

**The wellness of families: The exploration into developing an
integrated family counselling workbook.**

by

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ADDENDUM 1 : INFORMATION SHEET FOR PARTICIPANTS

ADDENDUM 2 : CONSENT FORM FOR PARTICIPANTS

ADDENDUM 3 : QUESTIONNAIRE

ADDENDUM 4 : SHORT LIST OF BOOKS AND THESIS ON PASTORAL
NARRATIVE THERAPY

DISCLAIMER

I declare that: THE WELLNESS OF FAMILIES: THE EXPLORATION INTO DEVELOPING AN INTEGRATED FAMILY-COUNSELLING WORKBOOK is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Annemien Bauermeister : _____

Date : _____

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ABSTRACT

This thesis is an exploration into the integration of a pastoral, narrative and family therapy approach with the purpose of developing an integrated family workbook that ministers, pastors, counsellors and families can use as a pro-active guide in counselling. It is a qualitative exploratory study using in-depth literature studies as well as in-depth interviews and research into existing family counselling models. Participants to the study were social workers, ministers, pastors, counsellors and psychologist. The in-depth-literature study focused primarily on the theory and practice of a pastoral, narrative and family approach and secondly on the history of psychology and theology integration.

Both the literature study, research into existing family therapy models and in-depth interviews confirm to the research questions: Is it possible to integrate a pastoral, narrative and family therapy approach? Is there a need for an integrated family therapy workbook?-in that - families do not only struggle to cope on a socio-economic level (lack of income and housing for example) but the lack of morals and values and “get together” also plays a vital role. In the voice of participants: “Families need to discover their own family belief and faith system and hear the voices of one another, they need to be understood in terms of their religion, culture, tradition, history and life story”.

Many counsellors use one preferred approach in counselling. Harm can come to clients in counselling who are expected to fit all the specifications of a given theory. Practitioners need to challenge and tailor their theory and practice to fit the unique needs of clients/families. This requirement calls for counsellors to possess knowledge of various cultures, be aware of their own cultural heritage, and have skills to assist a wide spectrum of clients in dealing with reality. Each theory has its unique contributions and its own domain of expertise. By accepting that each theory has strengths and weaknesses and is, by definition, “different” from the others, practitioners have some basis to begin developing a theory that fits for them.

CHAPTER 1

1. INTRODUCTION AND RESEARCH OVERVIEW.

Why working in a family context? Within families, we discover who we are, we develop and change and we give and receive the support we need for survival. Our families are our first and most important source of information about the world, we learn how to think and feel about ourselves and what to expect from others, our emotional foundation is created by the way in which our parents treat us, the kind of message their behaviour communicates to us, and the ways in which we process and handle that information internally (Forward 1986: 127-128).

From a counselling perspective, there are many routes to take for counsellors when working in a family context. These many routes may lead to a discovery of many different philosophies, theories and perceptions about the family, family life and its members. In short, family therapists, for example teach us that it is not possible to understand the individual as separate from the context of the system. Family therapists say we need to take into consideration the interpersonal dimension and the socio-cultural context, rather than only focusing primarily on the intra-psychic domain. Feminist therapy for example, has contributed an awareness of how external conditions contribute to the problems of women and men and how gender-role socialisation leads to a lack of gender equality. Freud (1987:18-20) within the context of psychodynamics proposed that people's troubles could be understood in terms of deep-seated unconscious factors that had been taken hold of at a much earlier stage in their development. Coleman (1980: 267-271) said that in essence, chronic emotional tension elicited by life situations can cause profound changes in the functioning of the human body: these changes in turn can trigger the development of various elements that we refer to as psychosomatic. Lester (1995: 2) reflects that despair is so painful and debilitating, but hope is basic to living joyfully. He continues by saying that he is convinced that we need to be more explicit about our commitment to God who is out in front of us. Paul Tillich (1952:65-69) tells us that existential anxiety which is

related to the finitude we all share, is triggered by the threat of fate and death, the threat of emptiness and meaningless, and the threat of guilt and condemnation.

The researcher wants to conclude the introduction by referring to the statements made by Olsen and Preston. Preston (1998: 3) contends that no one theoretical model can adequately address the wide range of problems clients will present in therapy. For him, the pivotal assessment question is, “What does this particular person /family most need in order to suffer less, to heal, to grow, or to cope more effectively?” Olsen (1993: 14) concluded in this regard “Despite the difficulty of trying to integrate all the different therapies, I firmly believe one must undertake it if one is to work effectively with families.”

1.1 ON ROUTE TO THE RESEARCH PROBLEM

1.1.1 The inspiration for this research

Being a registered pastoral counsellor in private practice for a few years now, the researcher encountered many stories of people who are confused, self-doubting, afraid and ambivalent about their interactions and day-to-day living within a family context. Many family members struggle with abuse on the part of individual members continually and regularly, leading other members to accommodate such actions. What struck the researcher is the voiceless silence surrounding these members and their solutions concerning these problems: waiting, worrying, developing a relationship of co-dependence, or simply disconnecting from the problem – to name but a few.

A few years ago, a colleague and the researcher developed a two-year distant course in pastoral narrative therapy. The course is for people involved in counselling (pastors and counsellors), professional counsellors who want to investigate and utilize the pastoral narrative approach, as well as any person with a passion for the healing of people and communities. The development of this programme also forms part of the inspiration for this research.

According to literature (the researcher refer to Chapter 2: Literature Study) there is a need for counselling families. Satir (1964: 12-14) and other family therapists were

among the first to recognize that when a symptom-bearing person or an “identified patient” came for help, his or her entire family was hurting and needed help. Many psychologists, counsellors and pastors work on an individual level or couples level, but not so often on a family level.

There is a need to include spiritual beliefs and practices in counselling the family. Spirituality represents powerful human experiences that have largely been neglected in clinical training and practice as being unscientific, too private, or perhaps best left to clergy or pastoral counsellors. Family therapists, who are concerned that they might impose their own religious values (or lack of them) on vulnerable clients, have avoided the topic. Yet for many people, religion and spirituality represent a central set of organizing beliefs that give their lives meaning and guidance. Increased interest in examining cultural factors in working therapeutically with families has ended up with a growing awareness of the importance of spirituality in family life. As Hodge (2005: 342) observes, spiritual beliefs and practices often animate every aspect of family life, and frequently represent a source of family strength. Pastoral narrative therapy provides a way of co-constructing meaning and hope in the process of working with trauma, pain, grief and suffering. Pastoral Narrative therapy is an approach within a postmodern paradigm that emphasize that our beliefs about the world – what constitutes reality – are social inventions, not a reflection or map of the world; they evolve from conversations with other people. It is through the interactive process of language (not merely words, but gestures, facial expressions, vocal inflections, silences) that people connect and construct their shared view of reality. The development of knowledge, then, is a social and cultural phenomenon (Freedman & Combs 1996: 22-30).

Society’s awareness of the crucial role of gender – as a determinant of personal identity, socio-cultural privilege, or oppression – has grown in recent years. Therefore, gender-role changes in recent decades have had a powerful impact on family structure and functioning. Male and female role differences have become less clearly defined today as many families, especially those led by the younger generations, struggle to find more flexible if not yet fully worked out patterns for living together harmoniously in a dual working household (Goldenberg 2008: 5).

Cultural factors, largely overlooked by family psychologists in the past, have come to play an increasingly central role in our understanding of family life. Values, rituals, common transactional patterns, ways of communicating – even the very definition of “family” in different cultures – all require examination if an accurate, unbiased, and comprehensive family assessment and effective counselling are to be carried out (Goldenberg 2008: 6).

Narrative therapy is grounded in a social cultural context, which makes this approach especially relevant for counselling culturally diverse clients and families as well as for gender-based issues. Narrative therapists believe clients and families can help to liberate themselves from destructive or limiting problem-saturated stories and to construct alternative stories that offer new options and possibilities for the future.

At the forefront of today’s practice of family therapy is a model that centres on the narrative metaphor – the idea that our sense of reality is organized and maintained through the stories by which we circulate knowledge about ourselves and the world (White: 1990: 3). According to narrative therapists, families frequently construct negative self-defeating dead-end narratives about their lives (myths, negative self-labelling and justifications for why they are unable to do things differently). To achieve change they need to gain access to other stories, to learn to consider alternative ways of examining the values, assumptions and meanings of their life experience that dominate their views of themselves and their problems. (Morgan 2000: 14).

Family therapy has been used effectively in the full range of human dilemmas; there is no category of relationship or psychological problem that has not been addressed with this approach and the skills of the family therapist thus include the ability to influence conversations in a way that catalyzes the strengths, wisdom, and support of the wider system (Goldenberg 2008: 15).

To conclude this section, the researcher found that working with families is rarely an easy matter and came to realize that within a family context there are many fields to explore, many theories to understand and many techniques to apply. Olsen (1993: 11,12) states in this regard that newly qualified family therapists, parish clergy, and

experienced pastoral counsellors find that working with families is rarely easy. One major problem according to Olsen is the lack of integration of theory. Many of those who are called upon to provide family therapy have never been grounded in the basics of family systems theory, even though they may have considerable expertise in doing therapy from another modality, often-individual psychotherapy. Many clergy have received some basic training in nondirective type of counselling and have learned some basic reflective listening skills. This counselling may work quite well with individual clients, particularly those who are bright, introspective and verbal, but it does not necessarily work well with couples and families.

The researcher's decision to use the Pastoral, Narrative and Family therapy approaches lies within:

- the need for an integrated family therapy model. (According to Olsen (2000) and Louw (1998).
- a narrative approach provides a good “fit” with a family therapy approach and pastoral approach.
- the researchers experience and knowledge of working in this field.

1.1.2 Preliminary literature overview

Both historically, and in the present, psychological and Christian ways of thinking have provided different models of human nature. However, they have not always been opposed to one another, nor are they mutually exclusive; many people have combined academic psychology with a Christian commitment. In the nineteenth century, when psychology was taking shape as an autonomous academic discipline, many Christian thinkers successfully combined the insights of the new physiological and behavioural psychology with commitments to Christian views about the soul (James, McCosh & Ladd in Richards 2002: 34).

According to Hurding (2003: 249) approaches to counselling, which imply purely a biological or mechanistic way of seeing people, or over-emphasize autonomy and individualism are deficient in their basic anthropology. He argues, “In our evaluation

of different approaches to counselling it is worth asking how adequately men and women are viewed in terms of their essential plurality-in-unity. Do questions of personal sin, true guilt and individual responsibility give way to a deterministic emphasis on the power of the instincts and the neurotic nature of all guilt; or within a more humanistic framework, are human beings seen as essentially good and well motivated for constructive change; or is their propensity for self-centeredness acknowledged”? At this point, Hurding, (2003: 248) stresses the importance that; “In assessing methodologies of counselling, we need to ask whether the assumptions behind their theory and practice fit with the biblical view that people have supreme value in that they are special creations of God, made for a special relation with their Creator, from which they are called into relationships with others as they exercise a responsible stewardship over God’s world”.

As mentioned earlier three main approaches will form part of the exploration of key concepts and the theories behind. The researcher would like to use a house as metaphor, to explain how the three different approaches will be dealt with:

- pastoral key concepts (faith relationship, values, commitments, philosophy of life, meaning, hope etc) will form the foundation of the house;
- family therapy’s key concepts (process room, gender room, strategic room, etc) will be represented by the different rooms in the house;
- narrative therapy’s key concepts and techniques will be concerned with the day to day stories, interactions, rituals and living conditions of families and their members.
- integrated overview of the three approaches will form the roof of the house.

1.1.2.1 Why a pastoral approach?

The researcher believes today, perhaps more than ever before, families need to have a basis, a “solidness” to stand on. Fowler (1988: 74) says the following on this: “The only interest the individual has is for the preservation of the self, with little emphasis on the individual’s responsibility for the common good. Modern living is so organised that it demands the least possible direct dependence on others. The materialistic

culture urges us to believe that we need things more than we need people. It also tells us that we are liberated through what we own, not through intimate relationships and our identity is measured through our possessions, not by the richness of our lives. The quest for self-fulfilment in this contemporary “happiness cult” does not distinguish between an “enjoyable” and a “meaningful” life. In the happiness cult, life is about my fulfilment and me. A meaningful life, however, is more about a journey to understand that life is a gift to share with others. In a meaningful life, the most caring way of living with you is to be caring with other people – to see through their eyes.” The researcher wants to draw attention to cultural diversity in this regard.

Pastoral care and counselling often occur in the context of human dilemmas in which some external event or internal chaos threatens families and their members’ physical, social, psychological, and spiritual stability. In this regard, Lester (1995: 44) says that one of the most important things we can do for a suffering person, is to restore a sense of meaning, significance and hope to the experience. Mostly, we only see a negative meaning in suffering; it interrupts our health, relationship, and total well-being, and slams an unwelcome brake on our pursuit of life and our happiness, here faith can be a source of help and strength. Wicks and Rodgeron (1998:4) says that pastoral counselling is there to help people better understand their relationships with themselves and the world, keeping an eye on the influence that God is having in their lives.

This research falls within a Practical Theology perspective. The researcher used two approaches within this perspective namely, the contextual and participatory approaches.

1.1.2.2 Why family therapies approach?

The family is the nucleus of society, and when it weakens or crumbles the stability of the entire community is adversely affected. It is thus imperative to initiate and co-ordinate resources to maintain a healthy family life, to empower people to build, reconstruct and maintain sound relationships in families and communities (Family Association of South Africa).

The family therapy field continues to grow in terms of literature, workshops, and research. According to Olsen, family therapists and clergy are not sure how to make informed decisions about which theory and set of techniques to apply to which problems. Olsen (2000: 42) provides an integrated model that summarizes some of the major family therapy theories. He also shows how to integrate them in forming a map that one can use for assessment and treatment planning. Many of the family therapy key concepts in the thesis were drawn from Olsen's (2000) integrated model.

Families often tend to focus on one member of the family as the one that needs treatment – often the child with unacceptable behaviour. In promoting family therapy, the therapist draws on the fact that a family is far more than a collection of individuals, but represents a multiplicity of rules, roles, power structures, forms of communication and many more.

Family therapy focuses mainly on the interaction between people as the principle for insight and change. The narrative approach provides a good “fit” in doing family therapy. In general, the narrative therapist's task is to join with families in an exploration of options that are more rewarding, or alternative conversations in which clients are the experts of their own lives and are assumed to have the skills and competencies needed to construct more positive stories about themselves. At the same time the therapist may provide the family with family therapy's key concepts, such as a look into the different life cycle stages a family goes through, communication patterns, structural issues and many more.

1.1.2.3 Why a narrative approach?

A Narrative approach to counselling holds that to enter a conversation from an “expert position” will be disrespectful of the client's position. The ability to admit our lack of understanding and therefore our “expert knowledge” may enable us to meet our clients from “a not expert” stance. Accordingly, as we are able to respect and learn from our clients, we may enhance our ability to foster a collaborative approach to the search for solutions to the problems people bring to the therapeutic conversation. As Freedman & Gene Combs (199) describe: Narrative therapists are interested in working with people to bring forth and thicken stories that do not support or sustain

problems. As people begin to inhabit and live out the alternative stories, the results are beyond solving problems. Within the new stories, people live out new self-images, new possibilities of relationships and a new future (Freedman & Combs 1996: 16).

People and families organize and give meaning to their experience through the storing of experience in their daily lives. In the performance of these stories, they express selected aspects of their lived experience – and these stories are constitutive – shaping their lives and relationships (White 1990: 7-8). Some of these experiences we simply do not understand, either because the experiences are not “story-able”, or because we lack the performance and narrative resources. Thus, stories are full of gaps which people and families need to fill in order for the story to be performed and with each performance, people are re-authoring their life. These aspects of lived experience that fall outside the dominant story can be referred to as “unique outcomes” (White & Epston 1990: 15). More on this in the discussion of the narrative approach.

Narrative therapy is also concerned with issues of gender, ethnicity, race, sexual orientation, and social class in the therapeutic process. Practitioners concentrate on problem stories that dominate at personal, social and cultural levels. From this orientation, practitioners take apart the cultural assumptions that are part of a client or family problem situation. Clients come to an understanding of how oppressive social practices have affected them, and this awareness leads to a new perspective on dominant themes of oppression that have been such an integral part of their story, and with this cultural awareness, new stories can be constructed. (Corey 2005: 408-409).

1.1.2.4 Why an Integrated approach

As pastoral counsellors, we allegedly have “expert” religious knowledge. Clients are aware of this situation. Clients may feel that they are not a hundred percent familiar with the contents of Scripture or their own denomination or tradition’s specific doctrines. Some counsellors or pastors may believe in and use a confrontational approach toward counselling – where the use of the Bible as an authoritative pastoral resource is used in interpreting, diagnosing and responding to clients and their crises. Jay E Adams is the most widely known and influential representative of this approach.

Other counsellors may use a “client-centred and holistic approach towards counselling, which calls for human beings to become whole: a positive view of humankind, which reaches beyond salvation back to creation, and focuses on the psychological potentials of a person. Sin becomes secondary: inner potential becomes the key to all pastoral therapy. Steward Hiltner and Howard Clinebell are the two prominent exponents of this approach.

One can see that there are many different approaches in pastoral counselling and that a counsellor who decides to work or use only one approach as the “ultimate” approach may inflict harm on clients and families.

A Pastoral approach draws to the fact that the attitude and approach of the counsellor is more important than the use or non-use of Scripture or doctrine in the counselling process. By engaging in a conversation characterised by reflective questions and at an appropriate time introducing alternative voices (passages from Scripture, the healing attributes of God, the importance of community, the respectful way of dealing with differences, forgiveness as a way of life, the creation of meaning and hope, etc.), the client or family comes to an alternative understanding of themselves, members of the family and of who God could be.

For pastoral narrative therapist, to answer questions about God, where He is, what He thinks and to explain His actions, is a complicated issue. Ackermann (1996:142) said that:” narrative theology agrees that we need to ask “how” we can in a compassionate way care and listen to each other and not only impose an “expert” answer. In a participatory way, we together need to co-create a process of healing and hope that is respectful, inclusive and communal”.

When we meet people or families, we want to understand the meaning of their stories for them. Connecting with people’s experience from their perspective orients us to the specific realities that shape and are shaped by, their personal narratives. The goal of narrative therapy is to participate in a conversation that continually loosens and opens up, rather than constricts and closes down. Through therapeutic conversation,

fixed meanings and behaviours are given room, broadened, shifted and changed. Freedman&Combs (1996: 44-45).

A pure narrative approach in family counselling without a family therapy framework may not provide sufficient information for the family, the counsellor and the counselling process. [The researcher acknowledges that even the word “framework” does not align with a narrative approach]. There are many aspects in family therapy to look at, for example: the life cycle changes of a family, communication patterns, life’s unexpected trauma’s, the structural arrangements of the family, multigenerational patterns, etcetera.

Perhaps the most difficult adjustment for counsellors from Western cultures is the adoption of a “systems” perspective. Our personal experience and Western culture often tells independent choices and us that we autonomous individuals, capable of free. Yet, we are born into families and most of us live our entire lives attached to one form of family or another. Family perspective holds that individuals are best understood through assessing the interactions between and among family members. The development and behaviour of one family member is inextricably interconnected with others in the family. Attempts to change are best facilitated by working with and considering the family or relationships as a whole. (Goldenberg: 2008: 7-10).

The researcher will explain the integrated approach in Table 1: Chapter 5.

1.2 EXISTING MODELS IN THE FIELD OF PASTORAL NARRATIVE THERAPY

Louw (1998: 1) states that the challenge facing pastoral theology is to develop a model, which not only takes salvation of the Gospel seriously, but also tries to understand and to interpret our human existence within their contexts and relationships. According to him what is at stake is the communication of the Gospel in terms of the life experience of human souls, and vice versa. Central to the discipline of pastoral care is how faith should be interpreted in terms of human

experience/reality and the social context so that the substance of our faith may contribute to a life of meaning and quality.

The challenge then according to Louw (1998: 2) for pastoral theology is to “develop a model of human and contextual transformation, to formulate a theory that expresses faith in terms of our human quest for meaning and identity. Questions Such as who are we? Why are we here? What makes us special as human beings? These existential questions of identity and purposefulness are the starting point of all religious, philosophical and psychological inquiry”.

Heitik (1997:235-239) also believes in a holistic approach model. He sees the human person as: a unity of body, soul and spirit, as not having relations, but is a relation, as being constituted of conscious and unconscious levels, a dynamic (developmental psychology) entity in search of self-realization, having norms and values that play an important role in their quest for human and personal identity.

Clinebell’s growth model (1984: 28-45) attempts to incorporate Aristotle’s view of the cosmos in which he says, “In all living things there is an inherent striving towards fulfilling their possibilities”. According to Clinebell, the spiritual dimension of our lives consists of the ways in which we satisfy seven interrelated spiritual needs: The need for a viable philosophy of life, for creative values, for a relationship with a loving God, for developing our higher self, for a sense of trustful belonging in the universe, for renewing moments of transcendence and for a caring community that nurtures spiritual growth. Clinebell’s description of spirituality is important, for he argues for the need to accept human wholeness as a starting point for a reflection on the character of pastoral care.

Louw (1998: 18) concludes that: “The ultimate purpose of the entire pastoral encounter and model is the fostering of a mature faith and spirituality, which includes, change, responsible choice of behaviour, growth, empowerment and mutual support and anticipation. He sees a pastoral model of counselling which reflects the following four stages: Trust (feelings), perspectives (thinking), responsibility (doing) and empowerment (believing). For him this model should not only deploy an individualistic approach, but is compelled to approach problems contextually. To take

into consideration not only the intra-psychic dynamism with its one-sided emphasis on autonomy and self-realisation, but also a psycho-systemic dynamism which emphasis the network of connections and structures within a social and cultural context”. According to him, the following basic components of context should be taken into consideration:

- *people’s needs in life* – the degree to which these are met or not (material security, safety, and experiencing value, self-actualization and love) will determine the measure of emotional pain and immediate frustrations;
- *the community with its social structures* (education, economy, technology, politics, etc) will determine the degree of freedom experienced by people in their community;
- *significant relationships* (marriage, family, social environment, politics, security in relationship) will eventually determine the degree of isolation and whether people will have to deal with the problem of loneliness and alienation; and
- *philosophical perspective* (people’s philosophies, values and views of life) determine their behaviour – positive concepts lead to constructive action, irrational thoughts and ideological perspectives have a negative effect on peoples reaction. Norms and values play a decisive role in philosophical thinking and attitudes.

1.3 RESEARCH STATEMENT AND OBJECTIVES

Many counsellors use one preferred approach in doing counselling, be it a confessional approach or a participatory approach. They abide by, for example, only a biblical model, or only a narrative perspective. Olsen (1993: 13) says in this regard that:” all that is occurring in a session with a family may overwhelm counsellors. If counsellors do not have a solid grounding in family theory and therapy or a fairly well constructed paradigm that helps them frame all that is happening in the room, they can be lost in a flood of family interactions”. Harm can come to clients in counselling who are expected to fit all the specifications of a given theory, whether or not the values espoused by the theory are consistent with their own cultural values. Rather than

stretching the client to fit the dimensions of a single theory, we as practitioners need to challenge and tailor our theory and practice to fit the unique needs of our client. This requirement calls for counsellors to possess knowledge of various cultures, be aware of their own cultural heritage, and have skills to assist a wide spectrum of clients in dealing with the realities of their culture.

Louw (1998: 1) states that the challenge facing pastoral theology is to develop a model, which not only takes salvation of the Gospel seriously, but also tries to understand and to interpret our human existence within their contexts and relationships, thus drawing on a psychological approach.

1.3.1 Research questions

- Is it possible to integrate a Pastoral, Narrative and Family therapy approach?
- Is there a need for a well-integrated family counselling workbook?

Primary research objective:

- to do an in-depth literature study on the three approaches (pastoral, narrative and family therapy).
- to find out from professionals in the field (through in-depth interviews and the use of open-ended questions) if there is a need for an integrated family-therapy workbook.

1.3.2 Secondary research objectives

- to do an in-depth literature search and exploration in the “market” into existing integrated family counselling models.
- to do an in-depth literature study of psychological, and pastoral theological philosophies and theories.
- to do in-depth interviews and open-ended questions with professionals in the following fields (family therapists, social workers, pastors, ministers, counsellors and psychologist).

- to use the knowledge generated by this research in developing an integrated workbook for family counselling to be empirically tested with selected families, ministers, pastors and counsellors.

1.3.3 Dilemmas in developing an integrated model

Arkowitz (1997: 229) states that an integrative approach to counselling and psychotherapy is best characterized by attempts to look beyond and across the confines of single-school, approaches in order to see what can be learned from, and how clients can benefit from other perspectives. The most difficult task according to Olsen (1993: 15) is that of integration. For him it involves studying the basics of many theories, understanding the major paradigms of family therapy, blending those paradigms and then applying the unified model to assessment and treatment planning.

It follows that integrative counselling is the process of selecting concepts and methods from a variety of systems. The integrative approach can ideally be a creative synthesis of the unique contributions of diverse theoretical orientations, dynamically integrating concepts and techniques that fit the uniqueness of a practitioner's personality and style. Since the early 1980s, a rapidly developing movement toward integration has characterized psychotherapy. The Society for the Exploration of Psychotherapy Integration is an international organization formed in 1983. Its members are professionals who are working towards the development of therapeutic approaches that transcend single theoretical orientations (Corey 2005: 463-465).

One reason for the trend towards psychotherapy integration is the recognition that no single theory is comprehensive enough to account for the complexities of human behaviour, especially when the range of client types and their specific problems are taken into consideration. Because no one theory has a patent on the truth, and because no single set of counselling techniques is always effective in working with diverse client populations, some writers think that it is sensible to cross boundaries by developing integrative approaches as the basis for future counselling practice (Kelly & Lazarus in Corey 2005: 464).

A large number of therapists according to Corey (2005: 463) identify themselves as “eclectic,” and this category covers a broad range of practice. Perhaps at its worst, eclectic practice consists of haphazardly picking techniques without any overall theoretical rationale. This is known as *syncretism*, wherein the practitioner, lacking in knowledge and skill in selecting interventions, grabs for anything that seems to work, often not attempting to determine whether the therapeutic procedures are indeed effective. Such a hodgepodge is no better than a narrow and dogmatic orthodoxy.

There are multiple pathways to achieve an integrative approach to counselling practice. Three of the most common pathways are technical eclecticism, theoretical integration, and common factors (Arkowitz 1997: 260). *Technical eclecticism* tends to focus on differences, chooses from many approaches, and is a collection of techniques. This path calls for using techniques from different schools without necessarily subscribing to the theoretical positions that spawned them. In contrast, *theoretical integration* refers to a conceptual or theoretical creation beyond a mere blending of techniques. This path has the goal of producing a conceptual framework that synthesizes the best of two or more theoretical approaches under the assumption that the outcome will be richer than either of the theories alone (Norcross & Newman in Corey 2005: 463-467). The *common factors* approach attempts to look across different theoretical systems in search of common elements. Although there are differences among the theories, there is a recognizable core of counselling composed of nonspecific variables common to all therapies. This perspective on integration is based on the premise that these common factors are at least as important in accounting for therapeutic outcomes as the unique factors that differentiate one theory from another.

