



**Broken hearts, broken homes, and broken relationships:
An exploration into the use of storytelling approach in the
pastoral counselling of people in search of healing from
painful memories**

By

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DECLARATION

I, OKEKE, JOSEPH ARINZE, declare that,

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28 November 2017

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This dissertation is dedicated to God Almighty, and to my beloved family

PREFACE

The present researcher having lived in South Africa for the past thirteen years, has been exposed to the practical life situation of South Africa following the dawn of democratic era in 1994. Having engaged in contextual theological studies, as well as in pastoral work outreach, the researcher shares into the experiences of many South Africans who still live with unresolved bitter and painful memories of the past. The sharing into the experiences of those that are hurting has made the researcher realise his own need for healing, and has taken part in healing workshops where he believes had offered useful steps towards healing. In looking at storytelling as a tool for pouring out one's pains, hurts and trauma, the researcher believes that the process of telling and listening to one's stories in a safe environment needs to be tapped into. The researcher also realises that to refuse to access the healing aids (as provided in pastoral counselling and healing workshops) and choose to ignore or bury one's wounds is an indirect way of 'choosing' to remain in the captivity of past painful memories.

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LIST OF ACRONYMS

AA	Alcoholic Anonymous
AIDS	Acquired Immune Deficiency Syndrome
DASG	Depression and Anxiety Support Group
EA	Emotions Anonymous
HIV	Human Immunodeficiency Virus
IHOM	Institute for Healing of Memories
ISS	Institute for Security Studies
JIH	Journey Into Healing
KZN	KwaZulu-Natal
NRSV	New Revised Standard Version (of the Bible)
NGO	Non-Governmental Organisation
RSA	Republic of South Africa
SABC	South African Broadcasting Corporation
SANGOCO	South African National NGO Coalition
TRC	Truth and Reconciliation Commission
UKZN	University of KwaZulu-Natal
WHO	World Health Organisation

‘I have come so that they may have life and have it to the full’
(John 10:10).

‘You are your stories. You are the product of all the stories you have heard and lived – and of many that you have never heard. They have shaped how you see yourself, the world, and your place in it. Your first storytellers were home, school, popular culture, and perhaps, church. Knowing and embracing healthy stories are crucial to living rightly and well. If your present life story is broken and diseased, it can be made well. Or, if necessary, it can be replaced by a story that has a plot worth living’

(Daniel Taylor, quoted in Jordan 1999:71).

‘A person’s experience of life and specific problems is embedded within a network which discloses something of the person’s life story or history (life theory). Each person thus lives within a distinctive context which is linked to a specific series of events which influence his/her life. In life stories, there is a close link between parental education and religious experiences. Traumatic experiences in the past; group interests in a cultural context; interactionary patterns within family associations, faith and philosophical presuppositions – all play an important role in religious formation. To understand a person in the context of his/her life history, pastoral care should make use of a complete case study’

(Daniël Louw, 2000:309).

ABSTRACT

The volatile nature of the numerous life crisis experienced in South Africa has a direct (or indirect) link to the chequered socio-political history of the country. For example, the years of repressive and violent Apartheid era have led to broken families, broken relationships and broken communities. Also, other forms of life crisis and pain can arise from years of sexual, emotional, psychological and physical abuse of a person either as a child, adolescent or adult. Some of the elements of such painful abusive past experiences are still recalled with sadness and may manifest to cause some crisis, even though they may have been blocked or suppressed from one's mind. The consequences show in the forms of bitterness, hatred, depression, anger, violence, abuses, crimes, addictions, etc. necessitating that the person seek professional help in dealing with such a crisis. Considering that these people may be in search of healing (from painful memories) in South Africa, the researcher examines the contribution of pastoral counselling and healing workshops which adopt the storytelling method towards the healing and restoration of those with painful memories. The study is grounded on Louw's life story (narrative) model and argues that storytelling can be utilised as a powerful tool of healing as the method offers a safe space for victims of abuse to tell their stories, be listened to and through the process reclaim themselves.

KEY TERMS: Brokenness, Crises, Healing, Pastoral Care, Pastoral Counselling, Healing of Memories, Journey into Healing, Communication, Storytelling.

CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1. INTRODUCTION

A human being is a storytelling animal – storytelling is part and parcel of human nature and helps humans traverse life’s complex social problems (Lule 1990, Gottschall 2012). This is to say that telling stories allow us the opportunity to practice, through our own recreation, the human problem solving skills (Gottschall 2012). Notably, storytelling is an essence in African communication and understanding seen in the form of oral tradition and folktales (Olojede 2014). Storytelling enhances learning, and can equally be turned into a powerful instrument of healing for those who live in abused, traumatized and painful memories of the past (Hill 2009). It is then envisaged that the utility of storytelling to healing can be deployed in the effort to heal many societies experiencing different forms of brokenness. This assertion grounds this research which seeks to assess the use of storytelling in the pastoral counselling of people in search of healing.

This chapter contains the general preamble to the study. It presents the background outline to the research problem; the main questions and objectives of the study; the motivation for the study; conceptual perspectives; and finally some of the limitations of the study.

1.2. THE BACKGROUND TO THE RESEARCH PROBLEM

This study is informed by the rising violent crime statistics in South Africa. Considering the said violent crime statistics in the country, the current study infers that there are unresolved issues in people’s lives which can be viewed as a source for these violent crimes. Notably, in the research report of the Institute for Security Studies (ISS – September 2014), South Africa’s crimes have increased in an alarming rate. Incidents of murder which resulted to 16,259 murders in 2012/13, has increased drastically to 17,068 murders in 2013/14 (ISS 2014). In 2015/16, 18,673 murders were recorded, a 4.9% increase from 2014/15. The murder rate increased from 32.9 in 2014/15 to 33.9 in 2015/16’ (Africa Check 2017).

The foregoing entails that the rate of murder crimes has increased over the years as opposed to the 15,609 murders recorded in 2011/12. In the statistical estimates, there were nearly 34 murders recorded per 100,000 people in 2015/16; the murder rate in 2013/14 was 32.2 per 100,000 people as compared to 31.1 per 100,000 in 2012/13. This in turn implies that the

South African murder rate which can be translated to 45 murders per day in 2012/13 has risen up to 47 murders per day in 2013/14 (ISS 2014), and 51.2 murders per day in 2015/16 (Africa Check 2017).

The number of violent sexual offences is closely related to murder cases. Moreover, the rate of reported sexual crimes recorded 62,649 cases in 2013/14, although slightly lower than its highest rate in 2008/9 which recorded 70,514 cases (ISS 2014), arguably should leave questions lingering in people's minds. The number of aggravated robberies increased from 105,888 cases in 2012/13 to 119,351 cases in 2013/14, which shows 12.7% increase with extra 13,463 cases. This shows in the rate of 202.6 per 100,000 people in 2012/13 to 225.3 per 100,000 people in 2013/14. In evaluating and analysing all these alarming increase in crime statistics, the ISS reckons that the social factors which influence crime and violence include the high levels of inequality along with the normalisation of violence in homes, neighbourhoods and schools (ISS 2014).

Sequel to the country's alarming crime rates, the rate of suicide has enormously increased to rank the country as the eighth-highest suicide rate in the world. According to the SA Federation for Mental Health (2014), out of the one million suicides that were recorded globally, South Africa has approximately 8000 suicides a year. On a daily bases, about 230 people attempt to commit suicide, while 23 people out of that succeed (SA Mental Health 2014). Notably, most of these suicide attempts occur most among the teenagers. In the research of Depression and Anxiety Support Group (DASG) as published in *Health 24* (2014), in South Africa, one in five teens thinks about harming themselves. And 7.8% of these youth had actually attempted suicide before, while 57.7% of those with suicidal thoughts had told someone about their intentions to end their lives. The studies have found that 24.5% of attempted suicide cases amongst black South Africans have occurred in youth of 17 years and below (*Health 24*, 2014). About 34% of black youth have thought of using suicide as an option in responding to stressful life situations (such as divorce of their parents, conflict and love/relationship problems) (*Health 24*, 2014.). The DASG argues that the youngsters who commit suicide are more likely to come from "broken homes" (*Health 24* 2014).

It should be noted that 'the process of victimization does not end with the crime. Trauma associated with criminal behaviour can affect how victims view themselves, their world and their relationships' (Hill 2003: v). This is to say that the victims of crimes live with painful

and traumatic memories which if not dealt with could affect the individual's relationship with others which arguably may lead to a shift from being a victim to a perpetrator.¹ Relating this to the South African context, one sees that the nature of crisis experienced in South Africa has directly or indirectly pointed towards its chequered history, *viz-a-viz* Apartheid's violent legacy (Skinner 1998). Markedly, some of the elements of the South African violent past are still manifested in the form of brokenness experienced in different hearts, at different homes and at different levels of human relationships (Skinner 1998, Chandler 2007).

Looking at the state of living in pre-1994 South Africa Apartheid² era, many hearts were hurt, many homes and families were torn apart, and the relationships within and across cultures/races were put in shambles (Skinner 1998, Altbeker 2002, Atwoli 2015). In the advent of post-1994 (Freedom/democracy era), there was a great excitement to move towards enjoying the dividends of freedom, but the impacts of painful past memories still seem to haunt and weigh heavily on the people who were affected. Realising the negative impacts of the people's experiences towards the future, movements for reconciliation and healing (propagated by Archbishop Desmond Tutu, religious leaders/organisations and the reconciliation sector) were initiated (Tutu, 1999, Wilson 1999). Moreover, some (emotional) healing workshops (e.g. "Institute for Healing of memories" – IHOM, "Journey into healing") were established (Lapsley 2002, Williams & Lapsley 2014).

Against the backdrop of the fact that such healing programmes as mentioned above have been established, the main question in the mind of the present researcher is on whether or not the said programmes have made sufficient positive impact on the lives of South Africans experiencing one form of brokenness or another. Notably, these programmes employ the storytelling technique (Lapsley 2002; Rosenthal 2003), which further leads to the main research question of this study on the impact and effectiveness (or ineffectiveness) of the storytelling approach as a major tool used by both pastoral counsellors and the healing workshop programmes.

¹ See Dzelme (2008) and also Langton and Truman (2014) whose reports focuses on the psychological effects and the socio-emotional impact of violent crimes in societies.

² *Apartheid* is an Afrikaans word for "apartness". It is a 'policy that governed relations between South Africa's white minority and non-white majority and sanctioned racial segregation and political and economic discrimination against non-whites. The implementation of apartheid, often called "separate development" since the 1960s, was made possible through the Population Registration of 1950, which classified all South Africans as either Bantu (all black Africans), Coloured (those of mixed race), or white. A fourth category-Asia (Indian and Pakistani) - was later added' (Encyclopaedia Britannica 2009).

1.3. RESEARCH QUESTION AND THE OBJECTIVES OF THE STUDY

1.3.1. Key Research Question: In what way can storytelling contribute towards the healing of individuals' painful past?

1.3.2. Research Sub-Questions

1. To what extent does storytelling approach to healing help in South Africa context?
2. Why is storytelling approach to healing necessary for the individual journey towards wholeness?
3. What role does pastoral counselling play in the emotional healing process?
4. How has storytelling approach to healing of memory during the workshops helped in dealing with painful memories?
5. How would the storytelling approach contribute to the process of holistic healing?

1.3.3. Research Objectives

1. To ascertain how Storytelling approach to healing help in South Africa context.
2. To understand the role of storytelling approach to healing for the individual's journey towards whole self-realisation.
3. To explore the contribution and impact of pastoral care and counselling in the emotional healing process.
4. To assess the effect and contribution of the storytelling approach to healing of memory during the workshops towards the healing process of individuals.
5. To examine how storytelling can be a powerful tool in a healing process.

1.4. REASONS/MOTIVATION FOR CHOOSING THE TOPIC

The researcher's pastoral activity in South Africa for about thirteen years has exposed him to the reality of people who have been broken and torn apart by crises of different sorts. The researcher envisages that many people who feel broken remain so, and living in such state may lead to more brokenness, hence perpetuating the circle of pain and emptiness. Hence a study such as this becomes relevant, seeking for a way forward towards empowering people to deal with their painful past, and to take proper care and control of their lives. Remarkably, extant literature have focused on some of the related subjects including explicating on the general concepts of healing, pastoral care and counselling, storytelling, etc. The researcher

builds on the available studies and specifically assesses how the storytelling approach can help in the pastoral counselling and healing of those with painful memories within the South African context where the prevalence of different violent crimes (domestic violence against women and children, gang violence, xenophobia, etc.) is still on the increase.

