“WHO HAS TOUCHED ME?” READING MARK 5:21 -34 AS A PASTORAL COUNSELLING MODEL IN TODAY’S SEARCH FOR FAITH-BASED HOLISTIC HEALING AMONG CATHOLICS OF EDENDALE VALLEY.

By
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A thesis submitted in partial fulfilment of the requirements for the degree of Masters in theology (Ministerial Studies), at the School of Religion, Philosophy and Classics in the College of Humanities, University of KwaZulu-Natal (Pietermaritzburg Campus)

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PIETERMARITZBURG  FEBRUARY 2016
DECLARATION

As required by University regulations, I hereby state unambiguously that this work has not been presented at any other University or any other institution of higher learning other than the University of KwaZulu-Natal, (Pietermaritzburg Campus) and that unless specifically indicated to the contrary within the text it is my original work.

Sign: ________________________________
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Date: SEPTEMBER 2015

As the Candidate’s supervisors I have approved this thesis for submission.

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DEDICATION

This work is dedicated to my sister, Rose Juliette Akello and to Fr Martin Addai, (both deceased), who saw my afflictions and healed me by allowing me to touch their garments”.

II
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I wish to convey my sincere thanks to all who accompanied me in the realisation of this work. To those who accompanied me academically, professionally, financially and spiritually, thank you.

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ACRONYMS AND ABBREVIATIONS

AMEN - Attitude, Meaning, Empowering and Nurturing.
AIDS- Acquired Immune Deficiency Syndrome.
DEUT- Deuteronomy
HIV- Human Immunodeficiency Virus.
EXOD - Exodus
EZEK- Ezekiel
FBHH- Faith Based Holistic Healing
LBN – Life Bible Notes
LEV – Leviticus
NUM - Numbers
MACC - Maccabees
Mk- Mark
KZN- Kwa Zulu Natal
PACSA- Pietermaritzburg Agency for Christian Social Action
PCC – Person centred therapy
PHIL - Philippians
BCC- Basic Christian Community.
SANAC - South African National Aids Council
TRC- The Truth and Reconciliation Commission.
UKZN- University of Kwa Zulu Natal
ABSTRACT

From its inception, the church has always been involved with healing. Christ, its founder, was also a great healer. In today’s fast-moving and noisy world, more and more people are seeking to address their problems/crises through Faith Based Holistic Healing (FBHH). This dissertation examines the phenomenon of FBHH among Catholics of Edendale valley in KwaZulu-Natal province of South Africa.

The study points out that due to past political and social strife as well as today’s socio-economic challenges, more and more people seek to resolve their emotional and health problems using faith. The study further assesses how the findings of a real life situation/context of Edendale valley, enlightened by the word of God (Mark 5:21-34) and modern psychology, can be mitigated to generate a pastoral counselling model that can help priests respond to the search for FBHH.

By analysing Mark 5:21-34 using scholarly Biblical resources and psychological approaches, the study draws a number of insights that are mitigated to map out a pastoral counselling model. Here, insights gained by examining Mark 5:21-34 using the LBN’s seven steps and the PCC’s principles become the tools used to create the AMEN counselling model. Due to lack of time and owing to the fact that counselees seek for help when the need arises, priests can use the AMEN model to provide healing to those experiencing crisis in their lives.

In conclusion, the study argues that priests need to be trained not only in spirituality and theology but also in counselling in order to respond effectively to counselees. The AMEN model is one way that priests can respond effectively by using both spiritual and psychological resources.
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CHAPTER ONE
BACK GROUND AND INTRODUCTION TO THE STUDY

Introduction

This study will focus on developing a pastoral counselling model for the Roman Catholics of Edendale Valley in KwaZulu-Natal (henceforth, Edendale Catholics), who seek faith-based holistic healing (FBHH\(^1\)). Edendale Valley was affected by the pre-1994 political violence that resulted in individual and community trauma. It is also the area that I serve as a pastoral worker within the Roman Catholic community.

In my capacity as a minister, I am often confronted by people seeking answers to emotional and spiritual needs. I have observed an increasing demand for healing prayers and counselling which happens during prayer services, funerals and family visits. For a minister (as well as a seeker), these are inopportune moments, as effective listening is hardly possible due to time constraints and privacy concerns.

1.1 Problem Formulation

The thesis will examine to what extent the study of Mark 5:21-34 can provide a pastoral counselling model for today's Edendale Catholics who are searching for FBHH at inopportune times.

The Edendale community was affected by apartheid as were all other South African communities. The effects of apartheid, compounded with those of the Seven-Day War,\(^2\) still linger on in this community. The advent of democracy, along with the subsequent national economic gains, has drastically affected the social fabric upon which the community is built.

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\(^1\) See 1.1. For definition.

\(^2\) The Seven-Day War took place 25 to 31 March 1990.
While improving the general national economy, the gains of democracy have created massive disparities in education, housing and income. The HIV and AIDS pandemic has also negatively impacted on the family structure, leaving many infected and affected.

While a few are benefitting in the new democratic dispensation, West (in Levine 2002:7) observes that “many (still) lack basic housing, health care, nutrition and education”. Similarly, Aitchison, Leeb and Vaughn contend that “the majority of the people are poor and illiterate and bear the burden of unemployment” (2010:256).

Since the advent of democracy, much has been done to bring healing and reconciliation to the nation and to the Edendale community in particular. According to Pearson (2010:207), the Truth and Reconciliation Commission (TRC) brought about reconciliation and healing to the nation. By the same token, organizations such as the PACSA\(^3\) have intervened at community level (see 2.4 below).

Much as the TRC model has healed the nation, and the PACSA model is healing the Edendale community, there is a need for a model that answers to the individual’s search for FBHH. This is a gap that demands to be adequately addressed. Even so, as Kinukawa (1994:39) has observed, wellness and healing are derived from a good relationship with the community and the outer world.

Musomi echoes the same sentiment, regarding wellness and healing as follows: “the absence of community harmony creates a crisis of illness or inner conflict in the deep layers of the person’s personality which will demand personal intervention” (2008:61). Nevertheless, an intervention strategy is necessary for promoting the wellness and healing of individuals.

Authors such as Moran (1968) and Hay (1995) have indicated that counselling is one such strategy. Switzer (1974) principally advocates brief strategic interventions as a form of short-term counselling. In fact, Moran (1968:6) has gone even further and pinpoints the New Testament as a theological and philosophical basis for professional counselling. In line with Moran’s argument, Jesus’ approach to the woman who touched his garment in Mark 5:21-34,

\(^3\)The Pietermaritzburg Agency for Christian Social Awareness.
seems to provide a model for Catholic priests faced with the search for FBHH in Edendale Valley.

The object of this study is therefore to determine how Jesus’ approach to the woman can become a pastoral counselling model that will be able to address individual Edendale Catholics’ search for FBHH at inopportune times and in public spaces.

A Catholic understanding of healing in general, and the Edendale Catholic understanding in particular, as well as a tentative definition of FBHH, will be provided in (chapter 2). The understanding of FBHH by Edendale Catholics will be carried out in the light of Mark 5:21-34. The findings generated will be applied to Roger’s theory of Person Centred Therapy (henceforth PCC) so as to develop a pastoral counselling model.

1.1.1 Sub-problems

In order for this study to be accomplished, it is also necessary to consider a few sub-problems. This dissertation will consider Lumko’s⁴ three stages of understating the Bible within a contextual setting (Lumko: n.d).

1-See: Trying to discover how the increasing search for FBHH is being expressed amongst Edendale Catholics.

2-Judge: Exploring how Mark 5:21-34 can be read in relation to individual Edendale Catholics’ demand for FBHH at inopportune times.

3-Act: Assessing how Mark 5:21-34 can be developed into a pastoral counselling model that can address individual Edendale Catholics’ search for FBHH at inopportune times.

In the line with the principle of See-Judge-Act, of this study will:

1. In the first stage, “See”, examine how the Edendale Catholics seek for FBHH.

2. In the second stage, guided by the second principle, “Judge”, the findings from the Context of Edendale Catholic’s search for FBHH will be tempered with Mark 5:21-24.

3. Finally, in the third stage, using the “Act” principle, the findings will be used to generate an appropriate counselling model, capable of helping priests confronted with the search for FBHH.

⁴Lumko is the South African Catholic Pastoral Institute found in Pretoria and is owned by the South African Catholic Bishops Conference.
1.2 Theoretical frameworks upon which the research project will be constructed

In order to understand the text from a Biblical and real-life perspective, this study will employ two theoretical lenses: Lumko’s model of Life-Bible-Notes (LBN) and Roger’s Person Centred Counselling theory (PCC)\(^5\) (Ross 2003, Van Dyk 2005). Whereas the LBN framework covers the Biblical understanding of Mark 5:21-34, the PCC will enable me to understand the psychological dynamics of Mark 5:21-34.

1.2.1 LBN

Since the Bible speaks to us in the context of our lives, it is important to understand a Biblical text from a real-life-perspective. The study will thus engage Lumko's LBN in order to examine exhaustively the situation in Edendale Valley. This will then be used to generate a faith response - a pastoral counselling model.

According to LBN, a Biblical text can be understood using the “seven steps” of studying a Gospel text (see 1.3.2 below). Thus, Mk 5:21-34, which reflects the context (problem or situation), will be critically engaged by employing Lumko’s seven steps guided by the principles of “See – Judge- Act”.

According to the Encyclopaedia Britannica (Young Christian Workers 2015), the principals of See-Judge-Act were started in Belgium in 1912 by Joseph Cardijn, the founder of Young Christian movements. Since then, these principles have become one of the core values of Catholic social teachings and practices. They are used widely by Church lay movements and organisations as a tool for assessing situations of injustice, violence and suffering.

Because of their worldwide use and success, Pope John in his encyclical “Mater et Magistra” of 1961, promulgated the use of the principals of See – Judge – Act in addressing situations of human affliction:

\(^5\) I am aware that the PCC is not a theory within pastoral counselling per se. However, even though the PCC is a more general framework in counselling, I will use it as it lends more support to the holistic aspect of faith based healing. In my view, the PCC clearly brings out the person centered aspect of Jesus' ministry to the woman who touched his garment. Moreover, pastoral counselling frameworks in general take as their point of departure from a spiritual dimension.
First, one reviews the concrete situation; secondly, one forms a judgement on it in the light of these same principles; thirdly, one decides what in the circumstances can and should be done to implement these principles” (Cardijn Community International: 2011).

Thus, guided by the word of God, the principles are a valuable guide for examining oppressive conditions. In addition, they form an effective tool for uplifting people from inactivity and powerlessness to successfully understanding and dealing with situations affecting them.

1.2.2 The PCC

The second theoretical lens that will be used is Rogers's PCC theory (in Van Dyk 2005:197, 182-184 and Ross 2003: 16 -17) which stresses that, apart from the use of techniques and processes, the primary focus of counselling should be on the individual. The PCC accepts that the individual knows what is best for himself/herself. The individual, as the expert of his/her own story, is the one who initiates the contact. The PCC model deems the individual worthy of respect and esteem irrespective of his/her social status, gender, political or faith affiliation.

Ross (2003), equally notes that the PCC model stipulates immediacy, whereby specific focus is on the current experience of the client. The overall concern of the PCC, as it focuses on one central issue, is how to stop a situation from getting worse and how to redirect the life of a person for the better. Ross (2003), adds that the individual is allowed and encouraged to express his/her feelings however negative or positive they may be. Moreover, discipline and respect for boundaries are expected from the counsellor.

The counsellor, without any recourse to patronising or contemptuous attitude, accepts the client with an honest and open mind. Concurring, Van Dyk points out that, in PCC, the predominant values and principles are –empathy, warmth, caring, respect, congruence, unconditional acceptance and growth” (2005:196-197). Through the principles of empathy, warmth, caring and respect, the individual is helped to gain self-confidence and reach self-actualization.

In this regard, due attention is paid to the counselee’s use of symbols and language in the course of therapy. A relationship of trust and respect is established by the counsellor communicating love and acceptance to the counselee. The counsellor, within this climate of trust, acceptance and unconditional positive regard, empathically helps a client gain understanding of and insight into his/her own distress.
1.3 Methodology

Even though PCC is a counselling method, it will be tempered to provide an in-depth understanding of Jesus’ approach to the woman in Mark 5:21-34. Finally, having looked at the context and been enlightened by the text, an appropriate faith response will be generated. The response will be used to develop an appropriate pastoral counselling model, capable of helping priests deal with the need of Catholics who seek FBHH at inopportune times (see 4.3). As previously indicated, the principle of See, Judge and Act will be used.

1.3.1 See: Establishing the context

This study will be using qualitative research for the reasons provided below. In line with one of the key features of qualitative research, this study is concerned with “depth” of information and analysis, rather than “spread” or quantity (see Dawson, 2007:16). The lived experiences, attitudes and opinions of Catholics who seek FBHH will be of special importance.

A key characteristic of qualitative research is the interaction of the researcher and research respondents through interviews, covert and overt participant or non-participant observations and focus groups (Clarke 2000:2). Further, Clarke (2000:2) is aware that other data sources, such as archival materials, documents, texts, tapes and photographs may be utilized in qualitative research. Consequently, the resources to be used in my study will be selected on the basis of their relevance to its core variables. Due to time constraints, the study will utilize data from PACSA.

Since PACSA and other organizations have been working in the Edendale community for a long time, their resources, particularly the book Trees along the Riverside (Haarhoff:2013), will be analyzed using document analysis. As Lin (2009:179) explains, “literature-based qualitative methodology involves reading, analysing and sorting rivers of literature in order to distinguish what is essential”.

Thus, while the object of this study is to develop a pastoral counselling method for Edendale Catholics seeking FBHH at inopportune times, the study will be textual. The resources
mentioned above will be used to establish the context in order to develop an appropriate counselling model.

1.3.2 Judge: Analysing the Text of Mark 5: 21-34

The Biblical text in question will be analysed systematically in order to provide an appropriate pastoral counselling model. Mark 5:21-34 will be approached using LBN’s seven steps of Bible study:

1. Praying over the text
2. Reading the text thoroughly a number of times
3. Reading and analyzing key words or phrases
4. Reflecting on the text using other sources (see 1.3.1 above)
5. Interiorizing
6. Applying the insights gained to the context and finally,
7. Integrating it with real life.

Due to the academic nature of this study, the first and fifth steps (praying over the text and interiorizing) will be done privately and will not be reflected in the dissertation. The principles of PCC will be used to provide an in-depth understanding of Jesus’ approach to the woman in Mark 5:21-34. This will enhance the textual analysis along with steps two, three and four of the LBN method.

1.3.3 Act: Developing and appropriate Pastoral Counselling Model

As stipulated in the “seven steps” Bible study method, the text of Mark 5: 21-34 will be read several times, key phrases and words will be noted and other authoritative sources on the text will be consulted. The insights gained from analysing the text and context will then be used to develop an appropriate pastoral counselling model for Edendale Catholics seeking FBHH at inopportune times.

The analysis of the text will be done by using the LBN’s concept of Life, Bible and Response. In this way, Edendale Catholics’ increasing search for FBHH will be interfaced with the woman’s desperate search for healing in Mark 5:21-34 and a faith response will be provided to generate an appropriate pastoral counselling model. In order to highlight the therapeutic value
of the text, the PCC model, which focuses on the individual, will be used to temper PACSA's focus on community healing. In turn, PACSA's focus will be used to complement the PCC model, as the individual *per se* does not exist in isolation from the community.

### 1.4 Anticipated Problems, Limitations and Scope of Study

While empirical research would have been ideal for this study, time constraints do not permit. Thus, the study will be limited to document analysis, as described in 1.3.1. The fact that I am an outsider coming from a different context (Uganda) will limit my understanding of the South African context and cultural dynamics. However, I believe that relying on the South African contextual research and analysis, as carried out by PACSA, and my pastoral experience, will mitigate this limitation.

### 1.5 Outline of chapters

**CHAPTER ONE.** General Introduction.

**CHAPTER TWO.** Examines the general and Edendale-specific Catholic understanding and practices of obtaining FBHH, the role of priests as healers and the contributions of PACSA towards community healing.

**CHAPTER THREE.** An exegetical understanding of Mark 5:21-34 in light of Edendale Catholics' search for FBHH, including a comparison of the woman's search for healing with that of the Edendale Catholics today.

**CHAPTER FOUR.** Examines how the preceding reading of Mark 5:21-34 can be used to develop a pastoral counseling model that can address Edendale Catholics' need for FBHH today.

**CHAPTER FIVE.** General summary, conclusions and recommendations.
CHAPTER TWO
SEE: EXAMINING FBHH AMONG EDENDEALE CATHOLICS

To gain a deeper understanding of how Edendale Catholics perceive and seek FBHH, it is vital to understand healing within a wider context. Chapter two will provide some key definitions of healing (Section 2.1.1). I will then examine healing from an African and Catholic perspective Catholic standpoint, by enlisting views of key thinkers in this regard, such as Domingues, Mwaura, Murren and Mpolo (section 2.1.2 and 2.1.3).

After gaining a broader understanding of healing from general African and Catholic perspectives, I will narrow my analysis down by examining FBHH in the context of Edendale Valley (Section 2.2). Given that Edendale Valley is a predominantly Zulu-populated area, I shall enlist the views of Musomi who has written extensively on healing among the Zulus (section 2.2). I shall equally examine the role of priests in FBHH and enjoin my own experiences of how FBBH is sought by Edendale Catholics. Finally, the contribution of PACSA towards healing in Edendale community will be examined (section 2.3), after which I shall offer a summary (section 2.3).

2.1 Understanding Healing

2.1.1 Defining Healing

Healing is difficult to define clearly as it is understood differently by various people. According to Atkinson (2011:11), healing is the restoration of proper functioning to an organ or to part of the body as a whole, or the restoration of a person’s sense of well-being. Similarly, Murren (1999) views healing as fixing what is broken in our lives, while Igenoza (in Lartey, Nwachuku, & Kasonga, 1994:126) understands healing to be about wholeness. For McNutt (1974:169), “healing is a sign of a higher reality which makes the kingdom of God near at hand”.

After examining the above definitions, healing can be seen as a process which is not necessarily instant and does not only connote the absence of illnesses or misfortune. Healing is about total well-being and covers all dimensions of a person: psychological, emotional and spiritual. As such, healing is principally about the restoration and preservation of the life of individuals, the family and the community.
2.1.2 African understanding of Healing

According to Mpolo (1991) and Mwaura (1994), the African faith realm is derived from the greater cosmic reality characterised by a strong belief in magic, and fear of sorcery and witchcraft. Subsequently, healing in the African traditional landscape has been perceived to be a continuous exchange between intrinsically connected realities both from above and from below, and a struggle between forces of good and forces of evil.

Mpolo and Mpolo and Mwaura further contend that Africans become a people in a community. Life as such is seen as participation in the community, as well as in the greater cosmic and mystic world. Mpolo and Mpolo in particular are convinced that, “theoretically and practically speaking, Africans as a whole associate morality and health, so much that the two seem merged with no clear line demarcating between the two” (1991:13).

In a similar fashion, Mwaura (1994), regards illness as an unfortunate sign, a misfortune, which informs the victim that he or she had stepped out of cosmic harmony. Sickness becomes a sort of sanction for falling out of tune with realities. Mwaura (1994), then, by way of precaution and a way of hiding such misfortunes, advocates living in harmony with one’s community and with one’s environment. Living in harmony with the spirits and the ancestors is a prerequisite to immunising one’s self and one’s family from any harm.

