapters 3, 4, 5 and 6 for more detail).

#### **7.3.1. Deformation as limitability**

As mentioned before deformation as the first stage of the spiritual transformation is understood as conformity to the world, with no hope, restricted by other people, circumstances, or oneself, self-centered or self-absorbed, an intermediate step(s) in a process, a type of a ‘turn-off’ or turn-offs (some might call it “off-road”) on the spiritual journey. Detected across four disciplines or dimensions it unfolded in the following

ways.

First, CANSA's good intention of an "integrated service to the public and to all people affected by cancer" (CANSA 2022a, para.2) is unfortunately interrupted by deformation in that it lacks holistic vision regarding volunteers' service. The organisation's transformation towards a new organisational paradigm is rarely seen in connection with shifts in underlying societal movements, philosophical trends and African spiritual beliefs, assumptions and values. This lack of holism characterised by vagueness regarding the accommodation of the spiritual aspect of volunteering makes CANSA's volunteer patient care and support non-absolute, the antonym of certainty, and transparency effectuating spiritual limitability within the organisation (as evidenced in chapter 3).

As already pointed out Qohelet displayed similar deformation in its use of empirical methods (physical investigation of the world) producing a disappointing, unsatisfactory, below expectation, and therefore partial understanding of the world much like CANSA's operational and precautionary approaches (see chapter 3). The author's subsequent distress, filled with sadness and overcome by frustration in Eccl. 2:12–23 (The Scofield Study Bible, 2006, 851) caused spiritual tension and discomfort. Furthermore, the book focused on the "Other" but not yet on the "other" fundamentalism, injustice and interpersonal violence" (Steenkamp-Nel 2019b, 5). Then secular modernity is collapsing into materialism perceiving joy as materialistic i.e. joy in things (much like the earlier Qohelet). Fragments and fractures appear in not yet making room for the 'Other' thereby feeling disconnected. Contemporary self-realisation in the form of "transformation policies" (Mahamba, 2022) lobbying for a new amalgamated super-South-African-category (thereby destroying some indigenous cultural identities) it must be said strays strikingly from not just traditional African spirituality's belief in interconnectivity but also from "life-bringing forms of thinking and being" (Lackey, 2021, 8). African deformation lies thus not just in its boundedness but also in its enervation (as explained in chapter 5).

As outlined healthcare displays equal dual deformation: systemically as well as personally. First, systemic deformation lies in increasingly corrupt, over-regulated

infrastructure and narrow focus of socio-economic transformation with a racial angle applied as a collective but with no human focus and minimal personal application as well as a non-commitment to personal spiritual processuality because of external political drivers. These difficulties arise because—at its heart—the health sector suffers from a prevailing modernistic Cartesian dualism between body *versus* mind, (as mirrored by the different approaches discussed in chapter 6). Adopted by the government in its health policies, this philosophical deficit became entrenched in the healthcare system acting against the interests of patients. Second, deformation occurs in individuals by means of own “self-created barriers or outer obstacles” (Pargament, 2006, 18–21) such as less care and less empathy, self-imposed rules, restricting preconditions, barriers and obstacles. This spiritual dislocation triggers a descending disposition aligning well with spirituality’s “deformation” described as not practicing faith or to step away from it (as discussed in chapter 2).

To bring everything regarding spiritual deformation across the four disciplines together. Qohelet’s focus on the Other but not yet on the other. CANSA and the healthcare system deformation lies in its sole focus on just the other. African spirituality focus on both but not in a predominantly transformational way. Healthcare research on the individual focus sometimes on the individual’s experience of the “Other” as well as the “other” depending on the context (as discussed in chapter 6).

The above quadrangular deformation across all four disciplines or angles can be harnessed in that its dichotomy opens a gap, as verbalised by Berger (2003, 16). stating that “there is increasing recognition of the limits of a purely secular approach to the solution of the world’s economic, environmental, and social problems”. The gap was broadened to include healthcare as well. Deformation can consequently be a springboard towards new possibilities contributing or pivoting one into a new understanding to be discussed in the next section.

### **7.3.2. Reformation as renewal**

Reformation, the second stage of spiritual transformation process understood as a renewal of the mind to understand and discern what is good, distinguishable by action

(as discussed in chapter 2) was observed across the following four disciplines or dimensions.

CANSA's reformation is generally characterised by a recently more accessible (virtual) patient care and support (CANSA, 2022c) effectuating time and cost efficiencies. Qohelet's reformation (as discussed in chapter 4) lies in his shifting understanding of God. He followed a 'contrasting spiritual transformation approach to traditional Jewish wisdom' (Harrington, 1996, 13), a kind of decentralised spirituality enacted together and condensed in particular stages. If one look at Qohelet and Jewish tradition side by side the contrast is illustrative and instructive. Traditional Jewish understanding of a life of faith differs with Qohelet's vision of a relationship with God. Qohelet developed a 'big picture' in an attempt to consider the Bible (Old Testament in his time) on its own terms namely as God's journey with humans through constant and continuous subtle shifts and stages on a macro scale across generations, and on a micro scale across individual life seasons. Unlike Torah wisdom he steered away from legalism and nearer towards the whole point of the covenant; God's people enjoying His presence (Hill & Wanton, 2009, 132). His fixed attention on a love relationship with God as joy pivoting people from rupture (break or tear) to rapture (extreme joy as action).

Africans as discussed experience reformation in that they free themselves from restrictions and discover new avenues. African own traditional spiritual believes regarding joy could be a way out of deformation. As such the African community is indeed trying to recover old concepts that kept villagers and people respecting each other. (Is land claims part of this search?). In that sense it is reformation.

Although the healthcare system attempts to reform by means of the 'tool' and 'training' approach there is no evidence of the reformation of the healthcare system's rejuvenation of the mind to recognise and differentiate what is right, as demonstrated by deeds (Steenkamp-Nel 2018a, 261–277). It is still bounded by people and/or situations as discussed in chapter 6). By contrast reformation of the *individual* in healthcare research was observed as a "fundamental change in one's understanding of the character of the sacred or a shift from self-centred strivings to God-cantered

strivings” or a change in the understanding of the character of the sacred (Pargament, 2006, 18–21; 1997, 21) or “nature” (the spiritual realm) (Mehl-Madrona et al., 2013, 3) (as discussed in chapter 6). This “primary spiritual transformation” as an ascending disposition correlates with spirituality’s second stage of reformation.

It may be stated that the second stage of spiritual transformation as reformation is being corroborated by healthcare research. Although it can go on *hiatus* or gap for several months reformation upgrades and upcycles the soul and it is indeed recommended that one take a hiatus often on one’s spiritual journey to take a break, regroup, recover and re-align, become more honest, take downtime, and to learn. Liminal spiritual spaces (such as reformation) have the power and potentiality to transform individuals and on its turn systems spiritually. When one understands anew a reversal takes place to be discussed in the next section.

### **7.3.3. Spiroplasticity: Transformation as regeneration**

A similar pattern of transformation was detected across all four disciplines or dimensions regarding the third stage of the spiritual transformation understood as ‘transformation’ (found in the Literature Review chapter 3–6). The relationship with God, the reversal, return, or U-turn to the initial understanding of God's activities and will for the world, and the eventual return to God are all parts of a dynamic process of transformation, of changing convictions and cathartic beliefs mirrored in spiritual practices but also physical actions was observed in the following dimensions.

CANSA as part of the third sector is going through a transformation activated by a transition in the South African healthcare system and accelerated by the Covid-19 pandemic. It is observable in new initiatives but un(der)developed and still under construction. Equally, although there are attempts of a return or a return to the original understanding of God's will and deeds for healthcare in international healthcare systems (as discussed in chapter 6) unfortunately no evidence of attempts by the South African healthcare system exists yet. Contrarily, Qohelet’s third stage of transformation lied in a return to God by leaving old context behind and entering new ones from where re-interpretation took place, or could be re-negotiated. Qohelet’s

new context was the communal meal (as discussed in chapter 4) reminding Israel that in spite of the wrongs suffered they are “not limited to the causal past nor to a fixed and timeless present ‘up above’ but to enjoy ‘new forms of being’” (Haight, 2000, 88–89). Qohelet understood that the law’s demands could not met by one’s own power. Keeping in mind that although the Holy Spirit in the Old Testament is active in understanding (Job 32:8 The Scofield Study Bible, 2006), interpreting (Genesis 41:1–38 The Scofield Study Bible, 2006) and serving (Exodus 31:2-4; 35:31, Daniel 4:8; 5:11-14. 6:3; The Scofield Study Bible, 2006) .God’s will, revelation and grace it is notably but not yet available to all the faithful.<sup>146</sup>

Africa enjoys this re-turning (to God) as well by means of the communal meal’s (as discussed in chapter 5) rejuvenating and relational aspect described by Adewuya (2007, 107): “In the African consciousness, it is the unmediated presence of God that assembles community in sharing a meal together”.

From a healthcare perspective it was confirmed by Health science and Social work that “spiritual transformation takes place on individual level during peer influence, role modelling, and social reinforcement” (Neff & MacMaster, 2005, 670). CANSA is also reframing its patient care by means of the meal construct expanding its patient care’s emotional, physical and social aspects during the Covid-19 pandemic to include food and care parcels (CANSA, 2021d, 47–51).

Transformation of the *individual* according to healthcare research exist as well. The description of “secondary spiritual transformation” matches well with spirituality’s understanding of the third stage of spiritual transformation namely U-turn back to God (as discussed in chapter 2). Healthcare described it as two instances. The first instance is fundamental changes in the pathways to the sacred: a change from group to individualized experimentation or change of church activities. It fits well with spirituality’s description of faith practises or actions. The second instance is “secondary spiritual transformation”: the overcoming of barriers within the self or outer obstacles such as adjustment to illness or trauma. It corresponds well with spirituality’s

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<sup>146</sup> For the Holy Spirit’s activity in the Old Testament follow Wood (1998).

observation of a U-turn back to God. This sudden or gradual change in vertical and/or horizontal relationships (relationship with God and others) results from a sacred encounter. It aligns well with spirituality's second stage of reformation as a renewed understanding of God (discussed in the previous section and in chapter 6).

Transformation through communal meals thus provides opportunities to consider all variables by allowing a situation to unfold undistorted. The here and now is entered by letting go of one's craving to understand. Eating, drinking and enjoying as a reframing of situations through the experience of the good God gives can be indicative of transformation. So, to bring the third stage of spiritual transformation across the disciplines together, the construct is indeed being corroborated by Qohelet, African spirituality as well as healthcare research.

The three stages of spiritual transformation occurs according to all four dimensions in three stages. Deformation is to be prone to error and embellishments (elaboration and deviation) and dislocation (separation from God). Reformation comes through experience, familiarity and understanding of God forming the basis for decision-making in all spheres of life. During transformation as the third stage one is prone to emendation (revision or correction), spring-cleaning what is anachronistic and obsolete and setting aside concepts that cause distortions.

Deformation is to be bounded by limitations feeling disconnected. It is an experience of critical position, or the act of challenging meaning, which deters people from taking action and might first make us feel as though there is no purpose to life (Beukes, 2002, 1267). Reformation is to find God's limitlessness placing one's own limitations in perspective. Therefore driving one towards God's unlimited love. As Beukes formulate so eloquently: to find a balance between challenging presumptions and acting on them in every aspect of human activity (Beukes, 2002, 1268). The third stage of spiritual transformation is transformation: to accept or improve one's own limitations. It is important to note that the whole process is not linear but back and forth towards wholeness.

It is apparent that the spirit or soul is infinitely malleable. In the same way that scar



tissue (in humans) prevent new regrowth, inner pain and deformation can for a while prevent reformation. However, the capacity of an individual's spirit or soul has the ability to be moulded, altered or modified. One's connection with God can be rewired. As a salamander grows new body parts (Joven, 2019) spiritual regeneration in humans repair spiritual tissue, and grow new (spiritual) body parts. As salamanders retrigger this remarkable process losing their lungs, exploring and hunting on land, humans can relinquish baggage and explore new possibilities. Spirituality has a plastic ability in that it changes all the time, a kind of spiritual plasticity. This moldability can be called *spiroplasticity*—a overcoming of callous obstacles, rerouting of deformation, an endless a(dapta)bility towards new spiritual pathways in all layers of life. Back to our the river metaphor, deformation is the journey in the desert, reformation is the recalibration of the GPS or map and taking stock of resources, transformation is the subsequent safari of life crossing the desert.

In summary, the three stages of spiritual transformation were discussed. In the next section spiritual transformation through the lens of joy, will be canvassed.

#### **7.4. Joy**

The previous section discussed spiritual transformations three stages quadrangulary. This section will outline critical perspectives in relation to joy across the four disciplines.

The subsidiary research question addressed in this section is as follows given the apparent tensions between transformation as portrayed in CANSA (as discussed in chapter 3), the South African healthcare system (chapter 6), African spirituality (chapter 5) and as it appear in Qohelet (chapter 4): *'What kind of hermeneutic may emerge if the joy constructs from these different contexts are brought together?'* Will joy as a spiritual transformation hermeneutic be able to assist CANSA to navigate the perceived tensions such as its underachieved goal of transformation, and the broader South African society with success?

The study of joy as an aspect of spirituality has many branches (disciplines) and within each branch are many specialisations. Each specialisation currently focus on narrowly defined policies, processes and procedures governed by their own principles and findings. However because the disciplines' range is broadening similarities could be identified (as pointed out in chapter 4 to 7). Since each field is just a special case or facet of the whole intersections and insights could be identified.

Although joy is not a specific driver in CANSA it was vaguely detected. Joy significantly governed Elize Fourie, a psychologist and CANSA volunteer (CANSA, 2020d):

My journey with the CANSA Relay For Life Corporate event has since then been an inspiration, a joy and an opportunity for me to feel that in a small way I too am making a difference in the battle against cancer.

Previous studies have indicated the relation between volunteering and joy in NGO's. Argyle identified volunteering as the fourth greatest source of joy (Argyle 1996, 82, 83). Allison et al. (2002, 243–255) identified along with religiosity, and team building, enjoyment as a motive for volunteering. Volunteers even animals (Davis, 2013, 37, 50) experience joy when helping others (Warner et al., 2011, 393). Handy et al. (2004, 8) who studied the contribution of volunteers at hospitals in Canada supports this finding and even recommend that joy should be included in recruitment messages. Many volunteers describe what they do as fun and a source of great joy, giving them a so-called “helpers' high” (Stephen, 2020).

The consensus was that just through the experience of others joy becomes invigorating and reciprocal. Reverend Shigenori Makino (1990, 3) states: “Witnessing and experiencing the joy of others so that their joy becomes one's own joy is the profound among all joys”. Joy is not just experienced inward. It has an outward effect. It spurs according to Andreychik & Lewis (2017, 140) action:

The vicarious experience (or anticipation of the experience) of another's happiness, joy, or excitement is likely to energize a motivation to help the other to approach and/or maintain these positive emotions.

This stresses the relevance of joy for volunteers to work in a NGO environment. Joy is not just a benefit of volunteering nor a motive. Joy can activate volunteering and volunteering can nourish joy.

In the book of Qohelet social memories of historical events was the flower bed of Israel's joy. The book constantly negotiated joy in changing contexts. Each interpretation presented versatility: differences of beliefs and practices pertaining to a different period shows that joy of or within a nation is a language in which it unconsciously translates its emotional temperature or reveals its leap into action.

Joy in Qohelet also reveals developing beliefs and practices. Joy was never complete but always in process. Far from eternally fixed it underwent constant transformation. Joy was the pivot for inadvertent permutation (a swapping, sorting or rearrangement of one's understanding of God), deliberate alteration, spontaneous innovation—a contextually and spiritually necessary modification. Mutability (tendency to change) was the hallmark of joy. Eric Hobsbawm & Terence Ranger (1983, 4, 105) from the discipline of Economic and Social History corroborated this view when they argued that invention, as part of a rapid transformation of society occurs most often in a period of “change, conflict or crisis when social patterns, traditions and rituals and their institutional carriers and promulgators are no longer applicable, adaptable and flexible”.

Qohelet's interpretation and use of joy in addition to versatility and a developing construct revealed a form of dissent from the traditional rabbinic interpretation rather than support for them. (Eat, drink) and joy was not like the pseudo-modernism of “pleasure”, a “non-reproducible, evanescent amnesiac: in the present moment but without a “sense of either past or future” (Kirby, 2006). Joy's glee for the moment brought about buoyancy and openness towards new future pathways. It follows from the above argument that joy in Qohelet is being transformed as well as transformational being a conductor, relational and sensorial, and sacramental (as discussed in chapter 4).

Joy was in addition to Qohelet's spirituality also detected in African spirituality. Africans individual joyful pulse of life is not isolated from their spiritual nature. The emergent construct of joy is a bridge to new possibilities. Africans experience joy in sharing and service where they make “humanly-meaningful bonds and beliefs of rural society”

possible in a “vast, anonymous and rationalised” world (Woodhead, 2007, 116). By caring for the needy (the sick, the old and dying) community members learn what it means to be a human being, to experience the joy of giving, and living for others and through others (Chuwe, 2014, 30, 81, 110). The reciprocity of joy is its strength. Joy is relational. From the Positive Psychology field Seligman (2012, 20) confirms that “very little that is positive is solitary”. It follows that African spirituality perceives joy as formative, cathartic and relational—towards action (as discussed in chapter 5).

The healthcare discipline demonstrated in this study how joy fits within the research framework of spiritual transformation. It indicated that joy is an aspect of spiritual transformation. Thereby, giving us a view of a future horizon. From the Positive Psychology field Seligman (2012, 141) states that “joy represents a satisfied state, which provides the opportunity for growth”. Joy “alerts you to opportunities for new experiences” (Seligman, 2012, 141). Joy is power (Seligman, 2012, 141). Building upon this argument it follows that healthcare perceives joy as elusive, effervescent, processual and causal (as discussed in chapter 6). The healthcare disciplines’ interpretation of joy enriched this study and can enrich the broader healthcare sector when applied—including NGO’s like CANSA.

From the four disciplines it is apparent that joy contains the possibility of stretching outlooks amidst shifting landscapes. Joy does not necessarily breed unanimity (consensus) or prevents the development of a critical attitude necessary for personal and social transformation. Joy stretches and creates space for insight.

As spaces in between notes holds breathless possibilities and sonic tension, likewise, joy while eating and drinking amidst merriment and togetherness is filled with creative possibilities and spiritual tension. It urges us to take note of the dead ends we came across along the way on our life safari, to accept the spiritual transformation stage we’re in. It urges us towards changepoints as points in time where insights evolve, new ideas develop, and activity change.

Notably joy is the hub for the amplification effect of God’s work. This key element entails a wider understanding of joy than earlier views of joy as the elated seraphic

twin of happiness. Joy portrays the total transformation of the total person in all its contexts in that life can be recontextualised through joy. The definition of joy is as follows: Joy, as an aspect of spirituality is as God's work an effervescent emotion that open perceptions and activate possibilities—and thereby, transforming inner and outer (sacred and profane) contexts. The third stage of spiritual transformation in the context of this study can thus be called *joymotion* (to be discussed in chapter 8).

Back to CANSA. Volunteering in South Africa takes place in an environment of biospirituality. Within this process joy is relevant not only in view of the fact that it is accorded as spiritually relevant assisting, advising and supporting cancer patients but also in that it provides a transformational conductor or pivot and is a motivational underpinning for healthy living. In order for CANSA to avoid being caught in the 'grey zone' between public, governmental and corporate systems It need a more inclusive and expansive understandings of how joy is scientifically constructed. Policy and regulation can and must address this quadrangular dynamic of joy. It can be done by recognising the validity of personal spiritual experiences *in lieu* privileging the assumed neutrality of the individual. Joy is already present whilst meeting the spiritual needs of cancer patients. The organisation can benefit further by considering the transformational potential of its own joy. Joy should in fact be incorporated and implemented in projects, support groups, volunteer committees, programs, training, to sustain the 'new breed of volunteers' (CANSA, 2017a, 9) CANSA is aspiring to and in correspondence with a systematic approach.<sup>147</sup> This aspect will be discussed in chapter 8.

## **7.5. Conclusion: Joi(y)n the dots**

Although the relationship between joy and volunteers (Jiménez, 2005, 30–35) and transformation and volunteers (Pimenta et al., 2020) was discussed elsewhere the focus in this chapter was narrowed down to a critical discussion that served to integrate all the relevant points in the previous chapters 3 to 6. Similarities, inconsistencies and

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<sup>147</sup> A systematic approach is a method used to assess a project or procedure's viability that involves applying precisely defined, repeatable processes in real-world settings and evaluating the results to find the most effective way to get reliable, ideal results (James, 2022).

disagreements, problems were addressed. The result was a multidimensional voice.

Viewed quadrangularly the three-strand braided gold thread was ambiguity, spiritual transformation and joy. Weaved through CANSA, Qohelet, African spirituality and healthcare the three recurring interconnected themes reflect the fine granularity of this study, as each expressed the knowledge base from which knowledge was extracted.