1.5. CONCEPTUAL PERSPECTIVES

1.5.1. Brokenness

Brokenness is defined as ‘the fundamental disorder that exists in creation that affects a person’s relationships and behavior’ (Ekstrand 2012). This entails that the experience of brokenness impacts on the person’s behaviour which in turn disrupts growth in the person’s life. Brokenness becomes evident ‘when hope is lost, when desires die, when dreams are shattered’ (Clinton & Ohlschlager 1984a:20).

1.5.2. Healing

Healing can be seen as one of the pastoral caring functions which ‘aims to overcome some impairment by restoring a person to wholeness and by leading [one] to advance beyond [one’s] previous condition’ (cited in Clinebell 1984:42). The concept of healing presupposes the initial existence of the brokenness that requires amendment towards living a fulfilled life. Also, healing is ‘geared towards restoring to health or helping a person suffering from illness or disease to live a meaningful and productive life’ (Khoaseb 2014:35).

1.5.3. Pastoral Care

Pastoral care can be traced back to its initial understanding of being related to the function of ‘cure of human souls’ – *cura animarum* (Clebsch and Jackle, cited by Louw 2000:1). The reality of human brokenness has apparently provided the reason for the intervention of pastoral care practitioners to provide some sort of solace for those who suffer such human brokenness. The pastoral intervention in human inter-relationships is seen as the core step to be sought when an individual or families are undergoing moments of crises (Stone 1993:14). The concept of pastoral care is closely connected with healing. This further cannot be taken out of the idea according to which pastoral activity is often pre-occupied with the healing of human mind and soul. The idea of considering pastoral care as *cura animarum* implies a ministry which is directed to the inner life of the human person (Louw 2000:20).

1.5.4. Pastoral Counselling

Pastoral counselling is a part/branch of pastoral care. This can also be used as a synonym of Christian counselling. The term “counselling” refers to a ‘helping relationship in which, through a series of structured contacts, the counsellor seeks to alleviate distress and promote growth in the person seeking help’ (Louw 2000:260). This implies an encounter in which the counsellor is an empathetic listener, providing the counselee a conducive environment in which he/she can be in touch with deep-seated emotional feelings which have stunted the individual’s growth. Furthermore, to engage in helping in a pastoral counselling encounter, one requires a specialized/professional ministerial skill in order to assist the seeker adequately.

1.5.5. Healing of Memories

This concept acknowledges the necessity of memory in human essence. Elizabeth Tonkin argues that ‘we make memory and memory makes us’ (1992:97). Memories therefore are ‘coded in language, which is a “social fact” and not an individual’s choice’ (Halbwachs, cited by Tonkin 1992:104). Arguably, memory can be conceived as series of events and images coded from our encounter/experience with the society. ‘Sometimes, we let go of the hurts [memories] and sometimes we hold on to them and let them block other experiences of beauty and happiness’ (Ward 2014). The healing of memories presupposes the effort to acknowledge the hurts incurred in one’s life with the intention to deal with the painful memories that blocks one’s growth process.

1.5.6. Storytelling

Storytelling can be ‘defined as, relating a series of events’ (Miller 2011:1). This is a relating of series of events that have happened in someone’s life and environment, so as to extract meaning from those experiences. To share one’s stories is to acknowledge what one has experienced. According to Daniel Taylor, ‘You are your stories. You are the product of all the stories you have heard and lived – and of many that you have never heard’ (cited in Jordan 1999:71).

The analysis of the above concepts would get clearer in the later parts of this study, particularly in the chapters four and five. The terms outlined in this section (Conceptual perspectives) are explained according to the way in which they will be used in the study.

1.6. THE STRUCTURE OF THE DISSERTATION

Chapter One: This chapter introduces the research area, the research background and motivations of the study. It gives the research questions and objectives of the study; and the conceptual perspectives.

Chapter Two: This chapter presents the reviewed literature around the research topic, and the theoretical frameworks upon which this research would be constructed.

Chapter Three: This chapter shows the research method, methodology and research design of the study. It will further bring out the limitations to the research.

Chapter Four: This chapter is the first part of the presentation and discussion of findings. It will focus on the first three research questions, presenting findings and engaging in discussions to understand human brokenness, ascertain the need for healing and role of pastoral counselling in healing process.

Chapter Five: This is the second part of the presentation and discussion of findings. The chapter will focus on the contribution of healing of memories' approaches and storytelling to the emotional healing process. It will examine the methodology used in the healing of memories institutes of "Journey into healing" (JIH) – Patrick Vorster, and "Institute for Healing of memories" (IHOM) – Michael Lapsley.

Chapter Six: This chapter will summarise the findings reached from the study. It will conclude and present the recommendations proposed by the study.

1.7. CONCLUSION

The current chapter has focused on the introduction and background outline to the research problem. In this chapter also the main research problem is stated and the research questions and objectives are outlined. The motivation/justification for such a study as this is also presented in this chapter. Lastly, the chapter outline of the entire research is presented. Against the backdrop of the presentations in this chapter, the next chapter will focus on the literature review and the theoretical frameworks that guide this study.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORKS

2.1. INTRODUCTION

This chapter focuses on the review of some of the extant literature on the themes which relates to the current study. The chosen literature points to the arguments that touch the key areas which the researcher has planned to deal with in the research. In this review, the literature is classified according to the three themes which cover the key areas of the study, which include: the role of pastoral care and counselling in the healing process; constructing personal identity through storytelling; and the healing of memories and redeeming the painful past. It would also bring out the theoretical frameworks upon which this research is constructed, which include: Louw's life story (narrative) model, Clinebell's liberation-growth model and Lartey's relationship-oriented model.

2.2. LITERATURE REVIEW

2.2.1. The Role of Pastoral Care and Counselling in the Healing Process

There have been arguments regarding the difference between pastoral care and pastoral counselling. To some scholars, pastoral care is historically considered synonymous with pastoral counselling since both had a common purpose to 'cure souls' (Stansbury 2012; Kemp 1947). Some contemporary arguments seem to consider both of them as distinct entities (O'Connor 2003, Holifield 1983), while some argue that pastoral counselling is a part/branch of pastoral care (Moyo 2014, Louw 2000, Hadebe 1999). Holifield (1983) argues that pastoral care includes clerical functions aimed at guiding and sustaining a congregation, while pastoral counselling is a narrow clerical role of ministering to an individual in need through the application of special skills. The former is likened to a general practitioner while the latter is likened to a specialist (Holifield 1983, Clinebell 1984, Everly 2000). Hadebe concurs with the above argument and further assert that pastoral counselling represents one aspect of pastoral care (Hadebe 1999:9). In the process of emotional healing, it is pertinent to acknowledge the role of pastoral care and counselling in the healing process of the individual. The pastoral aspect of the healing process is what makes the pastoral counselling different from other forms of emotional healings e.g. psychotherapy, secular counselling, etc. Surely

new developments demonstrate that when a minister is doing pastoral counselling he/she is doing pastoral care – i.e. doing pastoral care through pastoral counselling.

Furthermore, Lartey (2003:30) expresses that the essential elements of pastoral care are means of helping people gain relief from crisis. He argues that pastoral carers' helping activities should recognise a transcendent dimension of human life through which relief and coping mechanisms are communicated (2003:30). Lartey expresses that,

Pastoral care consists of helping activities, participated in by people who recognise a transcendent dimension to human life, which, by the use of verbal or non-verbal, direct or indirect, literal or symbolic modes of communication, aim at preventing, relieving or facilitating persons coping with anxieties (2003:30).

The above quote recognises the impact of others' support in one's process of healing. Also the intercultural approach should be considered towards pastoral care and counselling, so as to attain effective empathic support (Lartey 2003:171, Bojuwoye & Sodi 2010). Bojuwoye and Sodi (2010) further argue that in Africa, the counselling encounter is facing a challenge towards its application. The challenge is due to the fact that the counselling models are influenced theoretically and practically by Western values which are generally individualistic in nature (Bojuwoye & Sodi 2010, Atherton 2007, Mpofu 2000). Bojuwoye and Sodi (2010) further argue that Western models of counselling tend to compartmentalise human experience and treat client's problem in different segments by different specialists (see also Chan 2008). They opine that Non-Western (i.e. African) traditional healing models do not put clients into segments of physical, psychological, spiritual and social, but treat the client as a "whole" person so as to attain holistic healing (Bojuwoye & Sodi 2010, Vontress 2005, Edwards 2004, Holdstock 2000).

Moreover, David Switzer (1974) considers the contribution of pastoral ministers in the process of healing of individuals. He argues that the minister's ability to give a follow-up of the pastoral counselling support to the clients at homes, hospitals, and even at offices is what makes his/her tasks distinctive and unique (1974:24). Such availability of pastoral counsellors/ministers creates openness and trust in counselling relationships. Clinebell (1984:61) in his practical pastoral approach looks at the goal of counselling. According to him, the aim of the process of going through counselling and healing is to reach wholeness (see also Louw 2000). In order to help the individual attain holistic healing, Stone (1993) hints that ministers should be aware and prepared for the challenges involved in providing counselling for those in crisis situations. He further argues that pastoral counsellors in

preparing to intervene in crises should improve their ability to cope with negative feelings which may likely come up in the form of anger and belittlement during the counselling encounter (1993:36).

The current research builds on the above studies and discussions on the issue of role of pastoral counselling and pastoral care to the healing process. Notably, the argument on the relationship between pastoral counselling and pastoral care seem to be a point of contention in these studies. On this, it should be noted that when a minister is doing pastoral counselling he/she is doing pastoral care – i.e. doing pastoral care through pastoral counselling. Hence, the current study agrees with the argument that pastoral counselling is a branch of pastoral care, but argues that pastoral counselling has a pride of place amidst all other branches (such as pastoral visitations and pastoral rituals) of pastoral care. The thorough approach used in pastoral counselling engages the seeker more, offers more relief, but its accessibility is more time-consuming.

2.2.2. Constructing Personal Identity through Storytelling

Hurts and pains happen as a threat to one's personal identity, which can further create negative experiences of the things encountered. Oftentimes, the effective means through which to let out our pains is the ability to express what happened to us through stories. Andrew Lester elaborates on this when he talks about the narrative theory and identity. According to him (1995:29), narrative theory should provide an alternative way of comprehending selfhood and personal identity. Lester (1995) further argues that human beings construct their sense of identity through storytelling (see also Denis, Houser & Ntsimane 2011). For Lester (1995:29), 'Human beings do not simply tell stories, or illustrate their lives with storytelling. We construct our sense of identity out of stories, both conscious stories and those we suppress.' This serves to stress why storytelling is seen as a key in a good counselling process.

Ganzevoort (1993:277) stresses the importance of narratives found in storytelling. According to him, a 'story is not just a way of conveying information, it is a way of interpreting facts. Every story attributes a certain meaning to the events it relates' (1993:277). This view entails that the purpose of narratives is not only for expressing one's emotional feelings but also to interpret and find meaning through one's personal experience in relation to other experiences.

Tonkin (1992:39) notes that the human being is always in a constant quest to tell their stories and be listened to. That is why people often ‘ask if they may “say a word”, or test if they will be allowed a hearing by giving an interrogative look or modest attention-calling cough’ (1992:39). This implies that through stories we seek to meet our ardent human need but how and where the story is told may determine its effectiveness. This presents that the ability of telling what happened to an individual is also a means of reclaiming one’s identity and self-image (Balcomb 2000:50). Storytelling becomes instrumental in healing because human beings enjoy stories. ‘Everybody loves a good story, it is said, and everywhere we turn, it would seem, there are stories available for the interested listener ... A story -- a narrative -- carries a fascination’ (Robertson 1990:33). This entails that storytelling is possible due to the fascination and excitement that exist in the process of telling of stories where the storyteller is excited to tell his/her stories while the listener makes storytelling complete through listening.