The views of Mwaura and Mpolo and Mpolo resonate well with Domingues’ observation that Africans experience the world and life as a fragile reality, permeating all levels. Domingues notes the presence of evil forces which, in his view, “antagonize the very core of human relationships, which is where the mystery of life is born and grows” (2000:57). As such, in the African faith realm, it is not only the evil forces that are at work. In fact, as Murren (1999:56) notes, healing is God’s gift to humanity and human healing gives glory to God. As with the Old Testament, God is also present and actively plays a big role in healing and fostering human life.
2.1.3 Catholic understanding of healing

After gaining an understanding of healing, it is at this stage helpful to know how, generally, the Catholic Church perceives healing. To begin with, the Catholic Church recognises the need for healing among her members and endeavours to provide it physically and emotionally. Just as healing was central to Christ and his mission, the church views healing as a manifestation of Christ’s self-giving way of life and an expression of his priestly character.

Secondly, the Church sees healing as a continuation of the redeeming work of Christ. According to Domingues, the “whole healing of Jesus finds its full meaning only as a prophetic realisation of God's universal eschatological salvation” (2000:80). The church thus understands and perceives healing as one of its many ministries and a way of transmitting faith.

This is also the view that is manifested in the second Vatican Council’s document “Gaudium et Spes”, which states that:

Pursuing the saving purpose which is proper to her, the Church does not only communicate divine life to men but in some way casts the reflected light of that life over the entire earth, most of all by its healing and elevating impact on the dignity of the person, by the way in which it strengthens the seams of human society and imbues the everyday activity of men with a deeper meaning and importance. (The role of the church in the modern world, promulgation No 40).

For the Church, healing is mostly done through Sacraments. Lawrence (2002:99) views sacraments as signs that point to “healing, feeding, forgiving, and strengthening”. Sacraments are the instruments and means through which the church accomplishes God’s redemptive work. They are the chosen channels of healing and the means through which God’s love can be communicated. Lawrence’s view is supported by Kilmartin (1962), who believes that Sacraments are instruments of the salvific work of God and signs of Christ’s presence in the world.

According to Douglas (1966:78-80), mankind is a ritual animal and it is only with the help of ritual that mankind can experience certain realities. Durkheim (in Douglas 1966:80) emphasises that rituals play the role of creating and controlling human experiences. Apart from Sacraments, God’s healing is bestowed through prayers, devotions and rituals of the Church. Prayers and rituals, Meehan (1988) believes, are signs of the victory that Jesus has already
gained over death by his cross and resurrection. Praying for or with others, in her view, becomes a way of sharing with them the good news of God’s healing power. Healing then becomes a poignant way in which Christ’s love is encountered. The Word of God, when used with skills such as attending, responding and assessing, enormously helps to identify the underlying feelings and beliefs in a particular situation. Gospel texts, such as the story of the woman who touched the garment of Jesus (Mark 5: 24-25), can be a rich source for pastoral counselling.

2.2 The Practice of FBHH in Edendale Valley

2.2.1 The specific context of Edendale Valley

Edendale valley is a traditional Zulu-speaking community, located within 15 minutes’ drive of Pietermaritzburg, the capital of KwaZulu-Natal province in South Africa. It is a community that was ravaged by past political strife, particularly during the long years of apartheid and the disastrous Seven-Day War. Additionally priests were absent from this area for a long time as a result of the pre-1994 violence.

Despite all the aforementioned challenges, the people of Edendale Valley, have strong cultural roots and a deep sense of cultural identity. This can be seen in their religious and spiritual practices but also in the role of community. The community confers a certain identity on the individual and serves as the point of entry to being human. In fact, the South African adage *Umuntu ngumuntu ngabantu* clearly underscores the importance of significant others in life. Knowles voices a similar sentiment when he states that “a person does not become a human being except in the context of the community which, in this ease”, can be one’s family, church or the neighbourhood” (1964:13-14).

Akin to this communal consciousness is the religious connectedness shared by the people of Edendale Valley. As one who has explored the Zulu religious praxis in a very profound way, Musomi observes: “Zulu religion permeates the whole of life. Divinity is involved in its

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6 These two events, apartheid and the Seven-Day-War, will be dealt with in detail in section 2.4
7 The priests left in the late 80s following violence in the area which saw the Church and other properties looted and vandalized. Until 2012, when Missionaries of Africa took over the parish and established a residence in the area, Catholics occasionally received visiting priests from nearby parishes.
8 “Umuntu ngumuntu ngabantu” is isiZulu for “one becomes a person in community”.
totality, such that life is not compartmentalized into secular and the religious entities, hence the absence of shrines among the Zulu” (2008:61).

Perhaps at the heart of this communal consciousness and religious connection is the meaning of life itself. The Zulu hold life as something sanctified and something to be protected at all costs something to be continued through the family name or "isibongo”. Consequently, health and wellness becomes a major concern. According to Musomi, "health is not a mere somatic concentration” (2008:250). Hence, health means life in the community and sickness is considered from a psychological, spiritual and physical perspective.

Musomi (2008), further observes that, for the Zulu, health means more than merely health and wellbeing. Illness and sickness are closely linked to social transgressions. In fact, people are defined as sick if they do not comply with what society expects of them. If sick people approach a traditional diviner/healer with a complaint, the latter, in the name of the community, would first of all find out, through dialogue and divinations, the possible cause.

In my personal experience as a pastor in the area, I have observed that, for Edendale Catholics, healing occurs in communion and in community. Community therefore plays an important role in the healing process. In essence, being healthy is being redeemed and healed through fellowship with God and with His people. Domingues (2000:68) shares a similar sentiment, i.e. that traditional churches rely heavily on the healing power of prayer and on the creative qualities of natural elements indicated by Christ himself, such oil as and water.

2.2.2 How Edendale Catholics Seek FBHH

According to Nouwen, a Christian community is a healing community, is "not because wounds and pains become openings or occasion for a new vision” (in Dykstra 2005:83). Mpofu (2011:282) has added that prayers for wellbeing are, in the first instance, about spiritual, human and physical connectedness. Among the faithful, there is strong belief in God, regarded as creator, in particular, and in the spirit world, in general.

The Edendale Catholic community regards God as omnipresent, as one who intervenes directly in the affairs of individuals, rewarding good behaviour and condemning bad behaviour. God is regarded as creator and is revealed through the ancestors who play a role in protecting and
ensuring the family lineage. In this regard, life is seen as holy. Its protection, survival and continuity is ensured through faithfulness to God and his son, Jesus Christ. Despite this, many grapple with how to harmonise life’s challenges with their faith.

Thus, from a faith stand-point, for Edendale Catholics, the salvation ushered by Christ manifests itself in being healthy. Any misfortune is traced to a faith deficiency or personal transgression against God the creator, revealed through the ancestors. There is also a strong belief in the spirit world. Any misfortune is associated with personal transgression and is considered as a sign that the ancestors are not happy. Illness and sin are inter-related. The death of an individual, for example, is regarded as an invasion and negation of life. Consequently, this has led to people increasingly and urgently seeking FBHH. Bate has reflected on the increase in the search for healing among the South African faithful and makes the following observation:

Interest in healing is growing. In many parts of our society people are experimenting with new ways of fighting illness and maintaining health. Much of the interest is focused on ‘holistic’ healing and alternative medicine and these are becoming very popular today. Besides these, one of the main areas where people look to cure sickness is in religion.

(Sikosana 1995:2)

Sikosana (1995:42-46), who has done a study of healing practices in the Mpophomeni Township near Howick, KwaZulu-Natal, agrees that religious healing is on the increase in black areas. Sikosana, points out that the ‘Umthandazi”, or prayer healer, uses water, candles, ash and incense to drive out spirits and sicknesses in the healing service, Sikosana specifically enumerates the following sicknesses which people ask to be healed from: “severe headaches, bad luck, bad dreams, infertility, feet problems, unsuccessful marriages, not being loved, oppression by evil spirits, those who feel they are being harmed or bewitched by others” (1995:42).

Just as the woman who touched Jesus’ garment clearly wanted to be saved from the plague that tormented her, among the Catholics of Edendale, of whom women are in the majority, there is an inner cry to become whole, especially in cases of rape, loss and divorce. As McBride (1991:247) states, the memory lingers long after the pain has gone. For the people of Edendale, much as the pain of what transpired may be forgotten, the memory lives on. Hence, the strong
desire to be freed from the memory of being rejected, dehumanised, attacked or robbed, is
expressed in the acute need for FBHH.

2.2.3 The role of the Priest in FBHH among Edendale Catholics

According to Dykstra, “the minister is called to speak to the ultimate concerns of life: birth and
death, union and separation, love and hate” (2005:78). Edendale Catholics enlist the input of
priests to provide answers whether at inopportune moments, in crowded contexts with a limited
time-frame, or with hardly any privacy, such as funerals, during a service or other functions.

Faith for many Edendale Catholics is a major source of confusion. Many struggle with life’s
realities and seek ways of harmonising them with their faith in an incarnated way, devoid of
any inhibitions. Catholics in the Edendale valley expect priests to be their companions in such
moments of their lives. They regard the Catholic priest as knowledgeable and trained and as
one invested with spiritual powers to heal. The priest is also seen as the embodiment of God’s
presence, invested with social powers to mediate in conflicts and family disputes. The priest, as
one who uses sacraments and other rituals, mediates for the people and is often called upon to
pray for and anoint the sick. As priest deal with these issues, a lot of responsibility is
increasingly being placed in their hands. Relatives often call for a priest to visit the sick. Priests
are expected to journey with them through these events of life: health and wellness, health and
faith.

By means of the Sacraments, devotions and other prayers, people expect priests to facilitate a
healing encounter. They expect priests not so much to solve their problems, but to help them
understand their problems. Priests are also expected to act as agents of hope who help people
live their lives more fully in the light of their relationship with God.

2.2.4 My Personal Experience

Much of my own experience as a priest working in Edendale Valley correlates with Musomi’s
observations, mentioned above. Further, what Sikosana has observed in Mpophomeni
regarding healing (see above) is similar to my own experience among Edendale Catholics, for
whom faith plays a very significant role in their lives.
In this predominantly Zulu area, I have observed that people understand life and problems from a spiritual perspective. As with other communities in South Africa, Edendale Catholics are influenced by recent and past history. Similarly, their search for FBHH is accentuated by their past traumatic experiences.

I have also observed that there are many grandmother-headed or child-headed homes. Domestic violence is a problem and the rate of H.I.V. infection is high. There is also an increasing number of young, unemployed and unmarried mothers. This state of affairs, where women are relegated to a lower status, together with past traumatic events such as the Seven-Day War, has reinforced in their mind-sets a sense of insecurity, as well as fear-driven beliefs and attitudes.

In the midst of these past traumatic events and the emerging realities of life, Edendale Catholics see faith, rules and observances as the answer. The people are mostly attracted to the spiritual dimension of healing and believe that prayers can heal their ailments. In my role as a pastor, I have observed that devotions, rituals and prayers of personal healing and repentance are frequent amongst Edendale Catholics. Echoes of •ngidinga imikhuleko” or •I need a prayer”, while holding both hands on the head, are common.

Through these devotions, rituals and popular prayers, Edendale Catholics experience something deeper in their lives and believe that their prayers are being answered. Other rituals, such as lighting candles and praying to saints for their ailments are means to obtain healing. Holy water, salt and incense are much appreciated as means of healing and protection. Rosaries are constantly brought to the priest for blessing, as if to recharge their protective strength, not necessarily because the people are physically sick. Exorcisms, prayers, confessions and healing services are seen as medicine and as a means of healing. Priests are seen as healers, people who mediate in conflicts and family tension. Priests, however, due to lack of time, training or simply because it is difficult, often find themselves at a loss.

**Sense of community**

I have further observed that in Edendale Valley, there is generally a strong sense of community. This can also be seen within the Catholic community where life and faith are understood through human relations. One easily notices a web of relatedness through which
people exhibit a strong desire to support and help each other. Similarly, sickness and other ailments are perceived, not in isolation, but as inter-connected with the rest of the community and the universe, so much so that it can argued that a person does not become a human being apart from the context of his/her community, family, church or neighbourhood. According to Knowles (1964:13-14), healing occurs in communion and in community. Redemption and healing happen when people are reunited in fellowship with God and with His people. From a counselling perspective, Musomi (2008:61) adds that individuals can only live fully by remaining true to the community.

According to Lattimore, “All human beings gain identity, protection and values from groups. As human beings, blacks participate and interact in groups” (1982:108). The interconnectedness from a faith perspective is expressed with the various sodalities and associations. In these sodalities and associations, uniforms are vital as a form of shared identity and belonging. People come to church dressed in the uniform of their own faith associations. There is even an association for those who do not belong to associations, namely the “Abengasekho emahlangeni”. More importantly, these associations, sodalities and support groups act as healing communities. Groups such as St Anne, Sacred Heart, St Joseph and Children of Mary do not only ascribe identity to the individual, they also provide a faith support base where healing can be provided. For them, faith or belief in God is the quickest and easiest way to gain liberation from all sorts of anxieties, worries and fear of evil spirits.

It can be reasoned that, in the background of this search for FBHH, lies the understanding that cosmic powers of the physical world and spiritual world are interconnected. As Oglesby (1980:69) points out, stories of personal tragedy, sickness and loss can give one a feeling of being unwanted or cut off from the community. Those living with HIV and AIDS, orphans and vulnerable children find it hard to belong. For those especially not accepted by their biological fathers, healing may mean family and community acceptance.

Many, especially the young, have no jobs and some of them even struggle with substance abuse. The abuse of such substances especially alcohol and drugs often leads to violence. For them, healing may not necessarily mean physical or spiritual healing as they may not be physically sick. Healing for them can come in the form of physical protection and emotional support.
All the above situations strike resemblances with the woman who touched Jesus’ garment. Like her, Edendale Catholics’ ailments are worsened by social and economic factors. Women are the most affected by poverty, unemployment and inequality. This view is shared by Van Dyk, who states that “sexually transmitted infections are often common in communities living in depressed socio-economic conditions” (2004:35).

2.3 The contribution of the Pietermaritzburg Agency for Christian Social Action (PACSA)

2.3.1 The humble beginnings of PACSA: the need for awareness

The time before the collapse of the apartheid system was one of heightened national political activity. This activity also escalated into incidents of unrest and clashes, which culminated in generalised violence. This violence, according to Aitchison et al (2010:35), was mainly political and felt by many to have been state sponsored. In his opinion, the state’s security agencies colluded in the escalation of violence either directly or by not doing enough to stop it. Not only did violence become generalised, but family and communal life were altered. Traditional and communal support systems were ruptured and replaced by fear and internal communal suspicion. Simultaneously, this was the time of increased repressions and injustice, such as forced evictions. This was also a time when there was an increase in the proliferation of small arms and locally made weapons.

As a way of responding to these incidences, PACSA was founded in 1978 by a small group of white Christians, led by Peter Kerchoff. Initiated in the aftermath of the Sharpeville massacre, PACSA sought to raise social awareness among white Christians and to be agents for change (Levine 2002:3). As dedicated Christians, they felt the need to be “good Samaritans” to their poor and oppressed black neighbours not only by drawing attention to the injustices of the apartheid system, but also to act against its socio-economic injustices as part of their Christian conscience.

2.3.2 PACSA’s role during the unrest years: Monitoring, Evaluating and Social action

Before and after the Seven-Day War, PACSA was engaged in raising awareness on conditions in Edendale. PACSA’s role during these turbulent years was to monitor and evaluate the

PACSA was not only content to monitor and to disseminate information. As Levine (2002:4) points out, “great systematic clashes of race, class and gender in our country have not drowned out PACSA’s commitment to the lives of individuals, among the poor, marginalised and oppressed in particular”. Perhaps the most significant way that PACSA acted was in combating apartheid. Apartheid, by its very nature, was a constant, repeated, unpredictable and chronic traumatic experience.

In truly Good Samaritan fashion, PACSA walked with and shared the plight of the less fortunate. It visited, documented and supported victims of forced evictions from farms. Victims of violence, such as detainees and their families were visited, counselled and aided. “PACSA staff and volunteers, on a daily basis, were meeting, interviewing, counselling and sometimes applying first aid to many, many victims of the violence” (Levine 2002:171).

Apart from apartheid, PACSA had to contend with the Seven-Day War of March 1990. According to Levine, “the seven day war… was the most devastating experience, leaving many families homeless, as refugees, permanently disabled” (2002:49). The Seven-Day War was a period of untold destruction and had a tremendous effect on the life of these communities, with far-reaching consequences. The war not only left many dead and wounded, but it also created masses of refugees. 9

Widespread looting and destruction of property left many destitute. Incidences of rape 10 were common. Several vehicles were destroyed and a good number of houses were burnt, leaving many homeless. Education was disrupted. 11 Schools were closed and many, as a result, were deprived of a proper education, as many young people dropped out of school completely. Gender based violence also escalated, women, especially, felt helpless and let down.

9 The number is estimated to be in thousands; 14,000 passed through Esigodini Catholic mission alone (Levine 2002:161).
10 PACSA’s FACTSHEET NO.44 of June 1998 was uniquely dedicated to rape. It reported that the then South Africa had the highest number of rapes in the world (Source Journeying for Justice 2009: 83).
11 According to Levine (2002:163), education was interrupted for at least 10 years.
Along with this came a rapid increase in HIV infections. As Rakoczy (in Gennrich, Inglis & Kromberg 2009:82) points out “the rates of rape, domestic violence, sexual abuse against women and children and sexual harassment have escalated in a dramatic way”. Similarly, Briton (in Gennrich et al 2009: 83) has observed that the violence was not only sexual but was manifest in varying forms: —physical, mental, psychological, material and spiritual”.

2.3.3 The effects of the long period of unrest on the people of Edendale

The long exposure to violence created long-term problems, drug abuse and neurotic behaviour. Levine puts it as follows: “there is little doubt that many of the families affected by the war and the political violence that has caused havoc in this and other regions are living in poverty” (2002: 162-163). Atkinson emphasises this, asserting that “the majority of the people are poor, illiterate and bearing the burden of unemployment” (2010: 232).

Children who witnessed what occurred then have become adults with families as husbands or wives. According to Gennrich et al, (2009:115), a good number of them, having grown up with the experience of witnessing the burning of their homes and family members brutalised, regard violence as normal. Many live with the pain and trauma of what transpired to a level bordering depression. Others harbour anger and bitterness. As Levine points out, “the problems of the bereaved families went beyond the death and costs of the burial. In many cases it was the breadwinner of the family … this had significant impact on these families and continues to this day … many families are justifiably unhappy with the lack of any investigation into the death of their family members” (2002: 159).

At the same time, some of those who fled the violence have returned to rebuild their lives. While they are yet to come to terms with the memories and trauma of what transpired then, they also face the challenge of coping with the new challenges of life. Coping with new realities of life such as modernisation, urbanisation and democratisation and scrambling for resources amidst psychological baggage of traumas and stigmas, is an uphill task.

In my own observation, apart from the effects of the HIV and AIDS pandemic which left many infected and affected, the majority of the populace of Edendale are jobless and poor. A number
of them, particularly the elderly and children, live on grants. Few are fortunate enough to find jobs, mostly in Pietermaritzburg, a few of kilometres away.

There is therefore a need to come to terms with what happened through an inner process of healing. King (1995:22) grants: “In the first place, a society broken by the sin of apartheid is trying to rebuild, and there are in this country very many wounded people, and a crying need for healing and compassion”.

2.3.4 Faith in action: PACSA’s Contribution to healing in the Edendale community

PACSA responded to the violence in several ways: A crisis centre was established to help the victims and provide temporary accommodation for the refugees and young men who could not go back to their communities. For the deceased, PACSA helped with funeral and burial arrangements. According to Levine (2002:175), PACSA helped locate the bodies of the victims and organised two mass funerals for the deceased in April 1990.