It was established that joy as an aspect of spirituality crosses over different disciplines and reflects the wide scope of research conducted on joy, particularly the three main subfields of Biblical spirituality (Qohelet), African spirituality and healthcare sciences. This chapter did not offer simple answers to a complex problem or a rule of life as if there is such a thing. Removing normal biases or scientific petticoats and determining valid conclusions fused the four disciplines pointing to a joined destination. The mere presence of the four disciplines in the domain of joy as an aspect of the spirituality (spiritual transformation) of cancer care volunteers have implications. How joy can be part of the transformation of a new South African healthcare system in the form of its sister in the sector, CANSA being human in healthcare, will be looked at in the next chapter 8.

## CHAPTER 8: CANSA APPLICATIONS: BEING HUMAN IN HEALTHCARE<sup>148</sup>

### 8.1. Introduction

A critical analysis in the previous chapter revealed that *joymotion* as the third stage of spiritual transformation deserves scientific and operational space within CANSA. The aim of this chapter is to illustrate how joy as an aspect of spirituality can be applied by CANSA's Patient care volunteers answering the subsidiary question: '*What is CANSA's contribution towards Patient care volunteers' spirituality?*'. This chapter's recommendations are intended largely to call attention to the application of the multidisciplinary scientific consensus pointing to the opportunities and spaces for the processual advancement of spirituality that already exists (discussed in chapter 7).

Before the findings of this study will be introduced (in chapter 9) and directions for future research will be discussed (in chapter 10) the application of joy as an aspect of spiritual transformation in CANSA will be reviewed.

Before interventions and implications to make joy more relevant for CANSA volunteers and strengthen CANSA's two core pillars of sustainability and service delivery (as discussed in chapter 3) will be proposed let us look at challenges and opportunities within CANSA. The focus will be on the use of spiritual transformation in general, and joy in particular.

Before volunteers and joy as an aspect of spirituality can be fused, it is conducive to take note of two points. First, this chapter does not argue for the synthesis of workplace spirituality and contemporary management paradigms. For more on this follow Yin and Mahrous (2022, 79–93). Second, as a white theologian and spiritual scholar, it is not for me to evaluate CANSA's legacy for African volunteers. Even so, Chimhanda's (2013, 4) inkling that "humankind as spirit should transcend human limitations in the

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<sup>148</sup> Parts of this chapter is updated and adapted from Steenkamp-Nel, A. E. (2022). *Fractures and fusions in CANSA (Cancer Association of South Africa): Being human in health care*. Paper presented at the Exploring Fusions of Spirituality and Health International Hospivision conference, University of Pretoria, Hatfield Campus, South Africa, 14–15 July 2022.

quest for God” was followed. With that said, challenges and opportunities were introduced.

## **8.2. Challenges and opportunities: Functional fusion**

This section consider joy’s practical potential in response to the research question: ‘How can joy be made more relevant for CANSA volunteers in relation to CANSA’s two core pillars of sustainability and service delivery?’ (as discussed in chapter 3). ‘What does this research imply for professional practice in general and CANSA in particular?’. This study prompt to consider *joymotion* as a multidimensional approach and how its invocation in CANSA can work either for or against different interests and strategies. Recommendations for policy, procedures and programs were proposed regarding volunteers and values.

Let’s consider volunteers. The range of disciplinary applications in NGO’s and communities are broadening worldwide (as discussed in chapter 3 to 6). Covid presented additional opportunities for grassroots applications. Even so, some NGO’s are still stuck in old ideas and tired applications. CANSA is such an example of a partly static dual organisational approach focusing on securing sustainability to the detriment of service delivery thereby placing volunteer spirituality on the back burner (discussed in chapter 1 and 3).

CANSA need a more inclusive and extensive understandings of how transformation is spiritually constructed. Similarly, the validity of personal experience ought to be recognised, *in lieu* privileging the assumed objectivity of the collective. Since a quadrangular of disciplines relate to spiritual transformation with joy as its lens a shift in focus to a multidimensional approach based on overarching processual theory was suggested to rekindle CANSA’s flame (as discussed in chapter 2). Since four angles or disciplines are special cases or facets of a clear and convincing holistic service to humankind the application thereof presents opportunities (as considered in chapter 7).



The quest for the functional fusion of volunteers' and spirituality remains one of CANSA's great opportunities. Nuclear fusion find potential in peaceful application in the limitless supply of fusion fuel on earth (Gregersen, 2011, 217). Similarly, the establishment of spiritual transformation as a clear and transparent organisational approach has the ability to guide and support expression of spirituality with regards to community and social support. Such an approach can take many forms: training in spiritual transformation, education in self-awareness, value and self-worth beyond trendy self-gratification and acknowledgement. Spirituality can also be included in spiritual practices to assure time and space for spiritual preparation and expression before and during volunteer patient care according to each individual's spiritual orientation.

The theoretical framework of spiritual transformation in CANSA is not an attempt to organise spiritual life. Rather volunteer policies without a theoretical framework that accommodate the dynamics of spiritual processuality can be blind empirical probing since volunteering is for many African volunteers a spiritual practice, and manifestation of their spiritual life. NGO's however describe and manage and tend to focus on volunteers coping, beliefs, affirmations and motivations. Rather than a binary, it is my argument that joy provides a continuum between the two continuous poles of the secular and spiritual wherein African volunteer cancer patient care is located. Joy acts as a means of overcoming binary oppositions inherent to volunteering. This creative space encourage a reconsideration of CANSA's volunteer policy and regulations, management practices, monologue perceptions, explanations, and interpretations based on binary oppositions and false essentialism. Since Africans experience reality regardless of any rules, regulations, concepts, and notions volunteering can act as a means of overcoming binary oppositions inherent to the South African community. It contributed to the experience of dynamic processuality inherent in all layers of existence. CANSA's concepts used to organise cancer care such as volunteers' desires, volunteer titles, volunteer programmes, role descriptions, certificates, services, new skills, in-service training, and "outside life" (CANSA 2018a) are not fundamental elements of cancer care. They are maps rather than a territory. They point to a destination of fuller life. African volunteers are not separated from the spiritual. They experience all phenomena as one and as part of a process.

Volunteering is thus a laboratory in which individuals experience spirituality in a way that is not always available in daily life.

CANSA can no longer be reactive in considering the potential for a-spiritual or anti-spiritual or spiritually neutral impacts. To guard against essentialist notions of spirituality CANSA must move beyond tolerance, steer clear of just inclusion, be ahead of normative volunteerism, in short, beyond the binary. One of the four steps recommended for embedding spirituality into volunteering is to apply a spiritual transformation framework to key existing volunteer service streams. Projects designed without an intentional focus on spirituality can foster spiritual neutrality that further disadvantage historically marginalised groups.

Since there is a complete lack of understanding that people (and an organisation) need a new understanding of God before they can move on to a next stage more complete organisational transformation can be achieved through the application of joy as a spiritual transformation lens. CANSA should also foster spirituality *in lieu* (instead of) just setting and resetting targets. African spirituality should not be seen simply as a “red traffic light” preventing nuanced perception. Instead, benefits as well as risks should be examined. The advantages of African spirituality should be weighed up against the potential risks. Whilst there is concern that African spirituality is noisy or stagnant, this spirituality also provide clear benefits in terms of holism and processuality. This should be taken into account. A spiritual transformation strategy may be better than an outright ban or a silent notion that no action is necessary. In the light of African preference for collective approaches a spiritual transformation approach in tandem with Steyn & Van der Berg’s (2005, 120–140) Pastoral narrative group developmental model for volunteers should be considered.

Since human spirituality cannot be reduced to simple, predictable clockwork a more positive and processual view of spirituality should be adopted, one that leads to process or action. Since the term “spirituality” has historically provided a bridge between religious actors and secular institutions’ (Winiger & Peng-Keller, 2021, 1) joy can stimulate action by means of clear signals from CANSA management via a spiritual transformation framework. Assisting volunteers in acknowledging their joy will

help them to serve with increased enthusiasm because they are acting from their Source, since to experience joy is to experience God's presence in one's life.

CANSA policymakers must accommodate and follow their own spiritual transformation process, and make decisions in a more transparent, inclusive way. CANSA management must do likewise. They must state their position carefully, explaining the reasons for joy as an aspect of volunteers' spiritual transformation. To experience joy is to experience God's presence in your life helping volunteers to acknowledge their joy can help them to conduct care with increased enthusiasm because they are acting from their Source.

Spirituality scholars, and society generally, must move beyond the binary, in which the maintenance of relative static understanding of spirituality as lived experience works to delimit the very field of description that we have for the spiritual. It is imperative that CANSA reshape spirituality in a way that can enable all in South Africa.

Since volunteers and their involvement in CANSA change over time (an example thereof is the numerous retention studies and CANSA's yearly volunteer contract updating) policy should also be frequently updated and applied in new fresh ways.

This is not an attempt to silence volunteers and NPO's voices or wash "over the diversity of research, volunteer organisations, volunteers" (including cancer care volunteers) themselves or/and the "local communities they are involved in (Everingham, 2017, 275). Rather inner spiritual shifts demand an integration of the tensions inherent to volunteer service.

To maintain and support volunteers' the way volunteers understand, communicate, or engage with their biblical background (Lombaard, 2011) (as determined in chapter 4), volunteerism in the Bible and its relevance for the dynamics of personal and societal growth is proposed by means of stages: deformation, reformation and transformation. It is argued that spiritual transformation could serve as a research paradigm in theory formation. Furthermore, practical application through best (spiritual) practises will demonstrate that volunteers' lived experience is important.

How can that be done? First, organisations and churches can assist aligning practices, training and research to accommodate, promote and support this dynamic. Thereby volunteer's evolving involvement's in their own inner spiritual dynamism will be respected. Second, rather than con-fusion spirituality can be fused with volunteers' natural orientation towards spirituality with careful nuance. It is suggested by Johnson (2019) that "volunteer coordination strategy needs to be more nuanced than ever". Therefore each volunteer's personal fire should be kindled. Third, volunteers who have a passion and talent in spirituality and the overall development of spirituality can be recruited, trained and deployed in liaison committees to assist with volunteer training. Fourth, the future landscape of volunteering must be informed by a new discourse that resurfaces the intellectual field upon which joy as an aspect of spiritual transformation becomes familiar, materialised, and knowable. That can be accomplished with in-service volunteer training sessions. Structured in-service spiritual transformation training sessions can teach understanding and action. Fifth, literature is another opportunity for the development of spirituality. CANSA care centres patient support material, the content of online volunteer orientation courses, volunteer patient care training sessions, periodic and annual reports, communications to staff and volunteers, or a combination of these can be encouraged. Whatever governance is created and policy developed, it must be relevant, respectful to other orientations, realistic, attainable, adaptable, improved and supported by multiple generations and continuously nurtured, and endorsed by successive CANSA leadership.

Fifth, time for top-down. Because one seldom hears that "transforming an organization is led from the personal recognition that 'I' need to change" (Schramm, 2021) that should change. CANSA volunteers and employees should be trained to value and create an environment of inclusion and diversity. Leaders should know each volunteer individually and encourage Liasson committee members to learn more about each other. The aforementioned will boost team morale, initiative, motivation, creativity, spontaneity which on its turn will improve service delivery. Volunteers should be encouraged to spend time on their personal and their families' spirituality. Doing so will help them develop better health, hope and support of the patients. Momentum can

be acquired not by carrots and sticks but animated from within—through joy. If the CANSA's as Ver Beek (2000, 41, 42). formulated so eloquently:

is truly about strengthening people's capacity to determine their own values and priorities, and to organize themselves to act on these, then researchers and practitioners must recognise the importance of spirituality in people's lives, seek to better understand it, address it openly, and give people the opportunity and the power to decide how both their development and their spirituality will and should shape each other.

To lead one should be led. While an exhaustive description of CANSA's leadership is beyond the scope of this study, several elements warrant a brief discussion. "While understanding that a leader cannot impose spirituality in any way" and although volunteers are all different in their own relationship to spirituality "policies and processes can be developed that integrate a low-key spiritual approach" regarding values and behaviours (Altman, 2010, 37). An example thereof is a "dignity-in-the-workplace policy and induction program" that explores "the role of faith, spiritual expression and quality policy incorporating spiritual values" (Altman, 2010, 37). As stated by Lynne Sedgmore a corporate mystic in an interview by Altman (2010, 37) on corporate spiritual leadership:

I believe it is an oxymoron to have any kind of spirituality policy or imperative; it can only be through role-modeling and genuine engagement and interest with all involved. A spiritual culture will be maintained in relation to the genuine commitment and ability of leaders and staff to manifest it. Leaders and individuals should also manifest spirituality in their own lives and work practices.

Sixth time for a value-based organisation. Viewed in a linear manner through a modernist lens spiritual transformation might appear as normative and obsolete in the eyes of postmodernists. Even so, opportunities can only be pursued, and destinations reached when the passengers on a journey share the same map and compass. CANSA can find momentum and inspiration in synergistic shared values on their journey of joy with the following. First, be subject to a God who calls in addition to governance transformation also for personal transformation, and besides *biopsychosocial* transformation requires equally spiritual transformation across all levels including all people in every life stage. Second, be prepared to impact and transform lives by a willingness to be transformed first. Third, joy is an aspect of spiritual transformation is a part of their organisational life. Fourth, CANSA can *via* joy

be able to reform, and transform, led by God and transfused by their volunteers, the 'lifeblood' of the organisation, to transform and be transformative in the ever-changing South African landscape. Sixth, like most journeys, the current location is not the destination.

In summary, opportunities for the functional fusion of volunteers' and spirituality exist in CANSA and should be tackled from below (volunteers) and above (leadership) based on a shared values to have impact (to be discussed in the next section).

### **8.3. Interventions and implications: Spiritualnauts<sup>149</sup> in *joymotion***

This section discuss at *joymotion*'s practical African potential in response to the subsidiary research question: '*How can the African understanding of joymotion and its invocation in CANSA work either for or against CANSA's different interests and strategies?*'. Recommendations for policy, procedures and programs are suggested regarding African volunteers and a spiritual framework.

A binary note before departing on this section of the journey. It is not suggested that CANSA change into a spiritual *bricoleur* borrowing (cut and paste) from African spirituality to increase its credibility. An incorporation and utilisation of *joymotion* through the processual elements of recontextualisation (looking purposefully for what is meaningful) will be more conducive.

The many applications of joy as an aspect of the spirituality of African Patient care volunteers. A lack of organisational momentum was pointed out in Chapter 3. The overburn of sustainability effectuated the conundrum of limitability. The organisation's operational approach does not accommodate African volunteers' spirituality in spite of CANSA's best intention towards inclusivity. Volunteers are developed and deployed demographically but not aligned spiritually. The personalisation of volunteers' spirituality who deliver the service is not attuned. It is as if the silent agreement is: "Spirituality is important but we (CANSA) don't know how and preferably not take

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<sup>149</sup> A spiritualnaut is a person who travel spiritually through everyday life's experiences.

notice of how volunteers view, approach and implement it (spirituality) in patient care”. Such dualism does not embrace, integrate and apply Africa’s conviction of holism to everyday healthcare wholly and holistically (as discussed in chapter 5). A solution exists. African spirituality can be carefully applied during real-life volunteer scenarios and tasks, address spiritual issues during training, mentoring, retaining, and incorporate African spiritual values in health programs, and volunteer policy, to complement and enrich the discussions.

Because CANSA is lacking in addressing the spiritual aspect of communities to which volunteers belong a surprising solution sprouting out of the lessons of the Covid-19 pandemic was Collings et al.’s (2021, 1073) finding that multiple spiritual stakeholders with regards to community development should be considered because:

When organizations go beyond exclusively focusing on financial stakeholders and commit to the local community, they can make substantive, long-term positive differences in ways that governments cannot.

African spirituality (discussed in chapter 5) provides a window regarding “a more complete understanding of volunteers untapped strengths, challenges and resources” (Kirsten 2004:6). Although the focus is on the “mobilisation and development” of “all the sections’ of communities through ‘diverse’ volunteers” (CANSA, 2021d; CANSA, 2019a, 28; CANSA, 2015b, 34; CANSA, 2016a) CANSA can strengthen its approach by taking note of the elements of current African communities’ spirituality by adding African spiritual epistemology to African’s volunteer patient care. How? Inclusivity can contribute towards the clear resonating of African voices enlarging CANSA’s national footprint. How? I propose a noted win. Many CANSA care centres already goes one step further by intuitively following the framework of spiritual transformation. Their staff and volunteers defy modernistic management’s desire for control, policies, governance strategies, certainty, and “one-way truths” daily by dealing with patients’ who stay over during radiation and chemotherapy cycles and their inner challenges while dealing with their own personal chaos, uncertainty, diversity, lack of process, control—in other words, everyday volunteering. In that they contribute towards being human in healthcare. They draw on the spirituality of their volunteers (follow chapter 7) through authentic interpretive spirituality (life as text) and appropriated (embodied spirituality).

Back to the background. CANSA's transformational reforms (transformation) were well-intended and made great strides to ensure that African volunteers have equal access to volunteer opportunities. However, the organisation's transformational trajectory is in tandem with an operational approach. That means that its focus is not on community development and not value driven but the driving force is long term survival and sustainability (Nauta, 2004, 262–264)—even before the pandemic, which is not to say that the aspiration for transformation died but that in spite of CANSA's transformation efforts there is a slight quiescence of African volunteer numbers positioning them in a shifting fire line. This recent years' cooling of volunteers' numbers points to the fact that CANSA needs a flame to start the fire again. Since fusion is “the energy process that powers the stars” (Amos, 2022) the fusion of volunteers' *joymotion* with that of the organisation can benefit not only the individual but also the organisation. Considering that management, and liaison committees can be replaced, “values can change, policies shift, and institutional memory fade” (Berkowitz, 2022) volunteers with joy's constant and continuous character can be an organisational constant.<sup>150</sup> A solution exists in that African Patient care volunteers with their legacy of interconnectedness and interdependence motivated by a cluster of factors, including spirituality is at the core of CANSA's service delivery corps. This can be an essential asset to the success of CANSA and healthcare in South Africa. Allow an illustration. To visit those whose family members cannot overcome social isolation is a typical Patient care volunteer task (Masika et al., 2012). Including spirituality in formal volunteer patient care training programs could deepen patient care visits.

Another contextual note. Since institutionalised transformation (as discussed in chapter 3) can result in lost opportunities and since it is more reasonable to view joy as a spiritual quality in CANSA's African context (as discussed in chapter 5) an

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- Steenkamp-Nel, A., (2018b). African spirituality in transformation: Fragments and fractures of the shifting sacred, *HTS Teologiese Studies/Theological Studies* 74(3),1-10 and  
- Steenkamp-Nel, A. (2018a). Shifting landscapes: Spirituality in the life of the African healthcare volunteer. In A. de la Porte, N. Joubert & A. Oberholzer (eds), *Proceedings of the 2nd Biennial South African Conference on Spirituality and Healthcare* (pp. 261–277). Newcastle: Cambridge Scholars Publishing as part of the research *en route* to this dissertation and is here repeated with the permission of the publisher of that work and of the supervisor of this study.



overarching foundational framework such as *joymotion* is more conducive. Volunteer mentoring and retention should involve a multidimensional approach (as discussed in chapter 4 to 7) to enable the nurturing of African communities' spirituality. CANSA has a stepping stone in the form of its change agents (African volunteers) that can apply sustainable spiritual practises regarding various circumstances, pertinent to the issues of change in CANSA and the communities it serves. Allow a practical example of how multidimensionality can be incorporated in volunteer patient care and support. Volunteer health workers in Uganda received psychological care in the form of counselling, emotional support, and financial assistance, according to a research conducted to assess the community volunteer program's effectiveness (Jack et al., 2011). Such efforts must be extended, fostered and incorporated to include spiritual care and support within the context of "more holistic efforts" in CANSA and South Africa as well.

One conclusion is that CANSA in recent decades like many other NGO's developed from the a charitable endeavour by individuals to a highly structured endeavour b business-minded people (Gauss 2016). It became albeit over time apparent that the coherent tapestry (or maze for some) of this "non-profit organisation", "cancer warrior", "consumer watchdog"—to refer to but three of the organisation's sobriquets in recent years—costs money. Perhaps an organization like CANSA that works tirelessly to alleviate suffering, protects, and elevates communities, and institute social justice by creating a platform and springboard for (spiritual and social) transformation, deserves a description that takes into account its accomplishments and goals rather than just its tax classification (Gauss, 2016). Reasonably CANSA's *volte-face* (u-turn) is required: away from a non-profit to a socially conscious organisation due to the following reasons. First, this will effectively communicate the organization's proficiency, resolve, and proactive approach. Second, an accurate description will convey the organisation's intent and better reflect its goal(s). Third, it will vocalise the dramatic social progress CANSA made and is making. Fourth, since it is up to CANSA to confer and choose the name that best represents the hundreds of volunteers, millions of rands, and immeasurable influence it has in South Africa perhaps "social impact organisation" best captures the essence of CANSA's community objectives. Notwithstanding and regardless of a proper descriptor, it's only through adoption and

usage of effective and clear terminology that CANSA, the South African third sector as well as South Africans can head toward the next rainbow season of social good.