Lazarus (1992: 234-239), the founder of multimodal therapy, believes that blending bits and pieces of different theories is likely to obfuscate matters. He contends that by remaining theoretically consistent but technically eclectic, practitioners can spell out precisely what interventions they will employ with various clients, as well as the means by which they select these procedures. Technical eclecticism seems especially necessary in working with a diverse range of cultural backgrounds. Harm can come to clients who are expected to fit all the specifications of a given theory, whether or not the values espoused by the theory are consistent with their own cultural values. Rather

than stretching the client to fit the dimensions of a single theory, practitioners are challenged to tailor their theory and practice to fit the unique needs of the client. This requirement calls for counsellors to possess knowledge of various cultures, be aware of their own cultural heritage, and have skills to assist a wide spectrum of clients in dealing with the realities of their culture.

Corey (2005: 409) shares the view by saying that culturally diverse clients often experience the expectation of the counsellor that they should conform their lives to the truths and reality of the dominant society of which they are a part. With the emphasis on multiple realities and the assumption that what is perceived to be truth is the product of social construction, the postmodern approaches, for example, are a good fit with diverse worldviews, as they provide clients with a framework to think about their thinking and to determine the impact their stories have on what they do. Clients are encouraged to explore how realities are being constructed and the consequences that follow from such constructions. Within the framework of their cultural values and worldviews, clients can explore their beliefs and provide their own reinterpretation of significant life events.

If practitioners are open to an integrative perspective, they will find that several theories play a crucial role in their personal counselling approach. Each theory has its unique contributions and its own domain of expertise. By accepting that each theory has strengths and weaknesses and is, by definition, “different” from the others, practitioners have some basis to begin developing a theory that fits for them. It is important to emphasize that unless counsellors have an accurate, in-depth knowledge of theories, they cannot formulate a true synthesis. Simply put, practitioners cannot integrate what they do not know (Corey 2005: 464).

The researcher agrees with both Corey and Lazarus, in that it is important for a researcher not to merely blend techniques without proper theoretical integration, it is also true that harm can come to clients who are expected to fit all the specifications of a given theory. For example, cultural diversity does play a role in the practice of family therapy – not all families’ structural arrangements (hierarchies, boundaries, etc) conform to the reality of a “western model”. Not all families take comfort in a pastoral theology of meaning and significance in times of distress; some may perceive

“hard times” as God’s way of punishing them, for example. Narrative therapy’s wonderful contribution towards “conformity” lies in the fact that meaning and understanding are negotiated in conversation and cultural assumptions that are part of a family’s problem situation are taken apart. A great challenge lies at the doorstep of counsellors today. They need to tailor their theories and practices to assist in a wide “diversity of families” today. More on this in Chapter 5.

1.4 PRACTICAL THEOLOGY’S RELEVANCE TO THE STUDY

Practical Theology is the place where religious beliefs, traditions and practices meet contemporary experience, questions and actions to engage in a transforming dialogue, which has substantial practical implications. Practical Theology stands for a complex view of reality, which incorporates meanings, images, metaphors, stories and feelings as well as thoughts and actions. Poling (1991: 186) described it as follows: “Practical Theology is a critical and constructive reflection within a living community about human experience and interaction, involving a correlation with the Christian story and other perspectives, leading to an interpretation of meaning, value and hope, and resulting in everyday guidelines and skills for the formation of persons and communities.”

From Polling’s description, Practical Theology should:

- reflect the current plurality and heterogeneous description of lived experience;
- include the unheard voices of so-called “non theologians”;
- be aimed at the continual transformation of faith in God as He/She reveals Him/Herself throughout history;
- develop the skill to interpret its own interpretations.

This research, resides in a contextual and participatory approaches within a Practical Theology paradigm. The participatory approach to Practical Theology follows the ideas purported by a contextual approach emphasising doing theology. Roux, Myburg and Kotze (2006) are committed to a participatory way of doing spirituality, pastoral care and counselling. Being committed to participatory ethical care provokes the

urgency not to care for but to care with people who are in need of care. Counsellors collaborate with people in challenging oppressive discourses and negotiating ways of living in an ethical accountable way. The doing of Practical Theology reaches beyond a mere practice of theology – it refers to a shift from the general to the local, from mainstream Western theology's claims of universal validity to true participatory theology amongst all practitioners (Bosch 1991: 427).

The underlying assumptions and “doing” in this research in the context of Practical Theology are the following:

- to try and bring consistency between one's faith and the way of life, “by way of doing”;
- to be able to co-create with families (with the guidance of the Holy Spirit) an inner harmony with themselves, with other family members and with God);
- to explore and map a narrative pastoral process of alternative faith narratives of our relationship with God and our way of life – instead of speaking on behalf of God or trying to explain God, His acts and to try and establish universal truths about God and humanity (Louw 2008: 177);
- to help families to have “solidness”, a base from where they can face life's challenges.

This way of thinking reflects the fact that faith is not add on , it is a type of integration in which one seeks to live with an internal harmony between faith commitment and a way of life. This is an integrated way of living that affects thinking, morals, integrity, relationships with people, and the duties as a citizen. It guides the ways in which we interact with friends, clients, and students. This faith commitment must have a bearing on how I deal with my finances, write my articles, teach my classes, and counsel with people whom I seek to encourage and help. The researcher would like to refer what Jung (in Hurding 2003: 81) said: “We must sooner or later face the question: Are we to understand the ‘imitation of Christ’ in the sense that we should copy His life, or in the deeper sense that we are to live our own proper lives truly as he lived His in all its implications? It is no easy matter to live a life that is modelled on Christ's, but it is unspeakably harder to live one's own life as truly as Christ lived His.” For example,

Jesus had time for people. He would stop tell stories, heal and encourage people. How many times during our “busy” day do we take the time to stop at a “suffering person” encourage and give Hope in Christ? How many times will we offer a lift to women walking alongside the road with heavy shopping bags? It is as basic as this!

Grobbelaar (2006: 127) said that: “We believe that pastoral counsellors need to understand the theoretical framework and method in which they are working. This can help them to understand where they are religiously (in what way they relate to traditional beliefs and practices), professionally (what kind of knowledge base pastoral counsellors use, in what way it is to be used) and personally (what kind of self-knowledge and understanding is operative in a worker’s life). The main underpinning knowledge, understanding, and method that inform and give distinctive identity to the skills and competencies of pastoral care and counselling are nothing other than Practical Theology”.

1.5 RESEARCH DESIGN AND METHODOLOGY

According to Mouton (2001: 55), a research design is a plan or blueprint of how one intends conducting the research. Put simply: What kind of study will you be doing? What type of study will best answer the questions that you have formulated? This research will reside within a qualitative research paradigm. According to Schwartz and Jacobs in Niemann (2005: 11), the qualitative approach focuses on understanding people studied in terms of their environment, and their perception of their context. Qualitative methods are also characterised by the use of non-numerical data, induction and exploratory methods and are often carried out to investigate some important concerns to be found in some part of the human view. Meaning is then achieved by looking at all aspects of the same phenomenon to see their interrelationship and to establish how they come together to form a whole.

According to Babbie and Mouton (2001: 79), a large proportion of social research is conducted to explore a topic or to provide a basic familiarity with the topic. They argue that exploratory studies are most typically done for the following reasons: to satisfy the researcher’s curiosity, to develop methods to be employed in any

subsequent study, to explicate the central concepts and constructs of a study, to test the feasibility of undertaking more extensive research, to determine priorities for future research and to develop new hypothesis about an existing phenomenon. The latter three reasons are specifically applicable to this study as they are a means to develop new understanding of existing phenomenon of integrated theories. In this regard, Babbie and Mouton (2001: 79) state that exploratory studies are essential whenever a researcher is breaking new ground and they can usually yield new insights into a topic of research.

Miller and Brewer (in Niemann 2005: 184) postulate that the most important research design considerations that apply to exploratory research are the need to follow an open and flexible research strategy, using methods such as literature reviews and interviews, which may lead to insight and comprehension.

1.5.1 In-depth literature study

Mouton (2001: 86) says that a comprehensive and well-integrated literature review is essential to the study. It provides one with a good understanding of the issues and debates in the area that one is working in. It also provides us with current theoretical thinking and definitions, as well as previous studies and their results. According to him, a review of literature is essentially an exercise in inductive reasoning, where one works from a “sample” of texts that you read in order to come to a proper understanding of a specific domain. The representativeness of the sources is an important criterion of the final quality of the literature review. The selection of sources (documents, journals, text, and websites) is driven by the theoretical considerations, such as the aim of the study, the research questions, as well as pragmatic considerations (period and level of study).

Mouton (2001: 176-177) refers to the following questions when doing a literature review: “what is the state of the art regarding the subject, what is the current state of research on the subject, what are the key debates in the current field, what are the leading positions/paradigms in research on the subject, what are the most widely accepted models, definitions or theories concerning the subject and which are the

most convincing?” These questions are important as they touch on questions of meaning and explanations, on questions of theoretical linkages and coherence between theoretical propositions, on questions related to the explanatory and predictive potential of theories and conceptual models.

One should bear in mind that a literature review could, at best only summarise and organise the existing field. Even a critical review of the literature cannot produce new, or validate existing, empirical insights. Although literature reviews often lead to theoretical insights, one still needs to undertake an empirical study to test out new insights (Babbie & Mouton 2001: 80).

According to Bruce (1994: 218), a literature search and review on a topic need to address the following: key theories, concepts and ideas, origins and definitions of the topic, the main questions and problems that have been addressed to date, the context of the topic or problem, rationalizing the significance of the problem, relating ideas and theory to applications, establish the major issues and debates about the topic, and be able to put the research in a historical/economical/political context.

1.5.2 In-depth interviews

This brings us to the second part of the design, namely in-depth-interviews with professionals in the field. In-depth interviews are less structured and more intensive than a standardised questionnaire (VanVuuren, Maree & DeBeer in Niemann 2005: 191). In-depth interviewers aim to collect detailed, richly textured, person-centred information from one or more individuals (Kaufman in Niemann 2005: 192). According to Berg (in Niemann 2005: 193) in in-depth interviews the researcher initiates a dialogue with a real person and engages the interviewee as a human being, not as a study subject. Therefore, the interviewer does not utilise a structured interview, but rather constructs a guide of open-ended questions. The principle advantage of an open interview schedule format is that it does not suggest the terms in which participants should answer a question (Abrahamson in Niemann 2005: 193). Kaufman, agrees with the statement by Abrahamson in that the aim of open-ended questions is to elicit subjective idiosyncratic responses that allow for deeper

understanding. Open-ended questions allow the researcher therefore to follow up with probing questions in order to deepen the response question, thus increasing the richness of the data obtained. These open-ended questions serve as a guide to ensure that all topics, relevant to the research (that is, meeting the aims identified), are covered during the interview.

Purposive sampling has been chosen which is considered by Welman and Kruger (in Groenewald 2004: 11) as the most important kind of non-probability sampling to identify participants. Participants to the study were selected based on the researcher's judgement and the purpose of the research, looking for participants who have knowledge and experience covering each perspective (family counselling, family therapy approach, pastoral and narrative approaches) relating to the phenomenon to be researched.

Boyd in Groenewald (2004: 11-12) regards 2 to 10 participants or research subjects as sufficient to reach saturation and Creswell (in Groenewald 2004: 12) recommends "long interviews with up to 10 people" for a phenomenological study. The sample for this study will consist of 9 participants:

Participant	Number
Minister/Pastor	2
Counsellors: Church setting	2
Counsellors: Private Practice	1
Social workers	2
Clinical psychologist/Family therapist	2
Total	9

Participants in the study need to reflect on the following (from their experience, knowledge and context in working with families). See questionnaire, Addendum 3.

- what are the major dilemmas that families are facing today?
- what can counsellors, ministers, pastors, social workers and psychologists contribute to the wellness of families?

- what do they think is the link between psychology and theology? About inviting faith and spirituality (in the context of psychologists and social workers) into the room and themes from psychology (in the case for pastors and counsellors) into the counselling room?
- what do they think is the best way to counsel families today?

1.5.3 Open-ended questions

A questionnaire was also given to participants to complete. A questionnaire is a printed self-report form designed to elicit information that can be obtained through the written response of the participants. The information obtained through a questionnaire is similar to that obtained by an interview, but the questions tend to have less depth (Burns & Grove in Groenewald 2004: 15). In the open-ended questions, the participants were required to respond in their own words to the following questions:

- theories and techniques that they use in therapy/counselling;
- current and previous therapy/counselling models that they have used in practice;
- all ethical consideration in the practice of family therapy;
- be able to provide information on the major dilemmas families are facing today;
- be able to reflect (from their knowledge and experience) on the link between psychology and theology-about inviting faith and spirituality into the counselling room;
- be able to think what they can contribute to the wellness of families;
- be able to tell what they think the best way are to counsel/doing therapy with families today.

1.5.4 Research into visual and course material

The researcher decided on a review of existing material on integrated family counselling models, for the following reasons:

- to ensure that this study is not duplicating previous studies;
- to discover the most recent and authoritative material available;
- to find the most popular material (target groups and geographical area).

1.5.5 Fieldwork, feedback from participants and data analysis

Researchers are easily absorbed in the data-collection process and may fail to reflect on what is happening. A researcher's field note recordings (what the researcher hears, sees, experiences and thinks) in the course of collecting and reflecting on the process is just as important. Field notes are a secondary data storage method in qualitative research. Because the human mind tends to forget quickly, field notes by the researcher are crucial in qualitative research to retain data gathered (Lofland & Lofland in Groenewald 2004:15). This implies that the researcher must be disciplined to record, subsequent to each interview, as comprehensively as possible.

At this juncture, it is important to note that field notes are already “a step toward data analysis.” Morgan in Groenewald (2004: 16) remarks that because field notes involve interpretation, they are, properly speaking, “part of the analysis rather than the data collection”. But we need to bear in mind that phenomenology works with the conscious human being, or the lived experiences of the participants in the research, thus it is very important that the researcher must, to the greatest degree possible, prevent the data from being prematurely categorised or “pushed” into the researcher's bias about the potential contribution towards the research. The writing of field notes during the research process compels the researcher to further clarify each interview setting.

Each scientist approaches scientific problems with a theoretical viewpoint, whether explicit or implicit. Theory guides inquiry through the questions raised, the framework of inquiry, and the interpretation of results. Much of data generated in natural settings is open-ended, that is, it consists of behavioural observations, narrative responses to interview questions, and so forth. To be useful, these data must be classified into meaningful categories, or coded. The researcher can then use those

categories as the basis for qualitative analysis by searching the data for theoretically relevant patterns (Whitley 2002: 332-335).

Given the fundamental rules, Crano and Brewer in Whitley (2002: 336) suggest that the reliability of a coding system will be highest when: the system has a broad rather than a narrow focus, the unit of the concept or feedback is objectively defined rather than left to the coders discretion, the coding system has a small number of categories, coding is conducted after the fact rather than concurrently with the feedback and little or no inference is required.

They also suggest that coding systems can be characterized along six dimensions. The researcher is only going to reflect on two of the dimensions that are applicable in this research:

- theory based coding systems are going to be used where participants need to provide knowledge and experience from their point of view. Theory based coding systems implies organizing data into categories derived from theories dealing with the concept or feedback under study;
- ad-hoc coding systems are also going to be used where participants need to reflect on their own context, knowledge and experience. The advantage of creating categories is that they represent all the observed behaviour, including categories that might be absent in theory-based programme.

1.6 CHAPTER OUTLINE

Chapter 2. Literature review/theoretical framework:

In this chapter, the researcher will undertake an in-depth literature search into existing integrated family counselling models. Key concepts will be defined and an in-depth search into theories, philosophies and techniques will be done according to the second objectives of the study. The chapter will end with an overview of the main conclusions that have been reached based on the review of literature.

Chapter 3: Research Design and Methodology:

The research participants will be introduced to the study as well as the sample design and full details of the data collection techniques. The procedures used in capturing and editing data, post-coding procedures and measures to minimise errors will be described. The researcher will also refer to possible shortcomings, limitations and gaps in the research.

Chapter 4: In-Depth interviews, Open-ended questions and Existing Models on Integrated Family Therapy:

In this chapter, the main trends and patterns with reference to the key concepts and techniques will be discussed. The main results (positive/negative) will be highlighted.

Chapter 5: Conclusions and recommendations:

All the main findings that have been obtained in the research will be drawn together. Finally, the researcher will show how all results and conclusions relate to the literature studies, key concepts and theories. The researcher will touch on the relevance and value of the study and will refer to gaps and uncertainties in the research.

CHAPTER 2

2 LITERATURE STUDY

“The Bible gives us all we need to know about God, human depravity, salvation, amazing grace, harmony and many other issues that psychologists never touch or try to comprehend. It does not tell us about issues such as the biological basis of depression, the effect of accurate empathy, the lifelong devastation of emotional or physical abuse, the means by which people learn, the developmental stages of infancy, the fine points of conflict resolution, or the way to treat dyslexia or paranoia” (Collins in Johnson & Jones 2000: 110).

2.1 INTRODUCTION TO THE LITERATURE STUDY

Every new counselling relationship marks the beginning of an unpredictable adventure. There can be no certainty about where I am to travel with my client or of the nature of the companionship, which he or she will require. Mercifully, most clients are modest enough in their needs, they want a compassionate, listening, and understanding ear, warmth without sentimentality, willingness on the part of the counsellor not to simulate, a preparedness to be faithful in the accompaniment and not to abandon. However, every so often, there comes the person whose journey, if it is to be embarked upon, requires a companion who is willing to venture into the unknown where there are few reassuring reference points and no clear destination, such as the suicidal, the abused, those who have never bonded. Those who have suffered in this way usually hold themselves in some way responsible and therefore drag out their lives beneath a formidable load of inappropriate guilt. Those who perpetrate the abuse, on the other hand, are often unable to accept the implications of what they have done and seek to defend their actions, or even block them off from any memory of what has occurred (Forward 1986: 15).

Families and groups nourish and sustain their members, but they can also inflict the most exquisite pain, usually through the withholding of love or through the creation of conditions for acceptance. These people are sometimes unable to experience their own value or to find meaning in the world. Some clients say: love me! Some say: heal me! Some say: give me meaning, give me hope! Some ask: where is God! where was God? (Louw 2008: 177).

Integration efforts are worthwhile according to Collins in Johnson and Jones (2000: 107). He states that: “We have a responsibility to care for the world, including its people. We were created to protect, cultivate, and have dominion over the planet where we live, this is a duty given by God to all human beings. However, the world is more than an environmentally polluted planet, it is a planet populated by confused, troubled people steeped in interpersonal, internal, and spiritual turmoil.”

Therefore, Collins (2000:110) says that psychology is worth studying because more than any other discipline, it is committed to understanding people. Psychologists systematically and carefully use science, clinical observations, and interviews, analysis of written materials including dairies and novels, case studies and various other methods to know people. Collins in Johnson and Jones (2000: 110) concludes that psychology has accumulated and continues to gather a mountain of useful information about how people live, think, struggle, interact and act. Roberts in Johnson and Jones (2000: 152) contributes by saying the following: “Psychology, generally speaking, is a coherent body of thought and practice for understanding, measuring, assessing, and possibly changing people’s emotions, thoughts, perceptions, and behaviours, and their dispositions to these.” But Collins says: “Psychology is not enough, students want guidance about significant issues such as the meaning of life, the causes and meaning of our struggles, the process of forgiveness, how to interpret grace, and where they are going. They discover that a scientific understanding of human behaviour does not answer any of these questions.”

Collins in Johnson and Jones (2000: 109) highlights the pastoral approach as being able to go further than their secular colleagues’ approaches: “Through the influence and inner witness of the Holy Spirit, pastoral counsellors have ‘inside information’ about the universe, the origin, and ultimate future of human life, and the purpose for

living. Such understandings grow and become clearer when they grasp the truths of God's Word, Works, and Creative order." In this regard Van Leeuwen in Johnson and Jones (2000:151) warns that God's Word is not intended to be a psychological textbook, but it supplies crucial background assumptions by which we can shape and judge psychological theories and conclusions. To provide a few examples, the role of Jesus as healer, storyteller, the principle of living in harmony with all people, amazing grace, human depravity and the search for meaning in suffering and hope.

2.2 A HISTORICAL VIEW AND DIFFERENT APPROACHES IN THE FIELD OF PSYCHOLOGY AND THEOLOGY INTEGRATION

According to Carter and Narramor in Hurding (2003: 271), "God created humanity; He created the possibility for psychology." Apart from Carter and Narramore, writers such as Gary Collins, Thomas Oden, Lawrence Crabb, Paul Tournier and Frank Lake also referred to integration approaches. According to Crabb (1970) in Hurding (2003: 295-297) "people desperately need both meaning and love" (significance and security). He writes: "Personal problems begin with a wrong belief which leads to behaviours and feelings which deny us the satisfaction of our deep personal needs." He identified three main hurdles which may thwart a person in the particular race he or she has entered:

- unreached goals (impossibility of ambition gives way to feelings of guilt);
- external circumstances (where the goal seems attainable but people, things and incidents block the path) and
- fear of failure (where the goal is reasonable but crippling fear generates anxiety).

Frank Lake (1982) writes in Hurding (2003: 372): "The task of Christian philosophy of science and knowledge in any generation is to press human reason to its proper limits and then use the wisdom which God gives us by the Holy Spirit, expounding Christ to us, to bring insight and understanding to all these matters which the order of science cannot reach." According to McMinn (2000: 251) counselling, theory building, or any other human activity, true integration of faith with psychology can

never be a solely human enterprise. Integration has to start within you and me, as the Holy Spirit is allowed to control our lives, He guides us.

The relationship between psychology and religion has been studied for decades. Freud (1856-1939), Jung (1875-1961), Fromm, (1900-1980) Alfred Adler (1870-1937) and a host of lesser-known people pondered the psychology-religion interface. The theological and psychological perspectives of these early pioneers were diverse, and integration was rarely a goal in their work. Freud's central insight about religion, that concepts of God often arise from individual's experience and psychic needs, can be seen as constructive. Watts, Nye and Savage (2002: 290-295) referred to Freud's theory of personality. Freud proposed that : "people's troubles could be understood in terms of deep-seated unconscious factors that had been taken hold of at a much earlier stage in their development. A person's character can be a reflection of how key moments and issues in the formative years of childhood had been coped with." Tillich (1952: 69) pointed out that Freudian ideas about religion (that religion in a number of his clinical cases supports and maintains people's neuroses) could be taken as providing a warning about how easily ideas about God can become trapped in limited human conceptions and emotions. A few examples could be, "God is good, He will see to every need that I have." "God was telling me to make a lot of money." "God is punishing me for all my wrong-doing." "The man is the head of the house, the Bible says so and God expects me to do so, so I may do what I think is right."

Jung (1875-1961) reflects on this in Hurding (2003: 79): "My contribution to psychotherapy is confined to those cases in which rational treatment yields no satisfactory results, the clinical material at my disposal is of a special nature, new cases are decidedly in the minority, and most of my patients have already gone through some form of psychotherapy treatment, usually with partial or negative results. And a third of my cases are suffering from no clinically neurosis, but from the senselessness and emptiness of their lives." In our context today, people do possess more than ever in terms of consumer items, but still depression lingers on as one of the main problems of our time – as confirmed by pharmaceutical companies. One can make a number of assumptions in this regard. More on this in Chapter 5.

The Methodist minister, Leslie Weatherhead (1893-1976), has been an important figure in the front line of debates that took place in the United States between religion and psychology during the first half of this century. Weatherhead writes in Hurding (2003: 219) that the ultimate aim of psychological interviewing is “personal integration.” He says: “By healing is meant the process of restoring the broken harmony which prevents a personality at any point of body, mind, or spirit from its perfect functioning in its relevant environment, the body in the material world, the mind in the realm of true ideas and the spirit in its relationship with God.” For him the road towards integration is marked by a religious interpretation of life, for example, if a person wants good health, he must first desire to be right in his relationship with God, with others and with life; health itself then must be seen as a “by product” of his prior aim.

Everette Worthington (1994: 79-86) has suggested that writings about the interdisciplinary integration of psychology and theology have occurred in three waves. The first was prior to 1975 and included Paul Meehl (1958), Paul Tournier (1964), Richard Bube (1971), Gary Collins (1973) and Clyde Narramore (1960). The founding of the *Journal of Psychology and Theology* and the development of the Fuller and Rosemead graduate school of psychology inspired a second wave of integrationists who, according to Worthington, addressed the integrating of psychology and theology with vigour.

During this period from 1975 to 1982, John Carter (1975), Richard Mohline (Carter & Mohline 1976), Bruce Narramore (Carter & Narramore 1979), Larry Crabb (Crabb 1977), Kirk Farnsworth (1982), Gary Collins (1977, 1981), and a few others proposed new models of integration. Jay Adams (1970) in Hurding (2003: 279) led the first wave of vehement attacks on psychology. Adams’s turning point in his pastoral understanding came as a result of taking up a position in psychology at the University of Illinois under supervision of Hobart Mowrer. Reading Mowrer’s *The Crisis in Psychiatry and Religion* proved to be an earth-shaking experience, as he eagerly responded to Mowrer’s dismissal of the medical model in which guilt and personal responsibility are acknowledged. He repudiated the validity of terms such as “neuroses” and “psychosis” and concluded that people were inmates because of their unforgiving and unaltered sinful behaviour. He decided to bring the ministry in God’s

Word to the so-called “mentally ill “Adam’s declares that: “ counselling methodology must grow out of and always be appropriate to the biblical view of God, man and creation. From this vintage-point, he argues that, in the area of counselling, at bottom, the Christian believes that there are only two approaches: the Christian (with the Holy Spirit that employs his Word as the principal means by which Christians may grow in sanctification, counselling cannot be effective apart from the use of the Scriptures) ; non Christian”. (Hurding 2003:280).

A fourth phase of integration history emerged – a phase of re-evaluation and renewed interest. Some like Clinton (1990), Ellens (1997) and Heard (1993) did propose new integration models. Bouma-Prediger (1990) in Collins in Johnson and Jones (2000: 106) did suggest the distinction between four different kinds of integration:

- interdisciplinary integration (that combines two unique disciplines – theology and psychology);
- interdisciplinary integration (that attempts to align theoretical perspectives and professional practice within a discipline);
- faith-praxis integration (that aims to bring consistency between one’s faith and the way of life) and
- experimental integration (that refers to an inner harmony within oneself or between oneself and God). [This research lies within the last two different kinds of integration].

According to Malony (1991: 460-466) Collins deals with an important issue in his preparation of an article that he reviewed in the *Journal of Psychology and Theology*. It led him to make several observations about the task of integration. He emphasizes that the observations are only the opinions of one person and that they are not listed in any special order of importance.