PACSA helped victims to collect their submission to the TRC. As an eye-witness of much of the violence during the Seven-Day War, Kerchoff, the founder of PACSA, made his own submission to the TRC: “I believe 28 March and 29 March will go down in history as two of our region's darkest days, caused by man's inhumanity to man” in (Levine 2002:158).

One important area where PACSA acted, and in which this study is much interested, was to bring community healing. Through its trauma counselling, healing of memories and now advocacy, PACSA has brought notable healing to the Edendale community. According to Levine (2002: 66-67), through newsletters and publications and workshops, PACSA dealt with a number of issues, covering topics such as truth and reconciliation, economic justice and building a culture of “impilo”\(^\text{12}\) and “Ubuntu”.

Amidst the lingering effects of past violence, coupled with the rapid changes which came as a result of civil unrest, PACSA strived to bring healing to the Edendale community. Individuals with hearts crying for healing turned to PACSA: “PASCA workshops have done a lot for my

\(^{12}\) Impilo means life in IsiZulu.
life” (Nomusa in Gennrich et al 2009:115). In a workshop entitled –Shifting the Agenda”, a participant known as –Ruth”, recounts her healing experience:

My tears were dried, the sting of my pain removed, and now my worth and purpose of who I truly am, was being restored. I was feeling a warm sense of just how free I am, free to be me. God I believe had strategically put people to remind me that I was a desirable, beautiful woman, full of potential… Nothing could take away the joy I felt. Old things passed away, I don’t know what I was going home to, but I knew that everything was going to be different” (in Gennrich et al 2009:117).


Perhaps in no other place are stories of healing conducted by PACSA captured better than in the book, –Trees along the river side” (Haarhoff:2013). This book, apart from underscoring the important contribution of PASCA in community healing, provides an important account of stories of healing and recovery from past traumatic events. Although the book covers other traumatic events, for the purpose of this study, I would like to point out a few cases of gender-related trauma.

As pointed out earlier, rape and forms of gender-based violence increased. Gugu, who was sexually abused by an uncle while a young girl, recounted her story of personal healing after attending several of PACSA‘s healing workshops: –At first I was hesitant to tell my story, embarrassed by such a stormy background” (in Haarhoff 2013:28). While Brigit tells her story as follows: –In my life I have had pain, shame, hunger, lowliness; death stole three of my children and my day, and HIV and AIDS stormed in. Through all these I have conquered” (in Haarhoff 2013:32). Jabu (in Haarhoff 2013:47-60), forced to submit to a virginity test, made pregnant and abandoned by the father of her child, contemplated suicide. She now has bigger dreams and is studying a managerial course. Nokwazi, a participant in a PACSA –Stress and Trauma” workshop, sums up her story thus: –Before I attended the Stress and Trauma Healing workshop I thought I had dealt with my past, not knowing that I was only covering the wounds” (in Haarhoff 2013:28-112).
In summary.

This chapter has dealt with numerous interventions made by PACSA in order to bring healing to the individuals and community of Edendale Valley. The chapter looked at how, in the inhuman system of apartheid, with wide-ranging, social and economic effects, PACSA ushered in renewed hope to a community which was on the bridge of despair. The chapter endeavoured to point out how its effects still resound and linger in the psyches and lives of people of the Edendale Valley.

This chapter has examined how today, as a result of what transpired then, many still find themselves in deprivation, with the gap between the rich and the poor getting wider. At the same time, many from the rural areas have moved into the area in search of job opportunities in nearby Pietermaritzburg. This has put a further strain on scarce resources such as schools, hospitals and jobs. This chapter has tried to elucidate why, despite these numerous interventions by PACSA, people still keep searching for healing.

In the coming chapter, dedicated to the “Judge” principle of Lumko, the text of Mark 5:21-34 will be engaged in order to draw a clear judgment of the context (increasing for FBHH) among Edendale Catholics. The judgement generated through a systematic analysis of Mark 5:21-34 will be used later, to provide an appropriate pastoral counselling model.
CHAPTER THREE
JUDGE: UNDERSTANDING MARK 5: 31-34

To begin with, since the Bible speaks to us in the context of our lives, it is important to understand Biblical texts from a real-life perspective. Secondly, given that my study is not located within the discipline of Biblical Studies per se, I will eschew long discussions on the structure and redaction of Mark, its feminist interpretation and similar approaches.

With the seven steps of the LBN Bible study method (see 1.2.1.), I am required to (1) pray over the text, (2) read the text several times, (3) consider key words, (4) analyse the text, (5) interiorise the text, (6) draw insights and (7) apply the insights gained to real-life situations. Given that steps one and two are not reflected in this study (neither is step 5), the textual study will begin principally by looking at key words.

In order to deepen my understanding of Mk 5:21-34, it is imperative for me to appreciate the general layout of Mark's Gospel. It is equally vital to understand the woman who touched Jesus' garment within her social, religious and cultural context. Comprehending the literary and thematic aspects of Mark's Gospel in general and the woman's milieu in particular will enable me to identify the real key words in Mark 5:21-34.

I will begin by probing into some fundamental aspects of Mark's Gospel, such as the community for which he writes, the meaning of discipleship, the messianic secret and human emotions. This will be followed by examining key literary aspects of Mark's makeup, such as the literary techniques (Sandwich, Telescopic and the Interval) used. Mark's use of the Three Set Arrangement will also be examined.

Other aspects, such as events, characters and setting, will be examined. I will then discuss key themes from this Gospel, such as boundaries, holiness, purity laws and the values that Mark promotes, as well as the aspect of faith. I will examine the aspect of faith in terms of the risks and obstacles involved.

I will then examine the woman who touched Jesus' garment in terms of her story, cultural milieu and the significance of her of touching Jesus' garment. After that, I will analyse the key
words, as stipulated by step three of LBN, using other sources. Having done that, the insights generated will be applied to the context of Edendale Catholics’ search for FBHH. Finally I will offer a summary of this chapter before proceeding to chapter four.

3.1 Key underlining aspects of Mark’s Gospel

3.1.1 The community

On the outset, it is important to note that Marks’s Gospel is written from the background of an oppressed faith community. Mark wrote his Gospel to encourage a minority group that was going through political oppression and was suffering from religious alienation. Although Jesus’ second coming was prominent in their minds, the community in the meantime had to meet the current needs of the church facing martyrdom.

Ultimately, at the heart of Mark’s Gospel is the question: how do you encourage a community going through a crisis? Whereas past groups responded by collaboration (the Herodians), passive resistance (Pharisees), withdrawal (the Essenes) or open revolt, Mark seems to have chosen the path of the cross. Like the disciples, such a community going through political persecution and religious alienation will not escape the cross.

3.1.2 Discipleship

There is a strong emphasis on humanity and suffering, exemplified by Jesus who suffered and died on the cross. Discipleship for Mark means to take up the cross and to deny oneself. The one chooses to stay faithful to Jesus until the end, must forfeit the pleasures of this world but instead obey God’s commandments. Suffering, death and the cross is constant. Those who take up the cross and follow Jesus till the end will be rewarded. Indeed, the way of the cross is the way of glory (, Mk 8:27-10:52). Whoever wants to be disciples must take up his cross (, Mk 8:34).
3.1.2 The Messianic secret

Underlying the Gospel of Mark is what has been called the messianic secret. While Jesus freely refers to himself as the Son of Man, Jesus is less inclined to reveal his messianic identity. When he admits it, it is to his inner circle and they are commanded not to reveal it (Mk 8:27-30). Even those healed by Jesus are told not to disclose his identity (Mk 1:23, 34, 1: 43-45, 3:11-12, 5:43). However, from the beginning until the end, the reader is challenged with the question, who is Jesus?

3.1.3 Emotions

Mark captures human emotions such as fear, sadness, amazement and ignorance, especially from the disciples who sometimes lack understanding and faith (Mk 9:6, 9:31). Jesus too comes out in Mark as fully in touch with his emotions, especially strong ones such as compassion (Mk 1:41), displeasure (Mk 1:43), disbelief (Mk 6:5) and love (Mk 10:21). In addition, Mark the narrator is privy to details of the inner thoughts, feelings and plans of his characters. We see this in the case of the woman who touched Jesus‘ garment (Mk 5:28).

3.2 Some key literary aspects of Mark

In this section, I will discuss some key literary aspects of the Gospel of Mark, such as style, characters, techniques, arrangements and settings.

3.2.1 The Style of Mark

Mark’s Gospel is a straight-forward, vivid, action-packed narrative told in the style of an eyewitness report. It is a fast-flowing narrative with as few comments as possible. While narrating past events, Mark tells his story in a direct style and using the present tense, unlike Matthew and Luke. In addition, Mark uses allegories quite substantially. Words are repeated constantly and episodes are loosely connected together (Rhoad; 2004:20-21).

The Gospel of Mark is action oriented. Jesus swiftly moves from scene to scene, is constantly on the move, healing, preaching, casting out demons and forming his disciples, while at the same time confronting his opponents. As Moo (2000), notes, the account moves rapidly from
one scene to another and from one character to another. The actions are summarised, with few
comments, and the aim is not given.

3.2.2 Characters and audience

In the Gospel of Mark, characters are clearly depicted by their actions, what they say and how
they are perceived (Rhoads 2004:12). Interestingly, female characters are rarely named (Miller
2004:18), while all the male characters are named. Characters - especially minor ones in
Mark’s healing stories - are portrayed as suppliants (Mk 1:21-28, Mk 1:40-45, Mk 3:1-6, 8:22-
26), or come on behalf of somebody else (Mk 5:22, 7:25, Mk 2:1-12.). The suppliants are
mentioned in relationship to male characters, e.g. –Simon’s mother- in-law” (Mk 1:30) and
–the mother of Jesus” (Mk 3:31). According to Marshall (1989: 133), the petitioners in Marks’
Gospel, such as Jairus and the Syro-Phoenecian woman, are often presented in a position of
human powerlessness. Marshall (1989:133) contends that the petitioners have to display a
stubborn faith, perseverance and courage in the presence of Jesus, prior to divine intervention.

Finally, the audience is guided to evaluate the characters in terms of their response to Jesus
(positively receptive or opposed to Him), through comparison and contrast (Marshall 1989:
24). Relatedly, is quick to add that Mark is generally critical of Jewish leaders as an entity, but
positively depicts leading individual Jewish leaders.  

3.2.3 Literary Techniques

Much as I resonate with McNutt’s (1974:53) belief that most of Mark’s Gospel can best be
grasped in the light of Jesus’ actual healings and, to some extent, his teachings, I would like to
reason that the healing of the woman who touched Jesus’ garment can also be grasped through
the lenses of the literary techniques which Mark employs. The woman's healing is sandwiched
in the middle of the healing of Jairus' daughter (Healy 2008:107). Both healings occur after
Jesus had healed a demon-possessed man in Gentile territory Mk 5:2-20).

13 For example Jairus (Mk 5:21-24, 35-43), Joseph of Arimathea (Mk 15:43) and the Scribe at the
temple (Mk 12:38 are positively portrayed. By contrast, the Pharisees (Mk 8:15, 8:31, 10:2), the Scribes
(Mk 10:33, 11:18, 12:38, 14:1) and the Priests (Mk 8:31, 10:33, 15:10-11, 31) are negatively portrayed.
Putting one story in the middle of the other seems to be a characteristic literary device in Mark's Gospel (Healy 2008:107, Witherington 2001:184). Witherington (2001:185) has spotted the "telescope technique", used by Mark to shorten or generalise stories. McBride (1996:90) notes the "interval technique", where an interruption is inserted in order to build up the tension for the in-bound drama. For instance, Jesus had just crossed from the Gentile side of the lake (Mk 5:18-21) and was immediately surrounded by a crowd, forcing him to be closer to the sea. Then Jairus enters the scene to petition for his daughter, but before he is finished another secret sufferer comes in to plead for herself. In this way, tension is built for the woman's story.

3.2.4 The “Three Set Arrangement”

Mark places similar themes together, often in groups of three. For instance, at the time of Jesus' Baptism, the heavens opened, the Spirit descended upon him and a voice was heard (Mk 2:10-11). Jesus was also to suffer, die and rise again (Mk 8:31, 9:31 and 10:32-34), while Peter denied Jesus three times (Mk 14:66-72). Similarly, the characters fall under the three set arrangement: Peter, James and John (Mk 9:2, 14:33), Jesus, Moses and Elijah (Mk 9:4-5) and finally the chief priests, scribes and elders (Mk 11:27, 14:43).

Much as the scope of the present study concerns the woman who touched Jesus' garment, I find it significant that all three healings in Mark 5 took place in one day and in close geographical proximity to each other. The fact that these three healings are arranged in this way is indicative of the communitarian aspect of healing: healing is for all - men, women and children.

This arrangement shows that Jesus' healing was not only confined to the public domain as the healing of Jairus' daughter took place in the private domain. What is equally significant of these three healings is that none of them occurs by appointment. The lack of appointment shows that healing could take place anytime and anywhere, even at inopportune moments. The three healings reflect the fact that Jesus's healing is offered to all who need it, as mentioned previously. Barton insists that, "regardless of how great or unknown, rich or poor, young or old, sinner of saint, Jesus cares equally for each one” (1994:149).

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14 Witherington (2001:184) terms this technique the "intercalation technique”.
15 These three healings took place on the same day on the Jewish side of the Sea of Galilee. Earlier on, Jesus had been on the Gentile side of the lake, where he cured a demon-possessed man.
The three miracles above also reflect the fact that Jesus’ healing is directed particularly towards the sick and most vulnerable in society. The demoniac was vulnerable and outcast because of his demonic possession, the woman was vulnerable and outcast due to her illness, and Jairus’ daughter was “untouchable” due to her death. Even Jairus, a leader accustomed to issuing orders and preserving communal peace, was vulnerable. Much as he was a man of influence and means, he could not stop his daughter from dying at a tender age. In his desperation, he fell at the feet of Jesus begging for his daughter’s healing (Mk 5:22-23).

Jesus’ healing power is exercised on both sides of the Sea of Galilee, both on the Gentile and the Jewish side (Mk 5:1-20, 21-43). Whereas the demon-possessed man was healed on Gentile territory (Mk 5:1-20), Jesus crosses to the Jewish side of the sea, where both the daughter of Jairus and the woman are healed. This goes to show that Jesus’ healing was not restricted to the Jews, their geographical location or their religion. This “Three Set Arrangement” of Jesus’ healings is for all people, regardless of their status, the perpetrators, as well as the victims (As head of the synagogue and leader of the community, Jairus represented the political, social, religious and economic system that had perpetrated the exclusion of the woman who was victimised by virtue of her illness).

3.2.5 Events, characters and settings in Mark’s story

According to McBride (1996:20), Mark’s Gospel is an intense narrative that is loaded with action and written with an immediacy tempo, while Chatman (in Rhoads 2004:7) identifies three aspects central to Mark’s story, namely plot, characters and settings. The action-packed drama is also displayed in incidences relating to human beings. For instance, the way the question “Who has touched my cloth?” was posed has a dramatic aspect. In fact, as Brown points out, “the question Who has touched my cloth?” with the disciples’ sarcastic response and the confession of the woman, adds to the humanity of the drama (1998:48).

The drama can also be seen by comparing the healing of Jairus’ daughter and that of the woman: the story builds up from the healing of one person to the raising of another (Witherington 2001:186). There is also a contrast between two healings in light of what Jesus

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16 The plots regards the order and movement of episodes and characters is about people in the narrative and entails space and time settings.
17 All direct quotations of the Bible are taken from the NAB unless otherwise indicated.
says to the woman and the mourners: the woman is invited to respond by means of Jesus’ question (Mk 5:30), whereas the mourners of Jairus’ daughter are commanded to silence (Mk 5:43).

Setting is another vital aspect in Mark. This Gospel has several settings related to space, such as the temple (Mk 5:11-15, 5:27, 5:35, and 13:11), the mountain (Mk 3:13, 6:46, 9:2) and the lake (Mk 1:16, 2:13, 3:7, 4:1, 5:1, 5:21, 6:47, and 7:31). There are settings related to time, such as the Sabbath (Mk1:21, 2:23, 6:2, and 15:42). Such temporal and spatial settings show that Mark knew the territory well and painted a vivid picture for the reader.

Lang has emphasised that “Mark is the Gospel of action, with Jesus moving about frequently, healing the sick and demon-possessed” (2007:214). Similarly, Shiner (2003:93) points out that Mark frequently uses the phrase “and immediately”. In Shiner’s view, the phrase is employed to create a link between episodes as a means of accelerating the pace of events and to maximise the effect of several events taking place within a short time.

One is persuaded by the reasoning of Rhoads (2004:13-14) that, in the Gospel of Mark, the literary technique forms part of the story and plays a multiplicity of roles in shaping the story’s character. For instance, the healing of the woman who touched Jesus’ garment takes place on the Sabbath, on the Jewish side of the Sea of Galilee and within a crowd. In this way, Mark invites the reader vividly to imagine the location and consequently become an eye-witness to the events.

By and large, spatial and temporal settings show that Jesus’ ministry is not limited by geographical space or time. Jesus’ healing ministry is not limited to a particular people (Jews) but includes Gentiles and can occur in any place and time, in the public or private sphere. Further, Jesus’ ministry is not limited to any age (young and old), gender or status. For example, as an official, Jairus was a man of means and influence, while the woman who touched Jesus’ garment was destitute and outcast.
3.3 The General Character of Mark’s Gospe: A Thematic Approach

Mark’s general character clearly differs from that of the other Gospels (Rhoads 2004:4). For instance, a close look at the two healings (Jairus’ daughter and the woman) shows that the messengers who inform Jairus of his daughter’s death have been omitted in Mathew and Luke’s version. There is further evidence of redaction, in that Matthew does not name the official (Jairus) and his conclusion to the story is rather abridged (Mtt 9:26).

Redaction and other historical-critical concerns notwithstanding, Mark may also be examined from a variety of theological perspectives, such as Christology and messianic secret (see 3.1.2 above). In this section, however, I will use a thematic perspective focused on the relevance of a particular theme to the miraculous healing of the woman who touched Jesus garment. Key themes, such as boundaries, holiness, purity and faith will be examined. Due consideration will be given to what faith entails, such as the risks, obstacles and courage thereof. This course of action will facilitate a deeper understanding of the text, after which the findings will be contextualised in view of generating a pastoral counselling model, capable of answering Edendale Catholics’ search for FBHH. In line with step three of the LBN method which I am employing (1.2.1), I will examine some key words and phrases in Mark 5:21-34.

3.3.1 Boundaries as a means of safeguarding holiness

As a theme, holiness runs throughout the entire Gospel of Mark. In fact, Douglas (1966:63-64) considered that holiness is an attribute of God and a means of conforming and abiding by the rules pertinent to being Jewish. Indeed, for the Jews, being a chosen nation and a people set apart by a Holy God, holiness was a value which distinguished them from other nations (Deut 7:6, 14:2; Isa 43:20; Lev18:3-4, 27). Consequently, the Jewish religion demanded holiness from its adherents. The people were expected to portray goodness, justice and high morality as a way of being holy (Lev 19:2; Mal 4:6). For this reason, preserving God’s holiness, the holiness of the people and of the land of Israel was considered a duty for every Jew (Lev 35:34, 19:2). In fact, it can be pointed out that preserving the Holiness of the land and the people is a constant concern for the Jews (see 1 Macc 1:48; Deut 21:22; Ezek 14:11; Lev 18:30, 35:34).