Second, CANSA's relationship with African spirituality is vital for this study. The reason being that joy as an aspect of a multidimensional spiritual transformation approach can contribute towards CANSA's goals—via its ability to align easily with the organisation on the following grounds. First, the transformational aspect already built into CANSA's "five-pillar strategy", and "high-priority strategic issues" (CANSA, 2021d, 84, 85, 88) clears the way for a broader understanding and expansion of the concept towards broader spirituality within the organisation. Second, volunteer cancer patient care is already transformational and processual in that it guides patients through the process of healing. Third, positioning oneself with(in) the (fire) flow one becomes more fluid more streamlined more buoyant, everything becomes more possible, and more creative, and solutions emerge that corresponds with the organisation's new volunteer model's values of innovation, openness and accessibility (CANSA, 2021c: 99). Fourth, according to Patton et al. (2017), a holistic lifestyle can be achieved through a transformative and spiritually integrated approach given that workplace spirituality contributes towards effective organisational leadership (Taladay, 2021, 34). Fifth, a more holistic approach will assist in bringing about the complete transformation of the whole individual (Taladay, 2021, 36). Lastly, processuality becomes a lens for understanding volunteers in their workplace. Thus, by allowing itself to be guided by the people (Kirsten 2004:1) and take African spirituality seriously CANSA leadership will be able to close the distance between themselves and their volunteers.

A third conclusion is that in Africa the flame of wellbeing and energy is holistic spirituality. Therefore, the theoretical depth of spirituality should be expanded to a multidimensional spiritual transformation approach to kindle the volunteer fire. It was determined that this approach can meet complex contemporary challenges, addressing both the limitability of previous approaches and set fresh applications to new realities. Kindling volunteers' fire with a (re)new(ed) fresh processual approach like *joymotion* can fuse sustainability and service delivery, spirituality and volunteerism, shift focus, evoke warmth and ignite a new direction carrying sustainable change.

A fourth conclusion that can be drawn is that precisely because volunteers are the drive of CANSA's policy, strategies and directions future attempts that include the relationship between the NGO and its volunteers have the potential to revitalise the organisation. Because they can be a source of energy for the wider CANSA if kindled they cannot be overlooked in enhancing support to 'patients and their loved ones as *they fight cancer*' ensuring that they do 'not to face cancer alone' (CANSA, 2022b; CANSA, 2022f). With the right support CANSA can expect more heat from its volunteers.

Admittedly, it is not known what process *joymotion* in CANSA's exactly is or entails fully yet, neither may it ever be possible to fully describe it adequately, but it is believed that the *status quo* is static and one-sided, primarily because it often does not reveal a commitment to spiritual processuality. This is not an attempt to exalt form over substance or methodology over outcomes. Rather, is it an attempt to place the human at the centre of the transformation in CANSA, and to do so more completely.

#### **8.4. Conclusion**

The intended outcome of this chapter was to explore, characterise and apply key components of joy as an aspect of spirituality within CANSA's patient care and support, to foster discussion within CANSA. Applications can be extended to the broader NGO third sector, in addition to the cancer patient care community and spiritual care community. A possible remedy for CANSA's quiescent volunteer numbers is the interplay between the operational aspects of sustainability and the spiritual processuality of service delivery. In this chapter the following research objectives were achieved:

- *'To establish critical perspectives on joy which will enable an understanding of a spiritual transformation process as a reorientation of God, self and others towards the unfolding of new possibilities in CANSA'.*
- *'To incorporate the above in the development of an approach for the facilitation of Patient care volunteers in CANSA'.*

- *'To describe guidelines for the implementation of the joyemotion with reference to volunteers in CANSA that African cancer Patient care volunteers can foster to support their communities'.*

Since CANSA's service delivery does not accommodate spirituality fully it needs a flame. Since "it takes two flints to make a fire" (Alcott 1926, 198) it follows that volunteer *spiritualnauts* can be the fuel of CANSA's fire. Wide-ranging applications of joy as an aspect of the spirituality of Patient care volunteers are available to utilise the myriad of possibilities at play. CANSA's choice is apparent: joyless motion versus *joyemotion*. CANSA can walk in front by being human in healthcare.

## CHAPTER 9: FINDINGS

### 9.1. Introduction

In the previous chapter applications of joy as an aspect of spirituality to new African volunteer realities were set. In this chapter surprising findings that emerged during the study were displayed. Discoveries in the context of the literature were elaborate upon. The study's significance for CANSA's Patient care volunteers were explored. Specifically, the novelty of the research design, relating joy to CANSA's volunteers, and the quadrangular discoveries of four disciplines made in relation to joy as an aspect of spiritual transformation were juxtaposed. Further, the limitations of the study were considered, concluding with recommendations for future research. Further information about CANSA can be found in the appendix.

### 9.2. Where I came from

This journey or study's goal was to answer the main question: 'What is the contribution of joy (as an aspect of spirituality) to CANSA's Patient care volunteers?'. The outcome was that joy is more than an emotion. It is an activator.

CANSA: To address the research question: '*What is CANSA's contribution towards the spirituality of its Patient care and support volunteers?*' an in-depth description of the organisation's relation to spirituality was described by means of the following subsidiary questions:

Qohelet: How does the Bible (particularly the book of Ecclesiastes and its speaker Qohelet) illuminate volunteers' understanding of joy? To address the research question: '*What is the role of joy—as indicated in Qohelet?*' the aim is to effectively translate and interpret Qohelet's concepts of joy in order to effectuate a comprehensive and integrated understanding of the African joy experience that intersects and forms the basis of many, though not all, African volunteering practices.

Africa: *'How does African spirituality perceive joy as an aspect of spirituality?'* the aim is to effectively translate and interpret African spirituality's concept of joy as part of their spiritual journey.

Healthcare: chapter guided by the research question, *"How do healthcare sciences' understand joy as an aspect of spirituality or spiritual transformation?"*. The aim of this chapter is how joy as an aspect of spirituality and volunteers can be applied in CANSA answering the subsidiary question: *'What is healthcare sciences' understanding of joy as an aspect of spirituality or spiritual transformation?'*.

Critical perspectives: *'What kind of hermeneutic may emerge if the joy constructs from these different contexts are brought together?'*

Applications in CANSA: *'How can the African understanding of joy motion and its invocation in CANSA work either for or against CANSA's different interests and strategies?'*

Insights for the discipline: *'How can a reflective hermeneutical space for joy motion within the discipline of Spirituality be created?'*

### **9.3. Outcomes**

This section locates the findings in context linking it to previous research.

#### **9.3.1. Fulcrum to fire: spiritual transformation as a bridge to new possibilities**

In this section the research question: *'What is CANSA's contribution towards the spirituality of its Patient care and support volunteers?'* was addressed with an in-depth description of spiritual transformation.

In chapter 3 and 6 it was established that not just CANSA (chapter 3) but the South African healthcare sector (discussed in chapter 6) as well employ transformation frequently as a policy, planning, management, and volunteer deployment tool.

However, in relation to CANSA it was pointed out in sections 2.4, 3.2.2., 3.3., 3.4 that intense debate and criticism of transformation exists, on the grounds that transformation understood as socio-economic equity bypasses spirituality and therefore holism because of the approach's empiric one-sidedness (Jevons, 1905, 735–736), dehumanisation (Hippolytus, IX, 5), incompleteness (Dawkins, 1996, xv), expeditious implementation and intensity (Coughlan, 2006, 582).

With relation to the South African healthcare system in which CANSA operates in and cooperate with it was determined in section 6.1 and 6.2 that the transformation approach (the same approach that CANSA follows) is mostly structural (Department of Health, 2017, 19), mechanistic (Department of Health, 2017, 66; Department: Presidency, 2012, 355), abstract and fragmented (Meissner, 2004, 902), and a quick fix (Department of Health, 2011, 8). Other research on this area have found that this transformation approach by the healthcare system lacks guidance for medical practitioners for on-the-ground application, lacks processuality (Steenkamp-Nel, 2019, 6), is politicised (Barnard, 2006, 140, 149), has poor theoretical underpinning (Nilsen, 2015, 1), a philosophical basis is absent and is infected by overall limitability rather than being processual, dynamic, multidimensional and scientific.

There is a glimmer of hope – a deeper understanding by African spirituality that is twofold. First, in section 5.4.1.1. it was determined that African spirituality is a relevant transformation framework that is not based on systems but on people. Second, it was found in section 6.3. that there is a growing realisation that in order to face the limitations, challenges and changes a less static and more open-ended framework is needed that has the ability to integrate the spiritual into healthcare education, the healthcare profession and policy. In section 6.3. personal spiritual transformation from a personal healthcare perspective was found to be a more dynamic process effectuating change in worldview, identity, emotions, behaviour, and spirituality resulting in better health and a higher survival rate. This radical reorganisation process consists of spiritual growth and spiritual decline, varying and fluctuating, either increasing or decreasing, not static but dynamic.

Spiritual transformation was detected in other disciplines as well. In relation to Qohelet it was indicated in sections 4.3.2. and 4.3.3 based on discussions by Perdue (2008, 253), Lohfink (2003, 57), and Sekine (1999, 118, 126) that Israel's spiritual *status quo* in the time of Qohelet was insufficient. Their understanding developed gradually that outer adjustments are inoperative and that an inner reorientation was needed. A *pyrolysis* (meaning a meltdown or cleaning out of old idea(s)). A subsequent inner reorientation pointed out by Peters (2013, 79), Marcus (2003, 6), Waaijman (2002), Landy (1990, 102), Enns (2011, 201) indicated that spiritual transformation as a hermeneutical approach provides a fruitful theoretical framework in difficult saturnine times and time frames of upheaval and change.

A key finding in chapter 5 was that although one *sui generis* (special) facet of African spirituality is spirituality (Agbiji & Swart, 2015, 1; Magesa 1998, 214; Knoop & Fave 2013, 98) research on spiritual transformation is relatively new (Falk, 2001). Based on discussions knowledge was broadened. A new argument was formed by means of the identification of knowledge patterns in four different angles on joy. Cross section analysis enabling critical reflexivity on multidimensional theoretical voices seldom represented quadrangularly in Spirituality scholarship were heard. Thus, the definition of spiritual transformation is as follows: Spiritual transformation is a process where the Divine-human relationship is restored communally as well as personally, initiated in stages by God and perceived and experienced as a bridge to opportunities, possibilities, and initiatives.

In chapter 5 another key finding was that African spiritual transformation is centrifugal i.e. community orientation (Theletsane, 2012, 271; Tlhagale, 2011, 21; Sigger et al., 2010, 55; Masango, 2006, 113; Sachs, 1992, 64, 174) and centripetal i.e. personal reconstruction before God (Falk, 2001; Mugambi, 1995, 6, 39, 186; Mosha, 2000, 50; Mugambi, 1995, 11–14, 15; Ngong, 2010, 47). In section 5.4 it was found that African spirituality is dynamic and processual, demonstrating that the concept of the outer horizon (context) should be expanded to include outmoded ideas. Some old spiritual beliefs, such as Ubuntu, formed Africans, but they no longer transform them. Moreover, Africans' spiritual understanding of transformation require a much more nuanced understanding of transformation by political and societal organisations.



In chapter 4, 5 and 6 the study's multidimensional approach to joy as an aspect of spiritual transformation contributed to a much more layered understanding of the effort to transform South Africa's fractured communities. Societal reform does not occur in a spiritual vacuum. In fact, spiritual transformation is a *sui generis* [unique] component of African spirituality. As spirituality is the oxygen Africans breathe, it ought to be their nourishment as well.

A key finding in chapter 7 was that spiritual transformation has practical potential in CANSA. Its multidimensionality and multi-layeredness can contribute towards CANSA's transformation efforts in relation to its 'two core pillars of sustainability and service delivery' (as discussed in chapter 3). This finding answered the research question: *'What does this research imply for professional practice in general and CANSA in particular?'*

Healthcare (as indicated chapter 6) is *en route* from determinism. Ordinary people demonstrate this by their faith in their own and others' capabilities, daily, in their personal and professional lives, demonstrated by numerous studies. Some healthcare disciplines have grown emotionally and spiritually.

Taken together one of the most important findings (indicated in chapter 4, 5 and 6) of this research is that the personal spiritual transformation of African volunteers, health care professionals and policymakers alike has the ability to bridge the gap, and to offer something new that can hold both the limited "training" and reductionist "tool" approach together.

In summary, in this section multiple points of view were reframed and inferences about the spiritual transformation process from within Qohelet, African spirituality and healthcare were made. The results of research on the spiritual transformation approach were compared. A golden thread of processuality was found quadrangulary across four angles. CANSA's transformation agenda is built upon processes (as discussed in chapter 3), Qohelet was still in a "process of becoming" (as discussed in chapter 4), the African perspective embrace processuality as a multi-dimensional

(understood as wholeness)' construct (considered in chapter 5) and the healthcare system follows processes although limping (discussed in chapter 6) is taking initiatives to intentionally integrate the spiritual into healthcare education and as a profession. Different healthcare disciplines understand personal spiritual transformation as processual and holistic (outlined in chapter 6). It was found that the three disciplines consistently classified processes with stages of deformation, reformation and transformation – although different terms were sometimes used. CANSA however does not refer to spiritual transformation just to transformation in a socio-economic context. Overall, the findings showed congruence between three disciplines regarding spiritual transformation providing a bridge to new organisational possibilities for CANSA as outlined.

### **9.3.2. Joymotion**

To respond to the question posed by the research: *What is the role of joy—as indicated in Qohelet?* an in-depth description of Qohelet's relation to joy as an aspect of the book's spirituality was done in chapter 4. Findings from this study indicate (see section 4.2. for details) that spiritual transformation was the restoration of Qohelet's relationship with God. Based on discussions by Sharp (2009, 202) and Berger (2001, 174) in section 4.3 it was found that joy is embedded in Qohelet's personal identity and experience. Before reaching "love for others," it passes through several phases, including "love for God" and "love for self." Due to the slow sticky painful pace of spiritual restoration characterised by institutionalism (temple) and legalism (*torah*) (Lohfink, 2003, 57; Perdue, 2008, 253; Sekine 1999, 26), unfolding joy as an aspect of the spiritual transformation process allowed Qohelet access to gradual insight.

In section 4.3.1 to 4.3.4. four phases or movements of experimentation, reinterpretation, realignment and recommitment (distinguished, but not separated) indicate that Qohelet adapted continuously within his changing surroundings. Joy is not hedonistic pleasure or naïve optimism. Joy as a component of spiritual transformation that is experienced both sensually and devotionally creates a *fulcrum* between the two seasons of the old and the new and in that sense develops as a hermeneutical framework. Qohelet's portrayal of life is circumvented by the

mechanical replication of religious, sociological, psychoanalytical, and political theories that are overly optimistic or gloomy and seek an objective or neutral interpretation (Clouser 2005). Qohelet used what is in modern times perceived as 'problematic subjectivity' as a spiritual transformation framework. The book's changing personal interpretation of life (through the processual nature of joy) was a *fulcrum* to significant and intriguing new insights (Chapter 4). In that sense is Qohelet a form of primordial metamodernism demonstrating 'a yearning for more stable but informed descriptions' and "life-bringing forms of thinking and being" (Lackey, 2021, 8).

Qohelet was not the only one influenced by joy. In section 5.3. and 5.5 it was pointed out that on a continent where Africans find it increasingly difficult to integrate the sacred and the profane and where the conversation about African spirituality lacks processuality, the emergence of joy is one of the most conducive approaches by Africans. Joy allows them to make sense of their situation and subsequently give access to resources. Joy is something between a comforter and/or a convertor (Muto, 2011, 93). Joy as an aspect of spiritual transformation can fulfil this unifying role as it is a renewal of the heart and mind as well as action. Based on discussions by Mbiti (2006, 21–23), Hevi (2004, 100), Kalilombe (1994, 129) and (Baeta 1983, 7) it is clear that African spirituality emphasizes joy. Joy is not about pleasure or happiness *per se*, nor about religion. Instead, joy holds a symbolic as well as a self-realizing place of honour in African societies. Joy as an aspect of spiritual transformation could be seen as a tool where joy is perceived as an awareness of God, an orientation, a generator, cathartic, and reciprocal. Africans do not just feel joy. They act joy out. This in-depth description In chapter 5 about how African spirituality understand the concept of joy as part of their spiritual journey addressed the research question: '*How does African spirituality perceive joy as an aspect of spirituality?*'.

Joy was detected in another discipline as well. One of the significant findings was already indicated in section 5.4. that since the South African healthcare system is stuck in broken outcomes and broken trust needing movement Johnson (2020, 6), Aubé (2005, 25), and Dick-Niederhauser's (2009, 207) suggestion should be followed up: allow joy with its affective, dynamic, processual nature can through its three forms of generating, activating, and reorientating motion to enable patients', professionals'

and volunteers' to face or turn in a new direction thereby opening up new possibilities (Fitzpatrick & Stalikas, 2008b, 138; Johnson, 2020, 6) and perceptions. Joy's ability to breathe new life into old ideas, experiences, stimuli, knowledge, and beliefs can result in the creation of new emerging and more effective healthcare sector. To achieve that CANSA's organisational management and policymakers have to be aware of shifts in or transformation of employees and volunteers' joy experiences and emotions. Admittedly, it is not a simple learning of routine or strategies. It should emanate from CANSA leadership and staff on all levels to be credible. This implies that they must be spiritually dynamic themselves in order to perceive circumstances in a new light so that CANSA can survive (as discussed in chapter 2) and thrive. Joy presuppose leadership with souls.

One key finding is that joy is more than an emotion. It is a activator capable of generating inner energy to recognise fresh possibilities and utilise new opportunities. The critical perspectives on joy enables an understanding of a spiritual transformation process as a reorientation of God, self and others towards the unfolding of new possibilities in CANSA.

Although it is by no means simple to apply and maintain joy in the healthcare system and healthcare NPO's, it is suggested that the process and approach of *joymotion* could be an ideal means of obtaining an understanding of joy related processes. It was argued in chapter 6 that different forms of *joymotion* exist which implies different approaches towards the *joymotion* process between the management and policymakers, patients', professionals' and volunteers'. Since it was established that healthcare management, policymakers, professionals, and CANSA's public literature fail to share a clear understanding of transformation, due to confusion, unclear and conflicting language, impractical application, poor philosophical misunderstandings, as well as inaccessible formal processes and methods with shaky methodological foundations, in addition to processual ignorance (Department: Presidency, 2012, 82, 98, 113, 145, 355, 477; Department of Health 2017, 19, 66) it has become important to find in the South African ocean of governing one-sidedness a shared understanding of spiritual processes.

Based on a discussions by Jooste (2004, 5) and Newberg (2006, 189) it is argued that only with the help of joy as aspect of spiritual transformation will the healthcare sector be able to move towards a new emerging reality. This argument relates to Sandage (2006, 249) and Bingaman's (2016, 10) description of the process of spiritual transformation as not fixed, but rather dynamic, enduring, expanding, and even evolving. This is meaningful, since *joymotion* as the ability to move spiritually can fulfil this need to move.

In addition to the importance of spiritual transformation as a means of establishing a framework in which joy could unfold and be maintained, one of the other most surprising discoveries pertaining to the spiritual transformation framework is that people are not activated by joy in order to connect them with each other. People should come together (to experience joy) in order to attune them to new perceptions, fresh possibilities and contemporary pathways (Johnson 2020, 6). The definition of *joymotion*: joy, as an aspect of spirituality is an effervescent unfolding emotion, an activator by God capable of generating inner energy to open perceptions, recognise and activate fresh possibilities and utilise new opportunities through togetherness—thereby, transforming inner and outer (sacred and profane) contexts.

Furthermore, and even more crucial, was another finding that the healthcare system, and its sister organisations, healthcare NGO's such as CANSA, have to provide a channel for patients, professionals and volunteers through which they can experience and express joy, through well-defined, well-developed and well-maintained opportunities (as discussed in chapter 7). Since a discussion by Hevi (2005, 100), Moon (2009, 178) and Kudjajie (1997, 54) in chapter 4 it is maintained that communal or relational experiences, through devotional acts and sensorial acts are the preferred infrastructure to understand, contextualise and put joy into practice it is argued that the most effective way (or opportunity) for CANSA management and policymakers to accommodate peoples' joy, was through *joymotion*. Constructive ways to express joy can be through collective or personalized symbols such as colour schemes, worship, meetings, training classes, graduation ceremonies, sermons and lectures, music, and social gatherings with eating and drinking (as discussed in chapter 4, 6 and 7).