Tonkin proceeds further to link our stories with memories. According to her (1992:104), we cannot even imagine ourselves without memory. Maurice Halbwachs opines that memory should not be seen as an individual affair since the contents of our memories comes from our social milieu. For Halbwachs, memory is ‘not an individual property; it comes from outside. Everyone recalls, but we recall our responses to the outside world, and so it is the outside world which gives us our understanding of what we individually are’ (cited by Tonkin 1992:104). Although Halbwachs argues from the point of view of history but his concept expresses how the society shapes the individual’s story and memory.

Trevor Hudson expresses the importance of getting in touch with who we are, and not who others want us to be. According to him (1999:21), in our search for our identity, sometimes we allow our identity to be determined by what family, friends or colleagues say about us. Hudson does not negate the fact that family, friends and colleagues help in shaping our identity, but that we should be conscious that our identity are unique and distinct from any other person (Hudson 1999; Lartey 2003). In the search for understanding our identity, we search for answers inwards, towards others and towards achievement (Hudson 1999:20).

In a counselling or healing process, communication is an essential part of a successful encounter. David Johnson (2003:9) prioritises the importance of interpersonal communication in any human encounter. He argues that interpersonal skills are necessary to enhance the connections of people with one another. Fostering an interpersonal connection with others is a key to acting appropriately with others (2003:9). Such a connection could be person-to-

person interaction or person-to-group interaction. Johnson (2003:24) posits that human beings learn from experiences, and they do that by making generalisations and conclusions of the things directly experienced.

Grobler, Schenck and Du Toit (2003) look at identity in terms of the self. They opine that we become aware of our identity or the self through the propositions that are proffered by the community. In their book, *Person-centred communication* (2003:12), they opine that

[T]he *self* is the community's idea (perception or experience) of itself. This self cannot always be explicitly expressed by the community but it can be expressed through the actions, values, rituals, taboos, prejudices, and preferences of the people in the community [emphasis in original].

And this presents the reason why actions (whether positive or negative) in the society impact on the life of the individual (2003:12).

2.2.3. The Healing of Memories and Redeeming the Painful Past

The healing of a person who has been emotionally hurt or violated is a journey. It is a journey that requires getting in touch with the past irrespective of how painful it had been. Denis, Houser and Ntsimane (2011) in examining the healing of memories programme realise that we are damaged in one way or another, and hence are in need of healing (2011:5). They argue that although many people are affected by the conflict of the apartheid era which caused pains to many, there are series of multiple wounds that are still facing South African society today which include: HIV and AIDS epidemic, domestic violence, sexual abuse, xenophobia, etc. Denis, Houser and Ntsimane further acknowledge that telling one's painful story to others in a safe environment can open up a journey of healing (2011:5, Lapsley 2013). According to them (2011:5), 'the telling of one's story of wounded-ness to a person in a safe environment who cares may open the door to a journey of healing which leads to a better life'. This serves to consider the role of the storytelling approach which the researcher would partly be looking at during the course of the research.

David Seamands links the emotional healing with spirituality which he feels can play a part in the healing of an individual. He (2002:73) also emphasises the need for communal prayer in the healing process of people, as he revisits the words of Jesus in Matthew 18:19-20 that 'where two or three people have gathered in my name, I am there in their midst'. Seamands argues that people who make up the church congregation play a huge part in the healing process of an individual.

Dennis and Matthew Linn (1984:67) consider the three signs which show that one has got healing from emotional hurt. The signs are: 1) Reconciliation is attempted, 2) there is power to reach out and love others, and 3) the memory is filled with gratitude. Lapsley (2014) sees Linn's view as being Christocentric; he therefore reckons a great need to approach healing more practically through storytelling. Chuck Spezzano looks at the act of forgiveness as a form of letting go of pains. He argues (2001:73) that forgiveness frees one from getting trapped in justifying one's anger and the reasons for not letting go. According to him (2001:73), forgiveness 'ties up loose ends and allows for a new beginning'. Ntsimane challenges the idea of forgiveness by emphasising that the perpetrator should not be reconciled at the expense of the victim (2000:31). Ward (2014) argues that the initiative of getting healed from the hurts is a matter of choice and personal decision where one can either choose to let go of the hurt or remain hurting (see also Seamands 2002).

The above reflects many available works which indicate that many researches have been done around this area. But notably, an aspect which the authors have inadvertently missed in their conceptions and analysis of the issues relating to this study borders on the utility of storytelling in the healing of memory process specifically as it relates to the context of South Africa. The current researcher intends to explore on how storytelling approach as a tool for healing of memories can be made more effective within many communities of South African society. Also, deriving from the views expressed in extant literature on the importance of healing tools (such as pastoral counselling and healing of memory workshops), and considering the challenge of the high level of bitterness, brokenness, violence, crimes, suicide, etc. prevalent in some societies, the question still remains on whether (or not) these tools of healing actually work. Notably, despite the existence of pastoral counselling support, the negative effects of painful memories still persist. Hence, the current researcher seeks for more ways of assisting those with painful memories. Furthermore, from the literature consulted, there is a notable complexity and complication regarding the ultimate intended outcome of pastoral counselling and healing workshops; the question in the mind of the current researcher is: do they help clients to forget the pains, cover the pains, bury the pains, cope/manage with the pains or redeem the painful past? Also, a question may still be raised if memories can actually be healed or is healing a form of a long journey that does not have a definite or marked end? Moreover, some of the literature draws from the Western individualistic view of the human person which tends to portray healing as being an individual agenda. The researcher's approach would take into consideration the African

context of the South African society where healing also has to be sought in a communitarian sense. The researcher intends to delve into these areas searching for a more feasible approach through which wholeness healing can become more effective and accessible within South African society, which can lead to further developments in the approaches of dealing with pains, brokenness and hurtful memories.

2.3. THEORETICAL FRAMEWORKS

2.3.1. Louw's Life Story (Narrative) Model

In the life story model, Louw (2000:309) prioritises personal experience as the basis of understanding and dealing with the individual. The personal experience here entails all the experiences of life as lived by a particular individual through his/her interactions with the world. By this, Louw acknowledges that 'each person thus lives within a distinctive context which is linked to a specific series of events which influence his/her life' (2000:309). The awareness of each person's background allows an understanding of what may have played a part in the development of such individual. This flows into the idea of the storytelling approach which looks into the life story of the painful past experience. The experience envisaged here has caused bitterness in people's lives and continues to cause more brokenness in human relationships. In considering one's contexts, Louw opines that some factors play a part in the individual's experience; such factors include parental education and religious experience (:309).

In McKeever's view of the life story model, the 'past religious experiences influence the way in which a person deals with problems' (cited in Louw 2000:309). McKeever reckons that a person's religious history can be used as a stethoscope by which a minister listens to the believer's heartbeat (Louw 2000:309). This may be based on the presumption that the human being, as a religious being, tends to analyse and seek understanding of what he or she experiences within the larger religious view of life. Oates (1962) concurs with McKeever that to clarify a problem or understand a person, one needs to listen to the person's life story (cited in Louw 2000:309). Such a story may be shaped by the person's childhood upbringing which was influenced by certain belief systems. The life story model is considered relevant to this study as it attempts to find how storytelling can become a healing tool for those who are living under the bitter memories of the past. This model will be used to answer the relevant research questions which the researcher intends to achieve through constructive analysis of the topic.

2.3.2. Clinebell's Liberation-Growth Model

In Howard Clinebell's liberation-growth model, the goal of all pastoral care and counselling is to liberate, empower and nurture the person's wholeness which is centred in spirit (Clinebell 1984:26). This is also the goal of most healing programmes which in their efforts attempt to help the clients get in touch with their inner selves, in order to reconnect their relationship with others. The impact of pains and hurts most often disconnects and disorganises the person from the reality of life which shields the person from finding meaning and beauty beyond the cause of the pains. This model seeks the holistic healing of an individual, and hence encourages growth in all dimensions of life. It is systems-oriented in the sense that it seeks to involve all the aspects of the person's interaction with other persons, family, groups and the society (1984:26). This model works by considering the seven dimensions through which wholeness of life can be accessed. They are (Clinebell 1984:31, 1995:3-19): 1. Enlivening one's mind; 2. Revitalizing one's body; 3. Renewing and enriching one's intimate relationships; 4. Deepening one's relationship with nature and biosphere; 5. Growth in work and play life; 6. Growth in relation to significant institutions in one's life; and 7. Deepening and vitalizing one's relationship with God.

The first dimension entails developing and expanding our consciousness, creativity, insights, intellect and artistic skills towards the wholeness growth (1984:32). The second dimension emphasises the necessity of appreciating and taking care of our bodies through good self-esteem, sound nutrition, and physical exercises. The third dimension acknowledges that we need to renew our relationships with others in order to attain wholeness growth. The fourth dimension stresses the need to increase our awareness of ecology which in turn physically, mentally and spiritually connects us back to ourselves (:32). The fifth dimension entails establishing a balance in one's work and recreation (Clinebell 1995:13). The sixth dimension focuses on helping people acknowledge the source(s) of their brokenness, hence moving towards liberation from institutionalised oppression (e.g. racism, sexism, apartheid, xenophobia, etc) which may have caused pains to individuals or groups (1984:33). The seventh dimension focuses on spiritual growth. This intersects and unifies the other six dimensions and helps one build an open, trustful, nourishing and joy-full relationship towards God – the source of all life and healing (:33).

This model applies to this research work in the sense that it seeks to liberate and expose people to a growth that can happen in all dimensions of life, being aware of the effect of the

worldviews in which the client lives. The research follows this module since it considers liberation as a certain level of healing. This framework will be used to examine and weigh the pastoral counselling approach, as well as the healing of memories programmes; hence be able to come up with comprehensive analysis around the research subject.

The model also makes reference to the gospel of John 10:10 where Jesus says that he came so that we may have life to the fullness. This implies that Christ realises the severity of human affliction, and came so that he will liberate us from bondage, and hence lead us to the abundant life of finding meaning and joy again. In the liberation-growth model, emphasis is being made on spirituality. By this, one recognises the transcendental spiritual connection with oneself and with God. The model encourages that in the journey towards healing; the individual has to cooperate in his/her process in the construction of one's behaviour, which is expressed through one's feelings, attitudes and values in the healing process (1984:27).

The model further encourages the use of 'right brain methods of healing and growth', which is more intuitive, metaphoric and gets in touch with the client's feelings and imaginations. It encourages the 'right brain methods' over the 'left brain methods'. The 'left brain method' focuses on analysing and rationalising the problems and their causes (:27). The liberation-growth model is relevant to the research focus as it does not concentrate only on one aspect of the person, but on the holistic (e.g. spiritual, psychological, theological, social, etc.) healing and liberation of the individual. The research seeks to balance how different human dimensions can attain healing if considered holistically. This framework will be utilized in this study as a parameter to measure ideas/resources relating to the holistic healing and the counselling encounter, especially the group encounter sessions applied in the healing of memories workshops.

2.3.3. Lartey's Relationship-Oriented Model

Another theoretical framework which concerns the current study is Lartey's relationship-oriented model of counselling. This model is quite similar to Clinebell's model, but it focuses more on renewing of human relationships, which involves renewing of personal/individual human potential vis-à-vis challenging social systems so that all members of the society would benefit from socio-political dividends, and grow together towards wholeness (Lartey 2003:86). This approach is relevant to the research focus considering the hurts and disintegration that were experienced during the apartheid conflict era of South Africa, which

today needs the committed contribution (service delivery) of socio-political systems so as to restore and renew individuals towards wholeness.

This relationship-oriented model encourages the regeneration of human interpersonal relationships bearing in mind that human person is a relational being (2003:84), and hence could make good sense of his/her existence only in connection to other human beings. This approach of the model is relevant to the research focus in the sense that it supports the approach of narratives used in the group-counselling or group-healing programmes/sessions. The model reinforces the restoration of communal support systems where one finds meaning in relation to the cultural and social milieu of individuals. In an African view, communal living and sharing are resourceful, and seeking support outside one's individual self is considered befitting (Lartey 2003).