2.2.1 The first step is to clarify our goals

The word integration has been used to describe the relationship between psychology and Christianity. Wertheimer (1972) in Johnson and Jones (2000: 464) says, “We are

left with the difficult task of defining integration both conceptually and operationally.” This is no easy matter if we look at the following questions. Are human’s masters or victims of their fate? Are humans good or evil? Should our research focus on holistic issues or on smaller elements that make up the whole? Should we look at behaviour objectively or subjectively? In explaining behaviour, is it better to search the past or to concentrate on the present? Are personality, capabilities, and behaviour influences more by nature or by nurture? In our research, should we strive for precision or for a broader richness?

2.2.2 To sharpen our assumptions

This must be a continual process – but not one which should consume so much attention and effort that we never turn to the research or to the practical applications which grow out of the assumptions. Collins in Johnson and Jones (2000: 465) further proposed that productive integration must start with a consideration of the assumptions in which they are constructed.

The questions to ask: How do we do integration? What skills and methods are involved? Who is qualified to work in this area? Must we develop techniques that differ from the established methods in psychology and theology? Why do we choose the techniques we choose? Most of us agree that assumptions are important, and many recognize the value of integration, but the question to ask is how we approach the integrative task? Küng (1977: 256) says: “Jesus however is not interested in universal, theoretical, or poetical love, for him love does not consist primarily in words, sentiments, or feelings, for him love means primarily the great courageous deed, practical concrete love.” - in Practical Theology terms, the “doing” of theology.

2.2.3 To evaluate trends

Collins in Johnson and Jones (2000: 464) asked: “How do we evaluate religious experience? How do we view new movements from a psychological and theological perspective? How do we evaluate the boom in lay counselling and the emergence of church counselling centres?”

2.2.4 To admit the personal

Integration can be an aloof, intellectual enterprise, mentally challenging but personally irrelevant. Carter and Narramore (1979) in Malony (1991: 466) challenged this impersonal perspective by saying that integration is also a way of living and a way of thinking. They say that: “In fact, it seems to us that very little conceptual integration is possible without a degree of personal integration. It is far too easy to ensconce ourselves securely behind the walls of our theological or psychological professionalism in order to avoid facing the truth about ourselves and consequently being open to new perspectives.”

The researcher would like to continue the debate on integration and refer to McMinn (2000: 252) who sees the integration of these two disciplines as an epistemological challenge. On one hand, psychology “is deeply rooted in a scientific epistemology while on the other hand, ‘Christian theology’ is bounded by central doctrines, forged over centuries.” He continues by observing that those who have been most successful in this integration “have learned to value both epistemologies.” The implications in this debate for pastors and professional church-based counsellors could well be contained in this assumption.

Collins in Johnsson and Jones (2000: 126) continues by saying: “The technical, academic articles and debates about the fine points of integration are stimulating, but I wonder if all of the discussions are needed, if the hundreds of integration courses and articles have real and lasting practical relevance for influencing lives.” He asks: “What do we integrate? Do we integrate psychology and theology, psychology and Christianity, psychology and the Bible, counselling and Christianity, faith and practice, faith and learning, or all of the above?” For him, integration involves theory and research and integration is worthwhile, indefinable, personal, and hermeneutically based and to have a maximum impact in the years ahead, it also should be eschatological, culturally sensitive and outreach orientated. However, at its core, integration is a spirit-led activity and a way of life that starts and ultimately takes place in the mind and soul of the integrator.

Collins in Johnsson and Jones (2000: 126) identifies the following as those issues and questions that have mostly interested him:

- why people are religious;
- how we can account for individual differences in religious beliefs and practices;
- how religion relates to counselling;
- how psychology and religion can be a vehicle for greater understanding of guilt management, the influence of values on behaviour and psychopathology and religion.

Thorne (1998: 43) shows convincingly that the spiritual needs and yearnings of clients presenting themselves can no longer be ignored. According to him, many counsellors wrestle to reconcile their psychological discoveries and understandings with a theological grasp of reality. The needs of clients, the signs of a tentative dialogue between religion and psychology and the ravages of competitive materialism all contribute to the creation of a climate where it is becoming increasingly difficult for the therapist to avoid adopting a stance towards spiritual experience. A counsellor's task is sometimes formidable, for he or she needs to restore hope in a client/family's heart that is filled with a sea of pain and guilt around issues of abuse, addictions, self worth and many more. At the other end, one may ask – can pastors, ministers, and counsellors ignore a basic understanding of psychology? Thorne (1998: 44) continues in this regard by saying: “My perception is perhaps simplistic but I am suggesting that as the family disintegrates, institutional religion declines and the medical profession loses some of its credibility and much of its authority, those who seek love, healing and meaning do not know where to turn.” If we as counsellors and therapists accept that this is indeed the case and that a new and apparently impossible role has been thrust upon us, we are faced with an agonising dilemma (Thorne 1998: 45). Our expertise lies in the capacity to quote Scott Peck's words, “to extend ourselves for the purpose of nurturing one's own spirituality and another's spiritual growth” (Peck 1978: 199).

In South Africa, individuals will suffer if we do not help to create healthy families and moral communities and societies, HOPE will always motivate the pastoral counsellor, even in an apparently hopeless situation. The focus of a pastoral approach is not just people and their subjective, individual actualization, the focus is on God's people travelling God's road in God's suffering creation and always on people in their relationship and interaction with other people, in communities and in their interaction with the whole of creation.

In Chapter 1: Existing models in the field of pastoral narrative therapy, the researcher referred to the models on integration by Louw (1998), Clinebell (1984) and Heitik (1977). In this part two more models, namely the one by De Jongh Van Arkel (2000) and the other by Satir (2009) will be included.

According to De Jongh Van Arkel (2000: 206) it is not necessary for a pastoral therapist to be an expert at every model, but a basic knowledge of the differences between theories and models is imperative. In debating the role of psychology in pastoral counselling and pastoral therapy, De Jongh Von Arkel (2000: 207-298) referred to Gerard Egan (1998) who regards the following knowledge as essential for professionals working in the field:

- a working knowledge of applied developmental psychology (how people develop or create their lives across their life span and the impact of environmental factors such as culture and socio-economic status on development;
- an understanding of the principles of cognitive psychology as applied to helping, since the way people think and construct their worlds has a great deal to do with getting into as well as getting out of trouble;
- the ability to apply the principles of human behaviour (what we know about incentives, rewards and punishment) to the helping process, since wrestling with problem situations and undeveloped opportunities always involves incentives and rewards;

- applied personality theory since this area of psychology helps us understand in very practical ways what makes people “tick” and many of the ways in which individuals differ from one another;
- an understanding of clients as psychosomatic beings and the interaction between physical and psychological states;
- abnormal psychology (a systematic understanding of the ways in which individuals gets into psychological states);
- an understanding of the ways in which people act in social settings;
- an understanding of the diversity of age, race, ethnicity, religion, sexual orientation, culture, social standing, economic status, etcetera;
- an understanding of the needs and problems of special populations such as the physically challenged, substance abusers, the homeless;
- an understanding of the dynamics of the professions themselves as they are currently practised in our society, together with the challenges their face;
- it includes some kind of contract or agreement in which an appeal for help is expressed and a fixed time and place set for the meeting;
- it is a form of contextual caring and helping, which integrates theology, religion, faith with insights from behavioural science;
- it is a caring action directed mainly in a family context although, individual counselling forms a part thereof.

Satir (1964: 176-179) sees a person as consisting of eight separate elements or levels which interact with one another and exert a constant influence on the well-being of the person. These are: physical (the body); intellectual (the left brain, thoughts, facts); emotional (the right brain, feelings, intuition); sensual (the ears – sound, the eyes – sight, the nose – smell, the mouth – taste and the skin – tactile sensation on touch – movement) interaction (the I-Thou communication between oneself and others and self and self); nutritional (the solids and fluids ingested); contextual (colours, sound, light, air and time) and the spiritual (one’s relationship to the meaning of life, the soul, spirit, life force). All these parts add up to the self “although the self is more than the sum total of the parts.” The theory further acknowledges that when people forget their spiritual dimensions they feel lost because they have no connection with the “life force or universal mind” (Satir 1964:160).

Of interest to the researcher is Satir's statement that each of us is a system and that the parts function like any system, just like a family system functions. This view agrees with the Biblical view of seeing humans as part of a system because we are communal beings joined together for a purpose. Just like we need all the members of our bodies to function properly for us to be whole, we need all the members of our communities starting with the family to function properly if we are to be complete and whole. Paul makes it clear when he writes "for as the body is one and has many members, but all the members of that one body being many, are one body so also is Christ. For by one Spirit we were all baptized into one body – whether slaves or free – and have all been made to drink into one Spirit. For the body is not one member but many" (1 Cor 12: 12-14). Every part of the body is important and when one member suffers, all the members suffer with it; or if one is honoured, all the members rejoice with it" (1 Cor 12: 24-26).

2.3 KEY ROUTES ON THE JOURNEY

Before the researcher discusses the three approaches used in the literature study, it is important to reflect on the family and on the process involved in counselling families.

2.3.1 The family

FAMSA: 2010 (the Family and Marriage Council of South Africa) provided a list of types of families in South Africa today. They are: extended families, single parent families, child headed families, childless couples, cohabiting couples, combined families (men with own children and women with own children living together), gay couples with/without children, nuclear or conjugal family (husband and wife with own children).

2.3.1.1 Well-being of families

The well-being of families will be defined as follows, using Lartey's (2003: 141) definition:

- physical well-being (biological, sickness that might be related to stress or trauma);
- psychological well-being (all the conscious and unconscious processes as well as perception);
- spiritual well-being (relationship with God, relationship with self, relationship with another and a relationship with both place and thing).

Offer and Sabshin (1974) in Olsen (1993: 36) suggest four ways of understanding health in a Western society:

- *Normality as health.* Health is the absence of pathology or disability. Thus in regard to family life, this theory suggests that the healthy family is one with no evidence of gross pathology or problems.
- *Normality as utopia.* This idea has its roots in the psychoanalytic notion that health is integration, which results in optimal functioning or in self-actualization in which one is able to reach one's full potential. Applied to family life this notion means that the ideal family promotes the self-actualization of each of its members.
- *Normality as a statistical average.* This view postulates that one can measure normality statistically on a bell-shaped curve. The middle range is normal and both extremes are deviant. The healthy or normal family is simply the average family, as established empirically.
- *The view of normality as process* sees normal behaviour as the result of interacting systems that change over time. This allows for flexible interactions so that developmental issues can be worked through appropriately. Family health is related to how well families adapt to the changing developmental needs of family members, while allowing growth and maintenance.

Berman (2005: 44) referred to dysfunctional families as “families where conflict, misbehaviour, and often abuse on the part of individual members are regularly leading other members to accommodate such actions.” Children sometimes may grow up in such families with the understanding that such an arrangement is normal.

Dysfunctional families are primarily a result of co-dependent adults, and may also be affected by addictions, such as substance abuse (alcohol, drugs, etc.). Co-dependency means allowing someone else's actions or behaviour to determine your own, one becomes trapped in the same kind of controlling and manipulating ways difficult people use. This kind of relationship swirls in a vicious cycle of twisted practices. Within a family, the children and other loved ones also learn to function in this manner. These behaviours are thought necessary for survival, but this prohibits any change and restoration toward a healthy family life.

Other origins include untreated mental illness, and parents emulating or over-correcting their own dysfunctional parents. In some cases, a “child-like” parent will allow the dominant parent to abuse their children. A common misperception of dysfunctional families is the mistaken belief that the parents are on the verge of separation and divorce. While this is true in a few cases, often the marriage bond is very strong as the parents' faults actually complement each other. In short, they have nowhere else to go. However, this does not necessarily mean the family's situation is stable. Any major stressor, such as relocation, unemployment, illness, natural disaster, inflation, etcetera can cause existing conflicts to become even worse.

2.3.2 Counselling the family

2.3.2.1 Historical overview

Formal interventions with families to help individuals and families experiencing various kinds of problems have been part of many cultures, probably throughout history. These interventions have sometimes involved formal procedures or rituals, and often included the extended family as well as non-kin members of the community. Following the emergence of specialization in various societies, these interventions were often conducted by particular members of a community – for example, a chief, priest, physician, and so on – usually as an ancillary function (Nicols & Schwartz 2006: 10-11).

Family therapy as a distinct professional practice within Western cultures can be argued to have had its origins in the social work movements of the nineteenth century

in England and the United States. As a branch of psychotherapy, its roots can be traced somewhat later to the early twentieth century with the emergence of the child guidance movement and marriage counselling movement. The formal development of family therapy dates to the 1940s and early 1950s with the founding in 1942 of the American Association of Marriage Counselors, and through the work of various independent clinicians and groups. There was initially a strong influence from psychoanalysis (most of the early founders of the field had psychoanalytic backgrounds) and social psychiatry, and later from learning theory and behaviour therapy – and significantly, these clinicians began to articulate various theories about the nature and functioning of the family as an entity that was more than a mere aggregation of individuals.

Nicols and Schwartz (2006: 10) continue by saying that: “What the different schools of family therapy have in common is a belief that, regardless of the origin of the problem, and regardless of whether the clients consider it an ‘individual’ or ‘family’ issue, involving families in solutions is often beneficial, because a family is an interactional unit, with its own set of unique traits and internal dynamics. This involvement of families is commonly accomplished by their direct participation in the therapy session.”

2.3.2.2 *Counselling*

Perhaps the most difficult adjustment for counsellors and therapists from Western cultures is the adoption of a system perspective. Our personal experience and Western culture often tell us that we are autonomous individuals capable of free and independent choices and yet we are all born into families (Corey 2005: 421-423). It is also clear that family therapists, counsellors and ministers do counselling today in a diverse context. Far more families consist of single parent families, combined families and two people who share goals and values. One of the problems with such diversity is the expectation clients might have to conform their lives to the truths, beliefs, reality, values, and norms of a “dominant” society within a religious, political, social, gender and economic context. Thus, part of the process of becoming an effective counsellor involves learning how to recognise diversity issues and shaping the counselling practice to fit the client’s worldview. It is an ethical obligation for

counsellors to develop sensitivity to differences if they hope to make interventions that are consistent with the values of their clients. Diversity in the therapeutic relationships is a two-way street.

Counsellors bring their own heritage with them to their work, so they need to recognise the ways in which cultural, religious, and other values and beliefs influence the directions they take with their clients. Effective counsellors understand their own cultural, social, and religious conditioning, the conditioning of their clients, and the socio-political system of which they are a part. This understanding begins with a counsellor's awareness of any values, biases, and attitudes they may hold. By remaining open to self-reflection, they not only expand their awareness of self, but also build the foundation for developing their abilities as counsellor. Knowledge and skills are essential, but by themselves, they are not sufficient for establishing and maintaining effective counselling relationships (Corey, 2005: 24). This does not mean that they should be free of conflict before doing counselling, it means that they should be aware of what these conflicts are and how it is likely to affect them. On the same basis that issues such as ideology, culture, belief and power inform a person's value-laden perspective, a person's ideas of God are also influenced by a plurality of perspectives including religious language, class, race, gender, family background, interests, prejudices and concerns. Although the counsellor may perceive the client's knowledge as "wrong" or as "distorted" this knowledge or understanding is the client's way of creating meaning and reality and should be respected.

As we are able to respect and learn from our clients, we may enhance our ability to foster a collaborative approach to the search for solutions to the problems families bring to the therapeutic conversation. Families have their own characteristic way of telling and re-telling individual, family and other stories. These stories are relatively simple formats that illuminate complex interactional patterns – they locate us in our lives. They tell us where we have come from and articulate central themes and values. At the same time, these stories from the past can provide the foundation for new stories, new ideas, and beliefs to be shared. Roberts in Capps (1990: 27) reflects that the client's knowledge is as subjective and biased as that of the counsellor. So, if the objective is to co-create meaning of reality by means of collaborative conversation, the importance of respect for the client's initial understanding (the understanding the

client has at the start of counselling) cannot be stressed enough (Grobbelaar 2006: 124).

Lartey (2003: 82) explains counselling as the skilled and principled use of relationship to facilitate self-knowledge, emotional acceptance and growth, and the optimal development of personal resources. Lartey (2003: 81) examined some of the core characteristics of the process of counselling. These characteristics, according to him, are the skills which counsellors are schooled into and constitute the ingredient to effective practice of most forms of counselling. These characteristics tend to be expressed in nonverbal ways, such as through gestures, posture, tone of voice and facial expression. They are according to Lartey closely related to the skills of effective interpersonal communication: listening, empathy, interparty, respect, genuineness, concreteness, confrontation, confidentiality and immediacy. The researcher agrees with Lartey, in that counselling is not all about the use of theoretical methods and techniques. A great deal of counselling reside with the counsellor being a active listener so that they can capture and understand the story or messages communicated by the client, whether these are communicated verbally or nonverbally, clearly or obscurely. Above all to respect clients for their uniqueness, be sensitive and accept clients irrespective of their age, behaviour, culture, disability, gender, race, religion, sexual orientation and values.

Efran, Lukens and Lukens (1990: 197) refer to therapy as “a unique conversational process or as Anderson (1997: 109) calls it, “dialogical conversation”. In the same way that we are caring with people rather than caring for people, we understand conversation as talking with people rather than talking to people. In this conversational arrangement, participants do not assume they know what the other person is saying, means or wants; rather each is committed to learning about and trying to understand the other by negotiating meanings by language. Both counsellor and counselee are “equal participants” in the conversation; both are partners in the process of negotiating meaning. This partnership gives the conversation a collaborative character. The structure of therapy is less about beginning, middle and end, and more about creating space for a specific kind of conversation to take place between participants. If one were observing this therapy in action, the process would be characterised by a quiet, reflective stance on the part of the therapist. Questions

would gently be aimed at the expansion and uncovering of meaning for the individuals in the system.

While this is one way of looking into the process of counselling. Confrontation, one of Lartey's (2003: 81) skills for counselling will be used to explain the following. A narrative approach or narrative techniques in counselling do not excuse irresponsible behaviour of a member of the family. If one member of the family manifests manipulative, explosive, sarcastic, deprecating, blaming, negative, indecisive and complaining behaviour all the time, the counsellor needs to address the behaviour – moving more towards a cognitive-behavioural approach, which is a psychotherapeutic approach that aims to solve problems concerning dysfunctional emotions, behaviours and cognitions through a goal-oriented, systematic procedure. The title is used in diverse ways to designate behaviour therapy, cognitive therapy, and to refer to therapy based upon a combination of basic behavioural and cognitive research (Beck 1993: 41).

A counsellor needs to be confrontational, but the way in which it is done plays a crucial role. For example, if a member of the family manifests sarcastic behaviour in therapy, the counsellor may ask the following questions: “I can hear that you raised your voice and are not giving us a straight answer, can you explain your feelings on this right now?” or “I can see/hear that you are ‘explosive’, tell us how you feel – tell us about your fight to control these ‘explosive feelings’.”

Although the researcher will try to provide an integrated model for family counselling with many key concepts and techniques from different theories, one must mention the fact that every counsellor, pastor and minister has his or her own unique way of counselling. Knowledge and skills are essential, but by themselves, they are not sufficient for establishing and maintaining effective counselling relationships. Each of us develops a unique value system as we grow. We covet certain beliefs of what is right and what is wrong and make them part of our own norms. Issues concerning ideology, culture, religion, gender, power, etcetera all form part of our value-laden perspective (Corey 2005: 21).

Some ministers, pastors or counsellors will not for example agree with the content of the workbook, some may select a part in the workbook and present it in his/her own unique way. Some will build on the workbook to make it even more effective. In the same way as we build on theories, techniques and assumptions, each of us has our own way of thinking, feeling and doing.

To end this section, the researcher would like to refer to the following points made by Goldenberg (2008: 23) on doing family therapy:

- *Individual processes versus the family's social system.* Goldenberg (2005: 23) states in this regard that by adopting a relationship perspective, family therapists do not negate the significance of individual intra-psycho processes, but they take a broader view that individual behaviour is better understood as occurring within the primary network of a family's social system. Within such a framework, the family symptom bearer, or identified patient, is viewed as merely a representative of a system in disequilibrium. Since the family is the primary group from which each of us derives meaning and is the context in which most of us live, it is the family to which therapists direct their attention. However, it is just as appropriate to work at the individual level, the couple's level, the extended level, the neighbourhood level, or the societal level, and indeed many family therapists do that (Becvar 1996: 12).
- *Individual therapy versus relationship therapy/contextual therapy.* Becvar (1996: 297) states in this regard that it is not who is in the room that determines whether the therapy is individual or family, but rather the theory underlying the therapist approach, the selection of technique and models, whether it is behavioural, strategic, cognitive, communications, etcetera. A family therapist will consider the ecology of individuals, relationships and systems in which individuals have membership as well as the characteristic patterns of each. Becvar (1996: 297) says that a concern for individuals and the pain they may be experiencing is balanced by an equal concern for the other individuals in the client's world and for the relationships, they have evolved together. Individual perceptual realities in interaction define the nature of any given relationship.

- *Client-therapist relationship.* Over the years, family systems therapists have used a wide range of metaphors to describe the role of the therapist and the therapeutic relationship. The emergence of the feminist and postmodern models in therapy has moved the field of family therapy towards a more collaborative, cooperative, co-construction relationship (Anderson 1997: 415-416).

2.4 THEORETICAL ORIENTATION

2.4.1 Theology

Theology reflects people's words and reflections about God and about God's revelation to humanity through the personified narrative of His son. This narrative is recorded in the Bible and any reading of this text in the Bible is an interpretation and a statement of faith. However, faith is also a statement about God, my relationship with God and my context of living (Louw 2008: 187-188). Theology shows that there are many different statements and approaches about God, each with their own context and methodologies. Each of these statements of faith or theologies are faith experiences that are contextual and linked to the narrator's discourse. These statements of faith are found in theological publications, religious practices, pastoral, ecclesiastical and theological texts, but also in oral stories, personal journals about faith, conversations, music and prayer. Therefore our response to "where was God?" will also be from within our own context (Louw 2008: 189).

2.4.2 Practical Theology

See chapter 1: Practical Theology's relevance to the study. Page 17-18.

2.4.3 The pastoral approach: the foundation

2.4.3.1 What is pastoral counselling?

Pastoral counselling has clear moral values and allows the counselling process to be guided by them more explicitly. Pastoral counselling has distinctive features, such as the emphasis of forgiveness or on guilt, death despair, sin, meaning, change, and hope. De Jongh Van Arkel (2000: 180) states that pastoral counselling is a caring action directed at individuals, couples, families, and groups who are experiencing serious problems in their relationships with themselves, with others and with God – problems that threaten their spiritual and emotional resources. Pastoral counselling also helps people to realise their potential to use their opportunities and to make responsible decisions. He describes the essence of pastoral counselling as its direction at change – not just at individual level but also on a structural level. It is the field between realities as it is and as it ought to be. Pastoral counselling is not just problem-directed, intent on effecting change by removing problems; it should also offer guidance with a view to purposeful insight and change. In determining this goal, theological traditions will necessarily play a role along with political, cultural, and circumstantial factors (De Jongh Van Arkel 2000: 181).

Clinebell (1979: 29) states that: “Pastoral Counselling is concerned with the growth of mature conscience awareness. It seeks to facilitate the maximum development of a person’s potential at each life stage, in ways that contribute to the growth of others as well as to the development of a society in which all persons will have an opportunity to use their full potentialities – helping people to achieve liberation from their prisons of unlived life, unused assets, and wasted strengths. The counsellor is a liberator, an enabler, a co-creator of a process by which people free them to live life more fully and significantly. Through this freeing experience, people discover that happiness is a by-product of actualizing their constructive movement towards living life more fully, joyfully, and productively. Wholeness is a growth journey, not the arrival at a fixed goal”.

The aim of working in a pastoral context is not to establish the “correct” approach, but to help people from all faith communities in finding meaning and hope through dialogue, images, metaphors, stories, rituals, thoughts, actions, and etcetera. Louw

(2008: 3) states that: “It is an attempt, from a faith perspective, to explore and map a pastoral process by ‘storying’ alternative faith narratives of our relationship with God, instead of speaking on behalf of God or trying to explain God, His acts and to try and establish universal truths about God and humanity.” He reflects on the counselling process by saying: “together we will search for ways to unpack and re-author the ‘not-understandable’, the ‘not explainable’ and the ‘unspeakable’”.

Wicks and Rodgeron (1998:4) offer a comprehensive description of pastoral care and counselling. For them, the focus in counselling is to help people better understand their relationships with themselves and the world, keeping an eye on the influence that God is having in their lives. In addition to seeking to understand appropriate theory and skills, the pastoral counsellor should take into account such elements as:

- seeking spiritual equanimity or standing with persons as they face the mystery of pain;
- seeing growth as taking place in a community of faith, as well as helping the community grow;
- uncovering the healing presence of God;
- having a sincere appreciation of grace that engenders hope and helps us to accept our limits; and
- seeking justice that is grounded in God’s will for humanity.

The researcher’s selection of the key concepts in the pastoral approach is based on:

- previous research models in literature studies;
- the researchers experience and knowledge of working in the field;
- the fact that these key concepts are “universal” amongst people regardless of religion, culture and socio economic class.

2.4.3.2 Key concepts: the foundation (solidness) on which the house is built

- faith relationship
- an awareness of life and its dimensions

- a respectful commitment towards religious/spiritual diversity
- a viable philosophy in life – value system
- a need for a caring family and community
- a striving towards creating meaning and hope
- accepting, anxiety, guilt, sin, morality as part of life
- reconciliation/forgiveness – a new beginning

2.4.3.2.1 A faith relationship

Confessing faith requires every believer to ask what God's care for creation means in everyday life. Larney (2003:11) defines care as the expression of spirituality in relation to self, others, God and creation. Such an understanding of care has universal implications for our relationship with all people, all cultures and all religions. One of Larney (2003:12-14) passionate concerns is the exchange of care across religious and cultural boundaries such as Christian, Jewish, Muslim and African Traditional Religions.

A person or family in a crisis, tend to seek contact with the spiritual dimension of life – here, faith is a source of help and strength. God's faithfulness offers believers an anchor, which can help to prevent their disintegration in a crisis. Faith also influences human schemes or expectations – when faced with difficulties a person begins to link expectations and wishes to a transcendental God. Faith also influences the human psychic mode and condition; it implies that negative reactive behaviour changes to positive pro-active behaviour. Although basic personality traits might not be changed by faith – the faith content does change the person's inclination to flee from God to a decision to approach and embrace God. Faith develops spirituality, this enhances a person's orientation and meaning, and purposefulness – it helps a person to discover meaning in life and to act purposefully and responsibly – the fact that a person is accountable for his/her life, generates a strong motivational factor. Faith has an integrative function – the loose threads of life are gathered at the point of integration: peace is experienced because of reconciliation and reconciliation creates a condition of peace, within which the believer knows that God is in control and that life is intact, despite death. Faith offers the therapeutic issue of liberation; faith binds a person to

forgiveness in such a way that makes possible complete liberation or freedom from any form of binding or enslavement. Faith teaches people to refuse temptations and to seek opportunities, through which they can say, “yes” to life and to others; it transforms a person’s coping strategies. Faith transcends our transience in the light of negative defence mechanisms into constructive coping mechanism, thereby enabling meaningful orientation in the midst of a crisis, no matter what insoluble problems or incurable illnesses confront the person effectively.