As a people set apart, holiness boundaries were important for the Jews. For such a small and distinct nation, boundaries were a way of preserving and enforcing their unique identity. As
pointed out by Douglas (1966:136), holiness helped clearly to define boundaries between Jew and non-Jew. In fact, Rhoads (2004:166-168) contends that holiness not only distinguished the people of Israel from Gentiles, but it also protected them from their defilement, thus safeguarding their purity.

Rhoads (2004:166-168) notes that, as a whole, the land, the people and their God were holy. The individual had to guard against defiling the body as a way of safeguarding the sanctity of the people, of God and of the land. A similar sentiment is shared by Douglas (1966:136), who points out that holiness guarded Jews from conforming to practices of their Gentile neighbours. Most importantly, it served as a protective shield from their neighbours’ cultural influence (Lev 11:45, 18:30).

To pursue this further, social boundaries stipulating how one had to conduct oneself in society were delineated. Laws, regulations, customs and practices on how to conduct oneself as a Jew were well demarcated, for instance, how to conduct themselves during worship, what to eat and what not to eat (Lev 11:43). There were also rites and rituals to cleanse them from any defilement (Deut 23:9-14; Lev 19:1-9). Failure to adhere to and respect these boundaries created conflict. Rhoads (2004:86) points out that such conflicts are especially evident in the Gospel of Mark, where there are glaringly divergent attitudes towards physical and social boundaries by Jesus and the leaders of Israel. Jesus’s actions generated conflict with the authorities.

According to Kinukawa (2004:46), Jesus’ actions were, at times, contrary to what was expected of a religious leader, such as his mixing and eating with tax collectors and sinners (Mk, 2:15-17), eating before washing hands (Mk.7:2-5.), mixing and eating with Gentiles (Mk 5:1) and talking to women in public (Mk 7:26-30). Patently, Rhoads points out that “One approach [the leaders’] erects boundaries and preserves holiness by guarding against that which would defile. The other approach [Jesus’] crosses boundaries and risks defilement to make what is unclean pure” (2004:163). The values that Jesus represented and what the authorities advanced were two worlds apart, which made him suspect in their eyes.
3.3.2 Purity laws

Whether to do with people, food or work, concerns of purity run through the entire Bible. At the time of their menses, women were considered impure and therefore must remain untouchable (Lev 12:2-6). Kinukawa (1994:36) adds that women became unclean during childbirth, with anyone they entered into contact with also becoming unclean.

This is well illustrated in the book of Leviticus, which clearly stipulates how women and men were expected to keep pure in society, at home and in matters of religion:

If a woman conceives, and bears a male child, then she shall be unclean seven days; as at the time of her menstruation, she shall be unclean (Lev 2:12 NAB)….When any man has a discharge from his body, his discharge is unclean. And this is the law of his uncleanness for a discharge: whether his body runs with his discharge, or his body is stopped from discharge, it is uncleanness in him (15:2-3 NAB).

Remarkably, it was always the women who defiled the men and not vice versa, so much so that Kinukawa (1994:37) points out that the Jews viewed the woman's menstrual cycle differently from the Greeks. For Greeks, the menstrual cycle was considered a time of cleansing (katharos), while the Jews saw it as a time when a woman was unclean (akathartos).

Akin to purity, pollution is another aspect that is worth noting. According to Douglas (1966:54), pollution can only make sense in reference to the whole structure of thought, whereby boundaries and other internal rules are held together through rituals of separation. Interestingly, in the book of Numbers, those who menstruate and those who touch corpses became equally impure:

The LORD said to Moses, — Command the people of Israel that they put out of the camp every leper, and every one having a discharge, and every one that is unclean through contact with the dead; you shall put out both male and female, putting them outside the camp, that they may not defile their camp, in the midst of which I dwell." And the people of Israel did so, and drove them outside the camp; as the LORD said to Moses, so the people of Israel did (Num 5:2-4).

To pursue this further, Douglas points out, —the laws were enacted as barriers to the spread of heathen styles of ritual (1996). Related to this, Healy helpfully describes some very important aspects regarding the condition of the woman who touched Jesus' garment:
[She] experienced her life draining away, with the weakness and fatigue that usually accompany chronic bleeding. Worse, her discharge has left her in a perpetual state of ritual impurity… anything she touches or sits on becomes unclean, and others avoid contact with her since touching her would make them unclean… If she is married, sexual union is forbidden to her and her husband…. Worse she is forbidden from entering the temple to worship with God’s people (2008:106).

What is clear is that Jesus constantly challenged and redefined the laws of purity: He healed Simon’s mother-in-law on the Sabbath (, Mk 1:29-31), ate with sinners and tax collectors (, Mk 2:15-17) and touched the dead body of Jairus’ daughter (Mk 5:41). In fact, Rhoads (2004:167) has poignantly noted, Jesus “as depicted by Mark, treated boundaries as lines to cross, redraw, or eliminate”.

3.3.3 Values and ideological orientations

One key aspect to understanding Mark’s Gospel is through the value system he presents. Mark’s Gospel can be viewed as a clear barometer for assessing human behaviour as it paints a two-story world, with two differing ideologies and mentalities, positive and negative, running concurrently (Rhoads 2004:45). As Rhoads (2004:45) points out, the two worlds are different, in that one is “thinking the things of God,” as evident in Jesus and most minor characters, and the other is “thinking the things of humans,” as reflected by the opponents of Jesus.

The reader in Mark’s Gospel is invited to evaluate his/her own life and values by looking at Jesus’ life and teachings and consequently to make a choice to accept or reject Him (Rhoads 2004:45-46). However, for those who chose to embrace Jesus’ values, such as the disciples, doing so was not easy. Occasionally, they lapsed, or did not understand Jesus (Mk 8:33, 4:13, 6:49-52, 8:17-21, 9:32).

All in all, in Mark’s Gospel, Jesus promotes one set of values while condemning others.18 Rhoads notes that “Mark promotes the values and beliefs of the kingdom by positive example, and Mark rejects the opposite values and beliefs by negative example” (2004:47).

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18 Peter, in Mark 8:33, is rebuked by Jesus for thinking things of men rather than Godly things.
3.3.4 Risks, obstacles and faith

The Gospel of Mark, according to Rhoads (2004:54), is about taking risks for the sake of God's Kingdom. He is convinced that it is those who take risks for the sake of the Kingdom of God who are acclaimed as the true heirs of heaven. The courage to take risks is considered as an act of faith, especially the faith that drives away fear (Acts 28:15, 23:11) and makes one demonstrate courage for the sake of the Kingdom. For instance, Joseph of Arimathea demonstrated that kind of courage by going to claim the body of Jesus (Mk 15:43). Besides this, there are several texts in Mark's Gospel alluding to the faith element as a vital ingredient for healing (Mk 2:25, 4:40, 5:34, 8:35, 10:52, and 11:22).

Akin to risk-taking in Mark is the fact that there is always an obstacle. In fact, as observed by Rhoads (2004:81), in most healing stories of women there is always an obstacle to overcome. Once the obstacle is overcome, the conflict itself is resolved and healing can take place. A case in point is the Syro-Phoenician woman, who had to convince Jesus why she should be healed while being a Gentile.

To pursue this further, Marshall (1989:133), in regard to the woman who touched Jesus' garment, contends that the central factor, the pinnacle of the story is the woman's act of touching Jesus' garment. Much as faith is a prerequisite for healing, Mark stresses the need for faith, without really qualifying the content of that faith. Marshall (1989:108) suggests that one's ability to express a deep need for healing, coupled with courage and the preparedness to persevere tormenting delay, constitute key aspects to faith. What really matters is not so much faith in the person of Jesus, but rather the inner disposition of the petitioner.

In like manner, Rhoads (2004:82) points out that faith is embodied in action. For instance, the faith of those carrying the paralytic was enough to heal him (Mk 2:5). Another case in point is when the disciples failed to heal a boy and Jesus told them that everything is possible to one who has faith (Mk 9:23). Likewise, the synagogue official is simply encouraged to have faith in order for his daughter to be healed (Mk 5:36).

Sometimes, Jesus' interlocutors do not even seem to know who He is (John 9:25). For instance, Gonzalves (2008:243) points out that the woman's act of touching Jesus' garment was part of
the Greek tradition of touching the garments of a “theios aner” or a divine man”, for healing. In other words, she may have been following Greek tradition rather than acknowledging Jesus as the Son of God.

Much as the above examples illustrate the role of miracles in relation to an individual’s faith, Marshall contends: “not all who display faith become disciples, but all who become disciples require faith” (1989:176). However, it is clear that faith exerts certain demands on the individual. In fact, faith comes at a cost to one who chooses to believe in Jesus. I concur with Marshall’s observation that that the woman who touched Jesus’ garment subsequently came to believe in Jesus (1989: 176).

3.4 Some aspects regarding the woman who touched Jesus’ garment in Mark 5:21-34

Having looked at some of the key literary aspects of Mark and its general character from a thematic perspective, I am persuaded that a better understanding of the woman who touched Jesus’ garment can be achieved by taking a closer look at her cultural milieu. Indeed, in the time of Jesus, society and culture played an important role in defining one’s identity. Consequently, I will now closely examine the woman who touched Jesus’ garment in terms of her story and socio-cultural context.

To begin with, the woman is variously referred to as “the woman from behind” (Gardner, 1994:181), “the woman with a blood flow” (Rhoads 2004:86), “the woman with a blood issue” (Holy Bible, KJV 1997:1309), “the woman with a flow of blood” (Witherington 2001:186; O’Sullivan 1994:296; Healy 2004:52) and “the afflicted woman” (McBride 1996:89). She is, however, mostly known as the “haemorrhaging woman” (Marshall 1989:101). In fact, many Bible translations refer to her as the haemorrhaging woman or something in that vein. To illustrate, The Revised English Bible (1989) refers to her as the woman who has suffered from haemorrhages, while The Living Bible (1971 refers to her as a woman with a haemorrhage. Similarly, the Life Application Bible (1996), The Parents Bible (1996) and the Jerusalem Bible (1985) refer to her as a woman who had a haemorrhage.

Although the woman is commonly referred to as the haemorrhaging woman and, much as I agree that blood discharge was the central issue, I have consciously decided to use a less
stigmatising term for her, viz. “the woman who touched Jesus’ garment”. Henceforth, I shall refer to her as the woman who touched Jesus’ garment or, simply, the woman. In my view, referring to her by her action rather than her condition subscribes to the core principals of Rogerian therapy of non-judgemental attitude and unconditional positive regard. Referring to the woman by her action is also my way of affirming the inherent qualities portrayed by her action such as her courage, her defiance and her refusal to be defined by her condition, however debilitating it may be. Further, referring to her by her act rather than by her blood condition highlights in essence the primacy of her act of touching Jesus’ garment which was central to her healing.

Finally labels or terminology used in referring to people can define or influence the way they are perceived. For people who are vulnerable, marginalised or in distress, labels or appellations which refer to them simply by their condition can be stigmatizing. For example, the Canadian AIDS society encourages the use of less derogatory language in referring to persons with or living with HIV and AIDS. The association deems the use of terms such as HIV victim or sufferer derogative or even harmful (HIV and AIDS Media Guide: n.d). They recommend less derogatory terms such as a person with HIV and AIDS or people living with HIV and AIDS.

3.4.1 A woman with a story

Apart from the fact that she had suffered a blood condition for 12 years, the Gospel text does not tell us much about the woman who touched Jesus’ garment. For example, her name and social class/status remain unknown. Even so, she was a woman with a story of courageously taking a desperate measure to get healed. Her health record dates back to 12 years of emitting blood and looking for a cure. Instead of getting better, she remained ill, while having spent all she had on doctors. Equally, her self-esteem was wounded (Kinukawa 1994:45-46). Effectively, her story is constituted by a long history of disappointments while searching for a cure to no avail. As Marshall has argued, the woman lost “her health, her wealth and her place in the religious community” (1989: 108). Consequently, with no money, no voice and surely no friends, the picture that comes to mind is that of her world having slowly caved in on her. Her condition also made her impure and unable to mix with others.

However, as Stanton points out, “The best protection any woman can have is …courage” (Stanton:2015). With a bleeding body and a bleeding pocket she came forward courageously,
believing in Jesus’ healing power. McBride, who concurs, paints her predicament as follows:—like Jairus, she is desperate; like Jairus, she believes that Jesus will make a difference. After moving from doctor to doctor, she summons considerable courage to defy an accepted system and touch Jesus’ garment” (1996:91).

3.4.2 A woman imbedded within a culture

Perhaps the best way to understand the context of the woman’s healing, which subsequently deepens one’s understanding of Mark 5:21-34, is looking at her cultural milieu. This is equally important in light of Kinukawa’s (1994:16) point that, in the time of Jesus, one’s self-worth and how one was valued in society was determined through a culture of shame or/and honour. Kinukawa (2008:31) maintains that cultural, social and religious labels are practically impossible to surmount, as they are enforced with stigma-laden labels. In the woman’s case, because of her blood flow, she was not permitted to mix with and touch other people lest she contaminated them. Kinukawa (1994:32) adds that stigma labels were imposed by the authorities as a means of reinforcing the status quo and enforcing communal integrity. Thus, the individual’s self-worth and dignity only existed in as far as he/she remained in the place allocated to him/her by society, so much so that one’s honour and self-worth was based on one’s reputation and social standing (Kinukawa 2008:12).

Honour and self-worth came from first-century Ubuntu values: ‘I am whom I associate with”. Similarly, women’s identity was defined in terms of an embedded relatedness to men as mothers, wives, daughters or sisters” (Kinukawa 2008:12). As a result, women were treated like property of either a father or a husband (Kinukawa 2008:42). Kinukawa (1994:12), adds that women constantly lived under the yoke of patriarchy. They were regarded as inferior and were constantly suppressed and discriminated against through a system in which everything was male-sanctioned. Consequently, women were required to be submissive to men’s authority and conform to their expectations.

Labels, norms and cultural practices which are accompanied by associated stigma become powerful emotional forces used to enforce invisible barriers. These barriers made it difficult for women to act alone or take any initiative. They effectively usurped women’s ability to voice issues independently from men. Swidler has noted that “women were not only to be seen as little as possible, they were also to be heard and spoken to as little as possible” (in Kinukawa
1994:56). In the case of the woman who touched Jesus’ garment, the practice of labelling with no recourse to any other authority aggravated her affliction. One can, therefore, appreciate her urgent need to recover and to belong to the community, which would provide her with a passport to acceptance in the society.

3.4.3 Looking at the woman from a religious perspective

According to Jewish law (Lev 15:19-22), menstruating women were considered ritually unclean (see 3.2.6). They were not expected to come into contact with other people (Kinukawa 1994:35). This effectively meant that the woman who touched Jesus’ garment, being ritually unclean, could not be out in public or even approach Jesus to touch his garment. Yet, armed with determination, she approached Jesus from behind and touched His garment (Mk 5:27). Touching Jesus’ garment implied that she had crossed to a dangerous place by violating purity laws. In this way, she had become not only a social misfit and outcast, but also a law-breaker.

As a man, Jairus could intervene for his daughter, whereas the woman who touched Jesus’ garment came alone. Pleading for herself without being accompanied by a man, she was crossing the norm. Her coming into the crowd and touching Jesus’ garment knowingly constituted a violation of norms (Barton 1994:143). Daring to act in this way constituted a risk. If found out, the woman could have been punished according to the law (Lev 15:31-32, 22: 4-9). As dictated by the culture of the time, socially banned persons were, for fear of contaminating others, barred from coming into the crowd to touch anyone. If discovered, the woman’s act would have been censured as it threatened the integrity of the whole community (Lev 22:5-6).

Witherington (2001:188) makes an important remark about what the consequences might have been. He is of the view that the woman would have been condemned and would probably have been ostracised for violating purity laws. Douglas (1966:136) observes that the one who is polluting is always in the wrong. By either developing a bad condition or crossing boundaries, that person becomes a danger to the social or cosmic order. Such a person will then be punished (Douglas 1966:166).

All in all, as Barton (1994:143) notes, ignoring conventional norms, defying social taboos or even crossing boundaries, the woman’s penilelessness and friendlessness drove her to Jesus in
total negligence of purity laws. Hence, coming on her own, unaccompanied by any man was an act of courage and, in fact, her defiance in the end was sufficient as it provided the only way for her to fend for herself. Risking to touch Jesus' garment became a decisive and crucial factor in her search for healing.

3.4.4 The woman as victim of an oppressive system

The constant state of ritual uncleanliness resulting from the woman's bleeding caused her much suffering. It also barred her from worship in the synagogue and from having normal social interactions with the rest of the community. Indeed, the impurity label was a socio-cultural barrier that barred her from mixing with crowds, friends or having any intimate relations until she was well again (See 3.4.2 above).

At the time of Jesus, the sick had to be quarantined in order to ensure public health (Num 5:2). Barring unhealthy people from mixing with healthy people was necessary out of great concern for the entire community (Num 5:3). However, as Douglas (1966:85) points out, boundaries were erected not necessarily to avoid disease, but as clear and visible guidelines in order for the entire Jewish society to stay holy. Whether they were erected as a preventive measure or as a deterrent, these boundaries made the woman who touched Jesus' garment a victim. Apart from barring her from mixing or touching others, the laws excluded her from being accepted by the community as a legitimate member. This strengthened her resolve to be healed.

Coming to Jesus provided the woman with real healing. In the end, the myth of contagion was proved to be false, as her contamination was reversed into a cure which in the end brought her peace. Although the crowd was pressing around Jesus, their proximity and perhaps contact with Jesus did not draw Jesus's attention as much as the woman's touch. As Meyer points out, "Proximity to Christ does not necessarily mean appropriation" (in Barton 1994:141). What is also worth noting is the fact that Jesus himself, contrary to the law, was not defiled because of her touch.

Barton (1994:142-143) notes that the real secret to healing and peace is to come personally to Jesus, then God can change what seems unchangeable to something meaningful in one's life.

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Purity laws prohibited a contaminated person from having physical contact with others in order not to defile them.
The woman who touched Jesus' garment came in person to Jesus and she was healed and now had a new purpose in life.

Having examined what the action of the woman amounted to from a societal and cultural viewpoint, and how she fared as a woman with such an ailment in first century Palestine, I will now analyse the key words and phrases in the text of Mark 5:21-34. The analysis will be enhanced by authoritative academic study (steps 4 and 5 of LBN). The findings generated will then be used to provide a pastoral counselling model (step 7 of LBN).

3.5 Analysing and reflecting on key words and phrases using other sources

Having dealt with Edendale Catholics' search for FBHH, and having provided a thematic background to the Gospel of Mark, as well as the woman's story in Mark 5:21-34, I will now follow Lumko's seven steps of engaging with my chosen text. I will read Mark 5:21-34 several times (step 2) and then expound on key phrases and words with the help of authoritative scholarly resources, such as commentaries (steps 3 and 4).

The insights gained will then be interiorised (step 5) and used to develop an appropriate counselling method (step 7). Since this is an academic study, praying over the text (step 1), reading and interiorising the text (step 2 and 5) will be undertaken in private, with the outcome not being reflected in this dissertation.