2.4. CONCLUSION

The above chapter has explored the works of many scholars who have written about the concepts of pastoral care and counselling, healing, storytelling and healing of memories. Although some research has been done around this area, the researcher intends to explore how storytelling approach as a tool for healing of memories can be made more effective within many communities of the South African society. The above literature review chapter has offered some insights that will help in answering the research questions, especially in the aspect of understanding the role which pastoral counselling can play in helping to clarify issues for the seeker, i.e. challenging the seeker towards his/her healing process. The literature also incites the researcher to prioritise the necessity of storytelling towards the individual's journey to wholeness-healing. Despite the enormous insights gained from the reviewed literature, the current researcher notices that the authors have inadvertently left out how to particularly use the explored pastoral counselling skill/storytelling technique into the South African society specifically, which has experienced brokenness in lieu of its political history.

The present researcher's review notices that the authors' discussion on the concepts of healing, storytelling and pastoral counselling is general without being narrowed down to the contextual problems of the South Africa's experience of brokenness (includes both political and domestic brokenness). The researcher considers it as a gap which hence raises the research question: 1. To what extent does storytelling approach to healing help in South Africa context? The other important question that can guide the researcher is: In what way

can storytelling contribute towards the healing of individuals' painful past? The researcher has also presented the theoretical frameworks which are relevant for knitting this research study together. The above frameworks would also offer helpful insights for the researcher to fill-in the gaps which necessitate this study by seeking how relationships (Lartey's relationship-oriented model) in South Africa can be rebuilt, liberating people (Clinebell's liberation-growth model) from the bondage of abusive memories to foster growth; and allowing people to tell the stories (Louw's life story model) of their experience which can bring about a healing-growth process. The next chapter would clearly present the research method and research design of the study.

CHAPTER THREE

RESEARCH METHOD AND RESEARCH DESIGN

3.1. INTRODUCTION

According to Bryman (2006) the method that a research chooses for a particular study depends mostly on the research questions and what the researcher intends to find out in his/her research. Choosing a research method and design is then a pragmatic approach which allows the researcher freedom to use different methods to answer research questions. The method used will depend on what question the researcher is seeking to find and depending on the possibilities open to him/her. This is the bases for the presentation in this chapter. The chapter primarily presents the research design, methods and methodology employed in the current study. The first attempt is to present the epistemological/philosophical position that grounds such a research as this. The epistemological considerations also provide a justification for the adoption of research design/methods which are used for the current study. Secondly, the chapter presents the research design adopted for this study and the last presentation focuses on the different data generation and data analysis methods employed in the current study.

3.2. EPISTEMOLOGICAL CONSIDERATIONS

Clearly, the issue of the type of methodology being adopted for a particular research brings back into discussion the epistemological debate on the knowledge of our social world. The main question in this debate is on what constitutes true knowledge of our world and how it can be verified (Orla, Willie & Padraig 2007, Onwuegbuchulam 2016). The debate boils down to the issue of construction of knowledge. Modernist and indeed Logical Positivists are of the view that knowledge is rational/objective and can be reached through precise scientific methods. On the contrary, Postmodernists dispute the concept of universalisable truth and rather prefers relative truth; they opt for what Lyotard (1984) calls “little narratives” instead of “grand narratives”. In this understanding, there is no such thing as the “Truth” rather there are “truths”. This means that construction of knowledge does not depend on any precise universalisable method applicable to every context; rather truth/knowledge and the methods to reach them are context, culture and time dependent (Orla, Willie & Padraig 2007, Onwuegbuchulam 2016).

The research designs and methods adopted in the current study are grounded on the Constructivist/Interpretive epistemological approach. This is further based on the Postmodern assumption that ‘knowledge is gained...through social constructions such as language, consciousness and shared meanings’ (Orla, Willie & Padraig 2007:173). This assertion is important for this study and validates its adoption of the Qualitative research design and methods towards answering research questions whose contents borders on such variables as language, consciousness and shared meanings in the healing aspect of life.

3.3. RESEARCH DESIGN

Ponelis (2015:539) defines a research design as ‘the logic that links the research purpose and questions to the processes for empirical data collection, data analysis, in order to make conclusions drawn from the data.’ A research design offers a way in which a research’s main questions and objectives are answered and realized respectively through the adoption of appropriate methods, techniques and procedures. Hence, Van Vyk (2012) notes that a research design should consider the purposes and approaches to a research inquiry and these includes: exploration, description, explanation, prediction, evaluation and history. These are classified under qualitative, quantitative and mixed method research designs.

The current research adopts the Qualitative research design; employing explanatory and exploratory approaches. The chosen research design and approaches are suitable since the proposed study seeks to explain and explore research variables which can be conceptualized as being qualitative in nature. Notably, Qualitative research design focuses on studying the qualities of variables and is used in research when what is being studied is of a complex and social nature, and not subjected to quantification (Liebscher 1998). Qualitative research design is geared towards answering questions concerning the multifaceted nature of what is being studied and is oftentimes dependent on subjective interpretation and analysis. Firstly, in most explanatory researches, the focus is on the question “why” of the research; in which case available data from previous research and secondary sources can be used to answer the research questions (Van Vyk 2012). This approach is used in answering the research question which tries to analyze and explain the part played by counselling in the emotional healing process of people. Secondly, in exploratory research, new information is sought which assumes that the study is a relatively new area of inquiry aimed at generating new information on one/more variables of the research (Bhattacharjee 2012). The exploratory approach is utilized to answer the remaining research questions of this study; the aim is to

explore/generate new ideas/understanding concerning the concept of storytelling used in the healing of memories process.

3.4. RESEARCH METHODS AND METHODOLOGY

This research is a non-empirical study which relies largely on available literature. The non-empirical study otherwise known as document analysis, is a form of qualitative research tool. Qualitative research involves the collection of data in the form of written or spoken language, or in the form of observations that are recorded in language (Terre Blanche, Durrheim & Painter 2006:47). Document analysis is a ‘systematic procedure for reviewing or evaluating documents – both printed and electronic (computer-based and internet-transmitted) material’ (Bowen 2009). It requires that data should be examined and interpreted in order to draw meaning, gain understanding and hence develop empirical knowledge (Corbin & Strauss 2008, Rapley 2007). This research method is chosen due to the availability of multiple research materials in this area. According to Miller and Alvarado (2005), the benefit of document analysis is that ‘documents exist [already] before the researcher seeks to use them as data’. The method is more time-economical as compared to field work research. This chosen method is suitable for a research of this scope (short dissertation); moreover it is suitable as it agrees with the chosen research design as described above towards answering the research questions which this study concerns itself with.

In the light of Creswell’s understanding, qualitative research is also ‘a form of interpretive inquiry in which researchers make an interpretation of what they see, hear, and understand. Their interpretation cannot be separated from their own backgrounds, history, contexts, and prior understandings’ (2009:17). This gives the researcher a wide spectrum to be able to interact and engage with the data. The research data would be accessed through consulting series of documents, manuals and books used in the healing of memories programmes. It also involves getting access to numerous books written around the topics of emotional healing, interpersonal communication, pastoral care and counselling, psychological theories/counselling, practical theology, etc. The researcher’s personal experience in pastoral training and ministry to those who have experienced brokenness in many forms is also utilized in the course of this research.

The study utilizes thematic analysis which tries to analyse the ideas based on different themes met in the study. According to Braun and Clarke (2006:6), thematic analysis is ‘a method for identifying, analysing, and reporting patterns (themes) within data’. Some of the themes

include: storytelling, pastoral care, counselling and healing. This method will be used to analyse available data paying attention to themes derived from the conceptual and theoretical frameworks adopted for this research. The themes are also based on the main variables of this research towards answering the main research questions.

3.5. LIMITATIONS OF THE STUDY

The first limitation of this study deals with the issue of availability of data. In the healing workshops like “Institute for Healing of memories” and “Journey into healing”, the sharing of painful memories and counselling are done in different support groups, and each group is bound by trust, confidentiality and mutual respect. In this scenario, it is difficult to get an overall picture/awareness of how the workshop impacted on all the individuals in attendance. One can only have access to sharing and listening to the stories of one’s group members but one is still bound by confidentiality regarding every story that was shared. Additionally, according to the policies of some of the healing organisations like IHOM, some materials (e.g. facilitator’s manual) are not easily made available as they are reserved for the trained staff/executives of such organisations. Hence, this constitutes a limitation for this study which envisages that data from such workshops could be beneficial to the analysis of the current study. Notably, the issue of confidentiality is an ethical issue which this study does not intend to go against. To overcome this obstacle, the researcher asked permission(s) from the gatekeepers of these institutes to make use of any material report they allow.

Secondly, the study utilizes the qualitative method of research. Hence, data for the study comprises mostly secondary data from books, journal articles, reports and different internet sources. In view of this, the research is limited in the sense that the analysis in the study is only based on the available secondary data sources. The study is then mostly reliant on these data and analysed and interpreted using the personal academic analysis skill of the researcher which may be subject to bias. To address this, the researcher utilizes further sources to substantiate points and arguments wherever necessary.

3.6. CONCLUSION

This chapter has endeavoured to present the research methods and other methodological considerations which affect this study. Summarily, this study is qualitative based and adopts different forms of research design to answer the main research questions which the current study concerns itself with. The chapter also presented some of the limitations which a study

such as this faces. The next chapter focuses on the first part of the presentation and discussions of findings of this research as regards the first three research questions.

CHAPTER FOUR

PRESENTATION OF FINDINGS AND DISCUSSIONS: THE ROLE OF PASTORAL COUNSELLING IN HEALING HUMAN BROKENNESS

4.1. INTRODUCTION

This chapter presents the findings and discussions on the themes linked to the first, second and third research questions and objectives of the present study. Hence, the first part of the chapter focuses on understanding crisis and human brokenness, the second part focuses on the necessity of healing to an individual's journey to wholeness, while the third part will focus on the role of pastoral counselling in the individual's healing process. As indicated in the research methodology and design, the presentation and discussions here are explanatory as the aim in this chapter is to understand the need for healing and the role of pastoral counselling in healing as research variables. Also, the strategy used in this important chapter of the thesis is based on a particular understanding of thematic content analysis which underscores the importance of research questions and objectives in guiding thematic codes and the ability of data being analysed to help in answering the questions (Vaismoradi, Turunen & Bondas 2013). This also grounds the approach of discussing findings closely and together with their presentation under each theme. To proceed in discussing the necessity of healing towards an individual's journey to wholeness, it is crucial to highlight that healing becomes a concern because of the pre-existence of brokenness/hurt which impact on the journey to wholeness/healing. Discussing the concept of crisis and brokenness in this study may throw more light on the danger of living in brokenness which can hugely affect a person's behaviour, and the society at large.

4.2. UNDERSTANDING CRISIS AND HUMAN BROKENNESS

4.2.1. Living in crises

Living in a state of overwhelming crisis is a great concern for pastoral workers. Crisis is synonymous with human life, in the sense that on daily basis one often encounters moments of crisis which affects one's actions and behaviours. There are two basic types of crisis: developmental crisis and situational/accidental crisis. Developmental crises are normal predictable human experiences which everyone passes through in the process of maturation (Stone 1993:13); it is a form of crisis that happens as one goes through normal stressful

transitions in one's life's journey such as: birth, puberty, adolescence, marriage, examination, retirement, etc. (Clinebell 1984:35). This form of crisis is unavoidable as these are moments of transitions, passages, growth and development.

The other type of crisis, situational/accidental crisis are those moments of encounter with the environment or human activities which cause unexpected stresses and losses (1984:35). This crisis consists in exceptional, unusual and unpredictable circumstances which disrupt the normal flow of life. Such disruptions affect one's healthy way of living and thereby become a threat in one's life. The situational/accidental crisis would be incidents of sickness, natural disasters, trauma, hurts, death, physical injury, unemployment, divorce, abuse, etc. This type of crisis destabilises and impacts on a person's rationality, feelings and sense of worth. Although Clinebell (1984:35) sees every crisis as an opportunity for spiritual growth, this form of crisis stagnates the human growth process, and leaves one in a state of confusion.