Faith brings about a balance at both the cognitive and affective levels according to which could be describe therapeutically as the healthy stance of wisdom. Wisdom enhances our capacity to love and to be sensitive to others. Faith encourages trust, trust in God creates self-confidence, which enables a person to confirm life positively and accept his/her life unconditionally. Trust in God creates flexibility, adaptability. Faith also has the ability to integrate pain, and suffering – the result is that hope is released and human behaviour is renewed and changes. Faith knows better than modernity that nothing is absolute and final, because all is relative.

Specific cultures and families create stories out of their experience. When woven together, these stories, including religious stories form the core narratives that define and describe the identity of these systems. Though an individual’s faith stories are in their final form unique, they can only be completely understood in a cultural context. (Lester 1995: 42).

2.4.3.2.2 Awareness

Weingarten (2003: 163-171) refers to awareness as a constant in our lives, even what we are aware of shifts continuously. According to her, too much awareness, like hyperactive vigilance, tends to narrow our focus and shut out a great deal of what is happening now. Too little awareness as in denial, also limits our scope of attention. The right kind and amount of awareness produces calm and clarity, even in the face of stressful conditions. Awareness is not a gift, but a skill that can be developed with practice, according to her. Awareness includes the ability to anticipate and realise – it provides the opportunity to stay present to ourselves. James in Sternberg (1995: 192) talks about consciousness as the complex phenomenon of evaluating the environment

and then filtering that information through the mind, with awareness of doing so. He says that it is a state of mind in which we compare various possibilities for what we might perceive and then select or reject those possibilities. Locke in Sternberg referred to the major function of consciousness, which is to help us form a sense of personal identity by linking past and present events to ourselves. Dennett in Sternberg (1995: 194) continues even further by saying that personal identity serves two purposes: "Monitoring and controlling by monitoring the individual keeps track of internal mental processes, personal behaviour, and the environment in order to maintain self-awareness in relation to the surrounding environment. By controlling the individual plans what to do, based on the information received from the monitoring process. These two functions seem to operate in one way or another at various levels of the consciousness."

There are important theological reasons for being interested in the conscious. For example, the conscious awareness of the presence of God plays an important role in religious life. Copeland in (Watts, Nye & Savage 2002: 35) said that there is a baseline meaning in which an organism is said to be conscious if it has sensory experience of the world and can perform mental operations. Next, more interesting, there is reflective consciousness, or knowing that we know something – a reflective self-consciousness. Third, there is consciousness in the sense of having the subjective feel of something; we know what it are like to be us, to have our experience of colour and pain and so on. People could only change for the better if they achieve a level of true insight into their condition.

According to Freud in Corey (2005: 58), the unconscious cannot be studied directly but is inferred from behaviour, and for him the conscious is a thin slice of the total mind, like the greater part of the iceberg that lies below the surface of the water, the larger part of the mind exists below the surface of awareness. The unconscious stores all experiences, memories, and repressed material, needs and motivations, and the aim of psychoanalytic therapy therefore is to make the unconscious motives conscious, for only then can an individual exercise choice or have the tools to free him/herself from behaviours that no longer work for it. Freud sees the unconscious processes at the root of all forms of neurotic behaviours, emotional in origin, for the most part, the

unconscious is held in the dark by denial, distortion, rationalizations, and a wish to maintain the status quo.

It may also be, however, that our emotional patterns are deeply rooted and that they form the very core of our identity, they may be so inaccessible to consciousness that it is virtually impossible to take responsibility for them, they may equally be formed through a survival necessity that requires much understanding before we can willingly change (Corey 2005: 56-57). For example, people who suffer abuse tend to internalise the traumatic events to which they have been subjected as inner dialogues. These inner dialogues can colour the interpretation of subsequent events. Problems then develop when people internalise conversations that restrain them to narrow descriptions of their self. These internalised stories are experienced as oppressive because they limit the perception of other available options and choices.

Failure to face the unconscious will also have significant consequences on our spirituality. People sometimes will tend to distort their spirituality and colour their understanding by their own individual pathology. In addition, they will be relatively unaware that they do it. Freud and later Erick Fromm spoke of “neurosis as a private form of religion.” The focus on personality problems disguised as religious faith was also mentioned by Gustav Jung and Gordon Allport. Jung wrote in Hurding (2003: 79), “During my years as a spiritual counsellor, I have often worked with religious people who also had major psychological problems. What I observed about them was a little frightening; their pathology often caused them to misuse their religious beliefs to harm themselves and others.” This type of religious sickness can be particularly destructive in family relationships. Often children and spouses are victims of religious terrorism. They are often locked into abusive relationships and held captive by feelings of helplessness, fear, guilt, and shame.

“Spiritual pathology” has many faces and unfortunately, some of these have become glaringly evident in recent years. It seems to be a tragic fact of life that when we scratch the surface of religious movements we find beneath all kinds of pathology that have been hidden. Spiritual pathology is therefore both a collective and individual phenomenon. Individually we may be drawn to collective circumstances that unconsciously collude with our pathology. Collectively we may create institutions that

have deeply rooted and extremely unhealthy pathology, which has become “normalized” so that we cannot see the extent of this malaise. It would be tempting to suggest that the existence of patriarchal religious traditions is a vivid example. The unquestioned power and authority of patriarchal figures and institutions is a manifestation of such pathology validated for the maintenance of tradition and semi-political/spiritual power.

The researcher found through life-experience and counselling that “awareness” is one of the most important things in life. The constant reflection on yourself and on life around you (yourself, your environment and community) will eventually lead to greater awareness of why and how you do things the way you do them. Counsellors regard constant personal reflection as essential to being able to do pastoral care and counselling. The researcher would like to reflect on self-concept, self-understanding and perception as the self plays an important role in individual counselling and as the individual within a larger context of the family and community.

Grobbelaar (2008: 63-65) says: “A self-perception does not spring out of nowhere, but has its roots in a person’s history. Our story history is created by memories, these memories give us access to past occurrences that are collected and organised into a narrative. Our sense of self, our identity is built piece by piece as we form our experience into stories and then integrate these stories into our ongoing core narrative. These core narratives communicate our values, purpose and unique characteristics, which allow us to imagine an identity. To become a self one must appropriate the past. In counselling it is usually accomplished by digging for gold, the archaeological dig that enables a client to gather up his or her stories, both conscious and unconscious, and either discover or construct another narrative that accurately defines the client’s personal history and clarifies her identity.

The person who can not ‘re-collect’ a self out of the past might be vulnerable to mental health problems. Many past stories are unconscious because of repression or suppression that causes difficulties in self-differentiation.” Survivors of sexual abuse, for example, have often suppressed memories because of the dreadful nature of these stories. Associated past stories (I am a bad person) are also inaccurate self-assessments and create distortions in the survivor’s core narrative, and therefore, in

her or his identity. The development in self-awareness in adolescences for instance (who am I?, how others see me, how I feel about who I am) also plays an important role. Harter (1990) in Sternberg (1995: 429) says in this regard that a self-concept becomes increasingly differentiated over the course of development; as we explore our abilities and learn more skills we may think highly of ourselves in one area, but not in another. For example, I think of myself as a good mother, but not necessary a good cook!

The mainstream Western concept of oneself, of personhood or one's identity stems from assumptions based on what we take to be true and universal about our human selves. We tell ourselves that the ideal concept of the self is a single fixed core – that we can reveal it if we peel away the layers (Anderson 1997: 221). Anderson (1997: 212) further argues that the “self” can be described and understood in an infinite variety of ways. Gergen (1991: 3) explores “the impact of social saturation on our ways of conceptualizing the human self and related patterns of social life.” His main argument is that culture (society) plays an enormous role in the way we perceive ourselves. Gergen's argument could be explained by using the metaphor of someone doing archaeological excavations. The more one excavates, the more one discovers. The idea is not to reach the core of the site, but to gain more insight or perspectives on the various ways of living of the previous inhabitants of the site. In the same way Gergen suggests that we can gain more perspectives of the self and that we can make more descriptions of the self.

2.4.3.2.3 Diverse approaches in religion

For anyone involved in religion, it is obvious that there can be considerable variety in the way people engage in religion. One way this is seen is in the diverse approaches to worship, theology, and church amongst Christians of different denominations. However, the differences in religious approach between people within the same denomination, even the same church or family may be just as significant. Different personal motivations are reflected in the way people are religious. People want and get different things from religious commitments, but pursuing different priorities can easily bring us into conflict with one another. The pastoral responsibility to manage

conflict may be eased if differences are viewed in terms of psychological variety that occurs in any group of people, accepting that people see and do things differently (including the way they practice their faith).

Every pastoral encounter demands some attention to a personality/faith relationship, and a discerning response to it. Psychological frameworks can improve our ability to notice ways in which personal characteristics add to faith. Charles Glock and Rodney Stark in Watts, Nye and Savage (2002: 41) suggested five important dimensions to consider that would provide a first step in characterising a variety that is common amongst any group:

- *intellectual*: what a person knows about religion, moving towards analytical thinking: why, how, what questions.
- *experimental*: whether a person had a religious experience of some kind, a religious encounter within a traumatic incident, born again, or any mystical experience standing on top of a mountain and experiencing the greatness of the universe.
- *ideology*: a kind of belief/conservative/liberal.
- *ritualistic*: what religious practices the person observes, participates in, burning candles, prayer and gathering around a table.
- *consequences*: how religion seems to guide a person's actual behaviour, see God as a punishing figure, see hard work as salvation, "because I didn't pray every day, God is punishing me."

These dimensions of being religious help to point out the complexities of the whole picture – each single person has a different profile of light and darker shading on each dimension. One person may be drawn to an "intellectual" dimension; another might say that religion is all about a feeling of some kind. It is important to know each family member's perception of the religious "consequence" to behaviour, to be able to co-create with them alternative stories of their relationship with God in this context.

Another helpful tool in the understanding of different faith/religious perspectives is the Myers-Briggs Type Indicator (MBTI), which is a selective application and

interpretation of Jung's basic personality typology and his understanding of how the functions operate. The MBTI has become a popular tool for recognising and responding to individual diversity in the workplace, education, and interpersonal relationships. In the church context too, it has been useful both as a means of promoting individual self-awareness, and as a tool that can shed light on the diversity within a specific group of people, such as in a team ministry context. The description below will only provide a brief understanding (Watts, Nye & Savage 2002: 51):

- *perception*: (sensing: sensing facts, real, proved, known) and (intuition: abstract, symbol, inspiration, hunch);
- *judging* (thinking: logical analysis, issues rather than feelings, justice, what is fair) and (feeling: personal consequence, principles may be overlooked, emphasis on sympathy);
- *orientation* (extrovert, outer world, public, social, energising) and (introvert: inner world, privacy, solitude is refreshing)
- *attitude* (judgment, ordered, planned, like closure) and (perception open, flexible, other possibilities, further information).

Within a religious community or family, a particular person can be strongly religious in one way but weakly religious in another. A person might have a strong belief in religious practice (rituals) and lesser so in intellectual understanding. On the other hand, a person feels strongly towards the experiential (feeling) component without necessarily considering the consequential (or effects) thereof. Another example may be that one person has strong beliefs (ideological) but is less interested in rituals. This psychological insight does not lead to the conclusion that any one way of being religious is inevitably better or healthier than the rest.

According to Watts, Nye and Savage (2002: 52), pastoral practice can use information about differing religious motivations in various ways:

- to be part of a caring community and to understand and respect our differences;
- to promote conflict resolution and tolerance, even within the same family;

- to offer faith in ways that appeal to a range of personal motivations;
- to guide efforts to challenge and change people's motivations when appropriate.

2.4.3.2.4 *Suffering and faith*

Yancey (1990) explores the many difficult issues surrounded the mystery of pain, whether physical, emotional or spiritual. He wrote a thought-provoking list of “advantages” to suffering that a Catholic nun named Monica Hellwig developed through the years. He adapted her list and broadened it to include all who suffer. Here are some of the advantages:

- those who suffer know not only their dependence on God and on healthy people, but also their interdependence with one another;
- those who suffer rest their security not on things, which often cannot be enjoyed and may soon be taken away, but rather on people;
- those who suffer expect little from competition and much from cooperation;
- those who suffer have no exaggerated sense of their own importance, and no exaggerated need to privacy, suffering humbles the proud;
- to suffering people, the Gospel sounds like good news and not like a threat or a scolding, it offers hope and comfort;
- suffering teaches patience, it teaches the difference between valid fears and exaggerated fears.

Victor Frankl (1963) said, “in addition to torture, starvation, work, weather and epidemics, the loss of hope is believed to have been a major cause of death amongst Nazi concentration-camp prisoners, that is, many suffered from a terminal state of mind. For those prisoners not slaughtered outright, the war against their tormentors was won or lost on the battlefield of the mind.” Survivors who not only lived but also thrived once free were described as those able to:

- escape into an inner world of faith;
- seek identity in spiritual values, not circumstances;

- celebrate minor victories;
- thrive in the comfort of worthy companions sharing a torturous journey;
- express gratitude for whatever was not taken from them;
- cling to hope for the future;
- savour the tiniest bits of beauty, even if accessed only by memory;
- diminish the impact of horror by focusing elsewhere;
- tap humour for relief, despite macabre circumstances;
- use suffering as a source of growth;
- relish what no Nazi could destroy, the love of family and friends;
- find meaning in pain and suffering;
- find internal direction.

I believe that families can draw on many of these “advantages” of suffering in their own unhappiness or suffering. It can also guide them to understand that suffering is part of life and that there is always a “bigger picture.” It can also bring forth one of the most important dimensions of life, namely, what I think, feel, and do when bad things happen to my family and me?

2.4.3.2.5 Guilt, anxiety, and faith

Anxiety is a warning of impending danger as well as a painful experience, a state of tension that motivates us to do something, to take some action. Anxiety is often too painful to cope with in rational terms and the individual sometimes resorts to irrational protective methods such as rationalization or other defence mechanisms. This defence mechanism alleviates the painful anxiety, but does so by distorting reality instead of by dealing directly with the problem. This creates an undesirable situation between the actual reality and the individual’s perception of it. In Freudian psychoanalytic theory, defence mechanisms are psychological strategies that people use in order to cope with reality and to maintain a certain self-image. Healthy persons normally use different defences throughout life. A defence mechanism becomes pathological only when its persistent use leads to maladaptive behaviour such that the physical and/or mental health of the individual is adversely affected, as well as people surrounded by such difficult behaviour. The purpose of the defence mechanisms is to

protect the mind, the self from anxiety, social sanctions or to provide a refuge from a situation with which one cannot currently cope (denial or distortion). Feelings of guilt, embarrassment and shame often accompany the feeling of anxiety, and so defence mechanisms work by distorting impulses into acceptable forms, or by unconscious or conscious blockage of these impulses (Corey 2005: 59).

There are three kinds of anxiety:

- reality anxiety (actual fear of danger from the external world; war, crime, natural disasters, etc). It is an appropriate response to an event being faced and it does not have to be repressed, it can be used as a motivation to change.
- neurotic anxiety (evoked by threats to the “balance of power” within the person). It is out of proportion to the situation, out of the awareness, and it tends to immobilize a person and is triggered by isolation, interpersonal alienation, hostility, a sense of powerlessness and helplessness, and a lack of meaning.
- moral anxiety (people with a well-developed conscience tend to feel guilty when they do something contrary to their moral code) (Corey 2005: 57-58).

Because we cannot survive without some anxiety it is a part of living, and being psychologically healthy entails living with as little neurotic anxiety as possible, while accepting and struggling with the unavoidable normal anxieties that are part of living. According to Coleman (1980: 48) the basic nature of neurosis is a maladaptive lifestyle typified by defence-orientated behaviour aimed at avoiding or lessening anxiety, the faulty evaluation of reality and the tendency to avoid rather than to cope with stress, and the tendency to maintain this lifestyle despite its self-defeating and maladaptive nature. Many clients who seek counselling want solutions that will enable them to eliminate anxiety.

The anxiety of meaninglessness is anxiety about the loss of an ultimate concern, of a meaning that gives meaning to all meanings. This anxiety is aroused by the loss of a spiritual centre, of an answer, however symbolic and indirect, to the question of the meaning of existence. Paul Tillich in Corey (2005: 140-142) tells us that existential anxiety which is related to the finitude we all share, is triggered by the threat of fate

and death, the threat of emptiness and meaninglessness, and the threat of guilt and condemnation. As a leading Protestant theologian of the twentieth century, he believes awareness of our finite nature gives us an appreciation of ultimate concerns. According to him, it takes courage to discover the true “ground of our being” and to use its power to transcend those aspects of nonbeing that would destroy us. He says we struggle to discover, to create, and to maintain the core deep within our being. One of the greatest fears of clients is that they will discover that there is no core, no self, no substance, and that they are merely reflections of everyone’s expectations of them. Tillich (1952: 41-47) continues by saying the following: “Nonbeing threatens man’s self-affirmation, relatively in terms of fate, absolutely in terms of death. It threatens man’s spiritual self-affirmation, relatively in terms of emptiness, absolutely in terms of meaninglessness. It threatens man’s moral self-affirmation, relatively in terms of guilt, absolutely in terms of condemnation. The awareness of this threefold threat is anxiety appearing in three forms, that of fate and death (briefly, the anxiety of death), that of emptiness and loss of meaning (briefly, the anxiety of meaninglessness), that of guilt and condemnation (briefly, the anxiety of condemnation). In all three forms anxiety is existential in the sense that it belongs to existence as such and not to an abnormal state of mind as in neurotic (and psychotic) anxiety.”

May in Corey (2005: 143) said that triggers for anxiety are also exacerbated by our culture of individualism where the self is defined primarily in terms of autonomy, individual achievement and success. Anxiety arises when there is a threat to the values or meanings an individual holds essential to his or her existence. When our cultural understandings of the self are defined primarily in terms of self-sufficiency, autonomy, independence and achievement, then what threatens this sense of self – such as feelings of vulnerability, helplessness, and lack of warm relations – will need to be repressed. It is these behaviours that we repress and that are denied value by a culture that give rise to symptoms. Individual competitive striving then becomes one of the prominent ways in which we seek a sense of security and recognition. Dykstra in Corey (2005: 141) mentions in this regard that compulsive striving for power, prestige, possessions, mastery or success gives the self a sense of value and when a culture requires repression of vulnerability, then a person also represses a fundamental human longing, the desire to be loved just as we are, imperfect, sinful, fallible, and finite.

Guilt has been described as the place where psychology and religion meet. Guilt is conceptualised differently by various therapeutic approaches. (Watts, Savage and Nye 2002: 27-28). In psychology, as well as in ordinary language, guilt is a state in which one experiences conflict at having done something that one believes one should not have done (or conversely, having not done something one believes one should have done). It gives rise to a feeling which does not go away easily, driven by “conscience”, it is a cognitive or an emotional experience that occurs when a person realizes or believes – accurately or not – that he or she has violated a moral standard, and bears significant responsibility for that violation. Thus, guilt can imply self-awareness and self-consciousness and rests on the development mechanism that facilitates self-awareness and self-consciousness. Freud theorised that a sense of guilt was the source of all religion and morality and it was related to unconscious hostility towards others. Howard Gordon (1997) in Watts, Savage and Nye (2002: 27-28), points to the need to understand that a sense of guilt can result from three different sources:

- transgression guilt: real, objective guilt resulting from moral wrongdoing.
- rejection guilt: subjective guilt feelings resulting from rejection, abuse or neglect.
- perfection guilt: subjective guilt based on the self’s own harsh demands of perfection.

Howard continues to say that many people who come to confession bring a complex mixture of all three types of guilt. Moreover, he reported that their feelings of objective and subjective guilt, which are often conflated, found alleviation from four sources:

- a balanced Christianity that emphasise grace as well as law and which advocates openness to people with all their faults, limitations and hurts.
- caring professionals who were good listeners, understanding, non-judgemental and encouraging.
- supportive relatives and friends.

- an individual who, through special skill or insight, was able to make a precisely relevant – and therefore liberating – pronouncement.

The Holy Spirit uses the conscience to convict us if we attempt to stray or end up straying from God's Word. Most people have a working conscience and believers have the extra backing of the Holy Spirit to convict their conscience if they attempt to stray or end up straying from what's right. Some people do not have a healthy conscience. The Bible speaks of people "whose consciences have been seared as with a hot iron" (1 Tim 4: 2). A person with a seared or burnt conscience does not feel guilty for doing wrong. That person cares little about other people's interests and primarily only thinks about his interests. The conscience becomes seared when inner convictions of right and wrong are rejected on a constant basis so that an individual blunts the conscience. It becomes dull or deadened. The conscience grows weaker and more silent in the individual. It becomes ineffectual. The person ends up experiencing little or no guilt for any wrong thoughts, words or actions and in the end "distances" themselves from God.

2.4.3.2.6 Faith, meaning, and hope.

When a person feels trapped by life and life's circumstances, then future stories have lost the power to "open the way," according to Lester (1995: 30), and a sense of hopelessness develops (an emotional reaction to how we perceive ourselves, the circumstances surrounding us and the future). What if you believed there was no hope of being loved, no hope of eternal life, no hope of change, no hope for the future, or no hope for joy in your life? When we work with people who either cannot see or do not want to face the possibilities in their situation, we can point out the dynamics of hopelessness in their future story language. Lester writes that pastoral care and counselling must be rooted in a theological anthropology that includes awareness that a person's core narratives include stories from all three dimensions, past, present and future, and most important for a pastoral theology of hope is that these future stories are the stage on which we play out the dramas of hope and despair (Lester 1995: 43). Persons also repress and suppress future stories because future stories can be just as threatening as past events. When we project ourselves into the future, we can imagine stories that are painful, stories that contain images of abandonment, failure, grief,

abuse, and death. These stories are filled with dread rather than excitement, despair rather than hope. Some people cannot verbally communicate future stories because they have blocked them from conscious awareness – they simply do not allow themselves to think about or deal with these unconscious stories. If, for example, a person is fearful of the changes that being responsible would demand, he or she will resist bringing these future stories into consciousness. If people are fearful about life's transitions, many will resist the future and try to maintain the status quo.

2.4.3.2.7 Reconciliation: a new creation

Lapsley, a well-known writer, being held captive and tortured in South Africa in the apartheid regime, said that the question is not one of forgetting but rather it is the problem of how we heal our memories (Anderson 2001: 169). How do we stop our memories from destroying us? How do we stop the powerful messages of emotional abuse? How do we stop the powerful discourse messages of the world? What does it mean to forgive those who have not confessed, those who have not changed their lives, those who think that they are not wrong, and those who continue with destructive, devastating patterns for years on end? The whole question of remembering past (and present) pain and forgiving the wrongdoer might be better phrased in this way: "In forgiving we do not forget; we remember in a different way. We cannot forget what has happened to us, to erase part of our memory is to erase part of our identity as persons. However, we can remember in a different way after we have experienced reconciliation and after we have extended forgiveness" (Lapsley 1997: 21, 23).

Reconciliation is many things; it is the work of God discovered in moments of victimization or vulnerability that enables us to locate our story in a larger narrative. The difficult memories of past and painful experiences of the present are transformed within God. Although we often think of reconciliation as overcoming alienation for the sake of returning to a previously known peaceable state, Christian reconciliation takes us to a new place (Schreier 1992 in Anderson 2001: 172).

We only need to think of South Africa during the struggle against apartheid, where many South Africans disappeared or died under mysterious circumstances and that

after 1994 the Truth and Reconciliation Commission was established under the leadership of Archbishop Desmond Tutu. He believed that reconciliation is only possible if all the stories of death and oppression can become known in their full parabolic range. This was not an easy task, but the end of national secret keeping was essential so that life-giving storytelling and ritualizing may begin. In addition to being a gift from God and a strategy for human living, reconciliation is also a spirituality that includes at least the following characteristics: embracing, contradictions, honouring the other, showing hospitality to strangers, and being surprised by grace.

We are not personally responsible for everything that is wrong in life. The realistic or right taking of responsibility for sin entails a realistic attribution of self-blame within a wider network of causality, our own sinful responses may comprise only one aspect of a complex interweaving of social and interpersonal wrongs. Realistic attribution of sinfulness takes into account that for which we are responsible, and distinguishes it from sins that lie at someone else's door. Watts, Nye and Savage (2002: 27) say that Christian teachings prompt us to ask the Holy Spirit to bring about the grace of real contrition in the face of our sometimes unconscious efforts to avoid it.

Some people have developed frameworks of understanding sin, guilt, and forgiveness based on a faulty, overly negative sense of the self. Our sense of self is developed in the context of relationships. This happens in a profound way in infancy and childhood, and continues throughout life. What is mirrored back to us in the reactions of others becomes a part of our "looking glass" self. The confession of sin may provide little relief from the subjective sense of guilt as long as the psychological roots remain unexamined. Confession that pinpoints actual wrongs, and is infused with a realisation of sin's impact on others, self and God can lead to an active desire to be rid of sin, and to make amends whenever possible.

2.4.3.2.8 Towards community

Meyers (2000: 162) describes individualism as "a calm and considered feeling that disposes each citizen to isolate himself from the mass of his fellows and withdraw into the circle of family and friends; with this little society formed to his taste, he gladly leaves the greater society to look after itself, such folk owe no man anything

and hardly expect anything from anybody.” Grobbelaar (2008: 19) refers to the virus of individualism: “It is about me and my salvation, even where the church came in it was still all about me – getting my needs met, getting my soul fed.” In collective cultures, Grobbelaar (2008: 220) says that social networks provide one’s bearings and help define who one is, for example, the discourse of “ubuntu” begins with community and moves to individuality. In the ubuntu theology, the aphorism is “I am because we are.”

The same way consumerism is part of the context today – the contemporary “happiness cult” does not distinguish between an “enjoyable” and a “meaningful” life. In this happiness cult, life is about me and my fulfilment – or me, myself, I (Grobbelaar 2008: 21). She continues by saying that: “a relationship only works as long as it makes one feel good and ends when one no longer receives enough in turn.” The problem is that those of us who believe that life has a “duty to be happy”, experience failure when we do not succeed in finding that happiness. A meaningful life, according to Meyers (2000: 160) however, is more about a journey to understand that life is a gift to share with others. In a meaningful life, the most caring way of living with you is to be caring with other people – to see through their eyes, hear what they hear and feel – however blinded by the discourse of individualism.

Küng (1977: 257) says, “The common denominator of love of God and love of neighbour is the abandonment of selfishness and will to self-sacrifice. Only when I no longer live for myself can I be quite open for God and unreservedly open for my fellow man who God accepts just as he accepts me.” To conclude, I would like to use the words Lester (2005: 37) used: “The story of a self cannot be told without the stories lived out by others. In this sense every individual story is both limited by and explained in some ways by the larger narratives in which that individual’s stories have taken shape.” Family narratives develop in the environment of the wider narrative, provided by the extended family and the community, which are in turn shaped by still broader narratives that exist in the school system, the geographical region, the socioeconomic group and the religious tradition to which they belong.