In this section multiple points of view were reframed and inferences about the joy from within Qohelet, African spirituality and healthcare were made. An important finding derived from the literature review on CANSA, African spirituality and the healthcare perspective was that any process that attempts to understand and apply joy in African healthcare should be approached from a holistic perspective (CANSA, 2012; Pulchaski et al., 2014; Muto, 2011, 93; Moschella, 2015, 97–126, Baldacchino, 2015, 597). Since it is maintained that the primary objective or goal of *joymotion* (joy as an aspect of the spiritual transformation process) is to adapt (Aubé, 2005, 25) in order to flourish (Steenkamp-Nel, 2019b, 4; Lee 2005, 138), it is argued from a holistic view that leadership and volunteers are equally important in the transformation of CANSA. Seen more broadly, the NGO sector as part of the South African healthcare sector should be recognised as equally important in South Africa's transformation – but then not just biopsychosocially, socio-economically and politically but spiritually as well. Each should attempt to understand the transformational contexts of the other processually. Arguments concerning joy further maintain that a reorientation, reframing or recontextualising towards a new emerging reality should be allowed. Therefore, it is assumed, based on what was established about joy in this study, that healthcare policymakers, management, professionals, staff, as well as volunteers should engage in *joymotion* (see section 6.7.4 and chapter 5). The aim is the understanding of a shared process namely each other's spiritual transformation—i.e. the phase and/or stage—that each person is in.

From the discussions by Steenkamp-Nel (2019a, 2018b), Mulaudzi et al. (2009, 51), Greeff and Loubser (2008), Dageid (2008, 191), Waaijman (2007, 113), Miller & Thoresen (2003), Dornan (2002, 305) and Sekine (1999, 127) the restoration of the divine-human relationship (in chapter 3), and the renovation of the relationships between people (chapter 4 and 5), has the ability to positively and significantly impact the transformation of CANSA's two core pillars; sustainability and service delivery. The continuous tiresome struggle can be rejuvenated since joy is effervescent transformation, bubbly new life.

In summary, based on arguments in the preceding chapters, the purpose of this section was to focus on the development of a *Joymotion* framework that addresses

the most important requirements (research questions). A mutual relationship between process and transformation and between spiritual transformation and joy was established. A new emergent context in healthcare wherein spiritual transformation as *joymotion* occurs was recognised.

#### **9.4. Limitations of the study**

The findings of this study have to be seen in light of some limitations. How they affect the conclusions that can be drawn from this research was explained. Measures employed to minimise the impact of study limitations was discussed. The first is the formulation of research aims and objectives. The second limitation concerns the research approach. The third pertains to lack of previous studies in the research area.

##### **9.4.1. Formulation of research aims and objectives**

The primary limitation to the generalisation of the study's results is the research aims and objectives along the following lines.

First, to make sure that the first research objective: '*To explore and describe CANSA's perception of spirituality*' is built on accuracy the scope of the literature review was narrowed to CANSA and not the whole South African NGO sector due to the study design. The implication however is that it limits to whom the findings can be generalised. Being ultimately a study about God's care for people researchers who embark on this journey should familiarise themselves with both to provide replicability.

Second, to increase the study's level of focus and to secure valid propositions on which other researchers can build to advance the spirituality field the research aim and objective was narrowed to African Christian spirituality. This systematic bias was intentional. However, I am not a limb in the African body. The ways in which this problem was addressed—and should be addressed in future studies—is by ensuring that understanding of the research object is built upon contact. An example: although this study is a literature review preliminary research was done in the form of work experience. I extensively collaborated with Africans in my community and in our district

as a CANSA Community Mobiliser and Health Program Coordinator. This experience and perspective illuminated decisions on which research literature to include and exclude. Future researchers can equally overcome cultural differences, stereotyping, and being the “other” by actively involves themselves in the organisations’ and communities’ campaigns, events and volunteer Patient care and support activities.

#### **9.4.2. Research approach**

A number of potential methodological issues regarding the research approach that can have an impact on conclusions drawn from this research were identified. A limitation in a particular approach does not have to be a weakness. The purpose of this study determined the demarcation.

The spiritual transformation approach as with all research methods, has its limitations such as a potential lack of focus (typically associated with transformation since it is gradual). It was however overcome with clear research questions and objectives.

Although the spiritual transformation approach in this study is not an empirical study it has its advantages. The reflective nature ensured that the study was not limited by self-selection bias in that only individuals who voluntarily signed up for a research study provided data (Lavrakas 2008).

I too can acknowledge a limited lens or perspective since I am like Qohelet ‘under the sun’ (Ec. 2:17 The Scofield Study Bible, 2006, 851). This weakness was overcome (to the degree that it was possible) by the utilisation of a multidimensional lens (research approach).

As more information by other researchers will be gathered, changes will occur that requires future theoretical updating or revision to improve accuracy.



### 9.4.3. Lack of previous studies in the research area

This study strive not to be just another study providing simply an overview of topics, themes, or not generating any deeper analysis but opt to develop something that is new and valuable. Hence, a literature review was combined with critical analysis to provide some evidence. To ensure properness and purposeful citing and referencing prior research studies were used as the basis of a literature review or research background (discussed in chapter 3 to 7). These results must be interpreted with caution and the following limitations should be borne in mind.

First, to reach the study objective: *'To explore and describe CANSA's perception of spirituality'* required a narrow scope of prior research. It poses a problem however. Since CANSA's spirituality did not receive research attention material was limited. It was decided to use CANSA's public literature in addition to applicable academic publications on NGO's. It ensured depth and rigor and offered something beyond a recitation of previous research. Even so, this study had no access to CANSA's in-house training material limiting its insight. The ways in which this problem can be addressed in future studies is by researching NGO's training material.

Second, to reach the research objective: *'To charter some of the contours of joy as an aspect of spiritual transformation, valuing the diverse gifts and contributions of African spirituality, but doing so critically'* required a narrow scope of the research topic. However, how African volunteers deal with their own spirituality during volunteer healthcare<sup>151</sup> received no research attention. To overcome this limitation the spiritual transformation approach was used. The multidimensional nature of this approach allowed a *via trium*. First, the reference of qualitative studies conducted in Africa with a spiritual focus extended the external validity of the findings. Second, the Hawthorne effect (participants' knowledge that their involvement in the study could have an impact on the results) (Sedgwick & Greenwood, 2015) and limit external findings was avoided.

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<sup>151</sup> In the context of this study "volunteer healthcare" is not patient care. "Patient care" is taking care of patients by professionals. "Caregivers' care" is care by family or friends. "Volunteer healthcare" is taking care of patients by volunteers (trained and facilitated by healthcare NGO's).

In the third place, prior studies provided the theoretical foundations to charter some of the contours of joy.

As with most studies, the design of this study is subject to limitations. These limitations were presented.

### **9.5. Recommendations for future research**

CANSA has different types of volunteering whose tasks are varied equally by theoretical discussions of volunteers' motivation. These motivations should be addressed as part of a comprehensive CANSA research approach.

It is derived that the healthcare system in its ongoing transformation process should incorporate both the "tools" and "training" approach as well as the spiritual transformation approach. Since personal positive emotions predict commitment to change and joy causes a multivocal perception of self, others, and the world joy as an aspect of the process of spiritual transformation can assist in healthcare's transformation process. Changes in an individual's personal spirituality also reflects in his/her relationships and broader environment since he/she has relationships in that environment. Joy is an important variable in understanding CANSA's volunteer cancer patient care. Transformation in the joy related processes of cancer Patient care volunteers can be ascribed to different forms of joy namely generational, activational and reorientational movement that move from stuckness to new pathways and possibilities.

CANSA as a key role player in the South African healthcare sector ought to develop the ability to understand and recognise participants in the sector's nature of joy to be able to design processes, policies and procedures to enable the sector to address joy to the advantage of the sector.

The African understanding of *joymotion* and its invocation can enhance CANSA's different interests and strategies. Spiritual transformation has the potential to be a possible remedy for CANSA's quiescent volunteer numbers When it is accommodated

in policy, procedures and programs joy as an aspect of spiritual transformation has the potential to bridge the gap between CANSA's sustainability and service delivery in that it provide a process of growth, understanding and action.

It is to be considered an alternative to CANSA's existing technocratic transformation policy as it acknowledges that every person and process is (a) dynamic (being). Perhaps no other NGO like CANSA as part of the healthcare sector has the potential in their unrelenting encounters with the sick and the dying, but also with and through volunteers to work with and be challenged by the transformation of the self *en route* to the sacred.

Considering that some healthcare disciplines have grown emotionally and spiritually, the beginning of the new political dispensation in South Africa nearly thirty years ago. It is time that CANSA policymakers do so too. They should give African volunteers more credit, have more trust in them, and demonstrate a willingness to take spiritual risks in a paradoxical world. Theory without practice is withal anaemic but practice without theory is enemy. It is, thus, proposed that CANSA's volunteer policies and the NGO itself should not use a "cookie cutter approach" for all and everybody but demonstrate courage by following a gradual transformational approach (also of themselves) that takes care of the significant differences, approaches and stages in terms of different levels of development and institutional capacities.

Healthcare and healthcare NPO's like CANSA have to adapt to a changing society and participants in the sector's joy related processes. Where it exists, management have to consider changing its value neutral, a-spiritual models, policies and processes. This is necessary if the sector aims to not just to accommodate but to contextualise (reflect and incorporate) contemporary societies' cultural, ethnic and spiritual diversity in healthcare which entails the contratide of *joymotion* (Chapter 4). In a globalised society the attributes of spiritual transformation's unconventional, the forms of joy as internal resources namely awareness of God, orientation towards God and self-actualisation (chapter 4) are associated with better physical health and joy is associated with resourcefulness which can hold a competitive advantage for CANSA amidst severe competition.

Researchers and management can start their journey to comprehend the transition in the healthcare sector and healthcare NPO administration by first understanding joyemotion inside themselves. This also allows them to meet volunteers where they are. Subsequent generation, activation and/or reorientation towards shared pathways, possibilities and opportunities can contribute towards CANSA's programmes and campaigns and can develop the organisation as a whole, as well as society. Joy as an aspect of volunteers' spiritual transformation can make CANSA more robust.

The emerging framework of *joyemotion* fits well in the healthcare sector when applied. Its usefulness to and within CANSA was illustrated in chapter 8. This section attended both to the richness and robustness of the framework and how thoroughly it is grounded in different disciplines, to its clarity and applicability within the sector as well as in the achievement of the Millennium Development Goals (promoted by the United Nations).

Following one of the consequences of CANSA's adoption of a mechanistic epistemology is a complete ignorance of the transformational nature of the spiritual process. In considering the *Joyemotion* approach from a critical perspective, the processual view of joy, which perceives joy from a spiritual transformation view, is identified. Specific social circumstances were not accommodated *a priori* as in abstract reductionist "theories of change", community or mechanistic enrichment models but juxtaposed with spiritual transformation. Mbuvi (2018, 150), Mulaudzi et al. (2009, 51), Moon (2009, 178) and King (2008, 155, 165) stated that it is possible for humans to enter the context of the other through joy as an aspect of spiritual transformation. In this way one develops a fresh understanding, accepting, and acknowledging the other person and his or her circumstances, which enables one to transcend one's own stagnant perceptions and limited contexts by experiencing the other person from God's viewpoint. In line with optimistic social, political and public health theories the *Joyemotion* approach pursues empowerment *via* grassroots mobilisation, capacity building and partnership promotion but go one step further by interpreting the spiritual dimension, incarnated in life. Furthermore, the purpose of *joyemotion* from this viewpoint, is to gain a new understanding of a situation by recontextualising it through

joy. Furthermore, the purpose of the *Joymotion* approach from this viewpoint, is to gain a fresh perspective on God, oneself, and others by recontextualising transformation through joy. In establishing *joymotion* as an approach the objective was fulfilled: to establish joy as a processual framework as experienced by African volunteers within their own everchanging contexts.

Although abstract reductionist Cartesian epistemology (Mphatswe et al., 2011, 176–182), and its antithesis, system approaches (Leon, Schneider & Daviaud, 2012), overoptimistic interdisciplinary collaborative practice (IDCP) models (Orchard, Curan & Kabene 2005), agency theories (Rispel et al., 2016, 239–249), methodologically complex constructivist theories (van Graan & Williams 2017, 276, 281, 282), and monocular policy opt to accommodate specific strategies, structural analysis or corporate culture one must beware against a narrow, mechanistic and subsequently reductionist approach to joy since the South African healthcare governance already comes across as an exclusive (elitist, structural and ideological) rather than inclusive (equal and processual) transformation. This view is based on the evidence that in healthcare policymakers, and sometimes professionals ineffective policies and management strategies and the application thereof, staff, volunteers and ultimately patients are the casualties (Chapter 5). This implies that healthcare is not holistic including all people and the whole person (as a whole) as well as his/her capacity to change his/herself and well as his/her spirituality.

Compassionate understanding and respect for one another's personal spiritual transformation journeys are critical. The adoption of the *joymotion* can provide a deeper understanding of healthcare as wellness rather than the mere reduction of healthcare to a limited "training" and/or reductionist "tool" approach. It is the argument of this study that every person is a dynamic being. It is further proposed that every person's spiritual transformation process as both engagement with the sacred, with own personal growth as well as with healthcare colleagues, staff, volunteers and patients can contribute towards transformation of healthcare. In other words people can only understand others' everchanging context from their own everchanging context (meaning if they themselves change) which makes effective cancer patient care and support by means of a processual understanding of joy feasible.

In summary, although a multidimensional understanding of joy as an aspect of spiritual transformation is limited and direct comparisons of scientific disciplines' understanding of joy are rare there is relative agreement between disciplines that joy as an aspect of spiritual transformation exists. *Joymotion* reflects a spiritual process across this study's scientific landscape.

## **9.6. Conclusion**

The purpose of this chapter was to discuss surprising findings that emerged during the study. The purpose was addressed by explaining where I came from. The research was placed in context linking spiritual transformation and joy to previous research.

It was indicated how healthcare colleagues, staff, volunteers and patients can recontextualise God, self and others through *Joymotion* as the third stage of spiritual transformation towards the unfolding of a undistorted new reality. Additionally mentioned were the research's shortcomings and potential use. Furthermore, this chapter addressed the fourth research objective that was formulated in chapter 1 as follows: *'To establish a Joymotion framework which will enable an understanding of a shared spiritual transformation process as well as potential to recontextualise God, self and others towards the unfolding of a undistorted new reality.'*

## CHAPTER 10: INSIGHTS FOR THE DISCIPLINE

### 10.1. Introduction

The previous chapter discussed the study's findings. This chapter is to consider insights for the discipline in answering the subsidiary research question: 'How can a *reflective hermeneutical space for joy-motion within the discipline of Spirituality be created?*'.

Approaches and observations that are canvassed: "Joy: Inner dynamism", "Nuanced scientific endeavours", "Structured spiritual terminology", "Spiritual transformation approach as reappropriation", "Light catchers" and "light catchers" or reflectors, and lastly, "Fire freeways of interiority".

### 10.2. Inner dynamism through a multidimensional approach

It was decided to follow a multidimensional approach to secure a strong, enduring, nonsubjective, reliable and coalescent analysis.

Among the possible useful disciplinary perspectives that was initially considered were Practical Theology, Missiology and Organisational studies. They, however, had to be excluded in spite of their valuable contributions because of space constraints and to maintain a logical and orderly approach to the study as well as a workable scope leading to another dynamic.

Two binary notes on multidimensionality are fitting here. First, Spirituality as the younger sibling of Theology suffers from familial baggage in that it is perceived as a normative science that lays a "normative foundation on revelation" (Gehrig, 2021, 33) – a *sine qua non* condition for any scientific partnership. Subsequently, it is sometimes intentionally excluded from interdisciplinary studies to the detriment of knowledge generation. Admittedly, ignoring what one chooses not to see and being unable to investigate what does not respond to one's tools, techniques and approaches can be signs of a theological illness (Schneiders, 2005, 10). It must be mentioned that to

integrate spirituality in community development such as CANSA's is not uncalled for, ill-considered or unjustifiable since, according to Gehrig (2021, 33), comparable efforts are underway in other fields to incorporate theology into the social work curriculum, particularly in light of the pressing issue of spirituality and the professional skills required for effective interventions. So, to counteract academic short-sightedness and widening this study's foundation while simultaneously keeping 'our focus on the lived experience of Christian faith and discipleship' (Schneiders, 2005, 10) a multidimensional approach was chosen.

The second note pertains to CANSA as an NGO. Van der Dool's (2017, 22) notion that organisational paradigms require an additional element, something "deeper" or "higher," to propel them forward and upwards was developed further via a multidimensional approach. It must be mentioned that this approach's integration of other disciplines with spirituality can be beneficial for NGO's like CANSA since "a spiritual perspective of social innovation may help in the development of a method for spiritual formation of people who work in the field of social innovation" (Van der Dool, 2017, 12). Therefore, future studies in Spirituality and Theology can consider opening up and deepen reality with a multidimensional approach.

Third, in this study due to its multifocal insights regarding the research questions the multidimensional approach allowed a richer exploration and description of joy as an aspect of spirituality. Future studies that evolved from joy's multidimensionality in the direction of interdimensionality have the potential to stretch the Spirituality discipline's scientific imagination.

Fourth, a tributary has two meanings. It can flow as a small stream into a larger river or it can as a person 'pay tribute to the leader of another nation. Likewise disciplines can become stronger by joining forces to feed the plains, river deltas and the ocean of knowledge. It was decided to create a quadrangular (four-pointed) research space consisting of four disciplines or angles wherein the river of spiritual transformation flows. Although this study's four disciplines or angles might at first seemed unrelated they were able to provide an integrative understanding of the research problem as they all are products of dynamic levels of human lived experience. The disciplines that



joined forces in this study were the societal (CANSA), Theological (Qohelet), and Healthcare sciences as well as African spiritual epistemologies.

CANSA's perspective informed the study because it brought an improved understanding of the organisation's approaches' relative strengths and weaknesses as well as the background of its volunteers' context, identification of problems, as well as the downplay of the limitations of favoured approaches. This background assisted in facilitating the identification of an alternative theory and approaches that might generate different conclusions. The research question that was included to accommodate this disciplinary perspective was: *'What is CANSA's contribution towards the spirituality of its Patient care and support volunteers?'*

The African spirituality's perspective was chosen to inform this study because it was the spiritual space wherein African volunteers work, and it allowed for the inclusion of critical spiritual variables generally ignored by other disciplines in NGO studies. Its knowledge allowed analysis that enriched the study's conclusions. The research question that was included to accommodate this disciplinary perspective was: *'How does African spirituality perceive joy as an aspect of spirituality?'*

Qohelet's perspective informed the study because its theoretical components supplied a discernible pattern that strengthened the triangulation of the spiritual transformation approach and the joy theme across the different disciplines. Its scholarly voices allowed a more accurate understanding than any one discipline can achieve. It made clear and gave perspective on unresolved modern societal need and issues. The research question that was included to accommodate this disciplinary perspective was: *'What is the role of joy—as indicated in Qohelet?'*

Healthcare's perspective informed the study because it offered insights on the stages of spiritual transformation that no single discipline was able to address comprehensively. Doing justice to the discipline it was expected that healthcare's technical language complexify research and its style disjunctive. Against all expectations its case studies simplified complexity. Moreover, it converted complex information into content that was easy to follow, understand, and apply. The research

question that was included to accommodate this disciplinary perspective was: '*How do healthcare sciences' understand joy as an aspect of spirituality or spiritual transformation?*'.

Fifth, it is suggested that the relationship between African spirituality, Qohelet's spirituality and healthcare should be conceptualised as an exchange in terms of its distinct discursive arrangements cross-fertilizing one another. This involves an analysis of African spirituality appropriated and re-articulated in changing contexts. With regard to volunteering three of these contributions are quite obvious. First, the transformational character of Qohelet's *joymotion*. Secondly, spiritual transformation processual character in African spirituality, in addition to the surprising presence of spiritual transformation in the healthcare sciences. Third, the overlap in the disciplines regarding the components of joy as an aspect of spiritual transformation i.e. deformation, reformation and transformation (*joymotion*) (as outlined in chapter 7). Fourth, the deployment of medical sciences' insights, and fifth, the changing character of volunteer cancer care in South Africa.

Sixth, a multidimensional spiritual transformational approach to joy can be an antidote to the following, one, the extremes of post-modernism that pushes the hermeneutics of suspicion too far claiming that "nothing can be trusted, least of all the living God" (Bartholomew, 2009, 155). Second, pseudo-modernism's, as conceived by Kirby (2006, 35) fetishising (place supreme importance on) the readers or recipients of Qohelet to the degree that they become a partial, co-author or whole author of the text. Third, pseudo-spiritualism that glorifies experience can be enriched.