Situational/accidental crisis is of great concern in this research since it poses more challenges to the order and normal flow of human life. It is a form of crisis that if not examined and healed may cause more brokenness in human relationships, thereby hampering the goal of wholeness-growth. In this regard, Andrew Lester (1995:44) opines that the existence of a crisis puts one in a state of internal and external chaos, which poses a threat to physical, social, psychological and spiritual stability and wellbeing. He further defines crisis as 'a disruption in human existence that creates a higher level of anxiety than normally experienced and throws us into a state of disequilibrium' (Lester 1995:44). This implies that crisis creates and re-creates anxiety thereby making one's life unpleasant and unbearable. Hurts, abuses and traumas are considered as crises in the sense that the pains and memories of them disturb the whole life connection of the person's human systems. Living in this state is problematic according to Clinebell's model which emphasises that in order to grow towards wholeness/fullness, we need to liberate ourselves from the bitter memories/experience that haunt us (Clinebell 1984:30).

It is pertinent to acknowledge that each person's response to a crisis differs from the others. A particular incident that may be emotionally painful for one person may not necessarily be so for another. This depends largely on our individual personalities which process and interpret every human experience in a unique way. Although experiences might be shared by all or some people, some experiences are entirely encountered as individual/personal. This is commonly expressed in the maxim that '*Every human person is in some respects (a) like all*

others (b) like some others (c) like no other' (Lartey 2003:171, emphasis in original). The viewing of human person in these three aspects of the maxim would therefore make the pastoral counsellors aware of the importance of approaching every particular seeker as a unique/special individual.

4.2.2. Bitterness and anger

The movement towards the right direction in wholeness healing and living starts with the acknowledgement of the emotions which lie deep down in people's hearts. Some of these emotions are bitterness and anger. In a wrong attempt and struggle to deal with these emotions some ends up in addictive behaviours³ as means of escaping from overwhelming crisis-situations. Following the bitterness and anger in people's hearts in South Africa, apartheid was an institutionalised form of human enslavement (Kanyandago 2000:60) which had contributed in brokenness of human hearts, families and human relationships. Although apartheid may be blamed in reference to the circle of abuses, violence and social inequalities that had permeated South African society, disintegration in families has also contributed in the chain of hurts that create violent, abusive and addictive society.

It is observed that people who live in bitter memories of the past often end up in addictive behaviours as ways of 'coping' with the pains. Addiction impairs one's power of volition. William Bennett explains an addict as 'a man or woman whose power to exercise rational volition has been seriously eroded by drugs [alcohol], and whose life is instead organised largely – even exclusively – around the pursuit and satisfaction of his [her] addiction' (quoted in Schaler 2000:3). If one's rational will is eroded and life is being channelled towards the satisfaction of addiction, it means that one has been robbed of the normal healthy way of living, and has been drawn towards the life of selfishness. Since such persons cannot control their behaviours under the influence of addiction, it means that such kind of addictive life brings about the abuses and violence in families and in human relationships; and hereby deprive them of the benefits of living life to the full. Addictive behaviour can be a mere 'symptom, a coping device that the addict uses to mask the pain of a deeper problem' (Sherrer & Garlock 1994:132).

Jeffrey Schaler examines addiction from two perspectives: First is from the perspective of a disease-model where addiction is seen as a disease that afflicts one without the person's

³ The addictive behaviours implied here are the abuses of drugs, alcohol, etc.

decision to have control over it (2000:2). This perspective takes away responsibility from the addict since they are considered victims of addictions. The second is from the perspective of freewill-model where addiction is considered as a product of one's deliberate action in pursuit of one's chosen goals (Schaler 2000:8). He further argues that 'all such voluntary human action is ultimately under conscious control' (2000:8). Whether addiction is considered either as a disease or freewill, or as both a disease and a result of freewill, experience has shown that nobody is happy about the effects/damages that come from such addictions (i.e. a re-cycle of human brokenness). Such damages even lead to co-dependency whereby the addict wholly depends on alcohol/addiction, while the family members are burdened to depend on the alcoholic/addict (Mendenhall 1989:5). This entails that addiction does not only affect the addict but also affects his/her family members who carry the burden/hurts of the addict's actions and behaviours. Often, the addict's actions manifest in domestic violence where women and children are usually the victims. The emphasis here is that an addict has been deprived of the wholeness-living, and one of the ways to go is to move towards the healing of memories or pains that led one to the addictive behaviours. The unhealed memories of pain may be blamed for the violence and abuses in the South African society.

4.2.3. Violence and abuses in the South African society

If we believe that each and every person is created in the image of God – *imago Dei* (Genesis 1:26-27), it means that every act of violence and abuse disfigures that image which we supposed to revere and adore. The violence and abuses in the South African society participate in the global challenge where violence is almost becoming an acceptable culture. The South African experience of apartheid seems to be recycled in the strong manifestations of violence (especially domestic and political violence) on daily basis. This means that those who grow up in the environment of abuse and violence are likely to become both the victims and perpetrators of such abuses. When any society enters into a culture of violence and abuses, many people get hurt; and the circle of hurts continues.

Merle Jordan (1999) concurs that when violence and abuses are rife; it is a sign that abuses are recycled. Jordan (1999:45) opines that 'parents who were abused as children may become abusive with their own children'. This goes into a circle where abuses are considered as something normal. Violence and abuse become a norm when one gets exposed to them (Van den Berg 2014). The abuses are not only found in the family, but also in the wider society,

and in the people's relationships with the other. Jordan further argues that 'traumatised children tend to repeat abusive patterns of behaviour in relationships, either as victim or as perpetrator, or in both roles at different times' (1999:44). This summarises the prevalence of violence and abuses in South Africa where people engage in different sorts of crimes (e.g. rape, murder, emotional/physical hurts, etc.), which brings crises and distress in the lives of others. Some of those crimes may be related to poverty, unemployment, laziness, idleness, loneliness, lack of passion for life, lack of efficient political service delivery, etc.

Often times, the incidents of violence and abuses become normalised that people no longer notice the negative effects of them. Sometimes, people even consider abuses as something entertaining, as one finds in some media programmes. For instance, there are explicit display of abuses and violence in most of the South African soap operas (soapies), where the scenes show many brutal scenes to the viewers. Perhaps, one would wonder what is so entertaining in those violent and abusive scenes! Even though the abusive scenes in the soapies are a reflection of what is happening in the real society, but one has to consider the effects of such scenes on the vulnerable consumers. It is important to be aware so as not to add salt to an open wound! If we want to grow towards wholeness with healed memories, we also have to consider censoring what is being displayed in the soapies so as to reduce the violent and abusive contents in them.

Domestic violence is also one of the great causes of hurts in human relationships. 'Children in violent homes come to accept violence as normal [and] they see violence as a way to cope with stress and pressure' (Nasimiyu-Wasike 2000:131). Women and children are often the most common victims of domestic violence (2000:120), and one of the ways to combat this malady is to encourage people to report cases of abuse and also motivate them to get help for healing. To ignore incidents of abuse is to support the recycling of abuses! The perpetrators and victims should be helped to seek healing towards the cause of one's emotional pain, as one knows that all painful and traumatic experiences impact on people's memories and behaviours (cf. Field 2008:150).

4.2.4. Broken hearts, broken homes and broken relationships

Every human person is in some way broken or hurt! This brokenness can be traced from our nature as a human who is not perfect, who is sinful, although intending to do what is good

would often fall short by doing the bad he/she does not intend⁴. This suffices to say that by the fact of being human, we may never stop stepping on other's toes, and also would not be spared of being trampled upon; what matters is the extent of the hurt and how we deal with the situation.

The way we perceive, interpret and respond to crises differs from one person to the other; in some cases, it depends entirely on one's choice how positively or negatively a particular incident is perceived and interpreted. A particular incident that breaks one person's heart may not necessarily have the same effect for the other. On that point, John Demartini (2006:13) argues that

... There's no such thing as a "broken heart". The emotion we refer to as a broken heart is just a result of the imaginary void and resentment we feel when an illusion of infatuation is shattered, or when we think we've lost something or someone. These unbalanced illusions can make us sick if we don't balance them with gratitude and unconditional love (2000:13).

Demartini's argument seem to express that what we perceive as broken heart is a form of illusion, which makes us feel empty in the face of our anticipated infatuation. Although Demartini's argument throws us into reflections of whether illusion can be considered as a feeling; and if not, how then can we account for a traumatic incidence of rape? The victim who feels the pain of rape is violated and often experiences a damage of one's dignity, and feels broken! This equally applies to the situation where families/homes were divided and hurt as a result of physical, psychological or emotional conflicts.

Even though one may not fully agree with Demartini that broken hearts is a result of imaginary void, but his point may serve to buttress that what one experiences as brokenness may not completely destroy one's humanity considering the possibility that one is capable of choosing to re-write one's story in a positive way, despite the gravity of the brokenness. Clinebell in the other hand, realises that human brokenness threatens one's potential for increasing in wholeness (1984:57). Such brokenness alienates us from ourselves, from others, and from God; it further tampers with our deep longing to develop our *imago Dei* which is meant to bring wholeness in human life.

⁴ This notion echoes from the words of St Paul who laments: '... I am of the flesh, sold into slavery under sin. I do not understand my own actions. For I do not do what I want, but I do the very thing I hate ... I can will what is right, but I cannot do it. For I do not do the good I want, but the evil I do not want is what I do ...' (Romans 7:14-25, *NRSV*).

Human brokenness is contagious. When our hearts, homes, society, and relationships are broken, we are all affected and broken too. That is why nobody should be indifferent towards the causes of pain and brokenness. Though many scholars seem to trace this brokenness and suffering back to the early human Fall in the Garden of Eden (Genesis 3, Clinebell 1984:57, Clinton & Ohlschlager 1984a:20), but most of the suffering and brokenness we experience today are human-made. This means that human beings also have the capacity to re-make their broken situation; but often times, greed, envy, rage, anger, fear and shame are key players in the face of the challenges of brokenness. Whenever human hearts and relationships are broken, we experience suffering and nihilism. We equally experience the loss of meaning and purpose in life, and 'no experience of suffering is completely understandable unless we perceive how the future has been threatened, or already altered, by a past or present occurrence' (Lester 1995:43). Hence, one should not trivialise human brokenness!

4.2.5. Suicide: Escaping from the pains of brokenness?

The high rate of suicide in South Africa should remain a great concern for pastoral counsellors/ministers. It is of no doubt that suicide seems to have been taken as a form of escape from the excruciating pains of brokenness. Those who harbour suicidal thoughts live under the captivity of brokenness which often deprives them of living to the wholeness. In such cases, one has lost connection in human relationships; one feels lonely and disconnected from the rest of humanity. Most people who commit suicide do so when their rational sense of reality is blurred and when one fails to see an immediate solution to their frustrations (Minirth & Meier 1978:33). It is crucial to listen and attend seriously to any threats of suicide by applying the counselling method that can get to the root of people's problems (Stone 1993:63). In Lartey's (2003) opinion, people should be helped to restore their meaningful relationships with the others.

In South Africa, research has shown that suicide rate is high even among teenagers. A study shows that 'a total of 34% of black youths have considered suicide as an option in response to stressful life situations, such as divorce of their parents, conflict and love/relationship problems' (*Health 24* 2014). Since all the causes are connected to brokenness in human relationships, it is pertinent to seek ways towards rebuilding relationships through wholeness counselling which is relationship-oriented (Clinebell 1995:11). In such relationship-centred counselling, family therapy/group counselling can be helpful since a group can be assisted to communicate better with one another, and hence be able to find meaning in relationships

again. ‘It is only in meaningful relationships that we can satisfy our human need for pleasure, power, and meaning or, for that matter, satisfy any other psychological needs’ (Clinebell 1995:10). The problem in human relationships can be compounded by a constant loss of morality.

4.2.6. The loss of morality

The more we lose our sense of morality, the more we get entangled in the chains and circles of brokenness in our relationships with others. The term ‘Morality’ is a comprehensive term which is derived from the word *mores*⁵. It is used in reference to the human pursuit of the common good/goal which has to be achieved through the observance of certain customs and norms (Häring 1975:981). “Morality” reflects ‘a historical situation in which a uniform social milieu was universally recognised as setting the standard’ (1975:981). This implies that morality has to do with a certain code of behaviour which is generally applied to guide the people living in a particular socio-cultural context. Morality is most often associated with the ‘Law’⁶, and is commonly referred to as a ‘moral law’. Morality came to be associated with the law as a result of the notion of God, who as supreme power, ‘orders and directs not only the lives of all [people], but also the entire universe ...’ (Reiner 1975:984).