2.5 FAMILY THERAPY APPROACH

2.5.1 Different perspectives

Corey (2005: 413-415) gave in his book *Theory and Practice of Counseling and Psychotherapy* an overview of the family system theory from early 1900s up to now. I would like to use this overview as it gives a very brief, but clear exploration of the different schools in the history of family systems theory. The past several decades have seen several major contributors to family systems theory that have shaped the models that are used in family therapy today. Some of the most influential contributors are Alfred Adler, Rudolf Dreikurs, Murray Bowen, Virginia Satir, Salvador Minuchin, Jay Haley, Cloe' Madanes, and the Milan group.

The concept of family therapy began in the early 1900s, when Alfred Adler, formerly a friend and devotee to Sigmund Freud, began offering family therapy in an open public format, so that other families could view and learn. Adler referred to the family system as the “family constellation” and brought about the idea that children are greatly affected by their birth order. Adler (1958: 22-34) observes that many people wonder why children in the same family often differ so widely, and he pointed out that it is a fallacy to assume that children of the same family are formed in the same environment. Adler (1958) asserts that:” what we were born with is not as important as what we choose to do with the abilities and limitations we possess”. Rudolf Dreikurs (1967:11-12) refined Adler’s theory into a practical model for parent training, helping parents understand that a child’s misbehaviour is usually guided by a feeling of not belonging to one’s social group. This can lead to a child acting out based on “one of four mistaken goals: power, attention, revenge, or avoidance (inadequacy).” Several years after Adler initiated the practice of family therapy, Murray Bowen (1978:3-6) began developing his family systems theory. He described the family as a system that connected all the individuals within it together and further asserted that no one individual within the system could operate without affecting the other members of the family. Bowen further asserted that:” predictable patterns of interaction can be found across generations, within families, and that problems stemming from an individual’s family of origin need to be resolved before the individual can thrive in a new family unit”.

Bowen (1978: 22) put forth a remarkable idea that therapeutic change must take place with the family in therapy together and not with an individual alone. This was a drastic diversion from the psychoanalytic, behaviourist, and humanistic approaches that worked on the premise that all change can and should be handled on an individual basis. An additional major contribution by Bowen was the development of the theory of differentiation of the self. He asserted that individuals must work towards individuation from their families of origin in order to develop a healthy sense of self-identity and to be able to take responsibility for the direction of their own lives. A well-differentiated individual has a clear sense of who he or she is and is confident enough to handle conflict without the fears and other overpowering emotions that can result from over-dependency. On the other hand, a person with a well-differentiated sense of self also recognizes and embraces his or her own appropriate dependence on others (Bowen:1978:33-36).

This focus on interdependence in families led to the concept of triangulation, which also originated with Bowen (1988:34) who asserted that triangles, or relationship units of three individuals, are the smallest “stable” relationship system because it takes little pressure on a system of two to involve a third person. However, even the triangular system is always in a state of unrest, as one person always feels like the outsider trying to become an insider. Triangulation issues, Bowen asserted, can cause major problems within a family. It was Bowen’s belief that these problems within the family could be resolved by first examining the multigenerational patterns of interaction, secondly by determining how those patterns are contributing to the current problems, and then by working with the family to stop the cycle. The individual must change within the context of the family system.

Working at about the same time as Bowen and ascribing to the same belief that the individual can only thrive within the context of a healthy family system, Virginia Satir devoted her 45-year career to developing and promoting her model of human validation. Satir focused on the basic human need for self-esteem. She believed that when family members can communicate openly and affectionately with each other, they can build self-esteem within each individual. Satir felt that the “identified patient” in each family, though the person carrying that label could change from time to time, was really a representation of underlying issues, likely stemming from the

marital relationship. She viewed the marital relationship between the mother and father as the foundation for all other connections within the family unit, and thus the key element to examine when problems with the children arise.

Satir&Baldwin (1983:258) went on to say that if there was a problem within the couple relationship, there must be a self-esteem issue underneath it all. The emphasis Satir placed on building self-esteem and trust is best explained in her own words: “The stronger one’s self-worth, the easier it is to have and maintain the courage to change one’s behaviour. The more one values oneself, the less one demands from others. The less one demands from others, the more one can feel trust. The more one trusts oneself and others, the more one can love. The more one loves others, the less one fears them. The more one builds with them, the more one can know them. The more one knows another, the greater is one’s bond and bridge with them. Self-worth behaviour will thus help end the isolation and alienation between persons, groups, and nations today.” Satir(1983:257-258) believed that all persons possesses all the resources they need for positive growth, if she could harness their potential to nourish themselves.

In 1959, working with colleagues Dick Auerswald and Charles King, Salvador Minuchin began developing a three-stage process for working with low-income Black families at the Wiltwyck School, a New York residential centre for inner-city delinquent youth. Minuchin (1981:20) found that an aggressive approach was necessary to achieve change within these troubled families. Within the structure of the family, Minuchin (1981) described three subsystems: the spouse subsystem, the parental subsystem, and the sibling subsystem. He also discussed three types of boundaries: rigid boundaries involving a disengagement and disconnect between subsystems in the family, diffuse boundaries involving enmeshment with everyone involved in everyone else’s business, and clear boundaries which are firm but flexible, allowing appropriate and healthy communication and adaptation. Minuchin believed “that an individual’s symptoms are best understood from the vantage point of interactional patterns within a family and that structural changes must occur in a family before an individual’s symptoms can be reduced or eliminated.” Minuchin, Lee and Simon (1996:30) said, “The complementary construction of family members requires long periods of negotiating, compromising, rearranging and competing.

These transactions are usually invisible. Who passes the sugar? Who checks the map for directions, chooses the movie. Families solidify their relationships by this cement.

Jay Haley came to work with Minuchin at the Philadelphia Child Guidance Centre in the late 1960s where he continued to work with Minuchin until 1974 when he and Cloe' Madanes started the Family Therapy Institute of Washington D.C. Because Haley and Minuchin worked together during the formative years of their therapy models, both models seek to reorganize dysfunctional or problematic structures in the families; boundary setting, unbalancing, reframing, ordeals, and enactments all became part of the family therapeutic process. Neither approach deals much with exploration or interpretation of the past. Rather, it is the job of structural-strategic therapists to join with the family, to block stereotyped interactional patterns, to reorganize family hierarchies or subsystems, and to facilitate the development of more flexible or useful transactions.

The Milan group described a paradox that families bring when they come to therapy – they want the problem issue or problem person fixed, but they want their current family system to remain unchanged. The Milan group, like Satir, believed that a problem in an individual is actually representative of a problem with the family system as a whole and that causing change in an individual inevitably causes change in the system. The Milan group felt that it was important to understand client histories and thus understand their context. They proposed that linear thinking and speaking were not conducive to the therapeutic process and therefore utilized a more circular approach in thinking, communication, and intervention. The Milan group stated that rather than label or diagnose, which they felt led to further difficulty, fear, and cementation of problems, the family should be redirected to reframe their conception of the issue into something that could be perceived as adaptive or even healthy. Thus, the family would question their basic assumptions and beliefs about the issue at hand. The idea was to get the family to look between right and wrong, problem and solution, and broken and whole at what could lie between, allowing them to approach things with a more flexible frame of mind and a sense of unity.

In the last decade, feminism, multicultural and postmodern ideas and social constructionism have all entered the family therapy field. These models are

collaborative, treating clients, individuals, couples or families as experts in their own lives. The postmodern approaches do not have a single founder. Rather, they have been a collective effort by many. Insoo Kim Berg and Steve de Shazer, opened the Family Therapy Centre in Milwaukee. Michael White is the co-founder, with David Epston, of the narrative therapy movement.

Postmodernism was originally a reaction to modernism. Largely influenced by the Western European disillusionment induced by World War II, postmodernism tends to refer to a cultural, intellectual, or artistic state lacking clear central hierarchy or organizing principle and embodying extreme complexity, contradiction, ambiguity, diversity and interconnectedness. The term was applied to a whole host of movements, many in art, music, and literature that reacted against modernism, and is typically marked by revival of traditional elements and techniques. Postmodern ideas in philosophy and the analysis of culture and society expanded the importance of critical theory and have been the point of departure for works of literature, architecture, and design, as well as being visible in business, marketing and the interpretation of history, law culture, starting in the late twentieth century. These developments and re-evaluation of the entire Western value system shift from an industrial society to a service economy.

2.5.2 Key concepts: representing the rooms in the house

The researcher is not going to discuss the different lenses in detail as this will take up a huge amount of space and as these lenses will form part of the theoretical guidelines in the workbook.

- the teleological lens – what motivates individual behaviour - the systemic purposes of symptoms and decisions, the use of patterns interactions and routines;
- the strategic lens – trans-generational approach, differentiation of the self, multi-generational transmission;
- the organizational lens – family rules, routines, rituals, and expected roles – the living structure of the family, family subsystems, boundaries, family

dysfunction alignments, triangles, power, coalitions and the process of change;

- the developmental lens – the family life cycle, developmental phases, family development: continuity and change;
- the multicultural lens – diversity and complexity in human life;
- the gender lens – challenge unequal status and treatment of women, power positions, hierarchies, enmeshment, and unbalancing;
- the process lens – what is happening between people, the process and meaning of communication, techniques of communication, paradoxical communication;
- interlocking systems: the individual, the family, and the community;
- life events (expected/unexpected) in family functioning.

In the previous section, the researcher mentioned that the house represents a family unit. Pastoral key concepts will form the foundation of the house. Each room in the house will be represented by key concepts from a family therapy approach (communications room, system and subsystem room). These rooms or different approaches within the family therapy approach will form part of the knowledge base and understanding. The integrated approach will form the roof of the house.

2.6 A NARRATIVE APPROACH

2.6.1 Narrative therapy

2.6.1.1 The stories of our lives

Narrative therapy can be seen as an approach within a social constructionist theory. Narrative therapy is grounded in a social cultural context, which makes this approach especially relevant for counselling diverse clients. Narrative therapists operate on the premise that problems are identified within a social, cultural, political and relationship context. They are to a great extent concerned with issues of gender, ethnicity, race, sexual orientation, and social class in the therapeutic process. They concentrate on problem stories that dominate at personal, political, social, and cultural level. From this orientation, practitioners take apart assumptions that are part of a client's problem situation. People are able to come to an understanding of how oppressive political,

religious, and social practices have affected them. This awareness can lead to a new perspective on dominant themes of discrimination and oppression that might have been such an integral part of a client's story and with this awareness, new stories can be constructed (Corey 2005: 408-410).

The stories we have about our lives are created through linking certain events together in a particular sequence across a time period, and finding a way of explaining or making sense of them. This meaning forms the plot of the story. A narrative is thus like a thread that weaves the events together, forming a story. Some stories we have about our lives will have positive effects and some will have negative effects on life in the past, present and future. We have many stories about our lives, occurring simultaneously. Our lives are multi-storeyed. The way in which we understand our lives is influenced by the broader culture in which we live. There is always a context in which the stories of our lives are formed. The context of gender, class, race, culture, and sexual preferences are powerful contributors to the plot of the stories by which we live.

Morgan (2000: 5-10) reflects that the narrative metaphor proposes that persons live their lives by stories. She says: "However, these stories do not simply describe the self; they are the self's medium of being. These stories are shaping life and have real – not imagined – effects. These stories provide the structure for life. They become the 'map and destination' of our life. Stories are a way of redrawing maps and finding new destinations. When we are wounded, and we lose our destiny and map, we have to learn to think differently. We learn to think differently by hearing ourselves tell our stories, absorbing other's reactions, and experiencing our stories being shared. While facts are viewed through the lens of a microscope, stories are viewed through the lens of the soul." Morgan continues (2000: 9) to say that: "Our lives are multi-storeyed. There are many stories occurring at the same time, including stories about the past, present and future. Stories also belong to individuals and/or communities. There can be family stories and relationship stories. Families may have stories about themselves as being 'caring', 'risky', or 'dysfunctional'. A community may have a story about itself as isolated or politically active. All these stories could be occurring at the same time, and events, as they occur, will be interpreted according to the meaning that is dominant at that time. In this way, the act of living requires that we be engaged in the

mediation between the dominant stories and the alternative stories of our lives. We are always negotiating and interpreting our experiences.”

Freedman and Combs (1996: 16) describe the alternative story as follows: “Narrative therapists are interested in working with people/families/groups to bring forth and thicken stories that do not support or sustain problems. As people begin to inhabit and live out the alternative stories, the results are beyond solving problems. Within the new stories, people live out new self images, new possibilities for relationships and new futures.” In narrative therapy, we also understand that our lives are influenced by the broader stories of the culture in which we live. The meanings that we give to these events occurring in a sequence across time, they do not occur in a vacuum – there is always a context in which the stories of our lives are formed and this context contributes to the interpretations and meanings that we give to events.” Louw (2008: 179) contributes to this by saying that every narrative consists of two elements; the first element is the story that refers to the chronological happening of the events, it happened in a certain sequence over a period of time and with a certain plot. The second element refers to different discourses, points of views, values and the context that contribute to the persons understanding the past.

2.6.1.2 Listening with an open mind

We as pastoral narrative therapists represent the caring faith community and are the embodiment of believers in God that create community where people in pain can seek safety and share their fears and questions in their journey towards healing, hope and wholeness (Louw 2008: 181-182). To take the lived experience of people seriously requires conversation, which means to listen to the voice of pain, suffering, and suppression. This is a spirituality of listening voices (Welch 1985: 44-46). To listen means to be in dialogue as co-constructing conversationalist between equals where both speaker and listener are involved and affected by the interchange and co-creating of contextual meaning. It is a continuous birthing of a “spirituality of being with” (Louw 2008: 184). Welch (1985: 129-136) describes this process as transformative communication: “The conversation helped the listener to participate in the lived experiences of people. In the context of this ‘awareness’, the conversation creates a

new spirituality with a new language for faith, a new way of talking with and about God and its people.”

All social constructionist theories place an emphasis on listening to clients without judgement or blame, affirming, and valuing them. Lindsey (1994) in Corey (2005: 397) emphasizes that therapists can encourage their clients to reconsider absolutist judgements by moving towards seeing both “good” and “bad” elements in the situation. Narrative therapists make efforts to enable clients to modify painful beliefs, values, and interpretations without imposing their value system and interpretations they want to create meaning and new possibilities from the stories clients share.

2.6.1.3 Deconstruction as narrative tool.

White (1991: 27) talks about a “process of reinterpretation, whereby a therapist and client/family work collaboratively together to facilitate a different expression of the experience of, for example, abuse, dysfunctional patterns, hopelessness.” This expression can take the form of outrage, of passion for justice, of acts to address injustice, of rituals or testimony or searching out contexts in which others might be available to bear witness to these testimonies. Families might be asked to draw a family tree, to write a life script, to paint a picture of reinterpretation, to build a statue of hope, to play a game of soccer together, to go on an adventure together, etcetera. White(1991:27) calls this process deconstruction. Deconstruction “has to do with procedures that subvert taken-for-granted realities and practices; those so-called ‘truths’ that are split off from the conditions, and the context of their production, those disembodied ways of speaking that hide their biases and prejudices, and those familiar practices of self and of relationship that are subjugating of persons lives.”

Our culturally available and appropriate stories about personhood and about relationships have been historically constructed and negotiated in communities of persons, and within the context of social structures and institutions. Thus, these stories are inevitable framed by our dominant cultural knowledge. (White: 1990 28)

For the stories that persons live by, White (1990:29) propose the objectification of the problems for which persons seek therapy. This objectification engages persons in

externalizing conversations in relation to that which they find problematic, rather than internalizing conversations. These externalizing conversations encourage persons to identify the private stories and the cultural knowledge that they live by; those stories and knowledge that guide their lives and that speak to them of their identity. These externalizing conversations assist persons to unravel across time, the constitution of their self and of their relationships. Encouraging persons to provide an account of the effects of the problem on their lives initiate externalizing conversations. This can include its effects on their emotional states, familial and peer relationships and work spheres, etc. and with a special emphasis on how it has affected their view of themselves and of their relationships. (White 1990:29)

As people become more separated from the dominant or “totalizing” stories that are constitutive of their lives it becomes more possible for them to orient themselves to aspects of their experience that contradicts these knowledge’s – these contradictions can be referred to as “unique outcomes” When it is established that particular events qualify as unique outcomes in that they are judged to be both significant and preferred, the therapist can facilitate the generation of and/or resurrection of alternative stories. To facilitate this process, which White call “re-authoring” the therapist can ask a variety of questions, including those that might be referred to as “landscape of action” and “landscape of consciousness questions? Landscape of action questions encourage persons to situate unique outcomes in sequence of events that unfold across time according to particular plots. Landscape of consciousness questions encourages persons to reflect on and to determine the meaning of those developments of action. As the person respond to the landscape of action and the landscape of consciousness question, they engage in a reliving of experiences and their lives are “retold”. Alternative knowledge’s of self and of relationships are generated and / or resurrected; alternative modes of life and thought become available for person to enter into. Throughout this re-authoring dialogue, the therapist plays a central role in challenging any early return to the canonical that would suggest that the unique outcome is self-explanatory. (White, 1990:32).

2.6.1.4 Deconstruction and questions

As we wrestle with each new challenge in life, we ask others and ourselves a continuous stream of questions. Question asking is one of the main ways that we try to get a grip on whatever is going on, but we are usually not very conscious of the quality of questions we ask. Learning to ask conscious, fruitful questions of others, of oneself, and about one's situation or task, is an important part of the training of many professionals: psychotherapists, counsellors, etcetera. The questions a narrative counsellor asks centre around earlier dialogues, a discovery of unique events, an exploration of the dominant culture's processes and imperatives and many more. The questions are often circular or relational and they seek to empower clients in a new way. To use the famous phrase of Gregory Bateson (Corey 2005: 394), "they are questions in search of a difference that will make a difference." Bateson argued that "we learn by comparing one phenomenon with another and discovering what we called 'the news of deference.'"

Narrative counsellors use questions as a way to generate experience rather than to gather information. The aim is to progressively discover or construct the client's experience so that the counsellor has a sense of what direction to pursue. I would like to provide a few examples of questions that specifically relate to the family-system: (Corey 2005: 444).

- does it seem to you that interactions with your spouse/parents/children leave you with a feeling of hopelessness?
- what goals do you have for yourself and for other people in the family?
- who does what with whom when decisions are made, conflicts are resolved or problems handled?
- how does a typical day go?
- is the process of leadership balanced or imbalanced?
- does it lead to harmony or conflict?
- where is each person in the family in relation to personal, biological, cognitive, emotional, and social development?
- where the family/members of the family are in the life cycle and how are they handling transitions.

- what developments in larger systems, especially society or the world, are affecting the family?
- how do economics, education, religion, race, regional background, gender affect family processes?
- what gender role is each member of the family assuming? What effects has patriarchy had on this family and its members?
- what effect would role reversal have on the relational activities of the family members?
- what is the impact of your community's beliefs about men and women on the members of your family?
- are there family members who lack a clear sense of purpose, function out of awareness, have poor contact with others, or lack experiences to support a productive life?
- where is the family in the process of change?
- which communication patterns do family members use under stress?

2.6.1.5 Re-membering conversations

We can think of our life stories as shaped by and shaping of our memberships in association of people. Whom we associate with, the character of our relationships, and how others we associate with perceive us all-important factors in quality of life. We think of such people as important members of a “nurturing” team, they must be remembered. Myerhoff (1986:284) Re-membering conversations is a

- recount of what significant figure contributed to the person's life,
- witnessing of his/her identity through the eyes of this figure, initiating a rich description of the ways in which this connection shaped or has the potential to shape the person's sense of who he or she is and what his or her life is about
- recount of what the person contributed to the life of this figure
- need for the person to richly describe the ways in which this connection shaped or has the potential to shape this figure's sense of who he or she was and what his or her life was about. (Mogan:2000:77-81).

2.6.1.6 Therapeutic letters in narrative therapy.

Letters can be powerful tools for re-authoring lives, according to (Epston: 1994:31) Words in a letter don't fade and disappear the way conversation does, they endure through time and space, bearing witness to the work of therapy. A client can hold a letter in hand, reading and rereading it for days, months and years after the session. Epston&White (1990) have introduced a number of different sorts of therapeutic letter; letters as summary of the session, letters of invitation and to build relationships, letters of redundancy and letters of reference.

2.6.1.7 The use of metaphors in narrative therapy

Sometimes people may talk about a problem metaphorically. They may speak of a "wall of resentment" "the block" "the dream" or "the tidal wave of despair". Metaphors can be useful in externalising conversations. Morgan (2000:28) says that sometimes a therapist will ask a client to think of ways to describe the relationship that currently exists between them and the problem. Questions such as : "Is there a name you could give to how things are between you and "perfectionism" Is it a happy relationship? – or when would say that self-doubt was the strongest? People may use words like "troubled" or "love/hate". Sometimes metaphors may be evoked such sentences as "It is like being ruled by a tyrant". Once a description has been given to the current relationship, the therapist might ask some questions to determine what type of relationship would better suit the person. This allows people to begin to state their own opinions and ideas and can be an important step in the process of re-authoring lives.

2.6.1.8 Rituals and celebrations: to mark significant steps in the journey away from the problem story.

Rituals have the capacity to create and express meaning, both on the familial and the individual level. Whether we are telling the mouse story for our kids, celebrating our eighteen year old's driver's licence, celebrating 25 years of marriage, gathering round a table for special dinners, these rituals contribute to the shaping of relationships,

meaning and identity both for the family and the various individuals within the family.

However, rituals can be mighty and dangerous, according to Anderson (2001: 21-25). Rituals can bring to light truths we would rather ignore, or expose contradictions in our relationships that we would rather not admit. It is our hope that gatherings at Christmas, birthdays and so on will be enjoyable moments that bring the family closer together. Often, however, these gatherings are uncomfortable situations in which the pretence of civility between certain family members is exposed in the required intimacy of the holiday dinner or gift exchange. Rituals often require such an unusual level of intimacy and physical proximity that in the process, they unmask explosive feelings or long-simmering grudges.

There are many individual, family and community stories that go without any rituals: leaving home, divorce, adoption, stillbirth, suicide, withdrawing life support, loss of job, income, celebration days, etcetera. The importance of them is that they serve to acknowledge significant periods of transition, growth, or loss, as hard as it sometimes may seem.

The human need for narrative and ritual is so important for the world to be a more habitable and hospitable place and narrative and rituals are essential media through which human beings create these environments conducive to their psychological, social, and spiritual survival and development. The aim of grieving, for example, is to accept the reality of loss in order to make a memory of the lost person that can be cherished. Freedman and Combs (1996: 42-56) said that through deconstructive listening, we seek to open space for aspects of people's narratives that have not yet been storied.

Morgan (2000:112) writes that the possibilities for the use of rituals and celebrations within narrative work are unlimited. The timing, scope and content of rituals are determined through a collaborative process between therapist and the people consulting them. In each circumstance, considerations are made in relation to what the appropriate audience and setting would be for the ritual, and how it could be structured in a way to most powerfully acknowledge all that has been experienced.

Powerful rituals of loss, grieving and moving on may also be part of a therapeutic journey. The rituals should not solely focus on the dominant story. Rituals on the alternative story also need to be addressed in front of selected audiences.

2.6.1.9 *Discourses and their impact on our lives*

White and Epston (1990: 95-97) refer to a discourse as a system of statements, practices, and institutional structures that share common values. Discourses refer to the ongoing political, historical, and institutional conversation within a society that constitutes our notions of what is true and what is possible. Discourses powerfully shape a person's choices about which life events can be stories and prescribe how they are to be storied. The French philosopher Michel Foucault argued that we are subjected to power through "normalising truths" that shape our lives and relationships – this form of power does not suppress, but subjugate. Power and knowledge are inseparable – because the discourses of a society determine what knowledge is helpful to be true, right, or proper in that society (think of the political and religious movements in the apartheid era). Those who control the discourse control the knowledge and since we are all caught up in the net of power/knowledge, it is not possible to act apart from this domain, and we are simultaneously undergoing the effects of power and exercising this power in relation to others (White & Epston 1990: 95-97).

Grobbelaar (2008: 70) said: "In the therapeutic context this means that we as therapists have to be aware of the filters through which we listen to the people who consult us". A key element of narrative practice involves asking questions that elicit the values and beliefs by which people see to live their lives. We know narrative focuses on storytelling and within this approach particular attention is drawn to the thickening of the alternative, preferred stories of women's experiences of marginal 'unstoried' experiences, the disadvantaged group's stories of 'oppression' the many stories of the 'mentally ill' and many more.

Statements on discourses that Grobbelaar (2008: 70) compiled:

- discourses influence attitudes and behaviours of people, they prescribe personality and behavioural characteristics, for example, those associated with heterosexual men, superwomen, powerful, etcetera.
- being outside the dominant discourse, can be risky or frightening (because of the risk to be excluded).
- discourses have different effects on different groups of people in society, because of their different positions in society – an example may be the permissive discourse that gives both sexes the right to freely express their sexuality, but with different effects for men and women, because of their different positions in society.

there are so many discourses in our society, this can almost be a study on its own.

I believe we cannot underestimate the effect of discourses in our own lives and in the lives of families and societies. In counselling, many times I have experienced how the “voice” of society contributes to the thickening of the dominant story. For example, what is a girl who has been raped to do with a media statement such as “she will never be the same again,” or a battered divorced woman, “this is not God’s plan for marriage”, or after a traumatic incident, “get over it and go on with your life”, or what you own, and who you are makes you a special person/family, and many more.

Grobbelaar (2008: 71-73) made an interesting remark on the discourse of individualism and religious individualism. She says that: “People choose churches today on the basis of whether or not they meet their needs. We seem increasingly blind to the limits imposed on us by the consumerist language, when we accept ‘church hopping’ as normal practice; when finding the right church becomes the same as buying a new car – in some ways the church disappears as an institution and reappears as an enterprise – keeper of religious goods and services.”

2.7 AN INTEGRATED APPROACH

The researcher refers to Chapter 5: Table 1.

2.8 CONCLUSION

The researcher tried through an in-depth-literature study to explore theories and key concepts from a Pastoral, Narrative and Family Therapy approach.

The thesis starts with “The Wellness” of families; therefore, it would be worthwhile to refer to Lartey (2003:141) definition thereof. Wellness is the

- physical well-being (biological – sickness that might be related to stress, trauma, etc);
- psychological well-being (all the conscious and unconscious processes as well as perception);
- spiritual well-being (a relationship with God, a relationship with self, relationship with another, relationship amongst others and a relationship with both place and thing).