Having read the text several times, as stipulated by the "seven steps method", I will examine key phrases and words by consulting authoritative sources in order to unravel their deeper or underlining meaning. The words/phrases to be studied are: "blood", "twelve years", "kneeling and trembling", "if I may touch his garment", "daughter", "go in peace" and "your faith".
3.5.1. The Centrality and significance of blood

According to Healy (2008:106), blood is “the seat of life”. In fact, the central issue in the woman’s healing miracle is blood, particularly given that her blood discharge, also referred to as haemorrhaging, lasted for 12 years and made her impure (Lev 15:25-33). This is not the first time that bodily discharges such as blood are linked to impurity. This can already be noted in God’s instruction to Moses on the way to the Promised Land,

Command the people of Israel that they put out of the camp every leper, and every one having a discharge, and every one that is unclean through contact with the dead; you shall put out both male and female, putting them outside the camp, that they may not defile their camp, in the midst of which I dwell. (Num 5: 1-3).

Considering Healy’s observation regarding blood, in Edendale valley, in a rather subtle way, blood is still a contentious issue. Merely haemorrhaging and having embarrassing sickness such as HIV and AIDS, are laden with stigma, prejudice and blame. People living with HIV and AIDS in Edendale have been called “impure”. Sometimes their illness is seen as a punishment from God.

As explained by Van Dyk (2005:194), people living with HIV and AIDS suffer with issues such as isolation, stereotyping and discrimination. Their perceived or real stigma makes them live in fear of isolation. For them, secrecy and concealment become a way of coping. Van Dyk (2005:278) also noted that HIV and AIDS affects the rest of the community. Therefore, to effect any behavioural or attitudinal change towards HIV and AIDS sufferers must engage the entire community. The healing of the woman took place within a crowd, i.e. within a community setting. The healing within a crowd highlights the importance of engaging attitudes and behaviours towards those regarded as “impure”.

To sum it all up, a recent study sanctioned by the South African National Aids Council (SANAC)\textsuperscript{20} reports a damning scale of stigmatization among HIV positive women. The study reports that 7% of HIV positive women were forcibly sterilised, while approximately 40% of them were obliged to accept contraception as a precondition to acquiring antiretroviral

\textsuperscript{20} The study specifically looked at HIV women, their access to ARVs, community perceptions and stigma.
treatment. Again, according to the study, 14% of pregnant women living with HIV were denied ARVs, in total disregard of government guidelines.

3.5.2. Bleeding for 12 years

The number 12 is of great significance in the Bible, as it is in this text: “twelve years describe the long period of gloomy affliction [the woman] had to bear physically, emotionally” (Kinukawa 2004:34). Apart from marking a duration, the number also refers to age: Jairus’ daughter was 12 years of age at the time that she died.

In addition, 12 was the number of the tribes of Israel and, as such, symbolised the nation of Israel. The bleeding implies that the whole nation of Israel was bleeding and desperately in need of healing. In fact, the healing of the woman who touched Jesus’ garment as Amerllini (1993:238) suggests, symbolised the nation of Israel being cured and brought back to life by faith. (The woman’s issue of blood would not permit her participation in temple worship as a result of purity laws (1 Macc1:48, Lev 15:25-32). As noted before, this meant that she was cut off spiritually from the heart and lifeline of everyday life – the temple. All in all, it was 12 years of being cut off from all that represented her being: her family, friends, community and worship).

Finally, Kinukawa (1994:34), observed that 12 was the age a young woman such as Jairus’ daughter blossomed into womanhood and marriage. At 12 years, menstruating and marriageable, she could potentially begin bearing children. By contrast, the woman who touched Jesus’ garment was unable to bear children. Effectively, instead of being able to bear life, she was dying a physical and reproductive death.

3.5.3. Coming secretly

According to Douglas (1966:120), in an elaborate social system, power is vested in certain areas of authority. Douglas (1966:120) points out that people are inherently conscious of how power is socially and spiritually structured in order to ensure the safety of society and its members. Community and religious systems can, however, make life difficult and stressful.
instead of enhancing it (Kinukawa 2008:31). When this happens, people seek other strategies.

In the Bible it is not only the woman who had to seek an alternate way to approach Jesus as a result of her “impurity”. For instance, Nicodemus and Zacchaeus devised alternate strategies of approaching Jesus. Nicodemus, whether he was hoping for a secret meeting or trying to avoid crowds, first sought Jesus at night, in fear of being found out by the other religious leaders (Gardner, 1994:322).

It is therefore not surprising that the woman came to Jesus not once but twice. At first she came secretly, touching the corner of his garment, while the second time she came to Jesus at his open and honest invitation (McBride 1996:91). McBride (1996:91), noted that the first time she came to Jesus resulted in her being healed wholly and the second time brought her assurance of salvation and the offer of peace.

At the same time, coming secretly could be indicative of the woman’s belief/disposition. According to Marshall, “coming from behind is often taken as an expression of superstitious or magical belief in the healing virtue of physical contact with the clothing of a miracle doctor” (1989:104). Douglas concurs that “the possibility of magical intervention is always present in the minds of believers” (1966:75). Surprisingly, Jesus himself was accused of exorcizing and using magic (Mk 3:22). Witherington shares this view when he elucidates that the woman who touched Jesus’ garment held “a magic-tainted belief about Jesus, thinking that even touching of his garment would transfer enough holiness or power into her to make her well” (2001:187).

Lattimore (1982:106) has stated that, among black people, collective identity is very strong. Lattimore maintains that collective identity ensures interpersonal stability and interpersonal harmony, especially at the level of the community. He believes that this collective identity makes black people go through a much deeper inner struggle for acceptance when faced with social or psychological rejection.

Among Edendale Catholics, there are still people who bleed secretly. Due to stigma, social or perceived, many people conceal their personal ailments as much as possible. In my experience, they not only approach priests at inopportune times, but also do so overtly and covertly. They present issues to the priest in a guarded, subtle way.

Kinukawa is persuaded that several religions, for example, have supported each other in discriminating against women and still today, in the form of social conventions.
3.5.4. Touching Jesus’ garment

According to Mpofu (2011:162), touch and embrace communicate connection and full identification with one being touched. For any Torah-observing Jew, touching Jesus’ garment would have been normal practice (Witherington 2001:187). We see this practice later in the Gospel of Mark (3:10, 6:56): whenever Jesus approached a village or a town, the sick were brought before him for healing. Sometimes, the simple act of touching his garment was enough to bring a cure.

In view of the above, the woman’s touching of Jesus’ garment was not a simple, impulsive gesture. Neither was it a case of simply pressing on him because of the crowd. On the contrary, this was a deliberate act, considered by Kinukawa (1994:44) as a declaration of human rights. For Jesus, as well the touch was a significant charged event which drew power out of Him. Brown believed that power is portrayed as a possession of Jesus “that cannot go from him without his knowing where it goes” (1998:48).

The woman’s touch, as depicted by her unvoiced conversation, “If I may touch his garment”, points to her belief in Jesus’ healing power. It can be argued that any journey of faith partly consists of bargaining (see John 20:24-28). Some of this bargaining is expressed in her statement, “If I may touch his garment”. The act of coming secretly to touch Jesus’ garment also suggests that she feared in the powers-that-be. However, as pointed out earlier by Marshall (section 3.1.1), courage is one of the key components of true faith. Hence, “If I may touch his garment” signalled the moment the woman courageously defied the system and the social taboos that labelled her as unclean (Lev 15:31-32).

3.5.5. The question “who touched me”

Jesus’ question, “Who has touched me?” seems not to be addressed to anyone in particular. This is not the only time Jesus asks a question prior to healing someone. In John 5:6, for instance, Jesus asks the paralytic, “Do you want to be healed?” In both John 5:6 and Mark 5:30, Jesus does not wait for an answer (neither is it given), but goes ahead to heal them.
Much as Jesus did not get a reply, one could argue that, by asking this question, Jesus was showing his willingness to help. It also marks the moment Jesus begins to attend to the woman.

3.5.6. The gesture of kneeling

Human communication takes place on verbal and nonverbal levels. According to Peterson (1980:18), the tone in which words are spoken reveals the speaker's motives and emotions, which are an integral part of the message. However, as Dinkins (2005:89) observes, when the situation does not allow one to communicate directly or verbally, nonverbal communication can be almost as effective. Expressing the problem externally places it outside the person. Once the problem is externalised, it begins to make sense in a person’s world. The act of kneeling can be a humbling gesture associated with homage and petition (Healy 2008:105). It also portrays the level of the woman's distress, especially in a situation where society, culture and religions have a strong influence on the individual. According to one adage, kneeling can keep you standing. Thus, the act of kneeling itself implies strength.

While it is important for feelings to be accepted and validated, in an authoritarian culture, silence becomes the preferred stance (Kinukawa 1994:13). In such a culture, truth-telling becomes a risky exercise and may create a conflict in the community. Evidently, the woman's kneeling demonstrated a careful consideration of the risk factor involved in her approaching Jesus. Thus, in a restricted space, kneeling was her way of telling her story. Indeed, kneeling became a way of expressing in total truthfulness and honesty her need to tell her story within the confined space.

At the same time, the act of kneeling also marked the point of convergence between her knowing that she was healed and Jesus' knowing that power had come out of Him (Marshall 1989:102). Gnilka (in Miller 2004:56) contends that the kneeling marked the moment when her secret thought and inner world were externalised.

Relatedly, Barton asserts that the woman told the whole truth:

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22 Kinukawa (1994:45) contends that the woman was compelled to kneel due to fear and embarrassment after being discovered by Jesus. However, it would seem that the woman’s move to recount her story on her knees externalized what was going inside her and so she was healed.
The woman told him the whole truth—that she had been afflicted with a dreadful disease, that she had been unclean and had come jostling through the crowd, that she had dared to touch him (a man) and did so in her unclean state, that she had hoped to remain undetected, and that she had been healed. To top it off, she had to say all of that in front of a crowd. No wonder the woman came in fear and trembling” (1994: 145).

By and large, her honest and truthful disclosure of what was going on inside her was her gateway to holistic healing. Ping and Clippard concur: “Self-disclosure gives others hope and helps them to face their own struggles with less shame and gives them new possible directions” (2005:101). Being able to express what was going on inside her as a person reinforced her existence. As noted by Patton (2002: 207), feelings can be embarrassing, and so expressing them hidden in the midst of other communication becomes the safest way to do it. The act of kneeling also meant that she was going through several emotions.

Jairus, a man of status and means, also had to kneel. McBride captures it well:

Jairus is a public figure whose function would have been to arrange the services, appoint readers and preachers, and preserve order. But he does not come to Jesus in his official capacity; he comes as a desperate father to plead for his little daughter who is at the point of death. Jairus' love for his daughter makes him into a beggar. His dignity is cast aside; his pleasing is expressed in his whole body, fallen at the feet of Jesus (1996:90).

Furthermore, Gnilka (in Miller 2004:59) states that fear and trembling are typical of how human beings respond to divine revelation. This is supported by some Biblical texts (Philippians 2:2, Exod 15:16, Deut2:25 and 11:25). Miller (2004:59) contends that fear and trembling is generally the way Mark portrays the human response to Jesus' miracles (Mk 4:41, 16:8).

In the final analysis, it can be said that kneeling, as Rhoades, Dewey and Michie (On line, 2012) point out, alludes to overcoming obstacles and also to persistence in faith. Part of this persistence seems like a humiliation to the one asking. In the case of the woman who touched Jesus' garment, it constituted a risk and, if discovered, could have been sanctioned. Yet her effort attracted Jesus' attention and led to her being healed.

3.5.7. The endearing title of daughter

According to Landman (2009:190), Jesus did not find the woman repulsive or unclean. Contrary to being angry with the woman, Jesus spoke to her in gentle words. Calling her “daughter”, just as Jairus' child was called, shows a level of understanding and empathy from
Jesus. The term “daughter” has a connotation of affection and relatedness. Calling someone “daughter” reveals a particular, personal relationship, that of father and child. This view is shared by Barton (1994:146) and Marshall (1989:106).

3.4.5 Go in peace your faith has healed you

According to Yancey (1990:99), people often become uncomfortable and anxious when their troubles do not go away. At the same time, however, when they are resolved one is relieved and so finds peace as in the case of the woman. As stated by Landman, “when a person’s identity has been robbed, that person’s spirit dies” (2009:135). Dead from child bearing, from community belonging and religious appurtenance, on account of her condition, she become alive again. Her identity, as a child or a daughter of God, was restored to her.

According to Barton, coming to Jesus was her “real secret of peace and healing” (1994:143). The expression “go in peace” corresponds to the “shalom” or “peace” used by the Jews in greetings. However, for the Jews, peace or shalom is more than just a greeting. As Kinukawa points out:

> It signifies a state of rest that implies prosperity, lack of suffering to prosperity, lack of suffering, or an alternative to war. It can also be applied to the state of the soul, connoting the relationship with God, as well as the eschatological salvation of the whole person. The expression must have touched the depth of her heart and also conveyed the state of her soul and body most appropriately and powerfully after her dehumanising agony (1994:48).

Similarly, Barton (in Yancey 1990:820), observes that:

> Jesus never gave a poor or a suffering person a speech about accepting your lot in life or taking the medicine that life has given you. He seemed unusually responsive to the groans of suffering people, and set about remedying them. And he used his supernatural powers to heal.
3.6. Applying the insights gained to the context of Edendale valley

3.6.1. Applying the insights

As stipulated in step 6 of the LBN, the insights gained have to be contextualised. In the above section, I have analysed the text (Mk 5:21-34) using authoritative sources. In this section, I will draw from the findings some important aspects for the context of Edendale valley, as stipulated (step 6).

Edendale valley is a black, Zulu-speaking area which was heavily affected by past social and political strife. As pointed earlier, among black people, collective identity is very strong. This is important for communal stability and harmony. It is also important to realise that this social consciousness has impacted very strongly on the communal psyche. Consequently, there are still people who bleed secretly in order to protect their image. Due to stigma, social or perceived, many people conceal their personal ailments as much as possible.

In this, Edendale Catholics are no different. In my experience, they not only approach priests at inopportune times, but also do so overtly and covertly. They present issues to the priest in a guarded, subtle way. Coming in such a way, like the woman who touched Jesus's garment, is indicative of their vulnerability. Van Dyk, who has exhaustively studied the vulnerability of black South African women in light of the HIV and AIDS pandemic, makes similar observations regarding the SA context\textsuperscript{23}. According to Van Dyk (2005:25), women are vulnerable not only economically, but also socially and sexually. He maintains that women in cultures where they are supposed to be submissive have low status and cannot negotiate their sexual rights. As a result, Van Dyk estimates that women are two to four more times infected with HIV than men. Van Dyk observes:

> Women become more vulnerable in societies in which they are seen as having lower status than men. This makes women dangerously vulnerable in sexual relationships because they do not have the authority to express or enforce their needs. Because of their low status, most women from poor (socio-economically depressed) communities have little or no control over their sex lives. They are not in a position to negotiate safer sex practices because they fear violence and abandonment should they do so (2005:25).

\textsuperscript{23} This SA context is particularly pronounced regarding HIV AND AIDS prevalence among black communities such as the Edendale valley.
What Van Dyk has pointed out resonates with my own observation in the Edendale valley. The advent of the HIV and AIDS pandemic has increased the number of orphans and vulnerable children. Children with limited access to resources such as education live with minimum care. I have observed visible signs of malnutrition on numerous occasions.

Owing to culture and the social context, many women feel powerless and helpless. Like the woman who touched Jesus’ garment, physically, emotionally and socially women still suffer on account of their gender. Most —gogos—24 or old women suffer from loneliness. Most of these —gogos”, especially those that are frail and weak, are in dire financial difficulty. They depend on government grants as their only source of income. In order to break themselves out of the wall of loneliness, they come every Tuesday and Friday to pray and visit their sick colleagues.

Marshall (1989:103) observes that the condition of the woman who touched Jesus’ garment was aggravated by human healers. Similarly, women in the South African context25, particularly those with HIV/AIDS, suffer on account of human healers too (section 3.4.1). However, it is not only such healers that aggravate human suffering. Some women are held captive by religion and culture and are abandoned to a state of powerlessness and helplessness. Some women are stuck in abusive marriages, but cannot divorce for religious reasons. Even among Edendale Catholics, some women perceive the church’s teachings as oppressive. These women, who from a cultural perspective are unable to bear children, sometimes face the brunt of the community, especially in situations where barrenness is regarded as a curse and a shame to the larger family. Among younger women, stories of failed marriages and unwanted pregnancies are common.

Like the woman who touched Jesus’ garment, many women feel trapped by stories of personal sickness or financial constraints. Some are still struggling with body issues such as rape, high blood pressure, weight problems and even diabetes. Others, especially unrecognised children, struggle, with identity issues.

In a social cultural milieu, and sometimes supported by religious rules, many, especially women in the Edendale valley bleed in silence. Catholics, of whom women constitute a vast

24 The term —gogo” means grandmother in isiZulu, and is equally used to refer to elderly women in general.
25 This includes women in Edendale valley, too.
majority, turn to the faith community, particularly to the priests, for recourse. They seek answers to their inner deliberations and questions whenever possible. It does not matter whether the time is opportune or not. Mass or confession, family gatherings such or funerals are all opportune moments, in their view, to seek remedies to issues pressing them. Even though at times, the matter to be aired may need time or privacy. Sometimes it may be a simple question to do with understanding a faith-related dilemma, such as when to fast or how to fast.

3.6.2. To sum up

In this chapter the text of the woman who touched Jesus’ garment has been examined, in the light of a particular lived context of Edendale Valley. Generally, the chapter has endeavoured to analyse the text of Mark 5:21-34 and apply the findings to the context of Edendale valley Catholics’ search for FBHH in order to generate a pastoral counselling model.

In chapter four, in line with step 7 of the LBN, the insights that have been gained will now be integrated into real life. This will be done by applying the findings from the text and the context to generate a pastoral counselling modelling that encompasses the holistic search for healing among Catholic Christians of the Edendale Valley.
CHAPTER FOUR
ACT: DEVELOPING A PASTORAL COUNSELLING MODEL

In the preceding chapter, I examined some key aspects regarding the Gospel of Mark. I analysed the woman in Mark 5:21-34, her story, cultural milieu and religious context. Some key words related to Mark 5:21-34 were analysed. In this chapter, the insights gained from analysing Mark 5:21-34 will be used to generate a pastoral counselling model. As postulated by step 7 of LBN, I will be relating the findings to real life. The PCC principles will be tempered with a textual reading of Mark 5:21-34. Tempering PCC principles and LBN methods will, in my view, provide an in-depth psychological understanding of Jesus' approach to the woman who touched his garment. Thereafter, having gained a psychological understanding of the text (Mk 5:21-34), I shall develop an appropriate pastoral counselling model that helps deal with the need of Edendale Catholics who seek FBHH even at inopportune times.

4.1 Understanding counselling

In this section, I will provide an understanding of counselling by giving a few definitions. I will examine pastoral counselling in terms of what it entails, its goals and the role of a priest as a pastoral counsellor. Finally, I shall discuss the PCC as counselling method, by alluding to its principles, attitudes, strengths and weaknesses.

Since this study aims at showing how Mark 5:21-34 can become a pastoral counselling model, I will begin by first providing an understanding of counselling, in general, and pastoral counselling, in particular after which I will proceed to examine Mark 5:21-34 from a psychological perspective. Thereafter, the psychological insights gained will be integrated into real life to engender a pastoral counselling model capable of answering Edendale Catholics' search for FBHH.