In the contemporary understanding, the term morality is not only used to refer to the orders or decrees of the law (i.e. do’s and don’ts); but is also used as a guide towards what we ought to do as human beings. According to Raphael Gallagher (2006:328), morality ‘is never a blind “you must do this” but a value that is addressed to an individual which evokes a sense of response, that is: “you ought to do this if you wish to achieve your fullness as a person”’. This understanding entails that a sense of responsibility is entrusted to every person as a means of realising one’s fullness as a human person. If we are to get healed from our predicaments and find a lasting solution to our brokenness, there is an ardent need to rebuild and regain our sense of morality and our real values, and the sacredness of every human life.

Summarily, discussing the above concept of crisis and human brokenness brings out clearly that amidst all the afore-discussed brokenness healing becomes a great necessity.

⁵ According to the seventh edition of *Oxford Advanced Learner’s Dictionary*, “mores” has to do with ‘the customs and behaviour that are considered typical of a particular social group or community’ (Hornby 2005:954). For St Thomas Aquinas, *mores* ‘are customs or the *second natures* that customs breed ...’ (*S.T. I, q. 58, art. 1*).

⁶ The word ‘law’ is originally derived from the Greek *nomos* and Latin *lex*. It was ‘an ordinance (command) directed to the wills of the citizens, regulating their lives as a community and claiming their strict adherence while leaving it possible for them to disobey’ (Reiner 1975:984).

4.3. THE NEED FOR HEALING TOWARDS WHOLENESS

We all need to be healed! The need for healing does not apply only to people who were mostly oppressed during the apartheid era, but to all others who may still be hurting in one way or another due to some circumstances of life. The symptoms of hurting memories manifest in inferiority complex, superiority complex, identity crisis, depression, fear, anger, hatred, etc. To attain a collective healing, there is a need to help an individual to work hard towards reclaiming self. And reclaiming of one's self is a journey that requires patience, determination and commitment. Ward (2014), acknowledges that healing process may take some time, and therefore, one needs to be 'patient and persistent'. According to her,

Healing takes times. [Therefore] be as persistent as the Canaanite woman who would not let Jesus ignore her condition. She did not take 'No' for an answer ... Healing may take longer ... because it is not always easy to let go of deep seated feelings or grudges (Ward 2014).

Although the process of healing may take some time, the effort and willingness to heal determines the pace with which one gets healing. The above citation emphasises also the importance of appealing to the power of God (Christ) in the healing journey (cf. Rakoczy 1992:5). Demartini's argument of healing differs slightly from Ward, as he argues that we have the healing power within us (2006:1). According to him, 'believing that we can make ourselves well is a vital part of the healing process' (2006:2). Arguably, although this point may sound as if all healing power depended on us, it nonetheless challenges us to a great extent to know that we cannot heal if we do not put a personal effort towards our healing journey.

Moreover, Demartini further argues that people should not block the healing power of unconditional love by holding on to anger or other unbalanced emotions (2006:2). This concurs with Ward's (2014) assertion that if one chooses to hold on to anger one then chooses not to heal. And to heal, one must make effort to liberate oneself from the bondage of the past painful memories in order to grow to wholeness. In Clinebell's model, the client needs to make effort towards the renewal of relationships. According to him (1984:32) if 'our human personalities are formed, deformed, and transformed in relationships [Therefore], healing and growth both depend on the quality of our significant relationships'. This entails that healing-growth happens in one's effort to renew relationships. It goes a long way to show that for a person to reach that level of wholeness and reclaiming of self, there must be an

effort towards healing. Also, it is noted that healing has to do with addressing painful memories which one has undergone.

Demartini also asserts that for one to heal, one therefore needs the practice of balancing of one's emotions (2006:3). 'Balancing of emotions' is a sharing process where one in a safe counselling environment voices out the experiences that have wounded one's emotions (:3). In this process, the clients also examine their own perceptions of those emotions. Examining one's perceptions of painful incidents therefore helps one in clarifying one's blurred emotions. 'The fact that we can, and do, change our minds and our opinions indicates that we can also change our perceptions and the way we feel about things' (2006:3). This entails that in balancing of emotions, one chooses to change perceptions by deliberately focusing on positive things in one's story of life than on the negatives. When this happens, one begins to be grateful for what is positive in one's life than being weighed down by the negatives.

To be grateful for one's experience according to Ward (2014) is a sign of being healed. And Demartini (2006:2) concurs to this argument as he emphasises that balancing of emotions and focusing on the positives helps one to discover the healing power of 'unconditional love'. This equally aligns with Clinebell's liberation-growth model which understands that 'the key to human flowering [growth] is an open, trustful, nourishing, joy-full relationship with the loving Spirit who is the source of all life, all healing, all growth' (Clinebell 1984:33). The healing and growth therefore,

...enhances our meanings, our guiding values, our faith, our moments of transcendence, and our empowering relationship with the creative Spirit of the universe (1984:33).

The necessity of healing helps one in the process of finding meanings, recovering the values of life, reconnecting with one's faith, improving one's potentials and making efforts to reach out and relate to others.

Notably, living in brokenness and in painful memories may intercept growth in an individual's life and those of the community. If one carries on holding painful memories, one therefore chooses to continue hurting (Ward 2014). Scholars have challenged the concept of claiming to heal people's memories. Perhaps the question is, can a painful memory be healed? If after passing through the healing process and one still remembers the pains, is he/she healed yet? If one can still see the scars of one's old healed wound and feels sad again, is the person healed? If one, after passing through a healing exercise can still cry upon

remembering one's past painful incident, is the person healed? (Moyo 2014). All these concerns make us aware that healing takes a gradual process, and every individual's particular stage or level in healing is different from that of others. What one observes or perceives as a sign of being healed may likely be the external show of one's coping mechanisms. Having some vital coping mechanisms may assist in one's wholeness-living.

In the consideration of coping mechanisms, Louw stipulates that people should be helped to regard crisis 'as a turning point and opportunity for growth. The challenge facing the person is to: design applicable coping mechanisms; discover alternative sources of help and effective support systems; set meaningful goals to foster hope' (Louw 2000:423). A move towards healing is a conscious move towards healthy living. To choose not to heal is to 'make victimhood a way of life' (Lapsley 2013); and to consequently join in the re-cycling of hurts and bitterness. The effective move and efforts towards healing can help in the restoration of love in human relationships.

Furthermore in Clinebell's liberation-growth model, it is noted that one's life towards wholeness should be marked by the following seven dimensions of growth (Clinebell 1995:3-18, 1984:31-33; cf. Louw 2000:305-306): 1. Inner growth: enlivening one's mind, which involves developing our many-faceted personality resources including our intellectual capacities, 2. Inner growth: revitalizing one's body, which involves renewing one's body through the awareness of the interactions between thoughts and physical body (that is, to integrate the mind and body in order to make a united whole), 3. Renewing our relationships, which involves the strengthening and enriching of our intimate/love relationships with others, 4. Growth in relating to the biosphere, which entails the ecological awareness, and caring for the natural environment in which we live, 5. Growth in work and play life, which focuses on reaching a balance between work and recreation so as to find joy and happiness, 6. Growth in relation to organisations and institutions, which involves enhancing and improving those organisations/institutions that sustain our wholeness growth (e.g. the church, the healing of memories Institutes, etc.), 7. Spiritual growth which is at the centre of other six dimensions, enhances our hopes, meanings, values, inner freedom, faith systems and our relationship with God.

The above dimensions are instructive and should be the parameter of an individual's movement to wholeness and the effort is to understand how pastoral care givers can help in this process of reaching holistic healing.

4.4. THE ROLE OF PASTORAL COUNSELLING IN HEALING

Understandably, the pains and hurts in human life starts with the disorganizing and weakening of human emotions. Since all the feelings (both positive and negative) happen at the realm of emotions, it means that one is strongly influenced and controlled by what one feels. Often times, the feelings stored or suppressed in the emotions surface later to control human actions. The negative encounter in one's social milieu/environment can become a source of emotional pain, which leads to an imbalance in a person's behaviours and actions. Minirth and Meier are of the view that the lack of intimacy with others or loneliness in human life can also be a source of emotional pain (1978:53) since one is helpless without other humans. The state of emotional pain destabilizes a person's life's energy and functionality; and therefore, one has to start the journey of liberating oneself by acknowledging and understanding the state of their conditions. It is here that the role of pastoral counselling in the emotional healing process becomes important as it helps those suffering from emotional problems to heal. This is achieved when the pastoral counsellor employs the different attributes and aspects of pastoral counselling as expressed by different authors. Benner (1992:20, quoted in Louw 2000:260) noted that

One way of describing the essence of counselling is to define it as structured being-with the person who seeks help. To unpack this, I would suggest, firstly, that counselling involves being as a priority over doing; secondly, that in counselling this being takes the form of being-with; and thirdly, that in counselling this being-with is structured.

The counselling session is envisaged to provide an avenue for mutual trust between the counsellor and the counselee, resulting to the growth and healing of the counselee. Hence, Benner (1992) and Louw (2000:260) define counselling as 'a structured talk therapy within a helping relationship of mutual trust regarding the being qualities of a parishioner'. Arguably, the highlight in the above definition should be on the "talk therapy", which is a means of having a platform to tell one's stories to a trusted professional helper who assists in clarifying issues of concern to the client. One may also see it as an organized persuasive way of helping the client get in touch with his/her issues. By this, it means that the counsellor does not solve the problems/issues for clients but challenges the clients to face their issues in more constructive ways. This is grounded on the understanding that the issues/crisis in a client's life is a particular experience; hence, no counsellor or psychologist can have the claim of being the sole provider of solution to the client's predicaments (Louw 2000).

Furthermore, Waruta and Kinoti (2000:2) are of the view that counselling is the ‘art and skill of helping individuals and groups to understand themselves better and relate to fellow human beings in a mature and healthy manner.’ This explanation recognizes that brokenness in human relationships needs the assistance of professional helper(s) to restore/mend such relationships. It acknowledges the role of counselling in the emotional healing process. Understood from Lartey’s relationship-oriented model, the description underscores the fact that for human beings to attain healing from their brokenness and pains, the renewal of relationships has to be sought. The renewal of relationships has to be approached through challenging, getting in touch and facing the issues found as obstacles to human wholeness-living.

It is however acknowledged ‘that all societies practice counseling which comes informally through the assistance of elders, friends, family members, neighbors, traditional leaders...’ (Waruta & Kinoti (2000:2). Such informal counselling process complements formal counselling in helping the individuals deal with the hurts and painful memories. It is also evident that many individuals shy away from accessing formal counselling either because they are not conversant with how to access such supports or maybe they are unable to afford the cost of such professional help. Some African people still rely on informal counselling which is accessible in families and local communities. This may take the form of organizing family reconciliation rituals, consulting a diviner/traditional healer or even by having a communal ritual. Moreover, Waruta and Kinoti (2000:3) argue that ‘the practice of professional/specialized counseling comes as a result of increasing urbanization and the constant rise in stress, which requires people to seek specialized help as they try to deal with crucial life issues relating to marriages, employment, trauma, family rebuilding.’

Against the backdrop of the general understanding of counselling as a practice towards the emotional healing process, Foskett and Jacobs describes pastoral counselling as ‘counselling which takes place within and around the religious context’ (quoted by Lartey 2003:104). It could be argued that this understanding acknowledges pastoral counselling as a practice particularly relevant in the religious sphere. The definition also underscores the reason why some elements of faith and hope are often appealed to when dealing with the individual’s search of healing from painful and traumatic memories. In the Christian religion, Pastoral counselling is also perceived as a ‘ministerial and professional means of finding our true selves by finding new life in Christ’ (Clinton & Ohlschlager 1984a:35). In this, Pastoral

counselling is seen as the use of specialized ministerial skills in guiding the parishioner/seeker into reclaiming his/her full human dignity, and hence be able to live freely, sharing in the freedom that has been won for us in Christ Jesus. The realization of such freedom in Christ becomes a motivating factor in helping the seeker break through the chains of painful memories, which hinders one from living his/her full humanity.