Seventh, it is hoped that this meticulously constructed multidimensional approach with its comprehensive quadrangular perspective will become a requisite approach for those interested in spiritual change such as healthcare professionals, volunteers, NGO's, policy-makers, and everyday citizens. It is suggested that pastors in the sermon writing process, as well as Biblical and other serious scholars in a variety of fields related to spirituality test, try, and turn to the spiritual transformation approach to break (again) the warm bread of the Old Testament. The Old Testament makes a rich contribution towards a processual understanding of faith (just as valid today as

then because of process' timeless dynamic). Its addressability provide an understanding and addressing of many of 'the ontological, epistemological and existential challenges of the twenty-first century.

In summary, methodology in Spirituality is a somewhat contentious issue considering that the discipline (not the lived experience thereof) is so young. This section suggested a practical pathway true to the nature of the discipline—meaning a processual framework—for use within the discipline in addition to disciplines flanking Christian Spirituality. Insights from the quadrangular approach were placed in context and evaluated to provide thorough and thoughtful understanding. Connections were made between four diverse angles on joy as an aspect of human spiritual transformation experience. The four disciplines analytical distinctions enabled the joining up of concepts that are normally compartmentalised leading to the understanding of joy as an inner spiritual dynamo. More nuanced endeavours to be discussed in the next section.

### **10.3. Nuanced scientific endeavours**

Joy was a natural lens for this study for two reasons. First, there is a startling lack of Secondly, Johnson (2020:85) emphasised that the identification of “activities and techniques that can induce joy is one of the key research objectives for the emerging science of joy”. This study reflected on differing interpretations of Qohelet's 'joy' in order to (re)discover the dynamic(s) of joy as an aspect of spiritual transformation for the sake of a closer understanding of the walk with God eclipsing (and transforming) generalisations (reductions) of the faith journey. Joy as a research theme was a way to create usable knowledge that can provide researchers in Spirituality with actionable information and/or also perhaps appropriate opportunities and possibilities to care about communities, congregations and NPO's.

Spirituality's ever-changing disposition propelled this study towards the creation of larger scholarship in order to avoid essentialism<sup>152</sup> (focus on detached phases or parts of the totality). Thence a critical study of joy as aspect of spiritual transformation were suggested. As the understanding of social marginalisation and injustice in its various forms develops (Moschella, 2015, 101), due to its ability to accommodate many places of entry into the faith journey, the spiritual transformative approach in Biblical hermeneutical approaches on the pulpit and in the pews becomes increasingly essential. This method also allows for the presence of quiet, thoughtful voices rather, than just the loud, well-articulated roars of modernism during church board meetings and synods, as it may include valuable ideas. Because of the spiritual stage or phase such persons are in, and precisely because of the limitations of their individual perspectives, they are worthy. They do require attention, in fact, because of their limitations. Why? Their flame has the power to oxygenate the stage we are in and invigorate the one we have to advance to. There is one change point that has the potential to be light reflector; one's own personal spiritual heritage. Allow an example: one of the holes in my inner text, influencing my choice of a research approach in this study is my Christian Reformed training (I can't decide if it's an inner or outer horizon of mine. It's probably both). In the Reformed tradition spiritual transformation is although not substantially mentioned well described (Calvin, 1960, 189, 297, 453, 690). Calvin (1977, 294, 297, 300) described it as a spiritual process consisting out of phases and elements like "conversion" (in the Afrikaans language "bekering") which means a turn from evil to good, "regeneration" that Calvin, ("wedergeboorte" in Afrikaans) being "repentance", "restoration", "reformed and renewed by the Spirit", the agent of transformation (Calvin, 1960, 298, 335, 601). The result of this process is "justification" meaning being pure (righteous) before God through faith in the deeds of Jesus Christ is because of what Christ has done for us (substitution) (Calvin, 1960, 315, 321, 326, 447–448).

It is not a mere abstract but has practical implications. When redeemed by Christ "sanctification" follows ("heiligmaking" in Afrikaans) i.e., individual actions and fruits

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<sup>152</sup> This paragraph is an adaptation from a previously published article: as Steenkamp-Nel, A. E. (2019a). Transformative joy in Qohelet: A thread that faintly glistens. *HTS Teologiese Studies / Theological Studies*, 75(3), 1–9.

like joy through the awakened “power of the Holy Spirit” (Calvin, 1977, 456). For Christians it is a drive to reform the “church, the state, society, and economics’ according to the ‘Word of God” (Koedyker, 1981, 74). This overarching process of “spiritual ‘growth toward the goal of maturity” (Whitlock, 2002, 317) in the individual and community served this study (being about volunteerism) well.

Notwithstanding, the value of this aspect of the Reformed tradition my view does not venture sheeply or lemmingly towards an epistemological cliff. Equally important is the processual character (and corresponding societal implications) of Calvin’s view on sanctification (as an element of spiritual transformation). Although Calvin (1960, 688) called the spiritual transformation a doctrine of spiritual living and not of reason the understanding of the spiritual process in Reformed circles often tends towards legalism (Whitlock, 2002, 317–318 ). Moreover, it becomes in due course increasingly rationalistic wringing out processuality in that it placed not enough emphasis on living a mindful Christian life (Schaeffer, 2001, 91) thereby, removing practical techniques for spiritual transformation (Wooldridge, 2008, 36). The reason might be the fact that Reformed transformation’s goal is being seen as developing an “understanding of the Scriptures” (Whitlock, 2002, 318) and not an understanding of God, excluding lived experience as intrinsically spiritual movement or process. In fact, due to precisely the methodical nature of God's revelation in the Bible, revelation history, as well as the (changing) lived experiences and growth in Bible characters the process of becoming spiritual mature receives no attention. This leads to a notion of what I call “Christ magic”, an underlying understanding that: “We are supposed to be here in our spiritual journey. Therefore, we arrived”. The result is indescribable spiritual hardships for many a faithful who are not able to see God’s processual safari with them (including regular and cyclical deformation) towards transcendence. This must be rectified in Reformed Theological Studies and in each theologian. It is therefore suggested that 1) The spiritual transformation approach can be a hermeneutical and liturgical tool. 2) Theologians find their flame by exploring the holes and the dynamic I(L)ight reflector capacity of their own spiritual heritage.

In summary, the complexities of spirituality draw our attention to the fact that flat Theology can lose any semblance of complexity and intricacy that shapes spiritual

experience, replacing it with piety, overemphasising objective doctrine, compiled by the inattentive transferred by the partly informed to the credulous sinecure—necessitating a more nuanced scientific endeavour that can effectuate structured knowledge production. This study’s findings could be the road signs on the safari.

#### **10.4. Structured spiritual terminology**

One key insight regarding research in a healthcare setting emphasised the great care that should be taken in spirituality studies regarding the presentation of evidence. Coming back to the discussion in chapter 2 and 3 it was indicated in sections 2.2.2 and 3.4.2 that some methodological aspects affected (or is it infected) Mahilall & Swartz (2021, 2906–2924) study’s on Hospice volunteers’ validity. First, a volunteer’s remark about ‘death as a great leveller’ is critiqued but not explained, analysed or put into context by weighing it up against the research participant’s own words as embracing “all religions”. Second, the spiritual metaphoric context of the research participant’s remark before drawing conclusions is not taken into account. Third, to reduce research participants’ context in this case volunteer’s experience and patient care to the ideological without taking their spirituality into account is Cartesian and dualistic. Fourth, and consequently such a finding is invalid in that the argument is non-deductive (it fails to provide probable support for its conclusion). Fifth, and of even greater concern is that such study’s approach is reductionistic in that it does not allow for volunteer’s experience of life as spiritual too. Therefore the evidence is a-contextual and incomplete.

This is not to say that the critical appraisal of this scientific paper took place in isolation. Its value and contribution to the subject of spirituality was assessed and acknowledged (follow in sections 2.2.1, 3.4.1). However, it can be said that constructivism should be balanced with thorough theory construction. Otherwise qualitative studies that are unaware of the dynamics of spirituality during volunteer patient care can be ideological bloatedness or worse dialectic neutropenia (low white blood cell count). Admittedly, this critical appraisal is subjective and depend upon my own special interest, perspective and background. However, it is suggested that evidence presented should be well balanced and strong considering all explanations with a healthy helping of salt

in what the good doctor, polemicist and literary scholar Petr Skrabanek (1998, i) called 'scepticaemia' ("being an uncommon generalised disorder of low infectivity").

Indeed, social study subjects can be incredibly varied and complex and breaking it down into smaller pieces makes it indeed easier for the researchers to investigate even requiring "some form of reductionism" (Angier, 2007, 178). Nonetheless for the sake of simplicity and better research quality qualitative research as well as NGO literature should consider the following. Firstly, logical fallacy like oversimplification invalidates an argument. Secondly, researchers (especially in South Africa with its loaded ideological history) rather than tucking scientific petticoats back should declare biased back stories (contextual limitations) in order to avoid linear research findings that are non-absolute (relative), and consequently reductionist. A stellar example of rectifying measures (which social sciences could learn from) is the health sciences' recent awareness and actions on research waste. Recent measures include the reconsideration and reduction of flawed analytical approaches and interpretation, together with pervasive biasedness through better research designs, conduct and reporting as well as calls on governments for synthesised, comprehensive, exact, clear, and easily obtainable information for policy makers (Donnelly, Boyd & Campbell et al., 2018, 361–364, Glasziou & Chalmers, 2018, 1–3). Therefore and thirdly, evidence that refers to spiritual expressions while excluding terminological clarification is oversimplified, conclusions incomplete and any consequential volunteer practises based on such research unscientific not to mention ineffective promoting amongst others volunteers' undervaluation. Sixth, scientific results or findings can benefit from intellectual humility which will generate more honest and reproducible research. Fourthly, and on the other hand, regarding organisations and studies flanking spirituality. Attempts by entities in healthcare circles such as NGO's to appear more 'trendy', balanced or holistic by using the term "spirituality" when it is perhaps neither (on paper) or when the meaning of spirituality is in effect "less important" (Lombaard 2008:96) is perhaps a poorly fitting social service attitude. Spirituality might be a comparatively recent academic discipline, and a relatively new as well as constantly refashioned term. It should however not be excluded where it is applicable and/or used when not clarified. The finding of Hong's (2012, 184) regarding "for-profit organisations" (that may well be applied to non-profit organisations) is of note:

Even though for-profit areas have used spiritual concepts such as ethical management in their business strategies, spirituality at organizational levels remains a relatively new theme in the human service field.

Fifthly, it should be noted that successive studies reported that a positive connection between work and spirituality (Robert et al., 2006, 172) in organisations can facilitate revitalising strategies (Hong, 2012, 184) such as being an impetus for volunteering (Merino, 2013, 521), increase individual morale that lowers individuals' intention to quit (Indradevi, 2020, 439) consequently saving "direct costs such as replacement costs and training costs" (Hong, 2012, 184). So, it should be included with wisdom otherwise it forms part of South Africa's silent spiritual *coup* (as indicated in chapter 3, 5 and 6). Sixth, volunteers in faith-based organizations is being studied extensively (Clerkin & Swiss, 2013, 3–19). Albeit, volunteering at NGO's as a form of lay spirituality is consistently overlooked.

In summary, painful experiences can become spiritual sculpture and inner scaffolding for growth. As we live post-Covid-19 in an unprecedented time knowledge on the transformational capacity of lay spirituality in the form of volunteering (in society, and church) can assist in making better decisions and allow for faster reactions to changes. Reductionistic research with unstructured spiritual terminology should be avoided and replaced with clear understanding. A more gradual approach such as joy as an aspect of spiritual transformation may assist.

### **10.5. Spiritual transformation approach as reappropriation**

Realising 'the irreducible ambiguity and uncertainty of the world' the journey map chosen to carry us through the research process from beginning to end was spiritual transformation. Being a process as well as an approach spiritual transformation situating in Process theory turned out to be helpful since spiritual transformation is gradual, intricate, surprising and challenging to the static.

Drawing on prior research I mapped out the spiritual transformation process that Qohelet (Samet 2022, 451–468, Homrighausen, 2014, 4, Enns 2011, 150, Marcus, 2003, 6, Fox 1989, 147) and healthcare (Pargament (2006, 10–24, Newberg 2006,



Núñez (2006, 409, Schwartz, 2000, 5189) describe, and African spirituality (Ngong (2010, 47, Masha 2000, 50, Odooye (1999, 19) responded to. The analysis demonstrated that volunteers experience the same process or stages and that organisations, churches and the Spirituality discipline should seek to align their practices and research designs to accommodate, promote and support this dynamic. To maintain and support African volunteers' spiritual dynamic It is important to consider how contemporary spiritualities relate to those of the Bible, especially those that might be seen as an interpretation, expression, or engagement with their biblical heritage (Lombaard's 2011, 218).

Spiritual transformation is a powerful approach to optimise and integrate capabilities throughout an entire knowledge gathering cycle, as it has the ability to accommodate and accelerate the discovery of new insights and drive decisions. Taken to the study of Qohelet, joy and African volunteering, since volunteers are amongst others driven by spiritual motives it is suggested that NPO research reform (as a discipline) to make space for God.

The spiritual transformation framework calls our attention to the fact that it is very likely and possible that a too narrow model of the Christian experience has become standard. Spirituality as lived experience is too complex, various and finely textured to allow broad descriptions and conclusions describing the spiritual experience as thoughtful fiction, only possible when the spiritual experience is being regarded as simple, appealing to only doctrinal and systematic theological amateurs and alluring at most to those satisfied with a simple description of a complex object of life. This statement is in congruence with von Rad's statement that "the exegete must always be on his (sic) guard that against the naïve error of thinking that 'reality' and the experience of it is something objectively given to all men (sic) equally" because such a view "will obstruct his (sic) view of what Israel's concern here really was" (Von Rad, 1993, 304). So, Religious studies should return to the view of Christianity as "the way" (reminding one of a spiritual safari).

The theoretical framework of spiritual transformation is not an attempt to organize spiritual life. It is rather assistance in clearing up the burning issue of the adult faithful's

evolving involvement in congregations. Since spiritual transformation is a processual manifestation of faith/the spiritual life it can be a scientific approach for the study of volunteerism in NGO's and the church. Spiritual transformation can as a process and approach assist in adhering to the quest for an effective church.

Since spiritual transformation is functional spirituality seeking a better understanding of God a conceptual shift in Theological approaches is suggested. The reason being that in spite of creeds to the contrary, supporting worthy attempts (Dunn, 2003, 290), and deep theoretical Theological endeavours such as Louw (2016) the contemporary South African societal smog and smother (discussed in 3.2.1.) congregants understanding of spiritual transformation as processual in many a South African Christian church and communal life is limited suggesting minimal influence and practical implementation of spiritual transformation. The reason being that faith is haunted by the supposition that spiritual experience, as founded in the Scriptures, and endowed with Christ – is or should be constantly and consistently well-rounded, and complete.

Another point is that the existing process of spiritual transformation described in the Bible was not adequately studied. Contemporary hermeneutics frozen by the historical-critical method has lost any semblance of personal spiritual intimacy, intricacy, and the spiritual transformational journeys of congregants and Bible characters replacing it with an overemphasis of the abstract. Sermons crippled (not enhanced as it should be) by contextual considerations no longer accommodates ordinary people's spiritual safari's processual complexity that shape human nature but take advantage of the objective nature of religion to let unimaginative preachers get away with empty liturgy and powerless sermons and untalented "leaders" with undeserved status influence.

All of this suggests a considerable distance from processual spiritual experience. The reason for that is that Theology without processuality is lost in the obsession with form. It put more care in the relatability of spirituality than its complexity, process and emotions. There is however, much emotion, thought and experience beyond doctrine. Theology should be less about what it gives to believers and more about being with

believers. Howsoever when we turn our attention from religion to spiritual transformation the dichotomy and incongruity dwindle.

Nearer to our own water taps, township streets, and health challenges. Transformation is hijacked as a political term in the following ways. First, it is a vague concept lacking a clear conceptual framework (Bhorat et al., 2017, 6). Second, there is the term's analytical specificity is unclear (Blythe, 2018, 1212). Third, careless use of the term goes beyond semantics culminating in the striking illustration (Blythe, 2018, 1212) of South Africa's state capture characterized by entrenched power and secured resources for the political power elite. Fourth, unanswered concerns remain regarding the term's transition from an academic idea to a collection of normative practises and policies, as well as how this process may influence changes in the social, political, and environmental spheres. (Blythe, 2018, 1207). Since transformation lost all its reference to dynamics this research approach is an attempt to start to fill the idea vacuum described by Blythe (2018, 1218) as a need for:

scientists, policymakers, and practitioners to continue to engage, debate, and explore different options that can guide the practice of transformation, particularly through making the space for imaginative alternatives pathways.

Rather than a palliative response to governmental transformation by many societal structures, and CANSA's (as one of many NGO's) transformation should be extended to include spirituality as well since political, ethical, and spiritual aspects are all included in spiritual transformation, which transcends the merely material and technological. (Hulme, 2015, 324). The approach combines well with other approaches. To illustrate, holism and spiritual transformation are reciprocal: complementary, correlative, with a mutual exchange of advantages facilitating growth. Thus holism is transformational and transformation is holistic. Since spirituality is processual and transformation is spiritual, the approach of spiritual transformation can assist CANSA in overcoming limitability and break away from the fragmentation of dualism and the one-sidedness of reductionism. Another key point to remember is that a processual hermeneutic can assist CANSA to understand and implement spirituality as divine-human transformation being a mediation or bridge between sustainability and service delivery.

The still unknown full impact of the Covid-19 pandemic will test CANSA's ability to adapt even further clearly calls for a fresh angle or perspective. On the one hand, can CANSA, by being conscious of and attending to terminological vagueness' and its consequences CANSA can be on alert of potential damage. On the other hand, can it with its with its small size and heterogeneous volunteers as a micro-cosmos of spirituality by means of positive spiritual transformation send hopeful messages to other NGO's worldwide. In this context, this dissertation proposes a novel approach to volunteer cancer care and support and the management thereof.

In summary, Wooldridge's (2008, 111) solution is the development of a systematic theology for spiritual transformation. This study went a step further following a spiritual transformation as an approach in a multidimensional way. It is proposed that a well-rounded use of the transformation term incorporates the absent spiritual dimension. Spiritual transformation as an approach is not just a research approach but can assist societal organisations as well as the Christian community's "practical need to be assisted with life-renewal through spiritual transformation" (Wooldridge 2008, 116). This approach can contribute to a wider understanding of the construct in a personal and communal context to safeguard a deepened reappropriation of amongst others spiritual traditions and societal organisations as light catchers.

#### **10.6. Light catchers and light catchers or reflectors**

The proposed spiritual transformation framework – seems to me to be the most persuasive argument for removing the stumbling block of the "joy texts" supposed implicit support for an unilateral (one-sided) understanding of the relationship with God without treating the texts as anachronisms (belonging or also perhaps suitable only for a time other than the one in which it is found, particularly if it is something blatantly outdated) or accommodations (convenient arrangement; a settlement or compromise). Significantly, a multidisciplinary approach coupled with the overarching framework of spiritual transformation, paints a compelling landscape, view or perspective of processuality amidst oversimplification in Biblical (Old Testament) scholarship, thereby breaking the methodological *impasse* created and overlooked by fundamentalists'

deep respect for and seriousness about sole and binding Biblical authority.

Does this spiritual transformation framework not merely give into the temptation to read Qohelet more congruently to our own sense of spiritual life than the book probably really is? Although much of this issue can be contentious, the preservation and emendation (correction to a text) of Qohelet's spiritual journey *via* cross generational redaction should not raise doubt on the spiritual content and validity of his transformational stages because of the following reasons. First, all forms of spirituality exist initially as natural experiences before being observed and systematized as procedural spirituality. Second, Qohelet's incorporation and overspan of different eras and spiritual phases in Israel history does not negate the idea that Qohelet contains assertions (forceful statements) about the spiritual process. Third, it is precisely because of the book's expression of Qohelet's spiritual transformation process that his inner growth can be followed. Fourth, Qohelet's version(s) or embodiment(s) of OT spirituality can be likened to the development in other disciplines like healthcare sciences' knowledge of the body and its processes including the influence of joy (as an aspect of spiritual transformation) on health and volunteering. In the similar trajectory the same can be said of African spirituality.

Based on this premise it is proposed that African spirituality is not in any way inferior to Qohelet and/or the healthcare sciences. Qohelet, African and Healthcare share some similar features and this *via trium* should be studied more.