Thus, for Lartey (2003: 141) wellness is not merely inner feelings, it has to do with the integration and coherence of ourselves and the world in general and it is crucial that all these dimensions should be understood as an integrated whole. Lartey (2003:14) touches on a wide spectrum and one can say that his definition draws many approaches to the table. From the literature debate, the following is clear:

- the debate between psychology and theology needs some clarification. The family therapy and narrative therapy approaches will reside within a psychological debate. The pastoral approach will reside within the theological debate.
- psychology is not enough. The family therapy perspective is not enough; it does not supply us with answers about important aspects of life: meaning of life, forgiveness, how to deal with guilt, forgiveness, grace, a faith relationship and how to care for one another.
- a pure narrative approach in family counselling without a family therapy framework may not provide sufficient information for the family, the counsellor and the counselling process. [The researcher acknowledges that

even the word “framework” does not align with a narrative approach]. There are many aspects in family therapy to look at, for example: the life cycle changes of a family, communication patterns, life’s unexpected trauma’s, the structural arrangements of the family, multigenerational patterns, etcetera.

- if counsellors do not have a solid grounding in family therapy or a fairly well constructed paradigm that helps them to frame all that is happening in the room, they can be lost in a flood of family interactions. This is where family therapy’s framework (communication patterns, parental styles, developmental phases, and etcetera) can be utilized to make sure that members of the family can address all issues.
- it is clear from the literature research that both psychology and theology is needed in counselling families.

CHAPTER 3

3 RESEARCH DESIGN AND METHODOLOGY

To achieve the aims and objectives of this study various methods were employed as instruments for in-depth understanding of the study. Therefore, the research methodology of this research will be discussed under the following sub-headings as used during data collection: an overview of the conceptual framework and research design, sample and sampling, research procedure, data collection, analysis and interpretation, scope of the research and ethical considerations.

3.1 CONCEPTUAL FRAMEWORK

Mouton (2001: 175-176) states that it is important to include a conceptual framework when doing any form of academic work. The conceptual framework assists in terms of structuring the dissertation as well as having knowledge in terms of previous literature. It entails stating the purpose of the study, inserting principles that give direction to the study and defying concepts.

Three approaches and the integrated approach between these three approaches direct this exploratory qualitative research study in the context of family counselling, namely (Nichols & Schwartz 2006: 18):

- the *pastoral approach*: The researcher decided on the use of the pastoral approach, for believing that perhaps more than ever before, families need to have a basis, a “solidness” to stand on. A family in a crisis immediately seeks contact with the spiritual dimension of life; here faith is a source of help and strength.
- the *family approach*: The family is the nucleus of society, and when it weakens or crumbles the stability of the entire community is adversely affected.

- the *narrative approach* is grounded in a social cultural context, which makes this approach especially relevant for counselling diverse clients and families. Narrative therapy operates on the premise that problems are situated in a social, gender, cultural and political context.
- *family therapy* has been used effectively in the full range of human dilemmas; there is no category of relationship or psychological problem that has not been addressed with this approach and the skills of the family therapist thus include the ability to influence conversations in a way that catalyzes the strengths, wisdom, and support of the wider system.

The context and approaches assisted the researcher in the selection of appropriate data collection methods and in the selection of participants to the study.

3.2 RESEARCH DESIGN

The selection of data collection methods for exploring the development of an integrated family therapy workbook were: in-depth interviews, questionnaire completion and exploration into visual and written material on family counselling. The researcher decided on this selection for the following reasons:

- it stresses the importance of the participants' knowledge, perspectives, interpretations and experiences in family therapy, narrative therapy and pastoral perspectives, more so than any comparison between a certain geographical area, cultural and gender group.
- it allows for flexibility and does not emphasize issues such as reliability; it focuses on processes rather than outcomes and on richly textured information.
- it gives a bird's eye view on what the market has to offer in terms of visual and other course material on integrative family counselling.

3.3 RESEARCH SAMPLE AND DATA COLLECTION METHODS

Participants were selected based on the researcher's judgement and the purpose of the research, looking for participants who have knowledge and experience covering all three perspectives relating to the phenomenon to be researched and participants with at least five and more years of experience in family counselling. The researcher did in-depth-interviews with participants and participants needed to complete open-ended questions as set forward in a questionnaire (addendum 3). Participants to the study come from four different occupations, all involved in counselling families: Pastors/Ministers, Counsellors, Social Workers and Psychologists.

3.3.1 In-depth interviews and questionnaire completion

Participants	Number	Age	Gender	Geographical area
Minister	1	50-60	Male	East of Pretoria
Pastor	1	45-55	Male	Johannesburg area
Counsellor: Private Practice	1	50-60	Male	East of Pretoria
Counsellor: Church setting	2	50-60 50-60	Female Male	East of Pretoria
Social workers	2	45-60 40-50	Female (2)	East of Pretoria
Psychologists and Family Therapists	2	30-40 40-50	Male (2)	East of Pretoria
Total	9 Participants			

3.3.2 Visual and written material on pastoral family counselling

Topic	Material	Year	Source
Family therapy	DVD's Presenting courses/programmes and books	2000-2011	<ul style="list-style-type: none">• Hatfield Christian Church: Library.• Lewende Woord: Family Life Change Centre.• Moreletta Park Church Library.• CUM and Protea Bookshops.

3.4 BENEFITS OF PARTICIPANTS TO THE RESEARCH AND THE PROPOSED WORKBOOK

3.4.1 Social workers

Social workers have extensive knowledge and experience working with families and can contribute a lot to this study, for they make use of a variety of methods and techniques. They:

- contribute knowledge related to family dynamics, family functioning and attitude amongst members;
- provide information regarding the family's ability to interpret and understand team evaluation and recommendations;
- know all developmental stages that each individual within a family goes through and provide information about the family's capacity and degree of opportunity for carrying out tasks that might be recommended;
- provide information about cultural, religious, and social factors that influence a family's child rearing practices;
- provide information regarding the family's understanding of and use of community resources and services;
- are in a position to influence the interdisciplinary team toward change when the team's recommendations make unnecessary demands on the client

(Combination of Sources: Council for Social Workers and CMR Christelike Maatskaplike Raad).

3.4.2 Counsellors

According to the Health Professions Act (1974) by the Health Professions Council of South Africa (HPCSA): “Counsellors assist relatively well-adjusted people in dealing with normal problems of life concerning all stages and aspects of that person’s existence in order to facilitate desirable psychological adjustment, growth, and maturity. Counsellors may not (as in clinical psychology) assess, diagnose and intervene in therapy in order to alleviate or contain relatively serious forms of psychological distress and psychopathology, or what is commonly referred to as ‘abnormal’ behaviour, they may, however, under the supervision of a psychiatrist or clinical psychologist, intervene in counselling” (Allan 2001: 19-22).

Counselors help people to explore feelings and emotions that are often related to their experiences. This allows them to reflect on what is happening to them and consider alternative ways of doing things. Working in a confidential setting, counsellors listen attentively to their clients and offer them the time, empathy and respect they need to express their own feelings and perhaps understand themselves from a different perspective. The aim is to reduce their confusion and enable them to make adjustments in their life. There are various models of counseling, each with its own theoretical basis. Differences in approach relate to the individual practitioner’s interests and training, the setting in which the counseling consultation takes place, or the predominant client group (Reed 2009: 2).

3.4.3 Pastoral counselors

According to De Jongh Van Arkel (2000: 107), pastoral counseling is different from other forms of counseling. It is different because of its context. It is not just counseling, but pastoral. It is a form of contextual caring and helping which integrates theology/religion/faith with insights from the behavioral science. This form of counseling tends to fall into the category of brief, short term, solution-focused

counseling and certain types of narrative counseling. De Jongh Van Arkel (2000: 180) continues by saying that pastoral counseling is directed at change – not just individual, but also structural change. It is redemptive action in the stress field between reality as it is and as it ought to be. It is not just problem-directed, intent on effecting change by removing problems, it should offer guidance with a view to purposeful change.

Wicks and Rodgerson (1998:4) offer a comprehensive description of pastoral care and counselling. For them, the focus in pastoral counselling is to help people better understand their relationships with themselves and the world, keeping an eye on the influence that God is having in their lives.

3.4.4 Ministers and Pastors

- conduct services
- preach biblically
- ensure smooth running of church
- be available to members of the church
- empower members to carry out lay ministries
- report to the council
- oversee outreach programmes
- conduct funerals, weddings and baptism proceedings
- arrange confirmation preparations
- oversee the children's ministries

(Source: Member of the Anglican Church – please note that duties of ministers and pastors can differ, due to geographical area, context and type of congregation, to name but a few.)

3.4.5 Psychologists and family therapists

Gergen and Egran (1998) in De Jongh Van Arkel (2000: 21-26) regard the role and contribution of psychology as follows:

- a working knowledge of applied developmental psychology (how people develop or create their lives across their life span);
- an understanding of the principles of cognitive psychology (the way people think constructs their worlds);
- applied personality theory (the many ways in which individuals differ);
- an understanding of clients as psychosomatic (interaction between physical and psychological states);
- abnormal psychology (the way in which individuals get into psychological trouble);
- an understanding of the ways people act in social settings;
- an understanding of the diversity of age, race, religion, sexuality, economic and political standing, etcetera;
- an understanding of the needs and problems of special populations (substance abuse, physically disabled);
- an understanding of the dynamics of the helping professions themselves.

Becvar (1996) in De Jongh Van Arkel (2000: 21) also provides an overview of the different approaches in family therapy:

- Psychodynamic (the use of psychological techniques to treat psychological disorders and problems). Psychoanalysis is a procedure designed to assist a patient to deal more effectively with unconscious and unacceptable wishes, which tend to produce guilt, somatic symptoms, and disruptions in functioning).
- Experimental approaches. When techniques are employed, they arise from the therapist's intuitive and spontaneous reactions to the present situation. Choice, freedom, self-determination, growth and actualizations form part of the approach) (Corey 2005: 428).

- Structural approaches (individual's symptoms are best understood from the vantage point of interactional patterns within a family and those structural changes must occur in a family before an individual symptom can be reduced) (Corey 2005: 429).
- Communications approach (what happens between people, the style of communication and to learn helpful ways in communication). Olsen (1993: 26-27) refers to the approach as the interaction theory. He says: "From an interactional perspective, the goal of therapy is to focus on understanding the dance between two or more people, framing their dance as the problem, not either of them."
- Behavioural approach (parent-skills training, behavioural marital therapy, conjoint sex therapy).
- Developmental approach (the focus is on the developmental stages from birth onwards as well as the family life cycle transitions) (Corey 2005: 437).
- Postmodern approaches: narrative, solution-based and feminist approach (reality evolves from conversations with people, it is through the interactive process of language, gestures, facial expressions and silences that people connect and construct their shared views). The development of knowledge is a social and cultural phenomenon, mediated through language. Power positions, gender inequality hierarchy, enmeshment and unbalancing need to be replaced by leadership, connections, conversations and collaborations (Corey 2005: 440).
- The multicultural lens challenges the dominant culture and introduces diversity and complexity into the understanding of the human condition (Corey 2005: 439).

One can also look at the many modalities of family therapy, namely, individual, family, couple and group multiple therapies.

3.5 DATA COLLECTION

3.5.1 In-depth interviews

A qualitative interview is essentially a conversation in which the interviewer establishes a general direction for the conversation and pursues specific topics which arose by the participants. Steinar Kvale (1996: 3-5) offers the following two metaphors for interviewing: “The interviewer as a miner and a traveller”. The first metaphor assumes that the participant possesses specific information and that the interviewer’s job is to dig it out. By contrast, in the second model, the interviewer wanders through the landscape and enters into conversations. The traveller explores the many domains of the country, as unknown territory or with maps, roaming freely around the territory – the interviewer wanders along with the local inhabitant, asks questions that lead the participants to tell their own stories of the lived world.”

Participants were seen individually except for two participants. These two participants communicated via electronic media. In-depth interviews were conducted in the language preferred by participants. Before each session, participants were asked to let their thoughts and feelings go on the following questions and statements:

- what are the major dilemmas that families are facing today?
- what can counsellors, ministers, pastors, social workers and psychologists contribute to the wellness of families?
- what do they think is the link between psychology and theology? About inviting faith and spirituality (in the context of psychologists and social workers) into the room and themes from psychology (in the case for pastors and counsellors) into the counselling room?
- what do they think is the best way to counsel families today?

3.5.2 Questionnaire

3.5.2.1 Information sheet and consent form

Participants needed to read the information sheet that explained the aim of the research, what will be required from them, ethical issues such as confidentiality, the results of the study and contact details (addendum 1&2).

The researcher used an informed consent agreement, based on Bailey's (1996) in Groenewald (2004: 11) recommended items. Participants need to know:

- that they are participating in the research;
- the purpose of the research (without stating the central research question);
- the procedures of the research;
- the risks and benefits of the research;
- the voluntary nature of research participation;
- the participant's right to stop the research at any time;
- the procedures used to protect confidentiality.

3.5.2.2 Demographic information

Participants need to provide the following information:

- educational qualifications;
- years of experience working with families;
- practice/private and registered member with a board/organization;
- workshops attended in family therapy.

3.5.2.3 Open-ended questions

A questionnaire was also given to participants to complete. In the open-ended questions, the participants were required to respond in writing in their own words to the following:

- theories and techniques that they use in therapy/counselling.

- current and previous therapy/counselling models that they have used in practice and the effectiveness thereof.
- ethical considerations in the practice of family therapy.
- participants must be able to provide information on the major dilemmas families are facing today.
- participants must be able to reflect (from their knowledge and experience) on the link between psychology and theology – about inviting faith and spirituality into the counselling room.
- participants must be able to provide information on the major dilemmas families are facing today.
- participants must be able to think what they can contribute to the wellness of families.
- participants must be able to tell what they think are the best ways to counsel/do therapy with families today.

3.5.2.4 Research into visual and course material

The researcher decided on a review of existing material for the following reasons:

- to ensure that this study is not duplicating previous studies.
- to discover the most recent and authoritative material available.
- to find the most popular material (target groups and geographical area).

3.6 DATA COLLECTION PROCESS

The purpose of collecting data from three different kinds of sources was to obtain as much data as possible for the intended workbook on family therapy. The data collection process consists of:

- in-depth interviews: Field notes, with the permission of interviewees. Each interview was assigned a code, for example “Participant, 21 June 2011”.
- open-ended questions as in the questionnaire.

- exploration into existing models and courses.

3.6.1 Field notes

The method followed in the data collection process is based on a model or scheme developed by Schatzman and Strauss supplemented by Robert Burgess (Groenewald 2004: 10). They suggest four types of field notes:

- observational notes, “what happened notes”
- theoretical notes, “attempts to derive meaning” as the researcher thinks or reflects on experiences.
- methodological notes, “reminders, instructions or critique” to oneself on the process.
- analytical memos, end-of-a-field-day summary or progress reviews.

3.6.2 Open-ended questions

Babbie (2008: 422) says that: “In qualitative research, the researcher always possesses a growing mass of data, mostly in the form of textual materials. The key process in the analysis of qualitative data is coding, to classify or categorize individual pieces of data in a catalogue by topic. The aim of data analysis is the discovery of patterns that point to a theoretical understanding of social life, therefore the coding and relating of concepts is key to this process and requires a more refined system. Data is broken down into discrete parts, closely examined and compared for similarities and differences – events, happenings, objects, actions and interactions that are found to be conceptions similar in nature or related in meaning are grouped under more abstract concepts termed categories”.

In this research, the researcher made use of concept as the organizing principle for qualitative coding, as Babbie (2008: 422-423) suggests. By beginning with some body of text, the researcher read and reread passages, seeking to identify the key concepts contained within them. Each concept is given several codes. I would like to use one example in this regard. In the question: “I would like you to provide information from

your experience and knowledge on the major dilemmas that families are facing today”, concepts are experience, knowledge, family and dilemmas. More on this in Chapter 4: Data Analysis.

3.6.3 Exploration of visual and course material notes

The exploration was organised around themes or key constructs. According to Mouton (2001: 93) the key constructs or central themes of studies are usually immediately evident from the formulation of the research problem. In this research the formulation of the research problem is the following: “The wellness of families: The exploration into developing an integrated family-counselling workbook”. The literature study will begin with reference to visual and course material on the constructs “integrated” and “family”. Also, see definitions of “integrated” and “family” in Chapter 1.

3.7 DATA ANALYSIS

Ultimately, all data collection culminates in the analysis and interpretation of some set of data. Analysis involves “breaking up the data into manageable themes, patterns, trends and relationships.” The aim of analysis is to understand the various constitutive elements of one’s data through an inspection of the relationship between concepts, constructs or variables, and to see whether there are any patterns or trends that can be identified or isolated, or to establish themes in the data (Mouton 2001: 108).

The key process in the analysis of qualitative social research data is coding, classifying or categorizing individual pieces of data. According to Babbie (2008: 422) if all the data has been catalogued, it makes it easier for retrieval. Hycner (1999 in Groenewald 2004: 17) however, cautions that “analysis” has dangerous connotations for phenomenology. The term analysis usually means a “breaking into parts” and therefore often means a loss of the whole phenomenon, whereas “explication” implies an investigation of the constituents of a phenomenon while keeping the context of the whole. Coffey and Atkinson (1996 in Groenewald 2004: 18-19) regard

analysis as the “systematic procedures to identify essential features and relationships.” It is a way of transforming the data through interpretation. Hycner (1999 in Groenewald 2004: 20-21) says that the “explicitation” process has five “steps” or phases:

- bracketing and phenomenological reduction;
- delineating units of meaning;
- clustering of units of meaning to form themes;
- summarising each interview, validating it and where necessary modifying it;
- extracting general and unique themes from all the interviews and making a composite summary.

3.7.1 Bracketing and phenomenological reduction

Phenomenological reduction in exploratory qualitative studies is “pure subjectivity,” according to Lauer (1958 in Groenewald 2004:18-24). It is a deliberate and purposeful opening by the researcher to the phenomenon “in its own right with its own meaning”. It also points to a suspension or “bracketing out in a sense that no position is taken either for or against.” The researcher’s own presuppositions, meanings and interpretations or theoretical concepts are not allowed to enter the unique world of the participant (Miller & Crabtree in Groenewald 2004: 18-21).

3.7.2 Delineating units of meaning

The list of units of relevant meaning extracted from each interview is carefully scrutinised and the redundant units eliminated. To do this the researcher considers the literal content, the number (the significance) of times a meaning was mentioned and how the meaning (non-verbal or para-linguistic cues) was stated. The actual meaning of two seemingly similar units of meaning might be different in terms of weight or chronology of events (Hycner, 1999 in Groenewald 2004: 19). The researcher is required to make a substantial amount of judgement calls while consciously bracketing her/his own presuppositions in order to avoid inappropriate subjective judgements.

3.7.3 Clustering of units of meaning to form themes

With the list of non-redundant units of meaning in hand, the researcher must again bracket her or his presuppositions in order to remain true to the phenomenon. By rigorously examining the list of units of meaning the researcher tries to elicit the essence of meaning of units within the holistic context. Hycner remarks that this calls for even more judgement and skill on the part of the researcher (Hycner 1999 in Groenewald 2004: 20-21).

3.7.4 Clusters of themes

Creswell, King and Moustakas (1994 in Groenewald 2004: 19) say that “clusters of themes are typically formed by grouping units of meaning together in order that the researcher can identify significant topics, also called units of significance”. Both Holloway (1997) and Hycner (1999) in Groenewald (2004: 22-24) emphasize the importance of the researcher going back to the original data to list non-redundant units of meaning in order to derive at appropriate meaning.

3.7.5 Summarise each interview

A summary is given that incorporates all the themes elicited from the data within a holistic context. Ellenberger in Hycner (1999 in Groenewald 2004: 24) captures it as follows: “Whatever the method used for a phenomenological analysis, the aim of the investigator is the reconstruction of the inner world of experience of the participant. Each individual has his own way of experiencing temporality, spatiality and materiality, and each of these coordinates must be understood in relation to the others and to the total inner ‘world’.” In the context of this research, participants’ experiences, knowledge and perspectives must be understood in relation to their contribution towards the integrated family-counselling workbook.

3.7.6 General and unique themes for all the interviews and composite summary

Once the process outlined in the above four points, has been done for all the interviews, the researcher looks for the themes common to most or all of the interviews as well as the individual variations. Hycner (1999 in Groenewald 2004: 20) says that care must be taken not to cluster common themes if significant differences exist. The unique or minority voices are important counterpoints to bring into the research. The researcher then concludes the process by writing a composite summary, which must reflect the context or “horizon” from which the themes emerged. According to Sadala and Adorno (2001 in Groenewald 2004: 21) the researcher at this point “transforms participants’ everyday expressions into expressions appropriate to the scientific discourse supporting the research.”

3.8 Ethics and qualitative data analysis

According to Babbie (2008: 439) at least two ethical issues raise special concern in the analysis and reporting of qualitative research. Because such analysis calls so directly on subjective judgments, there is an obvious risk of seeing what you are looking for or want to find. Researchers need to cultivate a deliberate awareness of their own values and preferences, by adhering to established techniques for data collection and analysis.

Secondly, qualitative research makes protecting subjects’ privacy particularly important. The qualitative researcher will often analyze and report data collected from identifiable individuals. When writing up the results of the analysis, one will often need to make concerted efforts to conceal identities. In this regard, participants to this research were referred to as participant A, B, etcetera, for professional ethical reasons.

Participants will receive a copy of the text to validate that it reflected their perspectives. A synopsis of the findings of the completed study will be presented.

3.9 Data Interpretation

Interpretation involves the synthesis of one's data into larger coherent wholes. One interprets (and explains) observations or data by formulating hypotheses or theories that account for observed patterns and trends in the data. Interpretation means relating one's results and findings to existing theoretical frameworks or models, and showing whether these are supported or falsified by the new interpretation. Interpretation also means taking into account rival explanations or interpretations of one's data and showing what levels of support the data provides for the preferred interpretation (Mouton 2001: 108).

In this research the data from the literature review in Chapter 2, the in-depth interviews, the open-ended questions and exploration into existing integrated family counselling models, will be drawn together for interpretation and then placed in a holistic context.

3.10 SCOPE AND LIMITATIONS OF THE RESEARCH

Mouton (2001: 180) says that a literature review can at best only summarise and organise the existing scholarship. Mouton (2001: 180) continues by saying that: "Even a critical review of literature cannot produce new, or validate existing empirical insights". Although literature reviews (as in my Chapter 2) often lead to theoretical insights, one still needs to undertake an empirical study to test our new insights. The selection of data collection methods for a study is then driven by theoretical considerations, such as the aim of the study, the research questions, as well as pragmatic considerations (time-frame) (Mouton 2001: 180).

In this research several data collection methods were used (documents, journal articles, websites, academic articles, visual media material and participants' responses).

Participants were mostly professional people working in private practice or in congregational settings and some in director's positions. Thus, participants were often

busy and it was difficult to keep to the set dates. The researcher did not interview two participants due to time constraints, and for this reason, had to use e-mail as another method.

The main challenge for the next chapter is to present and analyse all findings. Coffey and Atkinson (1996 in Groenewald 2004: 23) said, “Good research is not generated by rigorous data alone, but by going beyond the data to develop ideas, thus initial theorising, however small, is derived from the qualitative data.”

CHAPTER 4

4 IN-DEPTH INTERVIEWS, OPEN-ENDED QUESTIONS AND EXISTING MODELS ON INTEGRATED FAMILY THERAPY

4.1 FIRST PHASE OF DATA ANALYSIS

The researcher refers to Addendum 4.

4.2 SECOND PHASE OF DATA ANALYSIS

The way the researcher did the second phase of data analysis was by “condensing” participants’ responses into key concepts. The researcher did not present participants’ responses individually (per profession) as the whole idea for the workbook is to present an integrated perspective. In the column next to the responses of participants, the researcher linked the responses of the participants to the literature study (Chapter 2) and more specifically, the key concepts of the following: counselling practice, pastoral, family and narrative approaches. This is not a final representation. The final integration process will reside in the developing of the workbook itself. This study merely looked at the exploration into theories, techniques, key concepts and responses from participants.

4.2.1 In-depth interviews

4.2.1.1 Fieldwork

Participants were seen individually except for two participants (Pastor as participant, and Family therapist as participant who were interviewed via e-mail). In-depth interviews were conducted in the language preferred by participants. All participants were referred to as “Participant 1”, etcetera for professional (ethical) reasons. Before the interview, participants were asked to let their thoughts and feelings go on the following questions and statements:

- what are the major dilemmas that families are facing today?
- what can counsellors, ministers, pastors, social workers and psychologists contribute to the wellness of families?
- what do they think is the link between psychology and theology? About inviting faith and spirituality (in the context of psychologists and social workers) into the room and themes from psychology (in the case for pastors and counsellors) into the counselling room?
- what do they think is the best way to counsel families today?

4.2.1.2 Response

The needs are enormous for assistance for single parent families, families where children take on the role of the parents (both parents passed away) and all families that are going through economic crises. People, especially Black families, need information on where they can speak to someone, either a therapist or counsellors. Families do not have time to get together. Parents have lost control over their children. Instant gratification and “quick fixes” are part of society.

Pastoral counselling deals with issues such as guilt, forgiveness and emotion. One of the counsellors working in a church setting relies on the Bible as guide. According to him, one needs to change thought processes cognitively through homework done repeatedly and then guide families towards a personal relationship with God where the Holy Spirit can strengthen them. There is a general lack of commitment, morals and values. Families need to re-define themselves. In the materialistic (consumer), culture there is not time for families to get together.

The use of psychological theories and techniques without inviting the spiritual dimension of the person into the conversation has a one-dimensional discussion as a result. However, allowing any untrained person to dwell on the spiritual dimension of a family can also be very harmful. Psychology tried too hard to be morally neutral, and therefore promotes ideas of individualism and self-reliance rather than looking at community care.

The economy poses major challenges towards healthy family living. The extreme individualistic and consumer ideologies of our time do not help either, as especially children put pressure on their parents for brand name toys and clothes. Families are no longer able to build and maintain healthy, nurturing relationships. This leads to divorce, sometimes toxic family relationships. Too many households can be described as “war zones” instead of loving, caring environments where children can grow, learning from the example of their well-balanced parents how to be well-adjusted adults, ready to take on the challenges of adulthood. More and more families are not regular churchgoing families, and the moral fibre of the community is disintegrating.

4.2.1.3 Analysis of feedback from participants

Key concepts: participants’ response	Literature study
Single parent family, families where children take on role of parent	Pastoral: Reconciliation, Guilt, Anxiety part of life, Faith, Meaning and Hope, Future stories, Towards community and care. Family: diverse group, developmental lens, life’s events, organizational lens, process lens. Narrative: discourse, storytelling, deconstruction – alternative narrative.
Economic crisis	Pastoral: Faith, Meaning, Hope, Towards Community. Family: Developmental lens, process lens, teleological lens, cognitive and behavioural lens. Narrative: Discourse, Listening, Multiple stories.
Lack of morals and values	Pastoral: Viable philosophy of life, Faith relationship, Towards Community. Family: Process lens. Narrative: Rituals, Discourse.
Instant gratification	Pastoral: Towards Community, Faith relations. Family: teleological lens, organizational lens.