The above assertion by Clinton and Ohlschlager (1984) agrees with the understanding that counselling is geared towards the emotional healing process as asserted by both Louw (2000) and Waruta & Kinoti (2000). Arguably, from the insight by Clinton and Ohlschlager (1984), it could be deduced that for Christian pastoral counselling practitioners, the value(s) which helps those having emotional problems towards healing is found in Christ and His teachings. One could further argue that from the insight of the authors concerning Christian pastoral counselling, the effort in the counselling process is to work with those who experience emotional brokenness to attempt to reclaim their lives and discover new ways of living and coping; the new way of life is found in Christ. Hence this kind of pastoral counselling assumes a theistic belief and a spiritual connection with the divine; with the understanding that human beings are also spiritual beings. However, the role of pastoral counselling in the emotional healing process should not be restricted to the religious arena with pastors or religious ministers serving as counsellors. This practice could be carried out by any person specifically trained, inspired and involved 'in the tasks of restoring fellow human being to physical, emotional and spiritual well-being' (Waruta & Kinoti 2000:7).

Moreover, Lartey (2003:62) (quoted in Clinebell 1984:43) enumerates some characteristic aspects of pastoral counselling which enable it to play an important role towards the emotional healing process. They are: healing, sustaining, guiding, reconciling, nurturing, liberating and empowering. *Healing*: In healing, the counsellor gives hope to the people who are in despair, by bringing peace to their troubled hearts, minds and soul. People are healed when they are treated well and given a good sense of human values. *Sustaining*: This is a means through which one finds strength and support in certain human situations in life. Receiving strength and support helps one to cope with the predicaments encountered in life. *Guiding*: This enables people to grow by learning from others or being guided and helped by others. *Reconciling*: This aspect involves bringing people back to healthier human relationships. It also involves reconciling people who have frightening and difficult issues in their lives. *Nurturing*: This is a life-giving attribute that helps one to realise oneself through

the process of helping the person to learn to live and survive in certain situations of life. *Liberating*: In this, the pastoral counsellor helps people to free and liberate themselves from the shackles of crises and injustices surrounding them. *Empowering*: This is a way of enabling and motivating people to think and act in the ways that bring freedom and participation in the society. It is a means of moving people into positive and valuable actions.

From the above views expressed by Lartey (2003:62) the role that pastoral counselling can play in the emotional healing process becomes clearer. Pastoral counselling employs various characteristics as expressed above in the encounter between the counsellor and a victim suffering from emotional brokenness. In this counselling encounter, the counsellor and the seeker have to realize that the key to proper healing is in tracing and understanding the origin and cause of the distress. The causes of pain are internal and emotional; and Kanyandago (cited in Waruta & Kinoti 2000) acknowledges that the causes of pains are not only external but internal as well, hence in pastoral counselling efforts must be made to deal first with the root causes rather than the symptoms of brokenness towards renewal of the broken person. This view by Kanyandago concurs with Lartey's relationship-oriented model which encourages the renewal of social systems that may have caused the individual's predicament (Lartey 2003:86).

4.5. CONCLUSION

Summarily, this chapter has tried to answer three main questions for this research which are: To what extent does storytelling approach to healing help in South Africa context? The chapter concludes that the impact of crisis and brokenness in South Africa necessitates the search for healing. Through the indications from the literature, one understands that the bitterness contained in painful memories is the source of violence, crimes, and abuses in the South African society. As regards the second research question: why is storytelling approach to healing necessary for the individual journey towards wholeness? The chapter concludes that indeed healing is necessary for an individual to be considered whole. The views from literature on healing workshops indicate that the journey of reclaiming oneself means that the person will have to come to terms with whatever causes imbalance emotionally, psychologically, spiritually and physically, and as this study finds out that is healing. As regards the third research question: what is the role of pastoral counselling in the healing process? The chapter concludes that pastoral counselling stands out as a mechanism through which those who need healing can come to it. Pastoral counselling as the views from varied

authors indicate helps the person to be able to talk to a spiritual guide who can help in bringing out those aspects that can enable the individual towards self-reclamation. It is concluded that Pastoral counselling has been considered as the most accessible form of healing-facilitation due to its *modus operandi*. Pastoral counselling is often appreciated due to its compassionate and spiritual supports to those who are hurting. Pastoral counselling in this perspective is seen as a branch of pastoral care, with pastoral care being the wider field of care in the church which incorporates the church rituals, services, sermons, visitations, etc; while pastoral counselling deals with the particular spectrum of helping individuals or groups go deeper in identifying and facing their hurts in the hope of coping and finding growth. The use of pastoral counselling therefore becomes a tool to bring emotional healing to those traumatised or hurt through its empathic and non-possessive warmth. Drawing its strength from the exemplary life of Jesus' ministry, one hence recognizes the impact of greater power of God when we are in search of healing.

Against the backdrop of the findings and discussions in this chapter, the next chapter focuses on certain strategies employed by pastoral care givers and pastoral counsellors in the aspect of healing of memories. The next chapter in summary furthers the debate on the question of healing by looking at the contribution of healing of memories approaches and storytelling to the emotional healing process.

CHAPTER FIVE

PRESENTATION OF FINDINGS AND DISCUSSIONS: CONTRIBUTION OF HEALING OF MEMORIES' APPROACHES TO THE EMOTIONAL HEALING PROCESS

5.1. INTRODUCTION

Storytelling seems to be a powerful tool in the emotional healing process; it is surmised that it is only through stories that victims of brokenness are able to access and confront thoroughly the memories that keep haunting us. This chapter presents the findings and discussions on the fourth and fifth research questions and objectives. Thus the aim here is to assess the impact and contribution of the healing of memory workshops towards the healing process of individuals, and also examine how storytelling as part and parcel of the healing workshops can be a powerful tool in a healing process. Moreover, the presentation in this chapter examines (through the life story/narrative model) the concepts of storytelling and healing of memories; it also considers the contributions of healing of memories workshops to the emotional healing process.

5.2. CONTRIBUTION OF HEALING OF MEMORIES' WORKSHOPS/ APPROACHES TO HEALING

5.2.1. Understanding Healing of Memories

The healing of memories has to do with the thoughtful recollection of experiences that have caused us pains, which practically block our growth towards wholeness. The healing of memories recognises the crucial role of memory in the human events of life, and attempts to bring freedom to the awful experiences that had long been imprinted in the human memory which hinders the holistic well-being of the person. It involves constant efforts and exercises to take control of our memories so as to live our present life in a meaningful and fruitful way.

Although some human events may be forgotten, but most often the painful human experiences are still remembered and can usually evoke bitter emotions. Denis (2011a:7) expresses that 'neurologists think that emotional and ordinary memories are stored in the different parts of the brain'. He expressed that although we handle these two memories differently, but we generally have less control over painful memories than over ordinary

memories (:7). This explains why the journey into healing is complex since it involves dealing with the sensitive, broken, painful and hurt emotions.

Elizabeth Tonkin (1992) asserts that memory is part of who we are, and we cannot even imagine ourselves without memory (1992:104). Memory helps us to get in touch with the events we have experienced. Our ability to reflect and recall our past actions/events makes us distinct from other non-human creatures. The capability in accessing our emotional experiences helps us in the structuring and rebuilding of our lives and relationships, which is necessary as envisaged in Clinebell's third dimension towards wholeness – i.e. Renewing and enriching one's intimate relationships (Clinebell 1984:32). The need for healing of memories recognises that our life is miserable when we continue living under the influence and control of painful memories. Sometimes, we may try to suppress the remembering of some painful emotions intentionally or unintentionally, but we continue to suffer the consequences of such emotions if they are not yet healed (cf. Seamands 2002:36). In the practice of healing of memories, an individual or groups are encouraged to tell their stories of hurts with the aim of getting relieved and freed from the bondage of such memories.

Arguments have arisen as to whether there is such a thing as healing of memories, can a memory be healed? Does a healing take place if one can still remember the painful incident even after attending the healing exercises/workshops? There is no easy answers to this, but what many scholars, pastoral counsellors and healing of memories facilitators seem to agree on is that 'the telling of one's story of woundedness to a person in a safe environment who cares may open the door to a journey of healing which leads to a better life' (Denis 2011a:5).

The telling of one's painful story in a safe environment gives one the sense of security and empowerment. It is part of the healing process when one feels that his/her stories of painful emotions has been listened to and acknowledged. Such exercises of storytelling may give people hope and relief, as well as help them develop plans of action towards coping positively with their lives. This may seem to be the reason why one believes that healing has taken place when one is able to develop the vital coping mechanisms, which relieves the pains of brokenness, and helps in the individual's move towards wholeness-growth. Although one may still remember the painful experience when healing has taken place, such painful incidents would no longer be a threat or cause distress in one's life (Ward 2014).

5.2.2. Healing of Memories Workshops and the Cathartic Experiences

The need for the healing of memories and reconciliation has necessitated the advent of healing workshops, which offer supports to wounded individuals, families, and marginalised groups. The aim of those workshops is to help the participants reach the level of catharsis. The cathartic experience is a special level in the healing process where one feels a huge sense of relief from pains and hurts (Ward 2014). It is a level when one had poured out the intense negative emotions and begins to discover and experience joy; and thereby sees an open door of growth from one's surrounding situations (2014).

The wounded South Africa under apartheid needs a continuous healing after the dawn of new democracy which kicked off in 1994. Although the Truth and Reconciliation Commission (TRC) was set up to help in the reconciliation process, most of the Christian churches and other sectors feel that they equally have a role to play in the healing and reconciling of individuals into a life of emotional well-being. This brought about the existence of the healing of memories and reconciliation consortium which consists of different groups who approach healing from different angles. Some of those groups (Dziva & Ngoetjana 2011:2-3) are: The *Diakonia Council of Churches* (DCoC) which conducts stress and trauma healing workshops and debriefings; The *Pietermaritzburg Agency for Christian Social Awareness* (PACSA) which accompanies different churches and other partner communities in working together towards a transformed society of freedom, equality, human dignity and mutual respect; The *Thukela-Amajula-Mzinyathi Christian Council* (TAMCC) which builds local clergy to support individual and group activities in healing the wounds of political violence, and reducing the tensions between farmers and farm dwellers; The *KwaZulu Regional Christian Council* (KRCC) which offers capacity building for people who need healing of memories from political, domestic and taxi violence, and those affected by the HIV/AIDS pandemic; (2011:2-3) The *Ujamaa Centre* which instils hope and nurture positive living among HIV/AIDS infected people through workshops, awareness and community-based supports; The *iJubilee Connexion* which contributes in the healing of refugees, explores ways to eliminate xenophobia and encourage churches/families to integrate refugees; The *Young Men's Christian Association* (YMCA) which mobilises the youth to participate in capacity building processes and healing of memories sessions; The *Vuleka Trust* which helps organisations and people in dealing with issues of diversity and intolerance problems (e.g. homophobia, racism, xenophobia, etc.); The *Thandanani Children's Foundation* (TCF) which provides supports and empowerment to the children that are orphaned due to

HIV/AIDS; The *Institute for Healing of Memories* (IHOM) which offers healing of memories workshops and trains people to be competent facilitators of healing of memories sessions; and The *Journey into Healing* (JIH) which conducts a journey into healing workshops, and also trains seminarians, priests and nuns into being efficient facilitators of the healing workshops.

All these groups recognise that South Africa's past is wounded, and such wounds affect the present and future life of its citizens. The groups foresee that the best way to move forward is through collective efforts in providing healing of memories exercises so as to help victims in dealing with their pains. Some of these healing groups reach out to people in their families and communities. The *Sinomlando* and *Thandanani* centres provide healing through the Memory Box programme⁷ (Ntsimane 2006:14). The Memory Box programme 'uses the oral history methodology which is generally a way of offering people an opportunity to tell their stories for better understanding of the past' (Ntsimane 2006:7). This programme enables family re-union which enhances the attainment of resilience from the family's painful memories. This is a group encounter where the family becomes a safe space for pouring out bitterness in order to grow towards wholeness. They sometimes integrate family reconciliation rituals as part of the healing exercise. The other workshops that offer similar interventions are: "Institute for Healing of Memories" (IHOM), and "Journey into Healing" (JIH).