Another key point to remember is that besides Qohelet's polyphonic complexity and contradictions, as being thoroughly debated by Greenwood (2012, 476–491) and Kim (2018, 18), the book is not only multi-voiced but also multi-layered in the following ways: First, the book is a *palimpsest* (reused or altered manuscript which still bears visible traces of its earlier form) of Qohelet's old mind and the new wherein he both renounced and re-announced his earlier conviction(s). An example is how one of the book's initial argument's namely everything is "hebel" (in vain) refracts through the prism of spiritual transformation into rainbow interpretations of the "joy texts". It is as if Qohelet somehow says: "All that 'I write and say is subliminal, layered and ambiguous. I never express anything blatantly clear, simple and honest. I'm very careful with my

words, but leave it all open for interpretation—depending on the context and the spiritual transformation stage you as reader or listener are in” (Calitz, 2018). Second, and moreover the author shifted his view, just like a camera, out of his personal “frame” showing how the same situation can affect the “other”, the community’s so-called “out of view” people differently making the book multi-angled. Third, by tilting the “flash” of one-sidedness out of frame, the light bounced from an “other” to the “Other” avoiding a hard flat lighting of subjects, a kind of “deer in the headlights” look. Fourth, light from the “Other” generated a soft light around Qohelet’s subject(s) resulting in a softening of shadows, an easing or melting of strict black and white perspectives into focal point(s) of greys where (most of) human existence flourish—making the book multi-lightened or multi-toned. Fourth, the above optim(c)al point or -location allows readers or listeners to realise how insignificant we as individuals are in the grand scheme of things. Fifth, and furthermore, although we become aware of what we can or will never fully comprehend we can catch or reflect the light making us potential light catchers and Light catchers or reflectors. In summary it was showed in the analysis that spiritual transformation in the book is refracting, multi-angled, multi-toned, as well as reflexive. This should be kept in mind when studying Qohelet.

In summary, constructing the multidimensional spiritual transformation approach research design around a processual theoretical research design, make it possible to compare and evaluate different disciplines’ understanding of the subject simultaneously such as healthcare and spirituality.

### **10.7. Fire freeways of interiority**

Back to the beginning, and my initial inspiration. Being a CANSA Community Mobiliser and Health program Coordinator it was realised that the African volunteers’ smiles, their wide milk-white smiles after completion of a health campaign touched my heart and their inner joy compelling me to think more and more about the construct of joy. Through the disciplines of civil society services and community service, Theology, African spirituality and Health care, it was discovered that little was published about operationalising spirituality within CANSA. Curiosity aroused, a journey was embarked on to investigate CANSA’s range of approaches to integrate spirituality within its

structures and activities. A literature search on the topic was undertaken to characterise the integration of spirituality within CANSA's volunteer cancer patient care. Communal theories and experiences of sages and savages, born out of their experience and confirmed by the Scriptures were investigated. This investigation endeavoured to compile the best of the worlds of CANSA, Theology, African spirituality, and healthcare within a transformational approach to life and volunteering in this world.

Valuable insights culminated in a processual theory of spiritual transformation. Based on *sensus fidelium* (ordinary people's sensitivity and expression of their faith and belief) it was realised that CANSA's 'Care and Support Volunteers' reflect a spirituality based on change, where life is not just understood as an activity, volunteering as service and involvement as *Ubuntu* but as process too. It occurred to me that spiritual transformation as an approach has the potential to open fresh research routes towards relationships, in all aspects, areas, and in the multiple layers of volunteering adding a new horizon in relating theory and life. This process of personal and collective spiritual adaptation can be relevant, suitable and an even sustainable conceptual pathway for studies enacting (put into practise) research.

Realising that every texts, technique and tool utilised in the identification, description, analysis, evaluation, and application of the findings on spirituality only touches on a small portion of its entirety (Moberg, 2010, 111) this analysis's (within the discipline of Spirituality) intention was a critical analysis, not foreseeing that spiritual transformation will play such a pivotal part. As research advanced the identification of the spiritual transformation process by different disciplines was a unexpected discovery that set the agenda for the study's spiritual transformation approach. The surprising *dénouement* (by-product) was the recommendation of spiritual transformation approach as an organisational method for CANSA's volunteers.

With that notion Theological theory became redeemed, and charity became transformed. This inspiring experience spurred this dissertation. Simultaneous critical self-reflection prompted a change of the research process, considering fresh approaches. It took more than ten years to research and describe the break with the

Postmodern pompous *zeitgeist*. Hryniuk's (2010, 6) question about the possibility of a "observable pattern, and if such a pattern can have analogues with other contexts?" was contemplated. Were there other disciplines with similar experiences, patterns and processes and does the process have a name? Other disciplines' approaches were investigated. The result is this study. It was this emphasis on process that was among the primary criteria influencing the methodology chosen for this investigation.

To make a small fire bigger new firewood have to be stacked "with a lot of space between the 'braai wood" ( barbeque logs) for proper ventilation. In the same way new horizons requires open space inside oneself first to be able to receive fresh energy and applicable insights towards agendas and tasks. These open spaces are kindled through joy as an aspect of spiritual transformation.

It means receptiveness to God, being interested to see the world or your experiences through His eyes primarily focusing on and observe what God promised (said), did and is still doing in the world and in your life, testing and weighing you perceptions against God's will and Word (inner horizon). Then, turning away from ways that no longer work towards new routes, maps and flames. In letting go you find your path, through the layers of self. As Yo-Yo Ma said in the documentary journey, "*The music of strangers: Yo-Yo Ma and The Silk Road Ensemble*" about his musical road trip: "This is what a journey is; you look for your voice and sometimes you think you have it. As soon as you have it, it changes again" (The music of strangers: Yo-Yo Ma & The Silk Road Ensemble, 2017).

During this journey one gets to know something very unusual. When you go to the same places, see the same people or light through the windows or in the garden or office (outer horizon) you begin to notice subtle differences and nuances meaning your inner horizon is shifting. You begin to see what God sees, and want. Later what you want and what God wants become the same. It means that your inner horizon grows. You get more relaxed. Subsequently, your outer horizon, environment or context becomes an expression of your inner horizon. You experience how it feels like to be understood. Barriers to the outer horizon or environment dissolves. Your environment reflects your inner world. After a while you strive towards joy.



This chapter's research objective, '*To contribute towards the creation of a reflective joy space within the discipline of Spirituality*' was achieved.

In summary, spirituality is more extreme and mild than we are able to imagine. To be in time or like Qohelet, "under the sun", bounded to space demands movement. Nothing is static not even God. Therefore, God is to be found on joy journeys.

## **10.8. Conclusion**

This chapter considered insights for the discipline. Approaches and observations were canvassed. It was suggested that Spirituality studies can learn from other disciplines not in a rap over the knuckles way, but rather by being 'coherent and holistic, and far from fragmentation. While focusing on volunteers as a whole CANSA will not play with fire but dancing with its own stars. Fragmentation can be fight with the fire of fusion.

## **CHAPTER 11: CONCLUSIONS**

### **11.1. Introduction**

In the study an overview of selected texts from CANSA, Qohelet, African spirituality, and healthcare sciences were presented. Joy as an aspect of spiritual transformation served as a hermeneutical lens. The previous chapter discussed insight in the discipline. This chapter provides a conclusion. First, “Integration of joy in healthcare”. Second, “Qohelet: God is joy”. Third, “Multidimensionality: A new spiritual space”.

### **11.2. Integration of joy in healthcare**

Transformation is increasingly being incorporated as the preferred method or structure in South African healthcare in addition to CANSA. Unfortunately, the adoption of transformation without, at the same time, laying an adequate philosophical and methodological foundation on which to build the method, can deliver an incoherent approach to service delivery. Asking research questions consistent with the transformational initiatives, but devoid of the appropriate interpretive methodology, calls into question the accuracy of resulting research findings and ultimately volunteers’ cancer care and support. In this interpretative study the conceptual underpinning of CANSA and healthcare’s transformational policies were examined in terms of the methodological insights they provide for the conduct of transformation. Conflicting and overlapping frameworks were evaluated and suggestions made on future trajectories in this vibrant, wide-ranging field. Some of the intentions as well as some of the problematic issues of spirituality in health care were addressed to show some of the ways in which scholars can approach the integration of joy in healthcare.

This study was not an attempt to structuralize a spiritual conceptual scheme or articulate or optimize the systematic account of African spirituality. It does not pursue “extraverted scientific activity’ in order to meet the West’s ‘theoretical needs’ and/or answer the ‘questions they pose” (Hountondji, 2009, 8). It rather opted to assist Western NGO’s to recognize themselves in Africans’ world. It was discovered that it is possible to interpret African volunteers’ experiences in a logical and coherent manner.

Joy is not a Western concern and paradigm alone but directs the thrust of African spirituality.

### **11.3. Qohelet: God is joy**

Qohelet expanded our understanding of changing hermeneutic considerably. It was impossible for Qohelet to adhere to a static approach to *torah* interpretation because the evidence from his time has examine more closely or shed more light both on the text in and context of his time. The later New Testament scripture was not unaffected by the evidence of Qohelet's context (outer horizon) and his spiritual experience thereof. It altered his interpretive lens thereby deepened its meaning. His hermeneutical lens influenced the way in which he read/interpret the Jewish texts of his time. He referred back to the *Torah* and incorporated his own interpretations and understanding of joy from his social location or experience. He had very different Biblical hermeneutics than the Jewish groups of his time. These groups understanding of God and life differed because of their varying approaches. (as evidenced in chapter 4). As Qohelet developed his own hermeneutics in relation to the law and the role of joy, his interpretation became a distinct spiritual development or movement. His focus on a different element of joy led to a different interpretation of joy. By studying joy he was able to offer an exciting new interpretation. The way in which he approached the text, and his method determined his interpretation. It was the bridge between the ancient interpretation of joy and his own. Observing closely it is apparent that Qohelet was transparent about what was essential to him as a reader. He recognised how his context impacted the interpretation that he developed. His interpretive goal ultimately determined his hermeneutic. What was his goal? Joy is God.

### **11.4. Multidimensionality: A new spiritual space**

Spiritual transformation as a process was observed in three distinct fields but they are not diametrically opposed. Joy as an aspect of spiritual transformation is not dissimilar to Biblical spirituality (as in Qohelet) and healthcare industry's understanding of joy, nor is spiritual transformation. To maintain a contrary view inadvertently means that we are granting the thesis that some disciplines are inferior to others and that deep

connections between them are a *non sequitor*. In this study, the societal (CANSA), Theological (Qohelet), and Healthcare sciences as well as African spiritual epistemologies were included because they are products of dynamic levels of spirituality and/or human spiritual experience developed in or through sometimes unconnected geographical spiritual space.

The integration of different disciplines and dimensions and the incorporation of all that modern science has to offer will enable CANSA to transform mindfully. An understanding of a volunteer as a whole person will facilitate sustainable and contextual cancer care services to the public.

Joy has the ability to initiate a whole new process and a new perspective: (a) an interrogation of God and self; (b) a revaluation of the concept of being a volunteer from the viewpoint of intrinsic properties of spiritual transformation stages functioning in Qohelet, healthcare and African spirituality; (c) a reconceptualization of the CANSA, the self, methods and interpersonal relationships that brought about new possibilities, opportunities and actions; and (d) a redefinition of cancer Care and support volunteers and their service delivery. Joy can be a way to create and leverage scientific insights bringing management out of the boardroom back to the bedside, just as it can supply volunteers with valuable and or also perhaps appropriate opportunities and possibilities to care about patients. In that sense volunteering – especially joy as an aspect of the spiritual transformational volunteering – has a central part to play both globally and in South Africa.

### **11.5. Conclusion**

This chapter made a conclusion. There were a number of poignant issues *addressed* in this study. First, “Integration of joy in healthcare”. Second, “Qohelet: God is joy”. Third, “Multidimensionality: A new spiritual space”.

### **11.6. Final conclusion**

Christianity is more evenly spread around the world since the Protestant reformation

500 years ago with record numbers in the global south (Johnson et al., 2018, 20, 27). More Christians and equally future Christian leadership are since 2018 in Africa (Johnson et al., 2018, 28). However, the third sector where a lot of African Christian volunteers serve continues to face funding challenges. Unlike many businesses, they have not put up a paywall yet. Their care is free. CANSA as a member of this charity family opt for accessible services to all: open and independent cancer risk management funded by the private and public sector. Unfortunately this vision is increasingly clogged by cost-consciousness due to funders' preconditions changing its character and blowing out its volunteers' flame. CANSA's existing dual approach (operational and precautionary) and its restricting relation to spirituality that prevents holistic service delivery provided the impetus for the study's main research question: 'What is the contribution of joy (as an aspect of spirituality) to CANSA's Patient care volunteers?'

A multidimensional approach made the study of CANSA's canvass or background possible thereby contextualising African spirituality. Knowledge patterns across four different disciplines or angles on joy were determined: First, the process and approach of spiritual transformation revealed how the stagnation of ideas and outdated policies conjoined with the woes of CANSA as a NGO. Second, it was determined that CANSA is not alone though. It has surprising travel companions in Qohelet's religious upheaval and adaptations, the failures of South African health care, and the dynamics of African spirituality.

In this interconnective quadrangular (four-pointed) research space, it was demonstrated how the contours of joy as an aspect of transformation can transform boundaries, act on opportunities, put possibilities into practise and highlight opportunities for a better future. The healthcare system and healthcare sciences' empiric evidence corroborated what Qohelet sought all those years ago and African spirituality's case studies revealed.

Change is in the air. It is time to do something different.

However, as the final chapter made clear, organisational ignorance in CANSA can

delay actions to excavate and extract the treasure of African joy. The destination – without spiritual transformation – can be either ceaseless annual budgetary concerns and concurrent increasing human capacity strain on service delivery that already find it difficult to be sustainable as the South African population soars, the cancer burden mounts (Maurice, 2015), the health system overstretch, and fatalism sets in. Or it can be a potential birth when four diverging multidimensional trajectories are allowed to intersect. The unavoidable day-to-day choice makes the call for a (even more) renewed perspective on transformation all the more urgent as developments in global and African healthcare suggest that the status quo has become unsustainable.

This study indicated hindrances and how it can be overcome leaving tracks for the journey. Joy turned out to be a resource for renewal. The adaptability and agility emanating from joy as an aspect of spiritual transformation can assist in pioneering new solutions and approaches. Considering that for the healthcare industry to meet the major issues of our day, innovation, creativity, and transformation are essential (Magnoni, 2018).

More attention must be given to the role of joy as an aspect of the spirituality of African volunteers' cancer patient care so that hope can transcend organisational rhetoric in becoming an agent for progressive policy formation in CANSA.

Sometimes an organisation's only transportation is transformation. A new flame is to be found in the fusion of volunteers' and their spirituality.

The flame is joy.

## **12. APPENDIX: Shifting Landscapes: CANSA's context**

### **1. Introduction**

The landscape of cancer evolves and shifts as more knowledge is generated. Recent scholarship on cancer and CANSA's cancer care in South Africa was discussed with reference to cancer, CANSA, and the structure of community service followed by the role of volunteers in the organisation.

### **2. Cancer**

The understanding of cancer developed considerably over the course of centuries and has progressed to be a trustworthy information source for those affected by cancer and greater access to prevention, treatment and care. As this field is rapidly advancing this section is not intended to give a complete overview but to convey a basic understanding of the phenomenon of cancer in order to understand the volunteers working environment. Before we discussed cancer in South Africa will now be explored the dynamics of cancer, its risk factors, consequences, and prevention was considered.

#### **2.1. Dynamics of Cancer**

Cancer is responsible for more deaths and disability than ever before (Gille et al., 2015). One out of every four persons in South Africa will in their lifetime be affected by cancer (CANSA, 2014b). Every year, 14. million individuals worldwide receive a cancer diagnosis, and 8.2 million deaths from cancer are reported (WHO, 2015a). Cancer is a leading cause of death globally, killing more people than Malaria, TB and Aids combined (CANSA, 2013b). Over the next two decades, a roughly 70% increase in new cases is anticipated (WHO, 2015a) because/in view of the fact that cancer is a disease of aging genes. Cancer is thus one of the major NCD's<sup>153</sup> posing a threat to

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<sup>153</sup> NCD's are chronic diseases with a long duration and slow progression consisting of four groups; over 80% of all premature NCD fatalities are caused by chronic respiratory diseases (including asthma

world health.

Cancer is however not a modern disease. Palaeopathological (Nerlich, 2018, 77–82), archaeological (Kostyukevich et al., 2019, 391–396), and literary and visual arts (Kaptein & Thong, 2018, 3681–3689), evidence suggest possible reference to cancer in human and animal antiquity. Duck-billed dinosaurs' vertebrae contained cancer. Rothschild's (2003) x-ray screening of more than 10,000 specimens in museum collections revealed 29 tumours. Centuries later the Egyptian physician Imhotep made a possible reference to cancer in humans with his description of a “bulging mass in the breast” in 1600 .B.C. (Breasted, 1930, 403–406, 463; Allen, 2005, 101). Archaeological evidence suggests the occurrence of cancer in 4 200 B.C. in Egypt (Tauxe, 2015, Prates, 2010; Strouhal, 1976), Nubia (Binder, 2014; Strouhal, 1991) and Siberia (Science First Hand, 2015; Liesowska, 2014). Histological diagnosis in other human civilizations was noted (Luna et al., 2008; Strouhal, 1998; Hansen, 1998, 341; Zimmerman, 1998, 147; Gerszten & Allison, 1991). Although we need caution in view of the fact that of rarity of evidence (Brothwell, 2012, 421) and diagnostic challenges (David & Zimmerman, 2010) more recent reviews become available. A detailed discussion of the topic can be found in Faguet (2015), and Arnay-de-la-Rosa et al. (2015). For a historical perspective see Gallin (2012, 1–15).

Where does the term *cancer* originate? Hippocrates from Kos, the famous physician, used the Greek word *karkinos* (in an early stage) from which we derived the term *cancer* (Seegenschmiedt & Vernon, 2012, 4; Hippocrates, 1817, 133, 141; Hippocrates, 1994, 202–203, 382–383; Retief & Cilliers, 2001, 344–8). As Health care developed more terms were added such as malignant tumours<sup>154</sup>, and neoplasms<sup>155</sup> (WHO, 2015a).

What is cancer? A wide range of illnesses that can affect any region of the body are collectively referred to as cancer. A characteristic that distinguishes cancer is the

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and chronic obstructive lung disease), malignancies, cardiovascular disorders (such heart attacks and stroke), and diabetes. (WHO, 2022).

<sup>154</sup> Tumour: “Any abnormal swelling in or on a part of the body which may be benign (compress or obstruct vital structures) or malignant (invades and destroys tissue)” (Martin, 2015, 451, 778).

<sup>155</sup> Neoplasm: Any new or abnormal growth (Martin, 2015, 507).



proliferation of aberrant cells that proliferate quickly, encroach on nearby tissue, and travel through the hematopoietic<sup>156</sup> and lymphatic<sup>157</sup> systems to other organs where they can settle. According to WHO, 2015a and Colditz, 2012, 605, the latter phase is known as metastasis<sup>158</sup> and is the primary cause of cancer-related death.

While an exhaustive description of these healing processes is beyond the scope of this study, several risk factors, its consequences and prevention may contribute to the cancer care.

## **2.2.Risk factors, consequences and prevention**

There are many risk factors theoretically related to cancer that can be assessed. While a thorough examination of the causes of cancer is outside the purview of this article, it is crucial to recognise that a variety of routes and mechanisms may contribute to the development of cancer stem cells.<sup>159</sup> The intent of this section is to convey a basic understanding of the concepts of risk factors, consequences and prevention.

### **2.2.1.Risk Factors**

Why does cancer develop? Scientists agree that the current understanding of risk factors is far from complete (Lißner et al., 2014). Still, genetic damage is the primary cause of cancer (Colditz, 2012, 605), an inherited genetic predisposition (McArdle, 2008, IS) or genetic instability (Jordan, 2006, 1254). Genetic material occurs in stem cells. Stem cells are unique in that they have an optimal capacity for self-renewal. They can replicate without limit (Colditz, 2012, 626). If however their normal structure change cancer stem cells can arise by mutation (Jordan, 2006, 1253) which can led

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<sup>156</sup> Hematopoiesis: The formation and development of blood cells i.e. in the bone marrow (Dorland, 2012, 833).

<sup>157</sup> Lymphatic system: The body's interior fluid environment is protected and maintained by a huge and intricate network of capillaries, thin vessels, valves, ducts, nodes, and organs that produces, filters, and conveys lymph as well as a variety of blood cells (Mosby, 2013, 1069).

<sup>158</sup> Metastasis: The spread of a malignant tumour from its site of origin to a distant body part (Martin 2015, 472; Dorland, 2012, 1145).

<sup>159</sup> Stem cells: According to Dorland (2012), 324, stem cells are undifferentiated cells that have the capacity to divide and multiply in order to produce precursor cells that can differentiate into specialised cells.

among others things to loss of function and/or loss DNA<sup>160</sup> renewal (Colditz, 2012, 605). This is cancer.

Every cell in a living organism has a function and in a constant state of renewal” for example skin cells renew constantly, blood cells every three months and bone cells are absorbed and renewed dynamically (Cotran, Kumar & Collins 1962, 32–38). All cells originate in bone marrow and developed into their different functions. However when cells are no longer fully responsive to the signals and develop without a specific function causing local damage and inflammation (Grivennikov et al., 2010), “infiltrate space, consume energy, and destroy functional normal tissue” (Cotran, Kumar & Collins 1962, 32–38) this is cancer. The cancer cell is a broken, deranged, functionless machine (Mukherjee, 2010, 381). thorough examination of cancer biology can be found in standard textbooks like Vogelstein & Kinzler (2002).<sup>161</sup>

There are, however, other factors that promote the production of cancer cells. These factors are carcinogenic<sup>162</sup>. Although racial disposition cannot be ruled out, the widespread geographic variation of 5-10% forms of cancer is evidential of (known and unknown) environmental factors (Kumar et al., 2010, 276; Colditz, 2012, 605). For example, in South Africa cancer of the lungs, cervix, breast, prostate, oesophagus, colorectum and liver rise to the top of the list (WHO, 2014a).