Key concepts: participants' response	Literature study
	Narrative: Discourse.
Lack of commitment	Pastoral: Viable philosophy of life, Meaning and Hope. Family: teleological lens, cognitive and behavioural lens. Narrative: Storytelling, Discourses.
Relatedness of theology and psychology	Integrated perspective: Literature study.
Individualistic culture/materialistic	Pastoral: Viable philosophy of life, Towards Community. Family: Developmental lens, teleological lens. Narrative: Discourse.
Families struggle to build and maintain healthy relations	Pastoral: viable philosophy in life, meaning, hope, reconciliation. Family: teleological lens, strategic lens, organizational lens, process lens. Narrative: rituals, metaphor, storytelling, listening.
Loss of control of children	Pastoral: viable philosophy of life, Respectful commitment towards diversity (spiritual). Family: Developmental lens, process lens. Narrative: Discourses in society.
Cognitive approach and Biblical principles	Pastoral: Awareness.
Pastoral counselling deals with guilt, emotion and forgiveness	Pastoral: Awareness, faith relationship, reconciliation, respectful commitment towards diversity. Narrative: Artwork, free association, listening, celebrate.
Psychology promotes individualism	Integrated perspective: Literature study.

4.2.1.4 Conclusion

It is clear from the response of the participants that they believe the current context in which we live contributes a great deal to the family's well-being. It seems as though

parents lose control over children and each individual “tries to survive on its own.” In Black families, according to the social workers who have been interviewed, there is a tremendous need for assistance and counselling single mothers and children that need to take on the role of “parent”. One can draw the conclusion that the economic crisis and single parenting places a lot of stress on societies today. The loss of control of children and non-commitment may be part of a consumer culture where “if it is not good or satisfying anymore” it gets thrown away.

One of the pastoral counsellors does believe that psychology has contributed towards the culture of “individualism.” Another response was that pastoral counselling deals with guilt, emotion and forgiveness – concepts that could not be dealt with in a psychological framework. Yet another pastoral counsellor believes that the only way to counsel families is by using the cognitive approach and the Bible.

4.2.2 Open-ended questions

4.2.2.1 Question 1: Response of participant

Tell me about your experience with families. Participants’ view.
<p>Believe in seeing couples and families together and one needs to build a relationship with every one. Parents do not have control over their children anymore, lack of commitment. Black families are uncertain about their belief-system, traditional or part of consumerism? People do not wait – immediate solution, gratification, Economic pressure, Materialistic culture, Lack of norms and values. We need to spend more time on the emotional side of each member of the family. Most families do not know God and have no routine in their household. They do not have time for God and do not eat, pray or read the Bible together. This leads to the fact that there is not a steady basis from which they can start building closer relationships with each other. Parents have a serious problem with discipline. Parents and children no longer go to church together. Children go off on their own, looking for a church that best suits them. The common factor of many families that I have counselled is unfaithfulness – partners are no longer supportive of one another.</p>

4.2.2.1.1 Analysis of feedback from participants

Key concepts- participants' response	Literature study's view
Lack of commitment	Pastoral: Purpose and Meaning in Life. Family: Cognitive and behavioural lens, teleological lens. Narrative: storytelling: future.
Consumer society – immediate gratification – unfaithfulness	Pastoral: towards community. Family: developmental stage lens. Narrative: Discourses and their impact on our lives.
Lack of values and norms	Pastoral: The need for a viable philosophy of life as a family. Family: process lens, organizational lens. Narrative: rituals and metaphor.
Discipline/No control	Pastoral: respectful commitment towards diversity, faith relationship. Family therapy: organizational lens, process lens, cognitive and behavioural lens.
No faith rituals	Pastoral: Viable philosophy of life, faith relationship. Narrative: Alternative story, Rituals, remember.
Focus on the Emotional side	Pastoral: Guilt, Anxiety part of life, Awareness (individual conversation).
Economic society: Materialism	Pastoral: towards community and care, viable philosophy of life. Family: teleological lens.
See families together	Counselling practice.

4.2.2.1.2 Conclusion

Most of the responses were the same as in the open-ended interviews, namely discipline, lack of control from parents' side, lack of commitment, lack of values and norms and the context of "consumer society." Participant psychologist mentioned that we need to focus a lot more on people's emotions and how they struggle to keep them intact. The Minister as participant said that families today no longer have faith rituals – everyone in the family is practising his/her own religion – even if it means going to different denominations.

4.2.2.2 Question 2: Response of participants

What model and techniques do you use in family counselling? Participants' response
Solution focused therapy, (inspired by Milton Erickson, and Jay Haley), Transactional Analysis, Narrative Therapy (4 participants), Egan's model, Imago therapy, System perspective (social workers), Biblical counselling: holistic counselling, social, physical (medical practitioner), emotional, spiritual, Holy Spirit for guidance, Communications and conflict resolution, Psychodynamic, Cognitive and behavioural approaches.
<i>Analysis of feedback from participants</i> Literature Study's view: Most of these approaches mentioned by participants form part of the techniques for the intended workbook, with the exception of transactional analysis, Egan's model, Imago therapy and psychodynamic approach. "Free association", a psychodynamic technique, will be used as means of "deconstructing" problem stories of people's lives.
<i>Conclusion:</i> The researcher like the work of Milton Erickson: <i>The many stories Jesus told his disciples</i> , as his work is all about storytelling – one of the key aspects of the narrative approach – and it also fits into a pastoral approach. (Capps 1998: 75-78) Lynn Hoffman in Capps (1998:57) in her foreword to <i>My Voice Will Go with You</i> compares Erickson's stories to those of Mark Twain. She says: "Milton Erickson's teaching tales – the stories he told his patients and the stories he told the pilgrims who came to sit at his feet – are ingenious and enchanting, They are much too good to be

tucked away on the psychiatric shelf.”

The system perspective is a perfect fit with family therapy, for the belief that individuals are part of and are influenced by a broader system or systems, the family, community and the world.

The researcher has already explained the Narrative approach, Pastoral approach (and the guidance of the Holy Spirit) and “Free association” as Psychodynamic technique. The “communications and conflict technique” that was mentioned by a participant, is part of the process lens in the family therapy approach. The researcher would like to give a brief overview of the cognitive approach in counselling. The cognitive approach in family counselling plays a crucial role, for example, Seligman (1990) in his well-known book *Learned Optimism* said that positive statements you make to yourself have little if any effect. What is crucial is what you think when you fail, using the power of non-negative thinking. Learned helplessness, according to him is the giving-up reaction that follows from the belief that whatever you do doesn’t matter, you will in any case fail. Your way of explaining events to yourself determines how helpless you can become (Seligman 1990: 15). Albert Ellis and Aaron T. Beck’s Cognitive Behaviour Therapy model in Sternberg (1995:67) reflect that people learn irrational beliefs from significant others during childhood, and additionally, they create irrational dogmas and superstitions for themselves, then they actively reinforce self-defeating beliefs by the processes of self-repetition and by behaving as if they are useful. Hence, according to them, it is largely our own repetition that keeps dysfunctional attitudes alive and operating within us. Ellis insists that blame is at the core of most emotional disturbances and to recover from neurosis or a personality disorder, we had better stop blaming ourselves and others. This, and most of the approaches mentioned by participants, forms part of the researcher’s planned techniques of counselling.

4.2.2.3 Question 3: Response of participants

Can you discuss all ethical considerations that are part of counselling families?

Participants’ responses.

Clients get to choose if they want help from the Bible or purely psychology – most choose both. Important not to discuss family members with one another. Ethical code

– family. It is important to listen to family narratives. An open approach is important to accept individuals and families as they are and work from their point of departure. To handle all members equally. Families need to turn to God, my duty as pastoral counsellor is to tell people what difference God can make in their lives. I avoid imposing my beliefs on others and being too prescriptive. I have to be myself in the counselling room – not hiding myself behind a professional facade – I avoid being perfect and considering my own limitations. Proper training in the service that you offer – either psychologist or counsellor in private practice or church setting.

4.2.2.3.1 Analysis of feedback from participants

Key concepts- participants' response	Literature study's view
Open approach	Counselling practice
Handle all members equally	Ethical considerations – contract with all members. Counselling – practice.
Family narratives: to listen	Narrative: Listening with open mind.
Imposing beliefs – avoid	Counselling practice: Counsellor belief and value system. Narrative practice.
“Expert” being too prescriptive	Narrative practice of conversation – to co-create, through unique outcomes, etcetera.
Be yourself	Counsellor not hiding behind “facade”: Counselling practice.
Proper training	Registered at professional Board. Regular attendance at workshops and seminars.
Families need to turn to God	Pastoral approach: Faith relationship, viable philosophy of life.

4.2.2.3.2 Conclusion

All the above responses (key concepts) fit with the intended counselling workbook as prescribed in the literature study: Chapter 2. Seven participants were registered members of a Board, Health Professional Council, SASSPC (South African Social

Services Professional Council) and the Association of Christian Counsellors SA. The two participants not registered with any board were the minister and pastor.

4.2.2.4 Question 4: Response of participants

Tell me what do you think/feel about the link between psychology and theology? Participants' response.
<p>You need to understand the fundamentals of psychology in terms of point of departure and application and effect on the individual, however, the healing process is accelerated using the foundation and truth from the Bible as guideline. If the client or family is operating from a strong religious base, then it is imperative to accommodate and address faith and spirituality Yes, there needs to be a greater co-operation between minister/pastors and social workers.</p> <p>Psychologists, ministers, social workers need to network – for a holistic way of counselling. When I counsel people with depression, I make use of psychological tests. These tests are used to determine if a person is indeed depressed. If so, I make use of specialised medical practitioners. As soon as the client starts reacting to the medicine – start working through the Bible to limit negative thoughts and work through the difficulties Very strong link between them – modern psychology is not really saying more than Christianity – what matters most is how I live my life. According to theology, man is body, soul and mind, while in psychology man is body and mind. The two disciplines can work together. The problem of morality is a problem only faith can address. There are problems when clients need to apply their faith – families need to be encouraged to look at the past, present and future for their way of living and God's will for their life.</p>

4.2.2.4.1 Analysis of feedback from participants

Key concepts: Participants' response	Literature study view.
Know fundamentals of psychology	Integrated models in literature study. Family therapy, cognitive and behavioural therapy.
Healing – the truth from the Bible	Pastoral: suffering and faith, towards

	community, Meaning and Hope.
Networking between ministers, social workers, medical practitioners, etcetera.	Wellness: Holistic approach towards counselling.
How I live my life	Pastoral key concepts: integrated way of living. Faith relationship, Viable philosophy of life.
Morality a faith issue	Pastoral key concepts: way of life.
God's will for our life	Pastoral: Faith relationship. Towards community, Commitment to diversity – unique talents/character.
Past, present and future stories	Narrative's multiple stories.

4.2.2.4.2 Conclusion

From the response of participants it is clear that most of them feel there must be a link between psychology and theology (for example, healing comes from the truth of the Bible and the response: How I live my life). It is also clear that there is a need to network more closely between the two professions.

4.2.2.5 Question 5: Response of participants

What will you say is the impact of a counsellor's beliefs, values and spirituality on the counselling process? Participants' response.
<p>It brings a bias into the room. My experience is that in the 22 years of practice unbelievers could "feel" my belief as a Christian – because love makes all the difference. If a counsellor has rigid boundaries in terms of beliefs, values and spirituality, it may influence negatively on the counselling process – even if counsellors try to "park" their morals, this does filter through at times. Matured – empathy within a multi-cultural context. Counsellors need to be aware of all prejudices – honest with oneself – and refer a client or family if you as counsellor do not feel comfortable or competent (abnormal behaviour).</p> <p>A counsellor cannot divorce her/his own values and beliefs, but must be emotionally mature enough to put their beliefs aside and reach out to the client and meet the person where he/she is. It is not about your story as counsellor. His personal relationship with God must be alive in order for the client to long for that same</p>

relationship. Die kliente wat besoek 'n Christen is – loop mens die volle pad. Mens moet respek betoon teenoor die diversiteit van mense wat kom vir berading – met dieselfde vra, Hoekom? Wat is die sin van..? As a counsellor too, I have my own culture beliefs and values. My spirituality may have negative or positive impact on clients.

4.2.2.5.1 Analysis of feedback from participants

Key concepts: Participants' response	Literature study: View
Love makes a difference	Doing of theology, participatory, towards community
Not rigid boundaries and beliefs (spiritual) and other	Counselling practice
Empathy and respect in counselling diverse/culturally diverse families	Counselling practice
Not about your story as counsellor – but the client/family story	Counselling practice
Be able to answer existential questions, why am I here?	Key concepts: Pastoral approach

4.2.2.5.2 Conclusion

From the responses of the participants it is clear that one can refer to the classic functions of pastoral counselling in Lartey (2003: 60-62), namely, healing, guiding, sustaining, confronting, reconciling, liberating and empowering.

4.2.2.6 Question 6: Response of participants

What in your opinion (experience and knowledge) are the major dilemmas that families are facing today? Participants' response.
Absent/Passive fathers. Fathers not taking accountability for disciplining their children. Disregard for God as a higher authority – people have no fear and consequences don't faze them. Sin of self-centeredness. Inability to go through

conflict. Communication that is ineffective. Different race groups face different dilemmas. Within the general White family it appears that children are being over-indulged and then problems of independence are later experienced – the problem of employment contributes to this – they are not leaving home. Women that need to work and husbands that sometimes need to work far away. The general family is more disengaged because of the demands of modern living. All of above are generalizations – in the end, it depends on the levels of mental health of the parents and the skills that they teach their children. Mothers not imparting values to their children as their demands tap the mothers. Influence of anger not managed, not understanding personality profiles, sex not sacred, but made cheap. The inherent power imbalance in the relationship between adults and children.

Imbalances in context in which it is appropriate to evaluate and privilege the needs, feeling and voices of children over those raised by adults, for example, abuse. Difficult to work with children and their families in ways that enable the voiced preferences and desires of the child to be heard, acknowledged and acted upon. To work ethically and collaboratively with the different perspectives that adults and children bring to a problem and possible solutions. All living in a very strained and stressed society. Demands to deal with too much – the economic, political and social climate. Many families have the dilemmas to economically survive – in the process to survive the network of families giving support is becoming weaker. People do not have enough time for one another. This leads people to live in isolation and to cope on their own. Political climate, crime rate – people are confronted with a feeling of not feeling safe – traumatized by crime. Values are weaker as well as lower moral standards. Unresolved issues from past experiences of family of origin. Economic difficulties. Pressure from the workplace, school, single parent families. Serious death and illness in families. Crime and unsafe situation.

Materialistic attitude of modern people. Lack of commitment. Lack of good morals and values. Families val uitmekaar, egskeidings week hom op kinders. Jongmense het nie meer vertrou in huwelike as instelling nie. Kinders aanvaar gebroke gesinne as normaal. Gebrek aan vertrou onderling tussen huwelike. Geld-God word aanbid. Ouers afwesig by kinders. We live in a world of competition, friends, co-workers, neighbours and fellow Christians. People see competition instead of co-operation – competition even within families. Many families need to choose between work and

family – in families where both parents work, children lack parental love. Divorce, pressure at work, rat race, death of relatives.

4.2.2.6.1 Analysis of feedback from participants

Key concepts: Participants' response	Literature study: Views
Absent/Passive fathers	Family: Life events, Developmental lens. Narrative: Discourse, Rituals.
No discipline in house/imbalance between parents and children. Children over-indulged.	Pastoral: Viable philosophy in life, Respectful commitment towards diversity. Family: organizational lens, teleological lens, process lens and developmental lens. Narrative: Storytelling, Deconstruct.
Self-centredness	Pastoral: Towards community. Family: Developmental stage, teleological lens. Narrative: Discourse of individualism, consumerism.
Communication, conflict resolution ineffective	Pastoral: Viable philosophy of life, respectful commitment towards diversity. Family: Process lens, Developmental stages, cognitive and behavioural lens. Narrative: Storytelling.
Diverse groups – different dilemmas. Different cultural groups but also different perspectives that adults and children have	Pastoral: Doing of theology, participatory, respectful commitment towards diversity. Family: Multi-cultural lens. Narrative: Discourses, stories.
Children over-indulged	Pastoral: Viable philosophy of life. Narrative: Discourse of consumerism. Family: Process lens.
Family disengaged – demands of society	Pastoral: Viable philosophy of life. Family: interlocking systems. Narrative: Discourse consumerism, power, etcetera.
Mental health and skills of parenting	Counselling: referrals, holistic. Pastoral: Awareness.

Key concepts: Participants' response	Literature study: Views
	Family: Cognitive and behavioural therapy. Narrative: Respectful conversations and storytelling.
Voice of children in counselling needs to be heard	Pastoral: Respectful commitment towards diversity. Family: developmental stages. Narrative: Storytelling, Artwork.
Strained, stressed society – survival economic/political/crime/time	Pastoral: Meaning and Hope, Suffering and Faith. Family: Interlocking systems, Life events. Narrative: Discourse.
People isolated – needs to cope on own	Pastoral: Towards community, viable philosophy of life.
Lack of commitment	Pastoral: Viable philosophy of life. Family: teleological lens, developmental lens. Narrative: Storytelling.
Competition – pressurising our children	Pastoral: Awareness. Narrative: Discourse, power, prestige, materialism, own storytelling.
Values weak	Pastoral: Viable philosophy of life. Narrative: Discourses.
Divorce – single parent families	Narrative: Discourse single “mother”. Pastoral: Meaning in suffering, Faith relationship.
Disregard for God as higher authority	Pastoral: Faith relationship, Towards Community. Family: Process lens. Narrative: Storytelling.
Personal profile	Pastoral: Respectful commitment towards diversity/personality profile. Family: Developmental stage, teleological lens. Narrative: storytelling.

4.2.2.6.2 Conclusion

Most participants raised their voices on values, norms and commitment. That families lack values and norms and disengage because of the demands of society (mainly the pressure of living in a consumer society, the stress on political and economic survival. Discipline in the house is a difficult task – many fathers are absent (work-related) of passive. Mothers are struggling to keep it all together. The enormous needs for assistance with single families were also raised.

There is a tendency that family members isolate themselves, “cope on their own” or they look for outside “sources” for help. Communication and conflict skills are ineffective and parents sometimes struggle with their own mental health and consistency in parenting skills.

The voice of children should be heard in counselling. Parents need to hear what their children’s stories are, what their dreams are. These stories may open up “togetherness” and slowly lessen the self-centeredness of each individual family member.

4.2.2.7 Question 7: Response of participants

What in your opinion can counsellors; psychologists, ministers and social workers contribute to the wellness of families? Participants’ response.
Families need to have boundaries within their family structure and the outer world. Counsellors can help families define these boundaries. Families need to be made aware of services rendered by professionals – to see someone to discuss strains and stress they experience – stigmatisation needs to be lessened. To preserve families is essential and critical – to focus on positive strengths of all individual members. Helping families to deal with stress and strains and coping with trauma. To be a sounding board to families sharing their pain and facilitating processes in between family members. People seemed to be caught up with their individual challenges and not really listening to other family members. Improving the concept of a “healthy strong family values and life”. Beraders, Sielkundiges, Maatskaplike werkers en

Predikante moet saamwerk om 'n gesonde leefstyl aan families voor te hou. Families moet geleer word om wel hulle oorwinnings te vier sodat hulle verder aangespoor kan word. Families are not static entities. Therapists need to encourage families to accept the fact that growing up of family members involves new adaptations. A healthy family is building on trust, truthfulness and love. One cannot say I love him or her, but do not trust one another. Love and trust are the cornerstone of any stable relationship. Communication and openness to one another is also a building block. Counsellors can help family members accepting that there are no rights without responsibility, there are no rights without obligations. Family needs to be a place where we grow together, through joy, pain and suffering. A healthy family is building on trust, truthfulness and love. Therapists need to encourage families to accept the fact that growing up of family members involves new adaptations.

4.2.2.7.1 Analysis of feedback from participants

Key concepts: Participants' response	Literature study: Views
Strengthen families' boundaries and family structure	<p>Pastoral: Viable philosophy of life, Towards community.</p> <p>Family: cognitive and behavioural approach, repetition, homework. organizational lens, strategic lens, process lens, developmental lens.</p> <p>Narrative: metaphor, rituals, artwork.</p>
Families need to be informed of family programmes/stigma needs to be lessened	<p>Narrative: Discourses on "seeing a psychologist".</p> <p>Pastoral: Doing of theology: family teachings and courses.</p>
Focus on positive strengths of families	<p>Narrative: Deconstruction – unique outcomes.</p> <p>Pastoral: Viable philosophy of life.</p> <p>Family: strengthen lenses.</p>
Learn coping and life skills. Develop programmes.	<p>Counselling practice</p> <p>Develop programmes (team)</p>
Individual in isolation from other	Pastoral: Towards community and care,

Key concepts: Participants' response	Literature study: Views
members of family – live own stress and strain	Viable philosophy of life. Narrative: Discourses.
Need to make families aware to grow together in pain and suffering	Pastoral: Suffering, Meaning and Hope, Viable philosophy of life, Awareness. Family: developmental lens. Narrative: alternative stories.
Improve the concept of strong family values	Pastoral: Viable philosophy of life. Family: Developmental lens, teleological lens. Narrative: Rituals, artwork.
Networking with all professionals	Holistic approach: Counselling practice.
Communication and openness	Pastoral: Viable philosophy in life/values family. Family: Process lens. Narrative: metaphor.
Families need to learn to celebrate victories	Narrative: Celebration, Rituals.
Family members need to know change part of life – growing up means new adaptations	Pastoral: respectful commitment towards diversity, Viable philosophy of life. Family: Developmental lens. Narrative: Celebrate, Re-membering. Conversations
Love and Trust the cornerstone of a relationship	Practice of theology. Pastoral: Faith relationship.

4.2.2.7.2 Conclusion

Very important points raised by participants were “networking” amongst all professionals. Many participants feel that each profession works on its own – sometimes with many overlaps. They agree that together they can help clients and families holistically.

Summary of participants' responses where they feel that they can contribute (in counselling as well as in training): families' boundaries, structure and strength (positive), coping with stress, life skills, communication and openness, adaptability towards change. Families must be reminded to celebrate victories, improve family values and be together in pain and suffering.

4.2.2.8 Question 8: Response of participants

A magazine contacts you and asks if you will write a one-page article on the best way to counsel/do therapy with families today. Participants' response.

It is always important to see how a family deals with important milestones and how the subsystems are defined within the family. Over-indulgence and over-frustration of systems on the family. The individual's contribution to the family and maladaptive behaviour – that runs in the family. Skills programmes planning, in general, consequences, belief systems, learn how to wait for things to come your way, priorities in life. Gatherings enable a context for very different relationships to develop between counsellors and the members of the family. Being part of a shared community is to journey together. It is to discover new realms of experience both for the families and for the counsellors. Enabling conversations become part of everyday living, taking place as we share a meal or a walk on the hill in the early morning – such context makes it much easier to move beyond the influence of the problems in people's lives. There are so many landscapes to explore. This can happen in the families with whom we work, we can open their lives to us and share with them resilience, their creativity and their hopes for new and preferred ways of being. Joining and connecting with every family member is important. Certain family members are "labelled" – the naughty child, the aggressive father. This often contributes that one can side with the good members of the family. To make sure that everyone's story/voice is heard and reheard by every member. Validate feelings and stories of every family member. Focus on strengths of family members and installing hope for families. Invite all members of the family and set a contract with them. Explain that you are not here to take sides or to condemn anyone. Listen and assess all the patterns in the family. Try to understand all the different relationships in the

family. Work towards a solution that works for all the members of the family. The best way of doing family therapy today is narrative therapy – families need to be understood in terms of family tradition, history and life story family system that reflect the norms, values, customs and culture of the family of origin – positions within the family system are often a repetition of patterns inherited from the family – the spouse may maintain a specific way of doing things because her mother did it. In narrative therapy one can discover the truth about oneself – also truth imposed by others.

4.2.2.8.1 Analysis of feedback from participants

Key concepts: Participants' response	Literature study: View
Help families to deal with important milestones	Pastoral: Viable philosophy of life, diverse personalities. Family: Change developmental lens, organizational lens, cognitive lens. Narrative: metaphor, Deconstruction.
Identify maladaptive behaviour – individual	Pastoral: Awareness – individual therapy. Counselling practice: Referral. Family: Cognitive and behavioural approaches. Narrative: Listen, “label”.
Learn to say no to instant gratification	Pastoral: Viable philosophy of life, Towards community. Family: Process lens, interlocking systems.
Discover the family's belief system	Pastoral: Viable philosophy in life, Diverse personality types – respectful. Family: Developmental lens. Narrative: storytelling, metaphor, artwork.
Be part of a community	Pastoral: Towards community. Family: interlocking systems. Narrative: projects.
Stop labelling the individual in the	Pastoral: respect diverse perspectives.

Key concepts: Participants' response	Literature study: View
family	Narrative: discourse.
Focus on family's strength points	Pastoral: Meaning and Hope, faith relationship. Family: Cognitive lens and theological lens. Narrative: Unique outcomes – deconstruction, celebrate.
Focus on everyday living	Pastoral: faith relationship, meaning and hope. Family: organizational and process lens. Narrative: storytelling.
Hear the family's story	Counselling practice.
Understand all different relationships	Counselling practice.
Identify and work with repeated patterns in the family	Counselling practice. Family: Cognitive and behavioural lens.
Installing Hope	Pastoral: Meaning and hope. Narrative: unique outcomes – alternative story.
Families need to be understood in terms of tradition, history	Family: multigenerational stories. Narrative: storytelling, metaphor.
Positions within the family	Family: organization and process lens.
Repetition patterns	Family: Cognitive and behavioural lens. Narrative: Deconstruction.
Counsellor's beliefs not imposed on others	Counselling practice/ethics.

4.2.2.8.2 Conclusion

The letter from the researcher to the magazine, will contain all responses from participants.

Families need to discover their own family belief system again. They need to soften the voice of “instant gratification” and the “feeling good culture” and hear the voice

of one another. Families have many strength points and family stories. They need to talk to one another. Each family needs to be understood in terms of its tradition, history and life story. Let us focus on the everyday life and stories of members. Let each member of the family's voice be heard – so that they understand each other, where they are currently, what their dreams are, what the future holds. Let us focus more on the positive, but also help families to identify and to understand unacceptable behaviour of family members and how to deal with it.

4.3 INVESTIGATION INTO EXISTING INTEGRATED FAMILY COUNSELLING MODELS

The researcher did an investigation into existing models of family counselling at the following Churches and Non-Governmental organisation:

4.3.1 Family Life Change Centre: Moreletapark congregation

The Family Life Change Centre aims at developing programmes for families to become more effective units within the community to role model a Biblical principle of being a family. Drs. Anthony and Michelle van Tonder developed many programmes on family issues. One of the programmes: “Breakthrough steps to Parenting” consists of a 10-step process in 8 sessions (on DVD). The 10-step process consists of Standing Together, Boundaries, Family Time, Financial Management, Communication, Attacks, Roles and Discipline, Embedding – Character Values, Achievements, Spiritual Growth.

The Family Life Centre believes that families are the fabric of our society and that a healthy marriage is the essence of a healthy family. The Family Life Centre has the South African agency for a series of programmes developed by Dr David Olson and colleagues at the University of Minnesota, USA, which aims to strengthen relationships and the quality of family life. Moreover, adults through interactive processes learn knowledge and skills.