4.1.1 Defining counselling in general

Pastoral counselling is not a counselling method *per se*, but rather the work of counselling done by trained pastors who use counselling methods such as the PCC, which is used as a counselling method of choice in this study.
Although counselling is generally viewed as a process whereby one’s hurts, issues and pains are resolved by use of techniques, counselling is a vast subject, understood and defined in many ways. For the purpose of this study, however, I will point out only a few definitions of counselling:

According to Patton (1983:196-155), counselling is a developing language best understood in the context of relationships in which the pains and joys of life are explored. Similarly, Peterson has noted that counselling is “the art by which one person uses human relations and skills in relationships to help another person experiencing psycho-social difficulty or stress” (1980:1). Arnold Mathew (in Lefèbure & Scaffer 1982:21) understands counselling to be a way of seeing life steadily as whole, while Gillis (in Van Dyk, 2005:175) views counselling as a facilitative process in which the counsellor, working within the context of a helping relationship and using specific skills, helps those in distress to develop self-knowledge, accept themselves and develop within themselves resources for self-betterment.

Another understanding of counselling has been provided by Switzer (1974) and Grossoehme (1999). For Switzer (1974:13-14), counselling is a relationship in which both the counsellor and the counselee participate and change for the better, through mutual love and acceptance. For Grossoehme counselling is a relationship of sharing one’s pain with a caring person: “through the words we speak, the actions we perform, and the relationships we create” (1999:4).

4.1.2 Understanding Pastoral Counselling

From the above definitions, counselling can be understood to be a dynamic and skilled effort to help another person through communication and genuine dialogue. Pastoral counselling is essentially a branch of counselling and a ministry of the church which is different from preaching. Benner (2003:25-36), notes that pastoral counselling is located within the broad range of pastoral ministries and is a form of evangelism where a minister acts as a means through which counselees can be led to have a divine experience and consequently alleviate their burdens. Dinkins concurs that pastoral counselling is “a spiritual relationship that allows troubled persons to tell their stories, to be heard, understood, and responded to” (2005:38). A similar sentiment is voiced by Dinkins: “I learned to listen with empathy to other people, I
discovered that what hurting people want most is not answers to their problems, but someone who cares and is patient enough to really listen to them (2005: 21).

Another understanding of pastoral counselling is provided by Patton (1983) and Taylor (1991). According to Patton (1983:196), pastoral counselling is first and foremost a language of feelings, a relationship and a way of communicating a story of human pain and seeking remedies. Taylor (1991:5-6) believes that pastoral counselling is a relationship that takes place at the verbal, nonverbal, dynamic and symbolic levels.27

Ultimately, pastoral counselling is the work of an ordained or trained minister, such as a priest, who integrates psychological skills/techniques with faith or spiritual insights to help one in distress (Benner 2003:33). Lefébure and Scaffer (1982:2) have observed that the general aim of pastoral counselling is to help the client to adjust to personal wholeness, to become steady, to unfold and to develop. Lefébure and Scaffer (1982:22) add that, by focusing on the future and achieving practical results, one can become a human being humanly and spiritually. The aim of pastoral counselling is thus to enable a client to gain a vision of life in its fullness and in its totality. Pastoral counselling aspires to help a client fully embrace life with enthusiasm and with willingness to grow by overcoming his/her difficulties, being open to change and adapting to a new life.

4.1.3 The role of a pastoral counsellor

In spelling out the role of a pastoral counsellor, I will engage the views of authors such as Benner, Switzer and Patton. According to Benner, “the appropriate use of religious resources in counselling is proceeded by a pastor’s awareness of both the person’s problems as well as his/her religious background and present attitudes toward religion” (2003:38). Switzer (1974:15) contends that a pastoral counsellor, as a person and symbol representing the community, plays a unique social and symbolic role.

In order to help one in distress, it is important to devise a strategy and be conversant with the kind of resources that are necessary to deal with the problem. While the pastoral counsellor can help one in distress formulate available and possible alternatives for action, the work of self-
actualising remains that of the person in distress. The principal concern of a pastoral counsellor is to help one in crisis actively cope with a problem, using psychological techniques and spiritual resources.

Pastoral counsellors help those in crisis evaluate and mobilize their own resources, such as friends, family, church and community, to achieve desired goals (Stone 1993:38). As authority figures, invested with power, priests also use the Bible and their own personal presence to help people to become better persons. In fact, the work of a pastoral counsellor, as noted by Patton (1983:205), becomes one of listening to people in despair and helping them reconstruct and reconcile themselves with a seemingly hostile world.

4.2 Understanding the PCC model

The scope of this study encompasses examining the search for FBHH among Edendale Catholics, as I am convinced that the search for healing is more holistic than spiritual in nature. I thus opt for the psychological lens that I deem able to help me understand Mark 5:21-34 from a psychological perspective, so as to generate a pastoral counselling model for people seeking FBHH. I have decided to use a counselling model that is more general than spiritual. Having provided an understanding of counselling and outlined the general principles of pastoral counselling, I will now examine my psychological lens of choice, the PCC. Suffice it to state that, while examining the PCC model, I will be adopting and adapting the views of Hunter (2015), Singer (2007), (Ross 2003), Thorn (1990) and other online resources such as dictionaries and journal articles, which give an elaborate understanding of the PCC from a humanistic and Christian perspective.

4.2.1 Principles of the PCC model

Person Centred therapy, also known as Rogerian therapy or Client Centred therapy (Mcleod: 2008), is a humanistic, non-directive psychology. The PCC was founded by Karl Rogers (McLeod: 2008), using principles such as genuineness, unconditional positive regard and empathic understanding.

The PCC is premised on the conviction that people are born with an innate capability for psychological growth. It evolves from a positive standpoint of humanity in general and assumes that the client knows what is best for him or herself. The client is considered as the
expert of his or her own story. As such, the PCC presumes or presupposes that, if given the correct environment and support, individuals in distress can achieve their full potential (Hunter 2015). Accordingly, Hunter regards the client as the ultimate agent of self-change, endowed within him or her self-internal resources to get better.

The therapeutic approach used in PCC is non-directive therapy which does not require diagnosis. According to Corey (in Mcleod 2008), in order to help the client achieve better goals, the PCC puts emphasis on the here and now. Focus is thus place on the how the client is feeling at the present moment, the metaphors and choice of words he or she uses, as well other nonverbal communications. Consequently, as Thorn (1990) observes, less emphasis is placed on self-discovery or the history and counselling techniques. Instead, emphasis is placed on the patient's ability to resolve his/her own conflict and reorganize his/her values. Leading questions or too many questions are thus discouraged and the client's behaviour is not to be interpreted, neither are the client’s ideas or values questioned.

Person-centred therapy believes that people are inherently good and emphasis is put on the client's inner strengths. According to the website Medical Dictionary (2012), in client-centred therapy, when the right environment and the right attitude such as warm, nondirective, unconditional acceptance and support of the therapist is applied, the person in distress will automatically grow positively.

4.2.2 The role of the therapist or councillor in the PCC model

The therapist or counsellor is treated as some sort of model by the one struggling. The counsellor understands the client from the client’s own view point. Emphasis is on the relationship, on the counselee’s ability to know what is best and the right attitude and personality of the therapist. As observed by Mcleod (2008), the quality of relationship between the client and the counsellor is essential in order to help the client understand his or her world. In this regard, the counsellor is seen as genuine and authentic. The counsellor understands the client and attentively listens to what he or she communicates without being judgmental or resorting to giving her/him advice. His/her job is to encourage the client explore past and current issues which hinder growth and explore future possibilities. Using the right attitude, such as unconditional positive regard and empathic understanding, the counsellor creates the necessary and sufficient conditions for change.
4.2.3 Fundamental attitudes of the PCC

One of the core values of the PCC is having an attitude of congruence or genuineness. An attitude of congruence is when the counsellor looks at the counselee with unconditional regard and esteem, while being real and deeply involved in the counselling relationship. At the same time, the counsellor comprehends meanings, thoughts and feelings expressed from his/her own client’s perspective. By reflecting and clarifying the patient’s discoveries, the counsellor works as a catalyst for the realization of positive change. Beliefs and feelings which support or encourage the client to embrace the future with confidence are enabled and encouraged. The client is free to explore and to express feelings, positive or negative.

The role of the counsellor is to support the client through a relationship based on empathic understanding and unconditional positive regard. Through a non-judgemental and non-directive attitude, the counsellor encourages the client to move towards self-actualisation and self-fulfilment. The client is allowed to take responsibility for his/her own actions, internally evaluate himself/herself and pursue a deep desire to grow.

The counsellor demonstrates empathic understanding of the client and his/her world and how they feel about their current impediments or situations. Through proper psychological contact, such as appropriate touch, proper bonding with a client and active listening, the counsellor creates a growth-promoting climate that allows the client to grow for the better. Finally, the counsellor encourages the client to explore the current impediments, feelings and emotions involved.

4.2.4 Strengths, weakness and goals of the PCC

According to Hunter, the principal goal of the PCC is to help the client move towards “the realization of goals, self-fulfilment, autonomy, self-determination, and perfection” (2015). By encouraging self-esteem and openness to change, the client’s defensiveness, fear and other negative feelings are reduced. By focusing on the here and now in resolving issues, PCC has been found to be very useful for intervention among individuals, families and communities struggling with relationships, stress and trauma (Thorn 1990). The realisation of inbuilt resources creates a greater degree of independence, which can help the individual to integrate himself/herself better into his/her community and to relate better with the important people in their lives.
However, at the same time, the PCC assumption that the client knows what is best can be a weakness. Sometimes the counselee does not know what to do or know what is best and is simply lost. For example, it is a difficult for a victim of sexual abuse, especially a minor, to know what is best. The PCC holds that the counselee, as master of his/her own story, should be accorded full opportunity to tell his/her story. In accordance with Patton (1983), who maintains that story-telling should be limited and have as its objective the resolution of the problem, a priest may not have the time to listen to all the details of the story. Much as the PCC advocates for the counselee to resolve his/her own problem by drawing on inner resources, sometimes counselees need an external support or a higher source, such as faith. Acceptance and positive esteem from the counsellor alone may not be enough. There may be underlining pain or guilt that cannot be dealt with by trust and unconditional positive regard alone.

As Keynes (1990) notes, the PCC is premised on a fully functioning person, who knows what is best and can, if guided, achieve full potential. However, very often people are limited by other barriers, such as social, cultural, religious or even economic barriers. Often people who are poor or sick, sexually or emotionally abused will need external support. For instance, people with HIV and AIDS need antiretrovirals and counselling. Victims of rape will need emotional and legal support before they can make use of their own inner resources.

Most importantly, the PCC moves the counsellor to the background, despite her/his wealth of experience and expertise is moved to the background, because it presupposes that the client knows what is best. This presumption can especially be difficult for a counsellor in a case where the client is not ready to address or willing to explore deep lying issues. Moreover, it is normal for people such as addicts to seek to justify their own actions. A client involved in destructive behaviour cannot be presumed to know what is best for him/herself.

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28 Among the Zulu, the priest-like inyanga or sangoma (traditional healer and priest) is endowed with a divine presence and has the solutions to people’s problems and can talk or intercede on their behalf (section 2.2.3).
4.3 Counselling insights from Mark 5:21-34

The insights gained from examining Mark 5:21-34 using the LBN’s seven steps will be interfaced with the principles of PCC to create a pastoral counselling model. In this section, key counselling aspects such as taking the initiative, attending, listening and asking questions will be examined. Aspects such as telling the story, diagnosing and providing new life perspectives which are fundamental in the counselling process, will be engaged. This will then be applied to the real life situation of Edendale Catholics, to create an appropriate pastoral counselling model (section 4.3) who seek counselling in opportune times.

4.3.1 Taking the initiative: If I may touch his garment

According to the PCC, a counselling relationship is initiated by one in distress. He/she recognises the need for help and takes the first step to seek it. Needless to add, in a counselling relationship, the needs of the client are primal. Information is never imposed, but freely given by the counselee and held in confidence by the counsellor. This effectively means that, in a climate of trust and acceptance, the client makes his/her own choices and decisions freely and willingly, without being dominated or pushed around.

4.3.2 Attending and listening: Turning around and asking the question “who touched me?”

Once contact is initiated, the pastoral counsellor, in line with the PCC principle of unconditional positive regard, creates a safe environment in which a person can tell his/her story. Through verbal or nonverbal acts, the counsellor can create a relaxed environment which enhances a structured relationship and empathic understanding in order to resolve the problem. As noted by Capps (2003:38), attending is enhanced when a counsellor actively listens with the help of skills such as responding, questioning, assessing and probing. These skills can enhance a deeper understanding of problems, without resorting to false assurances and quick advice which accomplishes nothing. Moran (1968:96) is convinced that a welcoming attitude is basic to pastoral counselling and is persuaded that it assists the client to voice their feelings as clearly as possible. Thus, how one welcomes the client is very important. A calm, open and confident tone can be very effective in attending to one in distress and making the as person comfortable as possible.
In addition to words, other actions such as eye contact and empathic postures can be used to display authentic concern and facilitate the story narrative. Benner (2003:88-89) points out that it is important for the counsellor to grasp the nature of the problem before attempting to resolve it. Thus adopting the correct listening attitude and skills can be effective. Benner (2003:88-89) also highlights the need to pay attention to feelings, thoughts and behavioural patterns which are associated with the key concern. Benner (2003) is convinced that feelings express underlining beliefs and provide an access route to the understanding the cause(s) of problem(s). Patton (1991:37) states that it is fundamental to focus on the client’s feelings before encouraging him/her to solve their problem because feelings, as internal experiences, help the pastoral counsellor to understand the cause of the problem.

Ultimately, understanding feelings is key to successful problem-solving. An awareness of what is going on inside a person can provide the momentum to move forward in resolving the problem. Feelings can also act as triggers which spur one to act on the problem. As important indicators of what people value, feelings are the first categories to be listened to. However, much as paying attention to feelings is critical, this is never easy. Feelings, especially painful ones, are hard to identify. As observed by Taylor (1991:37), people often try to hide their emotions from others, which makes communicating with them difficult. It can also be that painful feelings such as anger, anxiety and guilt are pushed out of conscious awareness.

**Posture**

As observed by Ross (2003:42), it is vital to make the client feel that he/she is being listened to at a deeper level. Stone (1993:39) has stressed that, by adopting or maintaining an attending physical posture, a pastoral counsellor can communicate interest and concern. Stone (1993:39) adds that eye contact with a person in distress is one of the most powerful ways of communicating empathy. However, from an African point of view, maintained eye contact is frowned upon. For instance, looking in the eye of an elder or a respected person can be interpreted as staring and therefore rude and disrespectful. Maintained eye contact, especially by the counsellor, can be found to be obstructive by the African counselee. This awareness was brought to my attention when one counselee said to me —Please do not look at me like that‖. Asked to elaborate, she said —When you focus on me, I lose focus‖. Instead, from an African
perspective, looking in the same direction creates a feeling of seeing the issue together and glancing at the counselee gives the impression of conferring with him/her.

**Immediacy, awareness and active listening**

According to Patton (1983), good listening is about timing and limiting. Patton (1983), explains that for a counsellor, timing is knowing when to appropriately probe and limiting is guiding the narrative to its desired objective, which is the resolving of the problem at hand. While I resonate with Patton’s argument, I am persuaded that good listening also demands awareness and immediacy.

While listening to what the client is saying (or not saying), and what he is doing, is important, Ping and Clippard (2005:16), point out that listening is hard work which demands sacrifice. The method of listening should therefore be adapted to the needs of the client. In other words, one must be able to move at the client’s pace, although some need more encouragement to speak.

Deeper listening happens when attention is given to nonverbal communication, in order for deeply lying feelings to emerge. Benner (2003:91), advises that, after exploring the feelings, the underlying thoughts to the feelings have to be explored too. Good listening demands some boundary setting.

**Probing**

Key to successful counselling is to let the client tell his/her story. A better understanding of the client is made possible by gathering the bits and pieces of insightful information through probing. The client is thus helped to speak concretely and is provided with a mirror to gain a new understanding of self.

As the story is told, the counsellor can, through gentle probing and open-ended questions, highlight problems and clarify inconsistencies. Such brief and gentle probing of experiences, actions and thoughts can be an effective means of getting to the core issue affecting the individual. Dinkins believes that “Asking questions helps focus on the story without shifting the conversation to another subject” (2005:52). Peterson advises, “the more the counsellor is
aware of hidden dynamics of the client’s personality, the more accurately he or she can counsel the person towards health” (1980:114). Taylor (1991:15-22), points out that asking questions can be an effective means of listening and reflecting back what is being said at the feeling level. Allowing time for silence forms an important part of the conversation. It can serve the purpose of clarifying the history and vision of the participant as far as what hurts is concerned. In other words, questions specifically related to the problem help the pastoral counsellor to “story listen” and to show empathy.

Questions provide focus and perspective on the given situation, by providing clarity and direction on what the person is looking for. Counsellors, with the help of questions, gain focus on the issue and listen more attentively, thus providing new perspectives. With the help of questions, a person becomes the authority on his/her own story, while gaining more freedom and ability to set decisive goals. Questions help one in distress to create possibilities and enhance the need to develop a bigger meaning to one’s story.

**Asking the right questions**

According to Stone (1993:43), the number of questions posed to people should be minimal and carefully considered during a crisis, so as to allow those in distress to maintain ownership of their stories. Stone (1993), recommends taking time to listen without interrupting constantly and only asking questions at the opportune moment. Dinkins (2005:55) observes that good questions are those that come at the proper time and in a proper manner. Patton (1983:200) believes that telling too much of the story may actually delay the process of the whole story. Thus, insightful, open-ended questions, and not the kind that embarrass the person can be most effective.

**4.3.3 Telling the story: Kneeling and trembling**

According to Patton (1983:199), for new life to emerge, a new story has to be told. Patton (1983:199) explains that stories provide us with imagination which, in turn, provides us with a new picture of a life to come. Indeed, as noted by Schreiter (2010:381), witnessing and retelling the story are two important moments in the healing process. Schreiter is convinced that telling the story is about recognising how one feels regarding an event(s) in one’s life or part of one’s life.
Much as it is important for one in distress to reconnect with the old story, in order to create a new story, Patton (1983:200), warns that stories must be interpreted by careful analysis, gentle listening and quiet attentiveness, in other to reconnect with other isolated events in a counselee’s life. Further, Patton (1983:207), points out that as the story is recounted, painful and sometimes embarrassing feelings begin to emerge. However embarrassing the counselee's feelings may be, they provide a gateway to healing. Thus it is important to pay attention to them and recognise them.

Rowan believes that the emotional aspect in the story is the most important, since “it links, in a unique way, the earliest and the latest experience, the deepest and the shallowest, the most refined and the most earthy” (in Ross 2003: 26). In getting in touch with one’s feelings, particularly painful ones become excruciating. Schreiter (2010:381) adds that many cannot easily name their hurts, either because they are too painful or simply because they have been pushed inside. Physiological responses, such as tone of voice and demeanour, however confusing, can be true pointers of how one feels inside. Such non-verbal clues can clearly give a true picture of what is going on inside the person.

In the encounter with the woman who touched Jesus' garment (Mk 5: 25-35), the woman does not speak any words directly. Jesus only asks one question, but does not wait for the answer. Instead, He encourages her to come forward and be helped her to tell her story (Mk 5:29-30). According to Taylor (1991:138), any communication, verbal or nonverbal, is not complete until there is a response. Her response was evident in her gesture of kneeling and trembling which, in a restricted environment, constituted a powerful way of retelling what happened (Mk 5:33).29

29 “But the woman, knowing what had been done to her, came in fear and trembling and fell down before him, and told him the whole truth” (Mk 5:33).
4.3.4 Cultivating trust and establishing a relationship: “my daughter”

According to the PCC, empowering the client to believe that change is possible makes the one in distress feel acknowledged by another human being. This is important for two reasons: in the first instance, the client must be able to trust and to unburden himself/herself. Secondly, for one experiencing painful memories, safety is important.