Chemicals affect the cancer risk i.e., gasses (vinyl chloride), liquids (benzene and hair dyes), solids (wood dust, asbestos and ceramic fibres, lead, nickel and chrome), in addition to smoke and fumes (tobacco smoke, automobile emissions, coal tar vapours, and welding fumes). Pesticides like DDT<sup>163</sup> and others. Pharmaceuticals i.e., antineoplastic drugs (MOPP<sup>164</sup> and other combined chemotherapy, including alkylating

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<sup>160</sup> DNA is found in the cell nucleus, DNA is the genetic substance that governs heredity in almost all living things (Martin, 2015, 224)..

<sup>161</sup> For more on this “Darwinian ancient toolkit” see Ivanovic & Vlaski-Lafarge (2016).

<sup>162</sup> A carcinogen is any material that has the potential to produce cancer when it comes into contact with live tissue. It's possible that a carcinogen can only cause cancer if a person has a preexisting cancer risk (Martin, 2015, 117, 118).

<sup>163</sup> DDT: a potent insecticide that was once widely employed to combat cockroaches, fleas, flies, lice, bed bugs, and other damaging and disease-carrying insects (Martin, 2015, 196)..

<sup>164</sup> MOPP: A cancer chemotherapy treatment plan utilised to treat Hodgkin's disease (Dorland, 2012, 1179, 1516)..

agents) and some anaesthetics (Lißner et al., 2014, 46). Air pollution, emissions from automobiles, industrial activities, the production of electricity, and other forms of ambient air pollution are emerging risk factors (Lißner et al., 2014, 46).

Cancer can also result from biological factors, such as viruses and bacteria (Hepatitis B, Hepatitis C), fungi that produce mycotoxin (like agricultural goods handled in bulk, such as nuts, grains, maize, coffee, animal-feed production (Njobe et al., 2012, 846), brewing/malting, waste management, composting, food production, dealing with indoor moulds, horticulture. Physical factors that can also cause cancer i.e., ionising radiation (x-rays), UVR, and sedentary work (Lißner et al., 2014, 45–47).

Other factors that are causing cancer are work organization (prolonged sitting and standing) and lifestyle factors like stress-related obesity<sup>165</sup> (Colditz, 2012, 613), cumulative exposure to smoking, drinking, drug consumption. These days, risk variables are globalised and follow the least resistance path. For instance, the tobacco industry is expanding into Indian and Chinese markets, the food and beverage sector is globalising fast food, and there is a culture of excessive alcohol use and low physical activity (Sullivan et al., 2012, 2043–2045). According to Stewart & Wild (2014, 2068), the majority of the rise in cancer incidence is thought to be caused by smoking, leading unhealthy lifestyles, and ageing.

Cancer can also result from a number of other variables working together, such as radiation and chemicals (coal tar and pitch), as well as workplace structure and chemicals (Lißner et al., 2014). For more about the pathological basis of the disease see Kumar et al., 2014, 276). For a more comprehensive exposition on the origin and development of cancer read *The Biology of Cancer* (Weinberg, 2014).

### **2.2.2. Consequences of Cancer**

Numerous studies indicate that cancer is a major global health issue that is becoming more commonplace, increasing human affliction risk, and posing a social and

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<sup>165</sup> Obesity: “An abnormal increase in the proportion of fat cells” which increase predisposition to certain cancers (Mosby, 2013, 1253).

economic challenge, especially to emerging nations with impoverished and vulnerable populations (Goss, 2015, 489). (WHO, 2014a, xi).

In studies, a direct association was determined between poor health, based on life expectancy at birth, poorer countries and a rapid deterioration of socioeconomic conditions (WHO, 2015b, 65). The WHO (2015b, 122) investigation supports this finding that the probability 'to cure cancer or to considerably prolong life' improve when interventions' are more effective. There is a vast literature available on descriptive epidemiology<sup>166</sup> (see Adami et al., 2002). How can the cancer burden be reduced?

### **2.2.3. Prevention**

Much attention was drawn to the fact that in a normal functioning body cancer cells are renewed constantly. However the immune system recognises and destroys them before they become established. Thus cancer prevention needs a healthy immune system (Stony Brook University Cancer Center, 2022). To ensure a healthy immune system, many researchers have tried several methods. First, an analysis of global research by the WCRF shows that the prevention of about a third of the most common cancers can be accomplished through multi-dimensional interventions, including diet, healthy weight and regular physical activity. These lifestyle changes have tremendous potential for the prevention of cancer. It is however difficult to implement. Second, changes in societal systems that serves as a completing element to individual behaviour and enhance sustainability (Alemanno and Garde, 2015, 3, Colditz, 2012, 616) is widely accepted. Third, a recent study by Mukherjee (2010) stated that the extent to which we can eradicate cancer is inversely correlated with our ability to eradicate the growth-dependent physiological processes, such as ageing, regeneration, healing, and reproduction.

Prevention has indeed gained much importance in recent years and several theories were proposed to explain the role of prevention. For these reasons, a prevention

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<sup>166</sup> According to Last (2001, 62), epidemiology is the study of the distribution and determinants of health-related states or events in particular populations, as well as the application of this research to the management of health issues.

strategy of the different cancers benefits South Africa.

### **3.Cancer in South Africa**

The purpose of this section is to provide information about the burden and risks of multiple cancers that are prevalent in South Africa, which will be useful in understanding volunteers' working environment. This section is organized into several broad types.

Cancer is one of the biggest killers. According to the World Cancer Factsheet (2012), nations with a low or medium Human Development Index (HDI) or low- and middle-income countries account for about 44% of cancer diagnoses and 53% of cancer deaths. Prior research substantiates the belief that South Africa was hit hard by cancer. First, evidence by the World Bank Group (2022) indicated that nearly 60% percent of the population will live below the upper-middle-income-country poverty line in 2020. Second, This conclusion is supported by the WHO's Global Status Report, which notes that South Africa has the highest global probability of death—26.8%—from any of the following conditions between the precise ages of 30 and 70: diabetes, cancer, cardiovascular disease, or chronic respiratory disease (WHO, 2014b, 14, 153). Third, CANSA substantiated this report with their analysis of more than 100 000 people diagnosed with cancer annually (CANSA, 2015a, 27). Fourth, according to Globocan (an online global cancer statistics database) of the 8.2 million cancer related deaths worldwide (WHO, 2015a) in 2015 54 675 were in South Africa (Globocan, 2015a). Fifth, one of the medical schemes in South Africa, Discovery Health Medical Scheme (DHMS) reported that “the number of claiming for cancer treatment has almost doubled since 2010” (Staff writer, 2019). These results imply that one of the leading causes of death in South Africa is, in fact, cancer.

It is widely accepted that outdated statistics calls the future of cancer treatment and prevention into question. First, registry coverage in Africa is however below 10% coverage in the current volume (Bray, 2015, 2068). Second, the NCR (South African National Cancer Registry 2010) that provides information regarding SA cancer statistics and relies entirely on passive notification from laboratories (Gakunga & Parkin, 2015, 2046). Third, the Registry is worryingly out of date (Singh et al., 2015,

107–109). These findings suggest that because of South Africa's poor cancer registration and pathology-based registry backlog (Singh et al., 2015, 109) it is more difficult to conduct risk factor analysis, devise causation, project estimate incidence and survival rates, quantify the most effective preventive and curative treatments and cancer care, maintaining and developing national and international awareness, health and health planning in relation the enormous burden of cancer in South Africa (Singh et al., 2015, 107–109; Stefan, 2015).

Which cancers are dominant? The WHO indicated that cancer of the breast (13,1%), cervix (12,1%), prostate (11,6%), lung (7,7%), and colorectum (6,5%) rise to the top of the list in South Africa. 93,8% of new cases in the Southern African region will in 2018 be from South Africa (Globocan, 2018). Tobacco (Sylla & Wild, 2011, 246) and for men, liquid paraffin poses a serious risk factor for lung cancer and oesophageal cancer for women (Pacella-Norman et al., 2002). The anti-smoking legislation could be a leading factor in the fall in the rate of lung cancer. According to Globocan (2018) 8239 of new cases will in 2018 occur in South Africa.

Human papillomavirus (HPV) infection is the cause of cervical cancer together with high-risk mucosal HPV, HIV (De Vuyst et al., 2011, 949), tobacco (Sylla & Wild 2011, 245–250). The screening rates for cervical cancer in South Africa are substantially lower than the national goal or targets set by the WHO, according to Akinyemiju et al. (2015, 7). This could be because there aren't enough medical professionals, particularly physicians, in the area. By 2025, 5 792 black South African women will have lost their lives to cervical cancer.

Africa's incidence and mortality rates from breast cancer have increased significantly in recent years (Cubasch et al., 2013, 177). Risk factors include alcohol consumption, obesity, physical inactivity, and factors related to hormones and reproduction (Sylla & Wild, 2011, 246). Most patients who are diagnosed are diagnosed late (Mutebi & Edge, 2014) because of financial dependence on their partners (Mutebi & Edge, 2014). Patients with breast cancer who reside more than 20 kilometres away from a public hospital receive a diagnosis later than those who do not, which may have an influence on their prognosis (Dickens et al., 2014, 2179). The cost of private medical care is

prohibitive, and inside the public health care system, patients are susceptible to the disintegration of the infrastructure (de la Porte, 2013, 3; Murugan et al., 2014). According to the Finestone et al. (2021, 25) the incidence of breast cancer in South Africa will in 2025 be 24 685.

With the exception of basal cell carcinoma, prostate cancer is the most prevalent cancer among men in all SA population categories that causes death. The average patient is 68 years old at diagnosis and 74 years old at death. Compared to Black Americans, Black South Africans have a noticeably more aggressive illness, higher PSA levels, and higher tumour grades (Tindall et al., 2014, 880). Babb (2014, 1). Reported in 2014 that prostate cancer incidence and death increased steadily in South Africa. Ageing, having African heritage, and a family history are recognised risk factors (Tindall et al., 2014, 880), which can be made worse by lifestyle decisions. Late access to health care may account for late reporting and the low survival rate. According to Globocan (2015a). 5 196 black South Africans will die from prostate cancer in 2020. Improvements in awareness, diagnosis, and treatment is needed.

Although South Africa does not form part of the “oesophageal cancer belt” the incidence of oesophageal squamous cell cancer in African males in South Africa is one of the highest in the world (Dietzsch et al., 2003, 1, Strickland, 2012, 623). Smoking, alcohol (Sylla & Wild 201, 249), age and sex seem to play a role (Hiyama, 1646). Tobacco smoking is the primary risk factor for oesophageal, lung, oral, and laryngeal cancers identified in black patients in state hospitals in Johannesburg, despite the fact that legal sales of commercial cigarettes have decreased annually. The high frequency of oesophageal cancer is caused by alcohol, tobacco and contaminated maize ears, which are frequently used to brew beer (the 'good' ears being eaten as porridge) (Pacella-Norman et al., 2002). Rastam et al. (2010). have shown that water pipe smoking is a risk factor in oral cancer. According to Globocan 5 415 black South Africans will die from oesopgeal cancer in 2025, 9053 from lung cancer (Globocan, 2015a).

The most densely populated regions of South Africa have a disproportionately high incidence of colorectal cancer (CRC) at public and university hospitals (<50 years old).

A Western-style diet and sedentary lifestyle are linked to colorectal cancer, which typically affects young black patients who are male (Cronje et al., 2009, 106). The cancer has a heritable origin. Obesity, physical inactivity, alcohol, tobacco also play a role (Sylla & Wild 2011, 246). According to Globocan (2015a) 4 531 black South Africans will die from colorectum cancer in 2025.

HBV<sup>167</sup>, HCV<sup>168</sup>, aflatoxins are some of the risk factors identified in Africa (Sylla & Wild 2011, 246). According to Globocan (2015b) 2891 black South Africans will die from liver cancer in 2025. According to estimates, there will be 31,123 black male cancer deaths in 2025 (excluding non-melanoma skin cancer) and 34,962 black female cancer deaths (all ages). This means that 66,085 black African South Africans will lose their lives to cancer in 2020 (Globocan, 2015a).

The above statistics suggest need vision and implementation. No roadmap is complete without taking note of trends and limitations.

#### **4.Trends and Limitations**

Trends and limitations in the industry constrain the prevention of cancer and cancer care significantly. The “global mismatch between international prevention policies and strategies” inhibits progress following United Nations Millennium Development Goals Report 2015 (United Nations 2015) that does not mention goals regarding sustainable cancer control. It is widely accepted that implementation by individual countries have limitations and face challenges (Visagie & Schneider, 2014, Tsolekile et al., 2014; Mabuza, 2014; Knaul, 2012; Bray, 2015, 2068; Akinyemiju, 2015). The consensus was that much have to be addressed regarding the building up of local motivation and capability (Sullivan et al., 2012, 2043–2045).

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<sup>167</sup>The Hepadna virus, or HBV, is spread through contaminated blood or blood products, in-utero exposure, sexual contact with infected individuals, and contaminated needles or tools. For example, liver cancer may result from a severe infection (Mosby, 2013, 831)..

<sup>168</sup> HCV: A virus transmitted through blood contact. Patients can remain asymptomatic for 10-20 years or when acutely infected 80% of patients progresses to chronic hepatitis. Vaccination against Hepatitis A and B is recommended (Mosby, 2013, 831).



Even though South Africa can benefit from community-based services, prior research has indicated that not all risk classification and background information has been incorporated into laws. For instance overnutrition and excess weight that is associated with some forms of cancer (Hossain, 2007, 213) is prevalent among adult South Africans, particularly women (Dandala, 2018, 22–29) indicating that obesity-management in South Africa is the most challenging aspect with reference to the African community's perception regarding the positive values ascribed to obesity.

Given that South Africa is a nation going through an economic transition, these findings imply that intervention is especially critical. South Africa is currently ill-equipped to provide the necessary patient care on the following multiple levels. First, a lack of accurate information (as seen above). Second, human incapacity (Steenkamp-Nel, 2018a, Business Day, 2018). Third, according to Maurice (2015), there isn't a single term for cancer in any of the 2000 African languages. Fourth, "too many adults seek treatment too late" (Maurice, 2015, 2565). Fifth, according to Maurice (2015), 2565, the majority of Africans are unaware that cancer is curable. Sixth, only 1.2 cancer centres per 10 000 cancer patients were in 2019 available throughout South Africa (WHO, 2019). As a result, South Africa will be disproportionately affected by the anticipated rise in the cancer burden in the future (Maurice, 2015, 2564–2565).

Solutions were proposed amongst which are the following. In order to educate people about the early warning signs and symptoms of cancer and to persuade them that a cancer diagnosis is no longer a death sentence, there is first a need for a cancer awareness and education campaign. Second, the number of cancer patients (even those receiving medical insurance or medical aid) who require home-based care is steadily increasing every year. Third, neither the Department of Health nor any other non-profit organisation can deal fully with the increased numbers of people with cancer. Fourth, given the above, to plan for the protection of citizens, the South African government and the third sector need accurate figures from the National Cancer Registry (Sylla & Wild, 2011, 248) and effective action plans.

Although the South African government is since 2018 on board (Mbhele, 2018; Business Day, 2018) studies about its funding policies (Oosthuizen, 2012, 1–23), calls the government’s commitment to cancer prevention and care into question because disregarding well established community-based services with specialised skills that already contribute towards a solution through lack of funding is crippling care.

Summarizing this data, it becomes evident that cancer’s pattern provide basic knowledge on how to tackle cancer in South Africa more effectively. Returning to the subject, the next section will analyse CANSA and how CANSA sensitise greater awareness to the general public.

## **5.The Cancer Association of South Africa (CANSA)**

In order to understand volunteers’ tasks CANSA’s fourfold service to the public was discussed. It included a description of CANSA’s research endeavours and advocacy campaigns. To understand their constraints and challenges it also aimed to come to an understanding of CANSA’s care centres’, fundraising events, projects wherein volunteers contribute.

At the end of nineteenth century philanthropy gained much importance and a whole new focus (Flew, 2015, 20–33). The trend towards science and service propelled to the forefront when a whole new range of and professional organisations and community organisations such as Rotary International (founded in 1905) and one of the first social work faculties in South Africa (established in 1931) started addressing challenges in their communities and around the world (South African Healthcare Association, 2018; Healy, 1999, 14–29; McKendrick, 1990; Rotary International, 2022). “The birth of scientific *oncology* with the use of the modern microscope” (Javier & Butel, 2008) gave rise to a wide variety of international cancer organisations like the Imperial Research Fund (ICRF) (Cancer research UK n.d.) and the British Empire Cancer Campaign (BECC), and the American Society for the Control of Cancer (ASCC). CANSA’s founding in 1931 fitted the spirit of the age with its goal to significantly lessen cancer's effects by fostering wellness in all South African populations (CANSA, 2013c, 1, 2). After 100 years CANSA still believes that

understanding and response to cancer's full impact on emotional, mental and physical wellbeing can maximise all people affected by cancer's quality of life (CANSA, 2020b). Therefore volunteers' patient care opt to support patients and their loved ones holistically (CANSA, 2012b). While an exhaustive description of CANSA's service is beyond the scope of this study, several components warrant a brief discussion.

## **5.1. Research**

CANSA enable cancer research with between R6 and R12 million spent annually (CANSA, 2015b). Research results and scientific information are applied to boost CANSA's health and service delivery programmes and realign advocacy focus and watchdog function for the greater good of the public (CANSA, 2015b). Five research categories are run by the association: Type A programmes concentrate on cancer risk reduction and early detection. Graduates of MBChB and PhD programmes perform these studies at South African universities and cancer centres; with the findings published in peer-reviewed journals. From 1 April 2014 CANSA took over the funding (mainly donated by bequest) of three of the Medical Research Council's (CARISA) projects.

Type B projects are research that focus on how to help the general public to make healthy decisions to lower their risk of developing cancer. Studies in collaboration with established research institutions on possible environmental carcinogenic methods like fracking, kitchen water filters, ATM invoice paper, uranium in teeth are conducted (CANSA, 2014a, 19). A CANSA "Smart Choice" seal is rewarded to products like sunscreen lotion (CANSA, 2012a, 19) and supplements (CANSA, 2015b, 17) which reduce the risk of cancer. The findings are shared with the public during health campaigns (see 2.3.2.1.). Research initiatives classified as type C pertain to cancer reduction programmes, treatment, and support services, such as the Dignity Tool and Paediatric Mapping (CANSA, 2014a, 19). Refer to 2.5.1.3.2 for the implementation of these tools.

The Type D projects look into how CANSA can work with research institutions on national issues, such as measuring vitamin D levels in people with different skin tones

from different geographic regions of South Africa and using a combination of HPV testing and cytology to screen for cervical neoplasia in an urban community (CANSA 2015b, 19). Type E projects include a wide range of activities, such as conferences and symposia that CANSA has organised, supported, or co-funded; they also include post-graduate cancer scholarships and co-sponsoring travel funds for researchers who are giving presentations at research conferences (CANSA, 2015b, 19).

Research findings are translated into educational material which are used during advocacy projects to reach various communities and the media.

## **5.2. Advocacy**

To improve the lives of vulnerable individuals, and address the still existing stigma attached to the 'C-word', CANSA have to promote their ideas, influence decision makers and stake holders, change policies and get support and reach more communities. To reach politicians and decision-makers (lobbying) CANSA organise and compile cancer Research legislation and regulations (CANSA, 2017c). To reach the general public (opinion building) CANSA launch the following cancer health awareness programmes yearly:

### **5.2.1. Health campaigns**

Monthly education programmes conducted by CANSA's Care Centres greatly improve health and lower the incidence of cancer through media appearances, printed materials, and public lectures. The following campaigns:

The SunSmart programme plays an important role in creating awareness of skin cancer, sunless and self-tanning products and malignant melanoma and mole checks. The FotoFinder, a dermoscope instrument for mapping moles, is used to provide screening (CANSA, 2015a, 26).

Exhibitions, lectures, events, and media coverage in the country's media are the favoured means of promoting important behaviours that support a balanced lifestyle.

A few of the topics covered are healthy diet, exercising, preserving a healthy weight, avoiding carcinogens, and being proactive by scheduling routine screenings. An educational puppet show appeals to children on World Health Organisation's World Health Day and on 7 April, Salt Awareness Week (11 to 17 March) in a fun interactive way (CANSAs, 2015a, 26).