4.3.2 *Hatfield Christian Church*

Dr Ron Elmor and Dr Tim Clinton wrote a book/programme on *Real life relationships*. The book covers 5 levels on real life relationships, namely: cliché, conversation, expressing ideas, judgements, and communication, reporting facts and sharing emotions.

4.3.3 *Books and Thesis on Pastoral Narrative Family Counselling*

(See Addendum 4)

4.3.4 *FAMSA (Family and Marriage Council of South Africa)*

FAMSA provides a confidential service and a safe place where counsellors listen empathetically to clients, encouraging them to tell their stories and express their feelings.

Couple and Family counselling programme consists of the following: Improve communication, clarify issues that are causing misunderstandings, explore the realities of each other's expectations, gain insight into their personalities and needs, balancing parenting, marriage, and focus on what is positive in the family and relationships.

4.3.5 *Analysis of existing models and programmes*

The researcher would like to make the following comments after the brief exploration into existing models of counselling:

- Most of the books and DVD's of the Family Life Centre start with "How to...!" From a Narrative perspective, "how to" assumes working from an expert position. The same applies to the religious approaches in the following titles: How to pray; How to live a life in Christ, etcetera. I would like to refer to what Louw (2008: 177): said in this context: "Pastoral Narrative therapy is an attempt, from a faith perspective, to story alternative faith narratives of our

relationship with God, instead of speaking on behalf of God or trying to explain God, His acts and to try and establish universal truths about God and humanity.”

- The researcher could not find any “workbook” for families “to do it themselves” with guidance from a counsellor, pastor or minister.
- What the researcher did find was a very interesting practical workbook for teachers and children, developed by the Roman Catholic Church. The researcher can use many of the creative layouts that the workbook provides.
- The book by Stephen R. Covey, *The 7 habits of highly effective families*, still remains one of the best books ever written on families. The researcher will use many ideas in the book in developing the workbook. Although the book was not written from any religious point of view, one can clearly observe that all the elements or “habits” conform to the doing of theology, the participatory way. The way in which Covey make use of metaphors is extraordinary. I would like to quote him in this regard: “Family life is like the flight of an airplane. Before the plane takes off, the pilots have a flight plan. They know exactly where they are going and start in accordance with their plan. However, during the course of the flight, wind, rain, turbulences, air traffic, human error, and other factors act upon that plane. They move it slightly in different directions so that most of the time that plane is not on the prescribed flight path. Throughout the entire trip, there are slight deviations from the flight plan. Weather systems or unusually heavy air traffic may even cause major deviations, however, barring anything too major, the plane will arrive at its destination – most planes do arrive at their destinations. The flight of the airplane is, I believe, the ideal metaphor for the family. With regard to our families, it does not make any difference if we are off target or even if our family is a mess. The hope lies in the vision and in the plan and in the courage to keep coming back time and time again” (Covey, 1997: 10-11). If I need to contribute to this metaphor, it will be by way of saying that a faith relationship will be part of my flight plan until my arrival at my destination.

4.4 SUMMARY AND CONCLUSIONS

4.4.1 Responses from participants to the in-depth interviews and questions

Responses from participants to the in-depth interviews and questions reflect the following:

- there is an enormous need for assistance for single-parent families as well as families that are going through economic crises. In Black families, according to the social workers who have been interviewed, there is a tremendous need for assistance and counselling single mothers and children that need to take on the role of “parent”. One can draw the conclusion that the economic crisis and single parenting places a lot of stress on societies today.
- families do not have the time to get together, they struggle to build and maintain healthy relations. There are too many households with passive and absent fathers.
- there is a general lack of commitment, morals and values. Many families are not churchgoing families and the moral fibre of the community is disintegrating more and more. Families lack faith rituals and need to re-define themselves. There is a tendency to discard God as the highest authority.
- the culture of “instant gratification” plays a role in many aspects of family life, also the highly competitive level that children need to cope with.
- family members are isolated from one another and need to cope on their own.
- parents have lost control over their children and no longer know how to discipline their children in this consumer society-there is a climate of non-commitment in this consumer culture where “if it is not good or satisfying anymore” it gets thrown away”.
- communication in families and the way it is done is ineffective. Parents and children need to learn basic conflict resolution skills.
- mental health problems in families and members’ inability to cope with them.

What needs to be done?

- participants working in a congregational setting felt that they can contribute to the wellness of families by using the Bible to accompany them in counselling,

because only Jesus, and not a counsellor or medication, can cure. A counsellor must always strive for the wellness of families by teaching them how to maintain a close relationship with God.”

- important contributions that the participants offered were the following: Life skills empowerment, to help families with setting up boundaries and to cope with stress. Communication and conflict skills are essential for the whole family as well as an openness towards adaptability and change. Families must be reminded to celebrate victories, to improve family values and to be together in pain and suffering. The voices of children should be heard in counselling – parents need to listen to their children’s stories, what their dreams are. These stories may open up “togetherness” and slowly lessen the self-centeredness of each individual family member.
- families need to be made aware of services rendered by the caring professions. stigmatisation needs to be lessened.
- families need to be informed that the caring professions can be a sound board sharing their pain and facilitating processes between family members.
- families are not static entities, they need to be encouraged by therapist to accept the fact that growing up of family members involves new adaptations.
- love and trust as the cornerstone of stable relationships.
- families need to be a place where we grow together through joy, pain and suffering.
- communication and openness is the building block of a healthy family.

4.4.2 Responses from the investigation into existing integrated family counselling models.

One only needs to visit the many “religious bookshops” to be extremely confused with all the “How to do” books – “How to believe, How to pray, How to start your day, How to be a good parent, How to manage your teens”, and many more. The lists of books are extremely long. What the researcher could gather is that many of the books are written for parents only, teens only, fathers only. The researcher could not find a book that says, for example: “For the family only”! This triggered the researcher’s interest in that some of the responses of participants to this study were:

“members of the family are isolated, they struggle to cope on their own, individualism is still very current today, children search for ‘churches’ that they prefer and parents go off to worship on their own.” It is very easy to give my child a book to read on, “How to survive in this world” if parents themselves cannot survive, or try to survive. It is just as easy for a parent to read a book on, for example: “Ten steps to keep your child alive in this world”, but seldom have any conversation with that child. In this technologically advanced era most people, and especially children, “Google” if they need information. I think the question to ask in this context will be, “Do families ‘Google’ together today?”

The researcher provides a list of books and thesis on pastoral narrative family therapy in Addendum 4.

CHAPTER 5

5 CONCLUSION AND RECOMMENDATIONS

The following need to be taken into account:

- i. Participants to the research were professional people working in a family context as well. These participants live mainly in the east of Pretoria. It is therefore not possible to generalize the response of participants in other areas and families living in other areas. Two of the social workers, who were part of the study, as well as the participant psychologist, also work in neighbouring townships. These participants' contributions were important, for the researcher would like this study to continue in a multi-cultural setting by means of choosing families from the neighbouring townships to take part in the "testing" of the workbook.
- ii. Many of the participants raised the issue of ministers, pastors and counsellors who have sometimes not been grounded in the basics of family theory and therapy by saying that all parties (social workers, pastors, ministers, psychologists and counsellors) need to work closer together in order to be able to assist families holistically.
- iii. In doing research, one of the "rules" is that the researcher must preferably not use references older than ten years. The researcher looked at the feedback from participants, and could not help but think that the "older" models of integration (Clinebell's growth model (1984: 28-45) and Heitik's model (1997: 235-239) for example) are more in line with the responses of participants. I would like to mention some of the key concepts of Clinebell's model: A viable philosophy in life, creative values, and a relationship with God, developing your higher self, belonging in the universe, renewing moments of transcendence and a caring community, which nurtures spiritual growth. Responses from participants in this context were lack of norms and

values, isolation, self-centeredness, lack of meaning and commitment, consumerism versus community, to name but a few. The researcher's key concepts from the literature study are viable philosophy of life, a respectful commitment towards diversity, moving towards community, faith and suffering and meaning and hope.

- iv. As a counsellor myself, I do know that there are many families who struggle with abuse (emotional, physical, sexual) and addictions on the part of individual family members. In a “dysfunctional family”, it will be very hard for members of that family to use the intended workbook as a way of trying to “stabilize” the family and to give all members hope. I know from experience that the people struggling with maladaptive behaviour do not necessarily come forward for therapy, less so for family therapy. The way I have suggested in this research is that a counsellor or minister who is not properly trained in “brain sickness” or abnormal behaviour needs to refer the person to the appropriate specialist. This is also one of the ethical codes written down by the Health Professionals Council of South Africa. Nevertheless, what is important in this context is that ministers, pastors and counsellors need to continue, if possible, to work with the rest of the family, to try to empower them through, for example, Yancey's (1990) difficult issues surrounding the mystery of pain, whether physical, emotional or spiritual, or Victor Frankl's (1963) “list for survivors – hope.” To name a few: to escape into an inner world of faith, to seek identity in spiritual values, not circumstances, to celebrate minor victories, thrive in the comfort of worthy companions sharing a torturous journey, to express gratitude for whatever was not taken from them, cling to hope for the future, etcetera.
- v. Earlier in the research, the researcher mentioned that technical eclecticism seems especially necessary in working with a diverse range of cultural backgrounds. Corey (2005:409) shares the view in that “harm can come to clients who are expected to fit all the specifications of a given theory, whether or not the values espoused by the theory are consistent with their own cultural values. For example, cultural diversity does play a role in the practice of family therapy – not all families' structural arrangements (hierarchies,

boundaries, etc) conform to the reality of a “western model”. Not all families take comfort in a pastoral theology of meaning and significance in times of distress; some may perceive “hard times” as God’s way of punishing them, for example.

- vi. The researcher sees the “intended workbook” as a “perfect fit” for this statement. The key concepts in both the pastoral and narrative approaches supply a “universal” guideline, so to speak, for the diversity of today’s family. Narrative therapy’s wonderful contribution towards “conformity” lies in the fact that meaning and understanding are negotiated in conversation and cultural assumptions that are part of a family’s problem situation are taken apart. A great challenge lies at the doorstep of counsellors today.
- vii. If practitioners are open to an integrative perspective, they will find that several theories play a crucial role in their personal counselling approach. Each theory has its unique contributions and its own domain of expertise. By accepting that each theory has strengths and weaknesses and is, by definition, “different” from the others, practitioners have some basis to begin developing a theory that fits for them. It is important to emphasize that unless counsellors have an accurate, in-depth knowledge of theories, they cannot formulate a true synthesis. Simply put, practitioners cannot integrate what they do not know (Corey 2005: 464).
- viii. There are many programmes/media covering, courses today in marriage counselling, life skills, etcetera – but few practical courses where families can create their own family philosophy at “grassroots level.” Families can create their own “how to do it guide”. This will imply that ministers, pastors and counsellors need to step down from their “expert” positions, such as “the Bible as the only counselling tool”, or “I only work from such and such a perspective.” It needs facilitators/counsellors who are active listeners, open to change, willing to acknowledge if they make mistakes, willing to admit their incompetency, counsellors that live in the present, appreciate themselves and maintain healthy boundaries, and many more.

Question 1: How to integrate a pastoral, narrative and family therapy approach.

Table 1: “is it possible to integrate a pastoral, narrative and family therapy approach?”

In the table, the researcher shows how to use key concepts from a family therapy approach as framework for counselling families. Pastoral and narrative therapy’s key concepts will be used as “counselling “techniques”. The literature study as well as participants responses are included in the final integration. The family therapy framework will include some of the key concepts form the family perspective. It is not possible in this thesis to include all key concepts.

Family therapy framework
<p><i>Developmental Phases</i></p> <p>According to Erickson, (1963: 62) psychosexual growth and psychosocial growth take place together, and at each stage of life, we face the task of establishing equilibrium between the social world and ourselves. According to him, a crisis is equivalent to a turning point in life, when we have the potential to move forward or to regress. At these turning points, we can either resolve our conflicts or fail to master the developmental task.</p>
<p><i>Narrative approach</i></p> <p>-<i>Storytelling</i>: Each individual in a family tells his/her story within their own developmental phase. (Collage and other creative ideas for children and adults). Respectful conversations</p> <p>-<i>Discourse</i>: The counsellor may point to certain challenges in each phase –cultural, gender and age specific. Discourses (society, media, etc.) and the impact on each of the family members lives (developmental specific)</p>
<p><i>Pastoral approach</i></p> <p>-Family members get the opportunity to share stories (developmentally appropriate) on religious and spiritual issues. One of the keys to a successful story telling is to remember that children and adolescents are not the same.</p> <p>-Family members can work on a <i>viable philosophy of their family life</i> (developmentally specific) to try to include love, trust and meaning as cornerstone of stable relationships</p>
<p><i>Family life cycle changes.</i></p> <p>Carter and McGoldrick in (Olsen 1993:20) suggested six stages of the family life cycle: the unattached young adult, the joining of families through marriage and the newly married</p>

couple without children, the family with young children, the family with adolescents, launching children and moving on, and the family in later life. Each stage provides key emotional processes that the family needs to work through and a second-order change that is necessary for the family to develop normally. The couple, who has been married for several years and then has children, needs to accept a new generation into the family system. During these development shifts, problems may arise when children or adolescents trigger unresolved issues in one or both parents.

Narrative approach

Discourse- strong discourses held by parents that influence their attitudes and behaviour. The discourse of “perfect mother” comes to mind. Beliefs that come to be regarded as natural do so only because they reflect the most powerful interest group in society (media).

Narrative Questions. Counsellors may ask what is concealed by dominant discourses and why it is concealed.

Rituals- rituals have the capacity to create and express meaning both on the familiar and the individual level. Rituals to perform: a child leaving home, celebration days. The importance of rituals is that it serves to acknowledge significant periods of transition, growth or loss as hard as it sometimes may see.

Re-membering conversations: As we go through our lives, we can become separated from vital aspects of ourselves. Life circumstances, troubling interactions, oppressive conditions, negative relationships – our reactions to any of these – can produce disconnectedness from our feelings, beliefs, values, and commitments, and then disconnection from others and our communities. Remembering conversations restores all possibilities – it makes us feel more whole, then we have options for action that we did not have before (Weingarten 2003:197)

Pastoral approach

Awareness of life and its dimensions.

Accepting that anxiety, morality, guilt is part of life- especially in transition periods.

The need for a caring family and community:

Respectful commitment towards religious diversity

Life events (childhood abuse, neglect, a witness to suicide, fatal accidents, and traumatic disaster, sudden death, immigration).

Severe psychological and emotional disturbance may result from a “shutting off” of unbearable outer experiences. Individuals may try to cope by escaping the traumatic reality of such events. This is often achieved through defence mechanism of denial and repression for

the sake of maintaining the illusion of sanity and preserving integrity and stability in the face of the world.
<i>Narrative approach</i>
<p><i>Stories:</i> Storying the “not understandable” the “not explainable” and the “unspeakable”</p> <p>Individual counselling may be necessary</p> <p>Ethical consideration: Counsellors may only engage in certain techniques or procedures if they have been trained to do so.</p>
<i>Pastoral approach</i>
<p>The journey of loss and the consequential pain is experienced differently by every member of the family – some experience pain more intensely than others do. The process of processing the pain is influenced by the person's understanding of self and their personhood, their previous experiences and relationships, their relationship with God and their way of understanding Scripture and their discourses in life.</p> <p><i>Faith relationship</i></p> <p><i>A striving towards creating meaning and hope</i></p> <p><i>A need for a caring family and community</i></p>
<p><i>Multigenerational theory.</i></p> <p>Bowen in Olsen (1993:29, 30) developed a multigenerational theory which focuses on how families transmit themes and patterns over generations. Multigenerational transmission is the transference of marital patterns, ways of being in relationship, and even psychopathology over several generations in a family. For example, one can trace alcoholism and incest over at least three generations.</p>
<i>Narrative approach</i>
<p><i>-Multiple stories</i></p> <p><i>-Re-membering conversations</i></p> <p><i>-Discourses</i></p> <p><i>-Therapeutic letters</i></p>
<i>Pastoral approach</i>
<p>The story of Abraham in the Bible</p> <p><i>Accepting sin, guilt as part of life</i></p> <p><i>Reconciliation/forgiveness- a new beginning</i></p>
<i>Family rules, routines, boundaries, subsystems.</i>

The focus is on how families organise and structure themselves. The difficulties with the setting up of hierarchies and boundaries (cultural specific)
<i>Narrative approach</i>
Narratives principles: <i>Tracing the history of the problem, exploring the effects of the problem on each member of the family, situate the problem in context, discovering unique outcomes and move towards a alternative story</i>
<i>Pastoral approach:</i>
<i>A need for a caring family and community</i> <i>Faith relationship</i> <i>Awareness of life and its dimensions</i> <i>A viable philosophy of life for the family</i>
<p><i>Communication, self-image, modelling, messages, repeating patterns.</i></p> <p>Becvar (1996:70) said one cannot not behave, one cannot not communicate. Any particular message or behaviour may be interpreted in many different ways and no one interpretation is necessarily more correct than any other is. Becvar identified three different modes of communication, the verbal mode, nonverbal mode and the context (the context defines how we are to relate to one another, thus how we perceive each other, and thus behave with each other, and all are influenced by circumstance.</p> <p>Seligman (1990:15) We learn irrational beliefs from significant others during childhood, and additionally, we create irrational dogmas and superstitions by ourselves, then we actively reinforce self-defeating beliefs by the processes of self-repetition and by behaving as if they are useful. Example” I must have love or approval from all significant people in my life”. Beck in Corey (2005:285) contends that people with emotional difficulties tend to commit characteristic ‘logical errors’ that tilt objective reality in the direction of self-depreciation. “catastrophizing:, overgeneralization, etc.</p>
<i>Narrative approach</i>
<i>-Narrative questions</i> <i>-Listening with an open mind</i> <i>-Deconstruct irrational beliefs “logical errors” and the non verbal and context mode (analog)</i> <i>-Metaphor</i>

<i>Pastoral approach:</i>
<i>A need for a caring family and community</i>

Question 2: “Is there a need for an integrated family counselling workbook”?

The literature study as well as the interviews, questionnaires and research into the “market” of existing family counselling models supports this research by answering yes to the question.

Participants saw the link between psychology and theology, as that one needs to understand the fundamentals of psychology in terms of the point of departure and application and effect on the individual. However, the healing process is accelerated using the foundation and truth from the Bible as guideline. If the family or members of a family are operating from a religious base, then it is imperative to accommodate and address faith and spirituality.

Psychology has contributed towards the culture of “individualism” but psychological theories and techniques do provide us with a lot of useful information on how to understand maladaptive behaviour, for instance. No psychological model can deal with issues of guilt, morality, forgiveness, meaning and hope. Healing comes from the truth of the Bible and the response to “How I live my life”, “What is the purpose of my life?” can only be addressed through a pastoral counselling approach.

It is clear that most models and techniques that participants use in therapy touch on or are included in the framework (Table 1).

It is clear that families do not only struggle to cope on a socio-economic level (lack of income and housing for example) but that the lack of morals and values and “get together” also plays a vital role. In the voice of participants: “Families need to discover their own family belief system again, they need to soften the voice of ‘instant gratification’ and the ‘feeling good culture’ and hear the voices of one another”. Each family needs to be understood in terms of its tradition, history and life story, by the everyday life and stories of its members. Each member of the family’s voice needs to

be heard – so that they understand each other, where they are, what their dreams are and what the future holds. We need to focus on the positive, but also need to help families to identify and to understand unacceptable behaviour of family members and how to deal with it.”

The researcher would like this research to be continual in multi-cultural settings, and the hope is that further research will answer the following questions:

- did the preliminary workbook have a significant influence on the well-being of selected families?
- did the workbook succeed as counselling tool for ministers, pastors and counsellors?
- what target families (socio-economic, educational attainment, culturally diverse, etc) benefitted most from the counselling workbook?

The researcher concludes that the journey of exploration, the literature search, key concepts and participants’ responses are in accordance with the practice of Practical Theology, the participatory way, for the following reasons:

- i. Practical Theology stands for a complex view of reality, which incorporates meanings, images, metaphors, stories and feelings, as well as thought and actions. The narrative approach: key concepts and techniques (rituals, metaphors, stories and re-membering conversations and many more) provide us with a kaleidoscope of practical theology’s realities set in a framework of pastoral key concepts (viable philosophy of life, towards community, meaning and hope and many more) and thought and actions processes from a family therapy approach (communication skills, family structures and developmental stages, etc).
- ii. The participatory character of a Practical Theology and narrative therapeutic practice is a perfect “fit” to counsel families, for it implies that: “meaning and understanding have to be negotiated in conversation; dialogue renders the conversation open, spontaneous and as a process and participants engaged in a

therapeutic conversation with transformation as outcome.” I believe families have many stories to tell of past, present and future events and experiences. They also have many forgotten rituals.

- iii. Practical Theology is a critical and constructive reflection within a living community about human experience and interaction, involving a correlation with the Christian story and other perspectives, leading to an interpretation of meaning, value and hope, and resulting in everyday guidelines and skills for the formation of persons and communities. The researcher’s assumption is that people no longer know what the “right direction” is to take. Questions people ask, especially in a faith relationship, are “Is this way the right way?”

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ADDENDUM 1

THE WELLNESS OF FAMILIES: A JOURNEY TOWARDS DEVELOPING AN INTEGRATED FAMILY-COUNSELLING WORKBOOK

INFORMATION SHEET FOR PARTICIPANTS

Thank you for your interest in this research about the journey to develop an integrated family counselling workbook. Your participation in this research could lead to a better understanding of counselling in a family context, integrated theories and techniques and about inviting faith and spirituality into the counselling room.

Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate, I thank you. If you decide not to take part, there will be no disadvantage to you of any kind.

Aim of the project.

This research is being undertaken as part of the requirements for a Master degree in Practical Theology – with specialization in Pastoral Narrative Counselling at UNISA. The aims of the project are:

- to do an in-depth literature search into existing integrated family counselling models.
- to do an in-depth literature study of psychological and pastoral theological philosophies and theories.
- to focus on key concepts within the following approaches: Pastoral theological approach, Family therapy approach and Narrative approach.
- to identify strengths and weaknesses of approaches and theories as well as ethical considerations for integration.
- to explore and use Narrative therapy's techniques as counselling tools.

- to do in-depth interviews with professionals in the following fields (family therapists, social workers, pastors, counsellors and psychologist).
- to use the knowledge generated by this research in developing an integrated workbook for family counselling to be empirically tested with selected participants and families.

Participants needed for the study.

The researcher will approach the following participants:

- Theologians/pastors,
- Counsellors in private practice,
- Counsellors working in a congregational setting,
- Psychologists (educational child psychologist and clinical psychologist),
- Social workers.

What will be required of participants?

Should you agree to take part in this research, you will be asked to give consent for the completion of a questionnaire. Should the need arise for additional conversations regarding the questions, it could be arranged. It is important to know that the research will be conducted in the qualitative action research method. You are a co-researcher in the research and your opinion and participation will be respected at all times.

Free participation.

Participation in the interviews is voluntarily and you are free to withdraw from the research at any time without any consequences to you.

Confidentiality

The information gained during the interviews will be discussed with my supervisor and will be used in the research. With your prior consent, the interview will be audio

taped. Should you wish not to have the conversation on audiotape, I shall make notes during the interview.

The information collected during the research will be destroyed after conclusion of the project, but any raw data that the research will depend on will be retained in a locked filing cabinet for six months.

Results of the study

Results of this research may be published. At your request, details (names and places) will be distorted to ensure anonymity. You will have the choice to use your own name or a pseudonym of your own choice. You are most welcome to request a copy of the results of the research should you wish.

Questions of participants

Should you have any questions or concerns regarding the project, now or in the future, please feel free to contact me.

Annemien Bauermeister

Cell: 083 391 6780

You can also contact my supervisor Dr E Baloyi at Practical Theology: UNISA.
baloye@unisa.ac.za

ADDENDUM 2

THE WELLNESS OF FAMILIES: A JOURNEY TOWARDS DEVELOPING AN INTEGRATED FAMILY-COUNSELLING MODEL

CONSENT FORM FOR PARTICIPANTS

I have read the Information Sheet concerning the research project and I understand what the project entails. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:

- 1) My participation in the project is voluntary.
- 2) I am free to withdraw from the project at any time without any disadvantage.
- 3) I am aware of what will happen to my personal information at the conclusion of the project.
- 4) I am aware that I may request further conversations if necessary.
- 5) All personal information supplied by me will remain confidential throughout the project.
- 6) I am aware of the researcher's supervisor reading the material.

I am willing to participate in this research project.

Signature of participant

Date

ADDENDUM 3

IN DEPTH INTERVIEW QUESTIONARE

DEMOGRAPHIC INFORMATION.

NAME: _____

AGE: _____ SEX: _____

ACADEMIC QUALIFICATION: _____

PROFESSIONAL QUALIFICATION (PUBLICATIONS, ETC):

PLEASE INDICATE IF YOU ARE IN PRIVATE PRACTICE, A CHURCH SETTING, ETC:

ARE YOU A REGISTERED MEMBER OF A BOARD (EXAMPLE, HPCSA):

NUMBER OF YEARS IN PRACTICE/DOING COUNSELLING/THERAPY:

What model/ techniques do you use in family counselling?

Can you discuss all ethical considerations that are part of counselling families?

How do you feel about the link between psychology and theology? About inviting psychological theories and techniques into the counselling room? (for ministers, pastors)

How do you feel about the link between psychology and theology? About inviting faith/spirituality into the counselling room? (for therapists, psychologists)

What will you say is the impact of a counsellor's beliefs, values and spirituality on the counselling process?

I would like you to provide information from your experience and knowledge on the major dilemmas that families are facing today.

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This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

THANK YOU FOR YOUR PARTICIPATION

ADDENDUM 4

SHORT LIST OF BOOKS AND THESIS ON PASTORAL NARRATIVE FAMILY COUNSELLING.

Wynn, J.C.: Family therapy in Pastoral Ministry.

Wayne, R: Becoming a healthier pastor: family systems theory and the pastor's family.

Howard, D.R: An investigation of the concept of rules from the perspectives of Donald Jackson, Salvador Minuchin and Virginia Satir with implications for pastoral counselling.

Augsburger, D.W. Pastoral Counselling across cultures.

Augsburger, D.W. Family, family therapy and therapy across cultures: a theology of the family.

Johnson, L.D: Drinking from same well: cross cultural concerns in pastoral care and counselling.

Kossmann, B.P: Guidelines for families facing challenges: a pastoral approach.

Phaswana, D.R. Communal pastoral counselling: culturally gifted care-giving in times of family pain – a vhavenda perspective.

Sperry, L: Transforming self and community: revisioning pastoral counselling and spirituality direction.

Worthington, E.L: Healing and reconciliation: pastoral counselling across traditions and cultures.

Worthington, E.L: Helping parents make disciples, strategic pastoral counselling resources.

Hyde, J.A: Story theology and family systems theory contributions to pastoral counselling with families.