As Peterson points out: “the more the counsellor is aware of hidden dynamics of the client’s personality, the more accurately he or she can counsel the person towards health” (1980:114). How the client describes himself/herself, independently from the problem, will provide clues into his/her personality.

Capps (2003:113), feels that the ability to see the problem in its true light is itself a moral and spiritual task. Sharing stressing human problems constitutes part of the common human experience. It is essential, therefore, that the one in distress has trust in the pastoral counsellor. In addition, as stipulated by the PCC, the client must feel affirmed and accepted. Capps (2003:37) cautions that persons experiencing distress often find it difficult to articulate their personal problems. Without being able to trust, one cannot build basic relationships in life and the community. Any client’s progress towards self-understanding will depend on the trust he/she in the counsellor.

Schreiter states that “feeling safe is the beginning and the basis of restoring trust and the necessary foundation for all relationships” (2010:383). Barton and Marshal (section 3.5.7) the title “daughter” connotes to relatedness and affection. Therefore, by calling her “daughter”, Jesus was effectively communicating understanding and empathy to her distress and provided for her a safe space where she felt understood and accepted. By calling her daughter, Jesus in essence assured the woman that she too was a child of God. Calling her “daughter” ensured that she was not alone. She was being reassured that she, like Jairus‘ daughter, had a father too.

Once a trust relationship is established, identifying significant others, as well as identifying a support system such as one’s family or faith community, becomes feasible. For instance, having gained the woman’s trust, Jesus could now point her to a new reality: to go in peace as a daughter of God, healed of her afflictions. Miller (2004:61) has reasoned that “go in peace”
was also a way of invoking divine blessings on her. In essence, the endearing title of "daughter" in this case could be one such way of arming her with a support base and identity as a child/daughter of God.

In my own experiences among Edendale Catholics, I have observed the importance of trust. Once a relationship of trust has been created, effective counselling can take place. Subsequently, those in distress easily open up or confess pertinent issues, once they know that it is safe to do so. For example, I am often surprised how those who are HIV positive easily reveal their status to a priest. As pointed out earlier, a priest is a symbol and a representative of the community; coming to a priest is in fact coming to the faith community.

4.3.5 Diagnosing feelings, thoughts and behaviours: “Your faith has healed you”

The PCC model is built upon the understanding that a person is an individual endowed with self-worth and esteem, regardless of his/her weaknesses, faults or failures. The counsellor in the PCC helps one in distress to "self-diagnose", by making sense of their story. As Van Dyk (2004:176) points out, the role of the pastoral counsellor is to provide a sense of security and to help the client to discover what he/she wants.

In the first instance, attending to the counselee's problems demands looking at them from all angles, in order to discover the primary cause of distress. It means discerning the nature and seriousness of the problem, as well as the resources available to deal with the problem such as the will and the good intentions of the person and support groups.

Van Dyk states that counsellors must help clients break through 'blind spots' that prevent them from seeing themselves and their situations as they really are" (2004: 175). The pastoral counsellor at this stage helps the person in distress to make a proper assessment or judgment of the problem, by unravelling what happened in the past, how they feel and why it is important. Recognising the range of potential causes or difficulties must thus be adequately formulated and correctly diagnosed.

Ultimately, the pastor counsellor enables the person in distress to encounter Christ and to allow God to take a central relationship in his/her life. Whereas the woman who touched Jesus' garment was blinded by her history of moving from doctor to doctor and the belief that what
happened to her was an act of magic, Jesus helped her overcome her blind spot by pointing her towards faith. As Healy points out, “Her faith brought her into living contact with Jesus, and as a result she experienced dramatic healing” (2008: 107).

4.3.6 Providing new perspectives and strategies for coping: “Go in peace”

According to Van Dyk (2005:184), a counselling process is like getting into territory where everything is new. Capps adds: “to replace confusion with clarity is to participate in God’s creative work” (2003:113). Once the problem has been identified and summarised, and any emotional tension causing the blockage of ideas has been dealt with, the person in distress can be helped to attain self-actualisation and self-determination and to believe that change is possible.

This significantly means that change can only be made once the client is willing to make change happen by moving beyond the current problem. At the same time, it is important for the counsellor in order to help the counselee to adapt, is a non-judgemental and positive attitude as postulated in the PCC model. This helps the counselee to able to make his or her own choices and decisions concerning his/her life.

Van Dyk (2005:92-93) believes that people accept to change their ways of behaving once they see the potentiality and feasibility of the new behaviour. Some form of counselling is to provide or help a person have a vision, a new vision to his/her own story and to life as such. When Jesus says “go in peace,” the purpose and the counselling objective has been met. By telling her to go in peace, Jesus was empowering the woman to embrace life once more.

Stone (1993), is also aware, however that people in a crisis often turn away from meaningful interpersonal involvement. To counter that, Stone (1993), believes that it is important that people in crisis situations are helped to develop a plan of action in order to resolve the crisis. According to Stone (1993:49), once a goal has been set and an appropriate course of action to be undertaken needs to be considered as well as the necessary resources needed.

According to Benner (2003:93), for healing to occur, the whole hurtful event has to be seen in a new light. The pastoral counsellor may suggest a course of action to be considered. This is not tantamount to giving advice, but simply an effort to broaden the horizons of persons to
consider multiple alternatives. At the same time, sympathetic feelings, beliefs and values are essential to define the person in crisis. The pastoral counsellor needs to weigh these options against an individual's personal values and beliefs, such as family or faith.

While a change in perspective leads to a change in behaviour, it is important for the counsellor to help the person identify changes in behaviour that may be desirable. According to Benner, "helping others to be open to new ways of understanding their emotional wounds is the core of forgiveness counselling" (2003:94). Stone emphasised that "persons in a crisis need patience, sometimes they resist, sometimes they forget and do not have time" (1993:50). Thus "go in peace" really is an invitation from Jesus for the woman to move from a desperate crisis to a transformed life, being healed and forgiven, to embark on a peaceful life.

Benner (2003:95-96), points out that the goals must be concrete and realistic, reflecting the real concerns identified. Van Dyk recommends that, while helping the client, the counsellor should specifically focus on a response that is effective: "the counsellor's role is to help the client improve his/her quality of life by helping him/her to manage problems, make life-enhancing changes and cope with the kinds of problems that will arise in future" (2005:175).

Drawing attention to untapped personal and spiritual resources particularly provides hope. Hope enables the counselee to envision and work toward a more effective handling of his present difficulties. Recognising true hope as part of God's faithfulness enables one envision new ways of working with God (Capps 2003:113). At the same time, the counsellor must endeavour to provide clarity that eliminates distortions of the problem, by seeing the problem for what it really is. It means avoiding the pretence that nothing is wrong, but working to realise a future filled with hope.

In the final analysis, it is most important that the person in crisis stays committed to action. In the case of this woman, she was able to walk away from Jesus in joy with her new-found wholeness. Jesus did not provide a moralistic view. He let her concentrate on her energies and undergo an inner conversion. Having been healed physically and spiritually, she could now blossom in God's mercy. As a daughter loved by God, she was free to step into the future in peace. As explained by Barton (1994:48), the words "go in peace" mean that, with his healing, Jesus, after giving her a life, held an opened door to her.
4.4 AMEN: a pastoral counselling model for Edendale Catholics seeking FBHH

Having been enlightened by the analysis of Mark 5:21-34 according to LBN and PCC, I will now proceed to generate a pastoral counselling model for Edendale Catholics seeking FBHH. Ultimately, in the search for FBHH, a priest must display four fundamental skills: having the correct attitude, making meaning or sense of the story, empowering the counselee with his/her own inner resources and nurturing hope for further growth. These skills are fundamental for positive change.

The model and its name are derived from the four key aspects, namely Attitude, Meaning, Empowering and Nurturing (AMEN). The AMEN model proposes a simple, basic and easy-to-remember counselling tool, which can transform the challenges of informal, unplanned encounters into advantages. I shall expound on the AMEN model in the following sub-sections.

4.4.1 Attitude

Jesus saw the woman who touched His garment first and foremost as a person and welcomed her with an attitude of compassion and congruence. Jesus did not only heal her physically, He also healed her spiritually. For a priest, asking a question, such as “What can I do for you and how may I be of any help?”, portrays an attitude of acceptance and willingness to attend to the counselee. Jesus’ encounter with the woman underscores the need to overcome barriers and labels in helping counselees. For instance, responses such as “but that is a sin”, while attending to the counselee, is putting another barrier into that person’s life and the counselling process.

Like the woman, people in distress approach priests with faith and with expectations, namely to be prayed for and healed. Like Jesus, the priest is required to receive people with an inclusive attitude, being empathic, respectful and courteous. Rather than spiritualising or moralising people’s problems and using all sorts of clichés, priests need to treat the counselee as a person of worth and dignity, regardless of his/her weakness, faults or failures. The priest needs to attend to the person by first listening empathically to what he/she says. Depending on the time and the core issue, the priest must facilitate healing by prayer and counselling.

Witherington adds that, Jesus “was especially concerned for the vulnerable and the marginalised” (2001:185). Whether attending to the spiritual life of one with HIV and AIDS, a young pregnant girl or a remarried divorced Christian, a welcoming, non-judgemental positive
attitude from the priest is critical. For instance, divorced and/or remarried Catholics can still find compassion and understanding from the priest without feeling excluded.

4.4.1.1 Inopportune times

It is clear from His contact with the woman that Jesus did not have much time or space for privacy. We recall that Jesus had been presented with a request from an important synagogue official who had a dying daughter when the woman sneaked in. However, instead of giving a "magical" performance or pushing her away, Jesus was able to give her due attention and enabled her to express her story ("the whole truth", Mk 5:33).

Even though priests spend several years in seminary training, they are not necessarily trained in counselling. For those lucky enough to have received such training, time for counselling may not be available. Many of those who come for counselling do not have an appointment. They simply come when they are afflicted. As Switzer (1974:17), observes, in prayer gatherings or other public ceremonies where priests are involved, the unexpected can occur. The type of counselling that priests do is often unplanned and informal. In fact, priests constantly deal with crisis situations such as accidents, death, grief and serious illnesses at inopportune times. With so many unplanned situations, time is critical. The priest cannot postpone or ask the counselee to come another day so as to allow the priest to prepare adequately. In such cases, Switzer (1974:22) recommends short-term therapy, or contact in which the counsellor (in this case the priest) seeks to help a counselee in the shortest time possible. Short-term therapy, in his opinion, is the most convenient.

Much as I resonate with what Switzer contends, I would like to state that there is still a need for skill acquisition and appropriation. Therapy can be provided in the shortest time possible if one equipped with the necessary skills and experience. Priests however, can use other means at their disposal namely: empathic love, support, assurance and prayers in order to facilitate healing. In circumstances or situations which do not permit a long process: funerals, family visits and hospital visits such tools can be handy. However, in light of other factors such as ethical considerations and the need to give due diligence to the whole counselling process, the priest can indicate that he does not have time to counsel thoroughly at this specific time. He can then ask for a brief rendition of the story, offer a prayer and anoint the person with oil. He
should offer to schedule an appointment in which the issues presented can be dealt with more thoroughly.

4.4.1.2 Awareness and immediacy

Today’s busy and fast-moving world challenges, in particular, a priest’s ability to listen and to be touched by other people’s afflictions. Depending on the gravity of the problem, people approach the priest in subtle ways, either overtly or covertly. In order for the priest correctly to help one in need, sensitivity to the cultural patterns and expressions of the counselee is necessary. In the Edendale context, the priest should be aware that he is dealing with predominantly Zulu people. He should not expect them to look him in the eye and he must remember that touch is seen as a medium for healing. He should also expect and accommodate various emotional outbursts, which are normal for counselees of many different cultures. He should offer appropriate touch, taking gender into account and not judge the counselee for any emotional outburst.

4.4.1.3 Advice

Owing to their many years of training, priests are often perceived to have all the answers. They are expected to be able to give advice. However, as Stone notes, “one of the quickest ways to miss the pain of others and to leave them feeling unheard is to offer quick advice. Advice is only useful after a caring relationship has been established and alternative strategies of action have been explored” (1993:43). Dinkins points out that pastoral counsellors “need to change from being a spiritual mechanic to becoming, instead, a pastor” (2005:45). Resorting to giving quick advice, or simply fixing problems using some spiritual, ‘magical’ remedy or cure (novenas, fasting and tithing) without proper identification of the problems hinders healing. Quickly issuing Biblical verses or advice like some form of prescription may not be helpful in verbalising a problem. Statements such as “It is devil worship”, “You should pray more”, “You are not praying enough”, “You are not healed because you lack faith” contradict Jesus’ approach of letting the story be told at an inopportune time and in circumstances that violated the Jewish purity laws. Quick, hasty decisions should be avoided at all costs.

30 By affliction, I refer to all those things which hinder wholeness, happiness and health in an individual, be it domestic violence, sickness, poverty or unemployment.
Accepting that the person seeking help may also know what is best (as stipulated in the PCC) can be difficult and humbling for a priest. However, this crucial aspect of the counselling process should not be abandoned, even while counselling at inopportune times. It can happen that the counselee, due to time constraints, may not be able to find a solution to his/her problem immediately. In such a case he/she must be encouraged to do so in subsequent, scheduled counselling sessions.

4.4.1.4 Listening

According to Ping and Clippard (2005:10), while counselling people in distress, one should be quick to listen and slow to respond. As one priest stated in a counselling workshop, “Before you start your private inquisition, please know the hidden issue”. Thus, to be touched by the other's story and feelings, to be able to sit with them or walk an extra mile with them and see things from their point of view, constitutes the heart of pastoral counselling. It is advisable that the priest should constantly listen to God through prayer and Bible study. This will make him a good listener when the need for counselling arises.

As the PCC model points out, the counselee should not feel judged or condemned because of the difficulty he or she is in. An important part of listening is to accept that the counselee is endowed with self-worth. Treating him/her with respect and dignity, no matter the circumstance and time, is a way of esteeming and upholding the person as a child of God made in His image. A priest simply armed with an outstanding personality and good manners can be very effective in helping the counselee to get back on track with his/her life.

4.4.1.5 Questions

Listening helps the person to offload the burden. As Peterson (1980:112) has advised, listening and asking open-ended questions can encourage more facts and feelings to surface. However, much as questions are necessary, asking too many questions may not be helpful. The kind of questions the pastoral counsellor/priest asks should be open-ended and the type that encourage narrative. A counselee should not be subjected to a barrage of questions without pause, as this can make him/her feel scrutinised or cross-examined. Egan (in (Van Dyk 2005:175-176), provides four fundamental questions in counselling:

- What are the issues, concerns, and underdeveloped opportunities?
- What is the current state of affairs and the preferred scenario?
- What are the strategies for attaining the preferred scenario?
- What action must be undertaken to make this happen?

The priest may briefly be able to ask these questions at an inopportune time, although this is debatable. The priest should ask the first two questions, at most, in such cases. He should then schedule an appointment with the counselee, where all these questions can be asked and answered in detail.

4.4.2 Meaning

Like the woman who touched Jesus' garment, many individuals suffering from social, spiritual, emotional and economic afflictions bleed alone, in silence. Like the woman who touched Jesus's garment, people approach priests with faith and with deep expectations. When Edendale Catholics approach a priest with their problems, they do so with the awareness and belief that the priest is the representative of God. As one endowed with a divine presence, they want the priest to pray for and encouraged, and they hope to be healed. They also want to find a new meaning for their lives from a faith dimension. It is thus important to let them tell their stories, however inappropriate it may be at an inopportune time.

4.4.2.1 Telling the story

After Jesus turned around and asked "Who touched me?" the woman responded by telling "all the truth" (Mk 5:33) while kneeling and trembling. Thus, one thing a priest can do to help counselees find new meaning is to let their story be told. The counselee needs to be given time to describe the problem. At the same time, while the counselee is telling the story, it is important for the priest-counsellor not only to be sensitive to the counselee but also to provide a safe environment for the story to be told.

The priest confronted with a need for FBHH should not only use spiritual resources, but should also make appropriate gestures at the right time. Such gestures would convey empathic listening and vital care. Listening empathically, adopting the right posture and providing a safe environment for privacy, facilitates the narrative. At inopportune times, when time does not permit, anointing the counselee with holy oil and laying on of hands can provide comfort. Such actions can be followed up later with a phone call and/or arranging a further meeting.
It is important to note that no words are recorded for the woman who touched Jesus’ garment. However, it is recorded that she spoke to Jesus while trembling and kneeling. The priest should therefore take interest in what is said while paying attention to the counselee’s non-verbal communication. The priest should avoid disturbances by turning off his phone, for example, even at inopportune moments.

4.4.2.2 Assessing and providing insight

By telling the woman –Your faith has healed you‖, Jesus makes it clear that it was not a magical act but her faith which made her well (Barton 1994:146). While helping the counselee, it is critical for the priest to clarify misconceptions about the healing process, such as underlying beliefs, religious or moral values and other cultural myths or beliefs that hinder growth and healing. It is critical for him to explore, probe and assess the story in order to assist the counselee to find new meaning in life. It will not be effective for the priest to simply imagine, guess or assume what the problem is, without listening attentively to the story.

While it was important for the priest to clear misconceptions, assessing the problem goes hand-in-hand with bridging the gap between the individual’s beliefs and future hope. Thus, belief distortions should be clarified succinctly and corrected. For example, I briefly counselled a lady called Zungu31, whose family assumed her to be demon-possessed. Further counselling revealed that her ailment was burnout. The priest should, therefore, focus on identifying the main issue before dealing with the others one at a time. Rephrasing the problem could help the counselee to gain further insight.

Once the issues and potential solutions have been identified, the next step of the process, namely empowering, can begin.

4.4.3 Empowering

While those in crisis turn to priests for help, they do so in order to understand their situations from a faith perspective. The woman who touched Jesus’ garment was surely helped to renew her faith and be re-integrated into her faith community. From being a silenced, excluded and anonymous individual, she had a new belonging, a new identity and become a new person.

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31 In order to protect her identity and privacy, I have used a pseudonym.
When dealing with her, Jesus did not focus on the fact that she had violated purity laws. Instead, Jesus focused on her faith and the fact that she was a daughter of God, i.e. on what may be termed her positive attributes. Jesus’ focus on the woman’s positive qualities is in line with the PCC principle of unconditional positive regard. As explained by Maxwell, “There is no better way to change a problem than to help someone see a solution … Nothing will more quickly and effectively shrivel a bad situation into proper perspective than focusing attention upon the positive elements of the problem” (2001:49). The priest should therefore focus on the positive qualities of the counselee, while helping him/her identify potentially new forms of living. Exploring opportunities for new growth helps the counselee discover his/her own inner resources, strengths and abilities. It is equally important for the priest to help the counselee to look ahead to realistic goals to envision a life without the issues troubling him/her. The priest should use spiritual resources, especially faith, to empower the counselee. According to Maxwell, faith is necessary for day-to-day living:

The world is a place of sorrow, confusion, and hurts. The person with that extra faith in God, others, and himself or herself will certainly rise above the crowd. Today every person needs that faith, which will light any path, relieve any distress, bring joy out of sorrow, peace out of strife, and friendship out of enmity. When you possess faith, you’ll be used by God to light the path of those who stumble, encourage those whose burdens are heavy; and plant a song in the hearts of those who are sad (2001:43).

In the African context, proverbs, stories and sayings can also be used to support counselees.