In recent years, the anti-tobacco and new anti-smoking campaign has gained significant traction, cautioning against the use of water pipes, hubbly bubbles, hookahs by youth, as well as the rising dangers associated with smoking cigarettes and vaping (CANSAs, 2015a, 26). People who wish to stop smoking are encouraged to use online resources to support themselves with the free eKick Butt programme, a unique online smoking cessation treatment.

Volunteers participate in health programmes for men, women, and children. Women are encouraged to get regular mammograms, pap smears, HPV vaccinations, screenings, and information on the early signs and dangers of breast and cervical cancer. September and October are typically when the women's campaign is conducted. In recent years, questions regarding men's cancer risk have been greatly and drastically impacted by the Movember campaign. A balanced lifestyle, frequent self-examinations, Prostate Specific Antigen (PSA) testing, and a straightforward finger-prick blood test are among the ways that men are urged to take charge of their health and lower their risk of cancer (CANSAs, 2015a, 27). The TLC Programme, which focuses on promoting knowledge of paediatric malignancies and early diagnosis as well as providing love, care, and support to youth and families affected by cancer through yearly awareness campaigns, is another popular approach to raise awareness for children (CANSAs, 2020c). Five facilities and support groups were established for parents and guardians of children undergoing cancer treatment (CANSAs, 2020b). More information on the subject is available in CANSAs (2015a).

Edible consumer products that may help lower the risk of cancer are often granted the CANSAs Seal in order to safeguard them and educate customers about ways to eliminate cancer-causing risk factors in the environment. The seal also encourages wise decisions about health in general, devoid of all recognised chemicals, hormones,

endocrine disruptors, and carcinogens (CANSA, 2015a, 26). In addition, non-edible consumer goods devoid of recognised toxins, carcinogens, hormones, and endocrine disruptors are given the seal (CANSA, 2015a, 26). Examples of such products include baby bottles free of BPA<sup>169</sup> and a phthalate-free industrial cling-wrap to replace PVC<sup>170</sup> clingwrap. Products such as sunglasses, shade items, UV-protective clothing, solar and other radiation warning devices, and others that provide protection against agents in the natural environment that may cause cancer (CANSA 2015a, 26). Products, machinery, and procedures that improve living a smarter, healthier lifestyle—such as juice extractors and food preparation equipment—are gaining prominence (CANSA, 2015a, 26). Furthermore, education that strengthens and produces better, wiser, and more balanced lifestyle decisions—such as literature on the subject, exercise equipment, diets, weight control, and quitting smoking—has become more and more popular (CANSA, 2015a, 26).

National key awareness dates include:

- World Cancer Day – 4 February.
- International Cancer Survivors' Day – 2 June.
- Nelson Mandela Day – 18 July.
- CANSA Care Week –1 to 7 August
- World Aids Day – focus on HIV related cancers – 1 December
- International Volunteers' Day – 5 December
- Universal Health Coverage Day – 12 December' (CANSA 2020a).

Role players are supported during the above campaigns and national key awareness dates by fact sheets, position statements. Patients and those affected can join local or on-line support groups or get on-line counseling on a toll-free line (CANSA, 2020e; CANSA, 2020f; CANSA, 2015c, 24). Besides awareness, support and prevention it is important that the country is informed regarding its fight against cancer.

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<sup>169</sup> BPA is Bisphenol A, an endocrine disrupting building block of plastic that alters the function of human breast and prostate tissue (Halden, 2010, 183).

<sup>170</sup> PVC: Polyvinyl chloride used in as food wrap, vegetable oil bottles, and medical devices (Halden, 2010, 186).

### **5.2.2. The South African National Cancer Registry**

South Africa has a diversity of cultures and living conditions 'giving rise to cancer and types of cancer (CANSA, 2020g). Population-based cancer registries that accurately reflect and monitor the cancer incidence in different settings is very important (Somdyala, 2010, 2420). CANSA therefore funds the South African National Cancer Registry in collaboration with the South African Department of Health. The funding is allocated to increasing and training the staff of the National Cancer Registry so that the backlog in cancer statistics (see 2.2.3.) can be eradicated in the interest of better cancer control in South Africa (CANSA, 2015c, 24).

A new initiative is CANSA's collaboration with other charitable health organizations and agencies, the government, cancer experts, patients, survivors and others to implement South Africa's cancer control strategy (A detailed discussion of the topic can be found in CANSA, 2015a; CANSA, 2020h).

### **5.3. Care centres**

CANSA offers patients lodging that is similar to home while they are receiving therapy at treatment facilities. For cancer patients who are receiving treatment from outside their town, carers and volunteers provide care, meals, transportation, assistance, and support in 11 CANSA Care Homes located in major cities (CANSA, 2020i; CANSA 2015d, 34; CANSA, 2020j).

Once back home patients are supported and cared for by 26 Care centres in 9 provinces which offer a wide range of guidance, advice (CANSA, 2020k; CANSA, 2014f, 38.) regarding medical loan equipment, Lymphoedema treatment, managing treatment & related side effects, stoma, wound and home based care, pre- and post-operative counseling and intra-operative care and support (physical, emotional or spiritual) to all affected by cancer (CANSA, 2020k).

According to the data, CANSA's cancer care centres serve as a valuable resource by facilitating connections between patients, survivors, and their loved ones and other

individuals who have experienced similar circumstances. Encouragement, understanding, insight, optimism, and moral support are all offered through support groups. Among the support groups are Stoma, Cancer-specific groups, "Sharing and Caring," and "Hoping is Coping." Frequent attendance at cancer treatment facilities that offer concurrent care and support, as well as TLC support groups for kids and families (CANSAs 2015d). Families and parents can join an existing TLC support group in their community or start a new one if none already exists. Support for kids, teens, and families afflicted by cancer is covered in depth at CANSAs, (2022j).

#### **5.4. Fundraising events and projects**

Considering that CANSAs since 1994 find it difficult to adapt to the new South African government-civil society funding policies as well as the global economic downturn, and the recent Covid-19 pandemic the organization face barriers in maintaining financial sustainability. To prevent being totally dependent on the state, to sustain its watchdog role, and keep up service delivery, sufficient funding is needed. The following fundraising projects keep CANSAs afloat.

During a "Relay for Life" sponsored corporate and private teams walk overnight around a sports field celebrating human and canine cancer survivors remembering those who lost the cancer battle and simultaneously generate an income (CANSAs, 2015f). A member of a team said:

Relay For Life is a fantastic, fun way to raise funds for a great cause. The whole range of emotions throughout the event, from joy to pain is worth every moment (CANSAs, 2015g).

Participants in "Shavathons" pay a charge to have their hair shaved or sprayed, buy a CANSAs Wrap, give a ponytail, or volunteer for an enjoyable day in malls or workplaces (CANSAs, 2015f, 49). In collaboration with the South African National Blood Service (SANBS), CANSAs organised blood drives at several locations.

The "Sanlam Cancer Challenge" started in 1997 was the biggest amateur golf



tournament in Africa, raising funds for CANSA, holding skin cancer awareness exhibitions, and skin cancer screening at club competitions (CANSA, 2012a, 34; CANSA, 2015f, 51).

"Cuppa for CANSA" is an entertaining initiative that invites individuals to partake in their preferred beverage and donate (CANSA, 2012a) to support the care and assistance given to those who have been told they have cancer (CANSA, 2015f, 51). Community tea events feature exhibitions and discussions about leading a healthy lifestyle.

With the goal of supporting CANSA's treatment and assistance for cancer patients, "CANSA Active" encourages athletes to take part in their preferred sport or race and raise money via an internet platform. A healthy, active lifestyle is encouraged with an emphasis on being SunSmart (CANSA, 2015f, 51).

To reach an understanding of volunteers' tasks I CANSA's fourfold service to the public, it's research endeavours, and advocacy campaigns were discussed. In order to explore volunteers' constraints and challenges it came to an understanding of the care centres' (in which Care and support volunteers render their services) functions, events and projects.

An effort was made to understand CANSA's role in the South African cancer care society but did not elucidate the role of people that make it possible.

### **5.5. Volunteers: My work in CANSA as a Community Mobiliser**

To contribute towards an understanding of the organizational environment of CANSA volunteers are worked with my participation in CANSA will be discussed. In 2010 CANSA had 2 146 trained African Patient care volunteers. In 2014/15 CANSA had 2 546 members in volunteer leadership committees – 56% of colour and 44% white (CANSA, 2015e, 61). These volunteers make CANSA's long-standing relationship with the public in every sphere of South Africa possible. They work in an ever changing environment facing unique challenges and stresses during their service, including

adapting to patients' and families' expectations, a rapidly changing South Africa, as well as adjusting to CANSA developing structures, systems and language barriers. To guide them through these hazardous waters CANSA deployed Community Mobilisers.

### **5.5.1. Mobilise the community**

In order to facilitate the delivery of CANSA's health activities, health programme coordinators—later dubbed community mobilizers—are in charge of organising and strengthening communities. To guarantee sustainability, revenue-generating endeavours are started. In order to empower and encourage communities to take charge of their own health, CANSA employs an integrated development strategy. There were three responsibilities:

#### **5.5.1.2. Volunteer management**

In collaboration with the Liaison committees community profiles<sup>171</sup> are compiled to establish the level of interest community members may have in being actively involved in CANSA's projects. The information assists the team in establishing residents', businesses' and churches' preferred method of engagement. The community needs and potential to generate income are being analysed. Each year an action plan is put together to penetrate communities and ensure active involvement in the fight against cancer. As Community mobiliser I oversaw the practical arrangements, recruiting, training, coordinating, and motivating diverse volunteers for assigned activities.

To fulfil service delivery goals and organisational fundraising objectives, volunteers were overseen and assisted. A varied set of volunteers in a range of districts and languages were assigned to various community activities. Large-scale activities, like the annual "Phulani" puppet play that advocated a balanced lifestyle at nearby schools, were assigned to contracted-based community member(s). Partnerships with

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<sup>171</sup> A Community (or stakeholder) profile is a combined picture or evidence-based database of the people and key social and economic stakeholders, groups, networks and services in a geographical area or community that can assist in policy and service delivery-related developmental processes (Department of Health and Human Services n.d.).

harmacies, physicians, and nurses were initiated in order to use CANSA's position statements, training, and pamphlets to establish, maintain, and strengthen their staff, patients and themselves.

### **5.5.1.3. Income development**

Opportunities for CANSA to generate revenue in the community were found. A strategy was developed to use community structures to produce income. A team of friends initiated a fund raising event by mobilising their spinning (indoor cycling) class to participate in the Argus Cape Momentum Cycle Tour (nowadays called the Cape Town Cycle Tour). Volunteers were trained to promote CANSA's national programmes during radio interviews. Newspaper articles ensure an in depth understanding of health issues. Our local township cancer volunteer team flocked my truck on more than one occasion to conduct health talks in their community. We networked with influential role players and professional partners within our communities to enhance/support the achievement of goals for example doctors' talks on wellness days and campaigns.

The volunteers strived to adhere to and better standards, best practices and required benchmark standards for all income generating activities and took initiative regarding sponsoring of volunteers T-shirts and sun hats. Liaison Committees in CANSA's offices were given the tools and direction they needed to successfully conduct programmes and projects within the relevant timeframes while meeting sustainability goals. Data was recorded during events and sent to the relevant CANSA databases once a month.

The following extra steps were made to strengthen CANSA's projects in our region. First, to assist them in projecting a professional image both internally and externally during health discussions at their local schools, African volunteers from nearby villages were mentored, trained internally, and attended upliftment seminars. Second, they received help maintaining their professional appearance and staying up to date on information and abilities related to revenue generation. They flourished with the additional support.

#### **5.5.1.4. Cancer control**

The monthly Health campaigns were implemented in communities according to national standards and business plans (see 2.5.3.1). To provide comprehensive home-based care services to patients and families in our community, a volunteer base for patient care was created, trained, and maintained. Mentoring Teams and Referral systems were developed in order to make professional service available to patients and their families mentor. Patients were visited and their caregivers encouraged.

A support group was established to provide patients and their families with emotional and spiritual support. The team undertook prevention and early detection campaigns (see 2.5.3.1.) e.g. health talks and Tap-Tap (Toktokkie) puppet shows for children. Feedback were given to the community through articles in the different community newspapers. The team distributed pamphlets, posters, referred to CD's, booklets, print articles and newsletters. A Mobile health clinic delivered screening (Pap smears), and clinical breast examinations for rural staff at a Vegetable farm. African volunteers conducted a health talk on skin cancer and life style risk assessments in the participants' own language.

New workplace agreements offered Health Programmes at businesses and current ones were maintained. A Stoma Seminar, the first in the district, educated and shared information with patients, professionals and peers. Professional volunteers (like nurses and doctors) and stakeholders were equipped to enhance community service delivery.

The administration was conducted in compliance with CANSA standards, which included completing the forms that were required for the Home Based Care programme, Dashboard statistics, and the planning formats for Health Promotion Campaigns. Records were also kept up to current on a monthly basis in compliance with audit criteria (CANSA, 2014e).

CANSA community mobilisers' tasks developed in the last ten years and split into

volunteer management, income development and cancer control (CANSA, 2016b; CANSA, 2015b). Opportunities for personal and career development, such as "Learning and Review" meetings, strategy and team workshops, talent management, and development programmes, were ongoing educational projects.

## **5.6. The structure of community service**

The understanding of volunteers in CANSA developed considerably since CANSA's inception more than eighty years ago. Over the course of time CANSA has progressed to be a reliable source of information for volunteers regarding prevention, treatment and care. As the organization is rapidly advancing this section is not intended to give a complete overview but to convey a basic understanding of the organisation structure in order to understand the volunteers working environment.

The structure for volunteer management in CANSA is based at the regional level. CANSA Staff are responsible for health programmes that includes research, advocacy, early detection, prevention, and care, fundraising and marketing coordinated by a regional manager.

CANSA staff engage amongst others with a Volunteer Liaison Committee that are active in towns, townships and villages according to the needs of the public and volunteers' availability. The committee coordinate health programmes in collaboration with a CANSA staff member, normally the Community mobiliser, who oversee their activities on a day to day basis. Leader volunteers report to the Liaison Comitee regarding their respective area at monthly meetings. Some volunteers may work directly with the regional office, such as in administration, fundraising, special events or other. The next section will focus on the role of volunteers in CANSA.

## **5.7. The role of volunteers in CANSA**

CANSA was founded by volunteers and is a volunteer<sup>172</sup> driven organisation. Volunteers are therefore an essential part of CANSA services. They played an important role in the achievement of goals for CANSA. 5 000 trained “foot soldiers” contributed to the provision of holistic care and support to those affected by cancer (CANSA, 2015i).

Prior research emphasize the positive correlation between the contribution of volunteers to the mission in the following ways. First, volunteers serve in governance structures (Business Units and Head Office). Thereby strengthening CANSA’s sustainability (CANSA, 2018c, 44). Second, they have a beneficial effect on communities and society (CANSA, 2018a). Third, volunteers provide free labour (Handy & Srinivasan, 2004). Notably Vuyi Gwala, from Pietermaritzburg, who volunteered virtually by translating media content (English to IsiZulu) said:

I’ve thoroughly enjoyed it; I think more so because I knew it was helping others. CANSA recently presented me with a certificate of service during COVID-19 (CANSA, 2020s).

Fourth, goodwill enhanced the organisations’ reputation and mission (Handy & Brudney, 2007). Fifth, apart from the fact that CANSA benefited from volunteers’ financial contribution, skills and experience. The ultimate value of the volunteers lies in expanding CANSA's services to its clients where they lacked paid staff. For more detail on the topic see CANSA, 2015f, 45–54).

### **5.7.1. CANSA volunteering is about service**

To meet the needs of others, volunteers sacrificed their time. They dedicated their talents and time to a wide variety of activities, projects and programmes (CANSA 2020o) before and after detection (that can sometimes overlap). The phase before cancer is detected is addressed through Education prevention campaigns and after

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<sup>172</sup> Volunteering refers to activities undertaken out of own free will, to the common good without financial reward as principal motivating factor (UN, 2002, 3). Volunteers are paid-up members of CANSA for (at least) the duration their voluntary service (CANSA, 2018a). CANSA’s volunteer programme coordinators or other CANSA authorised person issue a letter of appointment to successful applicators. In the letter of appointment, a volunteer’s defined task(s) are stipulated. a CANSA volunteer identifies him/herself with CANSA’s goals.

the after-detection-phase through Care and support programmes.

CANSA volunteers often specialised in a particular field: First, youth offer services and projects mainly among their peers. Second, “feel good volunteers” participated on special days like International Nelson Mandela Day or Giving Tuesday in corporate and business settings. Third, virtual volunteers gave a helping hand with editing manuals, online fundraising, or virtual marketing campaigns. Fourth, advocacy volunteers took care of access to treatment issues and navigate the health system for patients. Fifth, professional volunteers guided lay volunteers, trained spokespersons on specific topics or offer training, legal advice or coaching pro bono. Sixth, Breast cancer sufferers, both men and women, received educational and emotional support from *Phakamisa* volunteers. Seven, fundraising volunteers raise money through various *fundraising* projects. Eight, Patient care volunteers created a positive atmosphere through their emotional, practical, and spiritual care to patients and loved ones. Nine, Health promotion volunteers spread awareness during health awareness campaigns and health talks. Through the distribution of booklets and posters, health presentations, and exhibitions about various types of cancer<sup>173</sup>, volunteers and staff collaborated to raise awareness about prevention and early detection. Then, *Tough Living with Cancer* (TLC) volunteers shared their time and talents to interact and support children and families during cancer treatment at pediatric oncology wards (CANSA, 2019, 58).

As one-in-four individuals may during their lifetime be affected by cancer (CANSA, 2020p) support became vital. The challenges posed by cancer to patients’ and families’ resilience have critically influenced academic dialogue about the benefits of additional support (Rosenberg et al., 2013, 645–652; Molina et al., 2014, 93–101) in several different ways. First, more than 60% of contracted volunteers assisted with the promoting of “Healthy living” educational programmes as well as Care and Support programmes (see 2.3.2). Second, cancer patients and their families found home-based care<sup>174</sup> appealing because it prioritises proper care and comfort, family member

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<sup>173</sup> Follow CANSA calendar (2018f) and CANSA (2018e) for monthly themes.

<sup>174</sup> Patient visits at home constitute home-based care. home-based care provided in partnership with the community and CANSA staff, mobilise role players, resources and

participation, volunteerism, and access to medical and support resources (CANSA, 2020k; CANSA, 2020m). A new training project was developed in collaboration with the Health & Welfare Seta after an agreement was reached regarding the critical role of carers. This was based on the fact that over 2 100 patients stayed at 12 CANSA Care Homes, 4 100 patients received care, and over 9 800 home visits were made (CANSA, 2018c, 40). Third, during the *Movember* Navigation Support Programme male volunteers (referred to as 'navigators') were recruited and trained each year to assist prostate and testicular cancer patients, their loved ones, caregivers, and survivors according to their situation, culture, needs and knowledge of cancer at public health and medical institutions (CANSA 2019a). Fourth, a CancerCare Coping Kit, which offered helpful guidance to individuals recently diagnosed with cancer, their loved ones, and carers, was distributed with the help of volunteers. Through the ability to make better decisions, patients and their families were better able to manage the experience of living with cancer thanks to a printed booklet and CD audio that were available for download from the CANSA website (CANSA, 2015, 36). Volunteers assisted staff members in distributing these CD's to patients (CANSA, 2020n). Fifth, patients, particularly those with prostate and testicular cancer, had access to a Dignity Tool that assessed their state of well-being (CANSA, 2012a; CANSA, 2014a). Sixth, a web-based needs-based instrument called the Paediatric Coping instrument was designed for cancer survivors up to the age of eighteen. It gauges the quality of care and support provided to patients with cancer and records their experiences (CANSA, 2012a). Seventh, wheelchairs, wigs, commodes, breast prosthesis, egg-shell beds, and other aids were among the assistive devices and equipment available for patients or survivors to help them deal with cancer therapy or after surgery. Stoma bags, supplements and linen savers were available for Colorectal cancer patients. Volunteers assist staff members in lending out these devices.<sup>175</sup>

In summary, volunteers' tasks were varied based upon, in part, patients and families' varying needs. Their responsibilities varied equally according to their interests.

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volunteers to render cost-effective therapeutic, rehabilitative, and palliative care as well as long-term maintenance (CANSA, 2020k; CANSA, 2018c).

<sup>175</sup> A more detailed discussion on Human Hair & Wigs can be found at CANSA (2020k).



## **6. Conclusion**

This appendix introduced and described CANSA providing a theoretical foundation and clear conceptualisation of the organisational context in which volunteers worked. It provided a comprehensive literature review of CANSA's services as a means of exploring existing knowledge and as an attempt to familiarise readers with the key concepts' in CANSA. There was a description of the disease, the disease in the South African context volunteers is facing with, the risk factors, consequences and prevention measures. Volunteers' multidimensional context stressed the need to assess their spiritual environment carefully to enhance their service since they are CANSA's flame.

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