4.4.3.1 Building a trust relationship: “daughter”

As indicated before (see 3.6.2 above), Jesus called the woman who touched his garment “daughter”. This term showed, *inter alia*, that Jesus was building a trust relationship with her, with trust being a crucial aspect of the counselling process. The fact that the woman’s healing occurs within the crowd underscores the importance of interpersonal relationships. A person in distress often approaches a priest because of the trust relationship existing between him/her and the priest and because he/she believes that the priest can help him/her. The priest should take care to strengthen the counselee’s trust in him, by being welcoming and empathic in the counselling process. This will enable the counselee tell his/her story and consequently find a solution to his/her problem. Because of the trust, the priest will be able to point the counselee in the direction of significant others, such as family members, church leaders or faith groups, who can help him/her to deconstruct and reconstruct his/her own identity.
Among Edendale Catholics, values such as trust, solidarity and real friendship are often shared and lived out in faith-related groups and associations such as women’s guilds, Saint Anne, Sacred Heart, St Francis, Legion of Mary, Children of Mary and Xaveri. Often, these groups become a faith support base and a great source of comfort to those in distress. In fact, referring them to such faith groups will be effective in the healing process. Ultimately, therefore, the priest would do well to refer the counselee to church associations for additional support and assistance.

4.4.3.2 Making use of socio-cultural and religious elements

According to PCC, the client knows what is best for him/her and so accepting his/her point of view is imperative. As Van Dyk points out, empowerment means helping a counselee “take responsibility for themselves and … identify, develop and use resources that will be effective agents of change” (2004:184). Ultimately, meaningful empowerment happens when the counselee is assisted to explore and discover his/her own inner resources and opportunities for growth. PCC helps the counselee to know what is right for him/her and to be the master of his/her own story. Even so, the community should be seen as an avenue of opportunity and not as a hindrance to the counselee’s growth. As observed by Pettigrew, “collective identity and human wholeness are part and parcel of pastoral counselling” (in Lattimore 1982:109). A good deal of support and healing can take place within faith communities, in the family and in secular groups such as PACSA. The fact that Jesus healed the woman within the crowd underscores the importance of the community as the place in which and through which healing happens. After counselling an afflicted individual, the priest can refer him/her to a faith community which gives support and a sense of belonging.

In the case of young people, faced with the problem of unemployment, and who expect the government to provide for them in everything, empathic counselling and community support can help them uncover their own inner resources and opportunities. In my experience some even discover hidden talents within themselves when guided through counselling. Empowered to make their own choices/decisions and supported by the community, they easily take up a course or begin some trade. Some opt to be more active in the church, where they learn to integrate their faith with their own life situations. Faith and the power of prayer help boost their self-confidence and self-esteem. This leads them to look at life with hope and strive to be better people.
4.4.3.3 Empowering with Biblical resources

Even with the advancement of modern medicine, people still seek FBHH. In actual fact the two work together and I would like to state emphatically I deeply believe that holistic approach to health also includes modern medicine. One of the most powerful ways of helping the counselee is by making them see their problem from a faith perspective. Jesus points the woman to the fact that her healing was not the result of magic but her faith in God.

The Bible can be a powerful tool for empowering counselees. As Benner (2003:31-32) emphasises, how people relate and respond to God is important in pastoral counselling. Similarly, authors such as Capps (2003), Taylor (1991), Campbell (1991) and Dinkins (2005), contend that God’s word can be used to bring relevance to people’s life situations. To elaborate, Capps (2003:108-121) believes that the Bible is an authoritative source of information for pastoral counselling. Capps advocates diagnosing the counselee’s personal motivations in terms of God’s Word as the initial step to transformation. Dinkins voices a similar sentiment: —When sacred words, scripture is spoken to listening ears, it heals and provides enough direction to the community” (2005:25). Taylor (1991) and Campbell (1991) pursue their reasoning along the same lines. They contend that scripture provides instructive examples of persons and groups whose lives and teachings illustrate the Gospel in various ages, cultures and situations. Taylor (1991) is particularly convinced that communicating the Gospel is not about learning a few preaching techniques, but rather demands understanding the Gospel and appropriating it to life. In the same light, Campbell (1991) points out that good pastoral counselling integrates the Word of God with human situations.

All in all, as Wheeler-Roy and Amyot (2004) postulate, a pastoral counsellor has the responsibility to help the counselee connect with God in acute moments of crisis. For a priest, Biblical texts can be powerful, psychological and emotional tools to accompany people in life situations. Psalms, proverbs and parables, with their vast outpouring of human emotions and feelings, can be enlightening.

Apart from scripture, other religious resources, such as covenant communities, Christian groups, prayers and sacraments, are used to provide support for the counselee. Prayers of various types and devotional materials, such as poetry, music and drama provide an awareness
of God’s presence and love to those affected. Rites such as the Eucharist, baptism, marriage and burials combine with the other resources into one powerful multi-layered statement of the Gospel.

Powerful gestures, such as anointing with oil and laying on of hands, or any other devotional religious rites, make pastoral counselling a unique opportunity for helping people in distress. While praying, it is important to make use of the sense of touch. Touch is a form of healing. The healing of the woman who touched Jesus’ garment, in the first instance took place through touch. Among Edendale Catholics, holding hands while praying is greatly appreciated. In addition to anointing with holy oil, other rituals, such as sprinkling with holy water, smearing with ashes (during Lent) or allowing the counselee to pray while holding a crucifix, is much valued. Healing services organised once in a while outside the context of normal prayer services can also be very effective in anchoring the counselee to something higher than himself/herself. Even a short prayer, such as the – Our Father” or – Hail Mary”, can help an individual understand his/her problems through faith. Inviting the counselee to say his/her own prayer, or to recite one with the priest, can be a very powerful moment of letting the counselee know she/he is not alone. Ultimately, for Edendale Catholics, prayer provides a sense of community and source of strength.

The priest should also bear in mind that there is an individual within a crowd. In fact, taking the individual as the centre of focus is a cardinal value of the PCC. The overall aim for using any religious resources, therefore, is to empower the counselee as an individual. Benner, for instance, warns against the use of Scripture or any other religious resources to diminish the sense of initiative, strength or responsibility of one in need. Benner:

The essence of religious resources is the dynamic contact they can provide between God and the one seeking pastoral help. When used with sensitivity, religious resources can help the persons in need sense the caring, healing, and sustaining presence of a personal God (2003:39).

The Word of God, when used with skills such as attending, responding and assessing, helps enormously to identify the underlying feelings and beliefs during a particular situation. Healing services, which take the form of intercession, praise worship and adoration of the Blessed Sacrament, which for Catholics symbolises Christ’s presence, facilitate healing. Praying of the rosary while meditating on the Biblical passages, confessions and anointing of oil, are also powerful means by which God’s healing touch can be accessed.
In the Edendale Catholic community, there is a place reserved for the Blessed Sacrament where, in the place where the Blessed Sacrament resides, one will meet people called the ‘abathandazi’ whose role is to pray for the sick upon the latter’s request. Prior to acceding the Blessed Sacrament, the sick individual is attended to by the elders in a room adjacent to the Blessed Sacrament. He/she is given time to briefly tell her/his story and express what he/she wants to be prayed for. The elders receive the story in confidence and then bring him/her before to the Blessed Sacrament for prayers. In this room with the Blessed Sacrament, Holy Water, especially which blessed at Easter, is sprinkled on the head of the sick individual, who is then prayed for.

### 4.4.4 Nurturing

After identifying the problem and coming to a solution for it, the next step is to nurture the solution (goal) to its successful end. As Yohani (2010) points out, after identifying and resolving the problem, the counselee should be helped to envisage a new life filled with freedom and hope. Yohani (2010) adds that hope is like an invisible seed, which can be engendered and nurtured by referring to past pleasant experiences in the counselee’s life.

Nurturing is not about telling the counselee what he/she has to change. Rather, it is helping him/her to conceptualise, identify, envisage and realise a better life. It is to affirm and remind the counselee again that God is on his/her side. It involves helping the counselee discover his/her self-worth and envisage a new life. For instance, it was Jesus’ empathic attitude to the woman, along with her subsequent healing, that restored her health. The gesture of calling her “daughter” and imploring her to go in peace nurtured hope in her. Finally, Jesus helped her embrace her life peacefully, with a renewed sense of belonging and purpose, free from her past afflictions.

For a priest, nurturing means helping the counselee identify and actualise the best possible goal for himself/herself—one that is realistic and achievable. Nurturing can also include referring the counselee to another person such as a specialised counsellor, a medical practitioner, a legal support body, a faith community or simply another person when and where necessary. For instance, Nomusa, a young orphan and head of family, came to me seeking help. She started

32 Not her real name.
by saying "angiphili"’, which means I am not well. When asked to elaborate what not being well meant, she narrated her problem as lack of money, which prevented her from enrolling at a university. Further probing revealed that her academic level was too low for university studies, but that she really desired to run a small business and was able to do so. Through counselling, she was guided to gain insight into her problem, which she labelled as unemployment. Having identified the nature of her problem, she was encouraged to look for a solution. She was guided to take strategic action to resolve her own problem. Biblical texts, such as the story of creation, made her aware that she was created in the image of God and that He wanted her to be happy by finding a meaningful existence.

Empowered to look for the best possible solution to her problem, Nomusa discovered that starting a small trade was the best for her. The idea of going to university was not the best solution, given her responsibility to care for young sisters. Secondly, going to university was not realistic nor achievable because of her low academic level. Through nurturing, Nomusa was able to identify sources for funding. She received guidance from the faith community concerning where she could purchase her initial supplies for her business in town. After purchasing her commodities, Nomusa wanted to know more about keeping her sales records. She was referred to another church member who was able to show her to keep her sales accounts. She now runs a small business and is looking after her young sisters very happily.
CHAPTER FIVE
CONCLUSION AND RECOMMENDATIONS

5.1 GENERAL SUMMARY

From its beginning, and down through the ages, the Church has always practised preaching and healing as a means of disseminating the faith. Christ, the Church’s founder, was a great healer and preacher. In today’s busy and fast–evolving world, the need for healing is great. Despite advances in modern medicine, more and more people seek to address their emotional, spiritual and health needs with or through faith. In Edendale Valley, given its political and socially traumatic past, the need for healing is accentuated even more.

Within the Edendale Catholic community, in which I serve as a priest, requests for healing prayers and guidance/counselling happen informally, without prior arrangement, whenever the need arises. This may occur at funerals, during family visits, at weddings or at prayer services. However, due to time constraints, privacy concerns or simply lack of training, priests find themselves unable to offer counselees effective assistance. By contrast, Jesus received and assisted the woman who touched his garment at an inopportune time, despite privacy concerns (He had just been approached for help by Jairus and was on His way to see to Jairus’ ailing daughter). Jesus’ response to the woman, attending to her and healing her, despite privacy and the timeframe suggests that priests may be able to provide counselling and so healing at inopportune times when they have effective psychological and spiritual resources.

While preaching constitutes a major component in answering to the faith needs of the faithful, it is not conclusive in and of itself. As this study has pointed out, priests would be most effective when they exercise both preaching and counselling in the course of their ministry. This, however, often demands making use of psychological skills and spiritual resources in as short a time as possible. As the AMEN model demonstrates, by attending to counselees, providing meaning to their afflictions, empowering them to seek the right solutions and nurturing them towards a successful outcome, the quest for FBHH can be answered, even at inopportune times.

The ultimate expression of faith is to realise that, despite our defects and imperfections, we are all part of God’s family. All people should be received and assisted at opportune and
inopportune times. Much as priests may not always be able to cure, they are still able to care, show understanding and provide meaning to counselees. As Maxwell puts it, God “does not wait until we are strong to help the weak. He takes us in our weaknesses, connects us with other people, and does a mighty work to heal them as He continues to heal us” (2001:174).

To sum up, this dissertation aimed at discovering how Mark 5:21-34 can be used to generate a model for pastoral counselling. The study first examined the context of Edendale Catholics in terms of their attempts to address their spiritual, emotional and health needs by means of FBHH. The study then explored Mark 5:21-34 from both Biblical and psychological perspectives, in order to cast more light on the context of the Edendale Catholics’ search for FBHH.

Having gained a clear perspective of the context and having been enlightened by the text from Biblical and psychological perspectives, the study then generated some counselling insights. Finally, these insights became the basis and guide to creating a pastoral counselling model. The model, hitherto referred as the AMEN, can help priests respond effectively to the increasing search for FBHH, even at inopportune times. The findings and conclusions derived from the study is that priests need both spiritual and psychological approaches in order to respond effectively to increasing demand for FBHH, thus providing healing.

The first chapter focused on introducing the study as a whole, the reasons for choosing the topic and the specific context covered. This chapter established a research problem and spelled out the objective of the study, its methodology and structure.

The second chapter aimed at using LBN’s „SEE‘ principle to investigate how Edendale Catholics seek FBHH within the concrete context of their lives. The chapter examined Edendale Valley’s past and present challenges and suggested that the Edendale Catholics’ search for FBHH has been accentuated by past traumatic political and social strife, e.g. apartheid and the Seven-Day-War, as well as economic disparities and other challenges such as HIV and AIDS and poverty. Secondly, chapter two, investigated the role of priests in answering or responding to the search for FBHH by Edendale Catholics. This chapter assessed the contribution of PACSA in providing healing to the Edendale Valley community as a whole. Having examined the Edendale Catholics’ search for FBHH, the roles that priests play in this search and PASCA‘s contribution to communal healing in Edendale Valley, chapter two
recognised that, considerable effort and strides have been made to bring healing to individuals in and the community of Edendale Valley. However, the chapter contended that there is a need for the provision of further support to individuals through faith resources and psychological counselling, even at inopportune times.

In chapter three, the study investigated how the woman’s experience in Mark 5:21-34 can inspire priests to respond effectively to afflicted people who seek FBHH, even at inopportune times. The third chapter makes use of the LBN’s _JUDGE_ principle o to analyse the gospel of Mark in terms of its literary aspects, character, style and the values it espouses, such as purity and faith. This chapter also took a critical look at the woman who touched Jesus’ garment from a social-cultural perspective. By examining Mark 5:21-34, using authoritative Biblical sources and LBN’s seven steps approach, the study discovered that, while the woman was afflicted by a physical ailment as an individual, the healing needed a multi-faceted response. The chapter arrived at the conclusion that her healing involved the community and demanded a spiritual and a psychological response from Jesus.

The objective of the fourth chapter, which used LBN’s principle of _ACT_, was to draw insights from Mark 5:21-34 that would assist the researcher to create a pastoral counselling model that can answer Edendale Catholics’ need for FBHH at inopportune times. This was achieved by: a) providing an understanding of counselling in general, and pastoral counselling, in particular; b) examining the PCC counselling model in terms of its principles, fundamental attributes, weaknesses and strengths; and c) by examining Mark 5:21-34 from PCC psychological perspectives to identify key counselling attributes.

Thereafter, the study integrated the findings from the scholarly textual study of Mark 5:21-34 and its psychological analysis of the same text to map out the AMEN model for pastoral counselling at inopportune times. The insight which the study draws from the fourth chapter is that afflicted people seek to resolve their problems using all means possible and available and one such means is faith. The study finds that seeking to solve personal afflictions using faith is on the increase, be it during church services or prayers, at funerals, weddings and family visits.

The study concluded that, while such occasions may seem inopportune due to time constraints and privacy concerns, priests can, and should, nonetheless see it as an opportunity to provide healing, just like Jesus did to the woman who touched his garment. However, to be able to do
this effectively, they need the use both spiritual and psychological tools. As the study contends this demands a) equipping ordained priests and those yet to be ordained with counselling skills; b) incorporating healing in priest ministry; c) adequate planning and balancing the activity of healing with other official duties of priestly ministry; d) flexibility and adaptability; as the demand for healing is often when the need arises.

To achieve this, the study proposes a simple model and easy model - one that does not require a long timeframe – the AMEN model. The study explains how the AMEN model can be used to provide healing to Edendale Catholics who seek FBHH, even at inopportune times. The AMEN model contends that, just as Jesus accepted the woman as she was, priests must receive counselees as they are and guide them to find solutions to their problems, by integrating spiritual and psychological resources in priestly ministry.

5.2 RECOMMENDATIONS

In priestly ministry, preaching and counselling complement each other. Counselling is part and parcel of priestly ministry since the feeding of souls cannot be isolated from the healing of souls. According to Patton (1983:207), counsellors (priests) need both supervision and training in counselling, lest they run the risk of responding to content other than feeling. Thus, a first avenue for future recommendations would be to disseminate the findings of this study as a starter training programme for priests and those soon to be ordained as priests.

While priests are equipped with knowledge of theology, philosophy and spirituality during the course of their training, they are taught counselling only in passing. However, after ordination, as priests become more involved in ministry, the need for counselling resources becomes manifest. Houses of formation and major seminaries could thus consider integrating counselling into the priests’ training and sensitising them to the value and importance of acquiring counselling skills for their future ministry. In addition, those already ordained as priests must be exposed to modern counselling approaches so as to answer today’s challenging needs of ministry.

Once they have been ordained and served the community for a year or two, priests must be further equipped with counselling resources for effective ministry. This can be done by offering them courses, seminars and workshops that rouse in them empathic skills of attending,
guiding and empowering counselees to seek solutions to their problems and actualise these solutions. Training in the AMEN model could be one commendable way of further equipping priests. In fact, as the study indicates, the AMEN model can be a way of answering Edendale Catholics’ increasing search for FBHH at inopportune times.

Another consideration could be to ensure that training is conducted for priests, constantly and regularly, on a number of topics such as attentiveness, self-discovery, awareness and self-improvement. When the priest knows himself, prays with Scripture and reads motivational and self-improvement books, he can better listen to his congregants. Knowledge information tools such as social media can be vital for providing congregants with support and understanding. It can be one way of bonding with them in a healthy relationship of trust. However, the priest also needs to help congregants relate to others outside the bounds of social media, on a deeper, individual and human level.

A further point for consideration would be for priests to set aside a time and space for counselling. This would reduce the number of those who come at inopportune moments. However, it should be borne in mind that counselling is only one aspect of priestly ministry. While the feeding of souls (preaching) is incomplete without the healing of souls (counselling), maintaining a balance between the two and other commitments or exigencies of priestly ministry is vital. At the same time, priests should make greater use of sacraments such as the Sacrament of the Eucharist and forgiveness and anointing of the sick, rites and rituals such as anointing with holy oil and holy water.

Given the fact that priests are busy people who operate in multi-situational and multilayered environments, encouraging priests to exercise adaptability and practice flexibility in their ministry would be recommendable. Indeed, as the PCC model suggests, the individual is more important than the pastoral programs. While it is important to have formally planned activities in priestly engagements, there are also, as mentioned before, many unplanned or unforeseeable moments in priestly ministry, such as accidents, sickness, death and funerals. Indeed, even at church, such inopportune moments provide priests an opportunity to attend to those in crisis. In such cases, adaptability and flexibility as well as psychological skills become necessary.

Another related recommendation is the need for priests to strike a balance in the counselling ministry itself. There must be balance between planned counselling ministry and the informal,
unplanned, inopportune exigencies of counselling ministry. In other words, priests should make the effort to balance spontaneity and formality. While Jesus attended to the woman who touched his garment, He did not forget to attend to the waiting Jairus, who had formally requested for his daughter's healing.

Finally, another possible avenue is making greater use of the faith community. The Ubuntu communal values, whose existence and prominence within the faith community has been acknowledged by this study, can be exploited to support counselees. Training a team of lay helpers within the faith community that can support the priest is strongly recommended. Priests cannot do everything, nor should they work in isolation. All efforts should be made to promote collaborative ministry between the laity and the clergy. Addressing the emergent increasing need for FBHH among Edendale Catholics will need combined, collaborative effort.
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