5.2.3. "Institute for Healing of Memories" – Michael Lapsley

The founding of the Institute for Healing of Memories (IHOM) was inspired by a passion to join in the drive of helping people 'vomit the poison' that lies within people's hearts which hinders growth (Lapsley 2014). IHOM was a brainchild of Father Michael Lapsley⁸ who through redeeming his own woundedness sought to bring healing to those individuals and families who are still deeply hurting and wounded. This agenda concurs with Henri

⁷ Memory Box programme is a kind of family therapy where the members engage in serious family storytelling sessions which aims at helping the entire family members reach the moments of catharsis. This programme helps them to get in touch with the family roots and history.

⁸ Father Michael Lapsley is an ordained Anglican religious priest of the Society of the Sacred Mission (SSM). He is a native of New Zealand, he became an anti-apartheid activist and an ANC member when he arrived South Africa in 1973 (Denis 2011b:18). He was later forced to take refuge (into exile) in Lesotho and Zimbabwe where he also exercised pastoral ministries. In April 1990, he survived a letter bomb sent by the South African apartheid government, where he lost both of his hands, an eye and his eardrums (2011b:19). In 1992, Lapsley was repatriated back to South Africa after a successful restorative surgery, and soon became one of the first employees of the Trauma Centre (:19). He seized that opportunity to go through the journey of his own healing where he had to tell his story of pain and suffering.

Nouwen's call that we should be wounded healers; that is to say, that from the experience of our brokenness and healing, we should become agents of healing to others.

The Institute for Healing of Memories was founded in 1998. It grew out of the chaplaincy project of the Trauma Centre for victims of violence and torture (IHOM 2011). At the time of South Africa's Truth and Reconciliation Commission – TRC (from 1996-97), it became obvious that it is only a few people that would manage to get opportunity to tell their stories before the Commission. It was generally felt that there was a need to create more platforms where people can tell their experiences of pains, and be heard compassionately (IHOM 2011). The Institute for Healing of Memories under the leadership and direction of Michael Lapsley became a healing centre for the victims and survivors of apartheid violence.

Today, the IHOM extends its healings to all people who are under different kinds of bondage (e.g. victims of domestic violence, war, xenophobia, HIV/AIDS, etc.) of painful memories. They conduct healing workshops in order to help people reclaim their identity which has been dented through abuses and violence. IHOM reaches out to different provinces of South Africa (in different parts of Africa and beyond Africa) to facilitate the healing of individuals and groups. Their *Vision* is 'to contribute to the healing journey of individuals, communities and nations' (IHOM 2009). Their *Mission* statement reads, 'We are a trust committed to: Facilitating the healing process of individuals and communities in South Africa and internationally, remembering the apartheid years and healing the wounds, redeeming the past by celebrating that which is life giving and laying to rest that which is destructive, working in partnership with others who share our vision' (2009). For their *Approach*, they state:

We do this to assist people on their journeys towards healing and wholeness within a safe space. We offer healing of memories activities such as workshops, seminars, talks and sermons. We are developing models for dealing with emotions such as anger, hatred and guilt, and processes for reconciliation and forgiveness. We seek to be fully inclusive and respectful of diversity; respectful of different faith communities and belief systems (IHOM 2009).

In their outlined *Principles*, they express: 'We believe all people: are spiritual beings and of infinite worth, share responsibility for the past and therefore are responsible for dealing with it, are capable of being both victim and victimiser, should face history and face themselves' (IHOM 2009). The whole effort in facilitating this healing workshop lies in a strong belief that when someone's painful stories are being shared, listened to and acknowledged, people are healed and empowered.

5.2.3.1. Methodology used in the IHOM Workshops

IHOM workshops are usually held during weekends so as to accommodate the students and workers' participation. The workshop incorporates discussion forums, short presentations and personal storytelling sessions in small groups for a period of two and a half days (Denis 2011b:21). The workshop is guided by a team of facilitators who see to the flow of the workshop. On the evening of the first day of the workshop, an emotional movie or drama is shown to the participants in order to trigger their own experience of painful emotional memories (2011b:21). The intention is to evoke emotions so as to prepare them for telling their painful stories the next day. Leading up to the time of personal storytelling, a trust is being built among the participants to assure a safe space for such an emotional exercise.

The participants are put into small groups where they will tell their stories, and each group is accompanied by a facilitator who directs the session. The climax of the session happens when each participant is given ample chance to tell his/her story of hurts, while others listen in empathy. The facilitator and the group members equally help each storyteller in clarifying, getting in touch and owning one's stories. The stories shared in every group are bound by confidentiality. A debriefing is made in general from the experiences of particular groups. The workshop throws some emphasis on forgiveness as part of the healing process. The healing exercise is concluded with a ritual of Prayer Service which includes the making of one's *mandala*⁹ using clay.

5.2.4. "Journey into Healing" – Patrick Vorster

Journey into Healing (JIH) was founded as part of the healing intervention towards people (both children and adults) who were traumatised during the political violence in South Africa. The realisation that apartheid violence has metamorphosed into domestic violence in relationships which led to family break-ups has prompted Patrick Vorster¹⁰ into the initiative

⁹ This term was initiated by Carl Jung to symbolize the concept of wholeness. *Mandala* is a Sanskrit word for healing circle. It is the symbol of the self, of unity, of completeness and perfection (Vorster 2013:83). *Mandala* is further used to mean anything that serves as a symbol of healing and unity of the mind to particular individuals e.g. flower, rock, sea, leaf, sand, tree, river, wood, fire, wind, etc. To read more about *mandala* see Viljoen 1994:82.

¹⁰ Patrick Vorster is a native of South Africa, and an active member of the Catholic Church. He is a graduate from St Joseph's Theological Institute Cedara. He works as a consultant and has worked to restore hope to abused and abandoned children. Vorster had helped (from 1997) in facilitating the courses of "Stress and Trauma Healing", which were designed by Karl and Evelyn Bartsch (of the South Africa's Mennonite Central Committee) (Vorster 2014a). In 1999, Vorster worked in a Children's Home where he used the contents of the course materials to adapt some elements (e.g. games and group discussions) that would help children see their future as distinct from their past life events, and be able to

of “Journey into healing” interventions. The journey into healing was developed from a collective experience of practitioners who work with abused children and their families (Vorster 2011:3).

JIH came into existence in 2008 as a request from the priests to design a healing course that would assist students/seminarians in dealing with their experience of trauma. Vorster had to re-design the course materials that were used in “Stress and Trauma Healing” to address the healing needs of these students who were broken as a result of wars, apartheid, family disintegration, domestic violence, etc. This healing course was structured into three phases that make up three weekend (Friday evening to Sunday afternoon) workshops conducted at different times of the year. The first phase of the course focuses on the stress and trauma healing process of the individuals, where participants reflect and face their personal experience of hurts and seek effective ways to cope with life. The second phase of the course focuses on lay counselling (acquiring the basic skills in counselling) where the participants learn and equip themselves for reaching out and inspiring other people in their churches and communities who are still hurting. The third phase of the course trains participants to become facilitators of JIH workshops in their respective communities and churches (Vorster 2014a).

5.2.4.1. Methodology used in the JIH Workshops

The methodology used in the first phase of JIH’s workshops is quite similar in some aspects to that of IHOM workshops. The first phase of the course is very crucial as it offers individuals an opportunity to work hard to liberate themselves from the captivity of painful memories. The first evening of the workshop focuses on building/re-building of trust, where participants can get in touch with their personal experiences through engaging in trust games (e.g. trust walk¹¹, etc.). The building of trust and creating of rapport prepares the participants to feel safe in a group for the storytelling exercise the next day. Before the storytelling exercise, each participant is given an ample time to reflect on past personal experiences of

take control of their own personal choices. The methods of using games and group discussions led therapists to successful interventions in the lives of these children (Vorster 2014a). By 2001, Vorster realized a need to incorporate some elements and to develop the course further which would help the children’s parents and caregivers get healed so as to provide a safe space for the children. In 2008, under the requests of some priests, Vorster re-designed the entire course to incorporate and help seminarians/students who had experienced trauma (2014a).

¹¹ This is an exercise where a person has to be blindfolded while his/her partner tries to lead and walk with him/her in trust.

life (from childhood till the present), and be able to illustrate one's experience in a drawing format called 'River of life'¹² (Vorster 2013:10).

The participants are put into small groups where every individual would be given enough time (about 45 minutes to 1 hour) to tell their stories, while the group members listen without being judgemental. This stage is considered 'sacred' since it accords one the opportunity to unveil one's experience of brokenness to the group. The group members provide the 'sacred space' where one tells their stories in order to be relieved from hurting memories (Vorster 2013:12). The workshop is concluded with the ritual of the Holy Mass or a Prayer Service, where every participant is given a chance to present or express their symbol of healing – *mandala* to the whole group. The *mandala* is made by taking a walk (Nature's walk) to pick any aspect of nature (e.g. flower, rock, leaf, etc.) that becomes a symbol of healing for the individual. A *mandala* can also be made through drawing of one's picture of healing. The Holy Mass/Prayer ritual also incorporates offering of one's prayer petitions in the hope of restoring the individual back to the life of wholeness.

The second and third phases of JIH's workshops offer to the participants the necessary skills of penetrating their own milieu (church structures and communities) as agents of healing to other hurting people. Vorster (2011:4) has the following outlines as steps towards healing: 1. Acknowledging the pain/hurt, 2. Establishing trust and rapport with others, 3. Naming and understanding the pain (telling one's stories), 4. Affirm one's dignity and healthy identity, 5. Encourage effective coping skills and healthy relationships, 6. Taking care of self, 7. Reaching out and inspiring others.

Summarily, the above healing institutes (IHOM and JIH) in offering the methodology that allows the clients to share their stories of life, create an opportunity for people to face their fears and make efforts towards healing to wholeness. The sharing of one's personal stories in a safe/confidential group avails the opportunity for one to get healed through others' own stories. The healing of memories institutes seem to be ideal for the collective healing journey. It avails many people the opportunity to access healing simultaneously. These approaches become necessary in the South African context where many people were still hurt over the past apartheid history/experience. The Institutes further offer the participants/clients the

¹² This is an illustration that portrays one's life as flowing like a river taking note of every obstacle and pain encountered in the person's life journey. If the flow of river may be altered by the force of the tide, it suffices to remember the experiences (both positive and negative) that made a remarkable impact in one's life.

various steps to follow in one's own journey as enumerated above. The next section would critically look at how one's storytelling can become instrumental in the process of healing of painful memories.

5.3. CONTRIBUTION OF STORYTELLING TO THE HEALING OF MEMORIES

It will be interesting to think and know that what heals us actually comes from our own stories¹³, and the level of progress in engaging with our stories depends largely on our ability to communicate our experience. Communication avails us the opportunity to get our stories heard, it also offers us a chance for an external positive intervention and empowerment. In every human heart lies a deeper longing to talk (to communicate) and to be listened to (to be heard). That is why communication is a very necessary tool for pastoral workers/counsellors. This entails that 'you cannot work with people in communities without communicating with them, listening to their stories, or facilitating the story-telling process' (Grobler, Schenck & Du Toit 2003:125). Communication makes it easier for us to understand the effects of our pastoral input and supports.

At the heart of our very nature is the need to communicate; even those who cannot communicate through spoken words (e.g. the deaf and dumb people) do communicate through sign language to make sure they are being heard. This suffices to say 'that God put people on earth because [God] loves stories' (Grobler, Schenck & Du Toit 2003:125). This is evident in the creation stories where God brought every creature into existence through the works of God's mouth: "Let there be light; and there was light ..." (Genesis 1:1-31, Genesis 2:1-4). This further manifests in the New Testament where Jesus often taught his disciples through parable stories (e.g. the parable of the Good Samaritan, Luke 10:25-37) in order to insight them into deep thoughts of reflection and moral action.

The idea here shows that storytelling is part of our nature as humans and that we often get inspired or demoralised through our own stories or the stories of others. Human being is a storytelling animal, and we may cease to exist as humans the moment we cease to communicate. The stories we tell express our experiences. In Daniël Louw's life story model, 'A person's experience of life and specific problems is embedded within a network which discloses something of the person's life story or history' (Louw 2000:309). This entails that we can hear the heartbeat of people through listening to what they are able to tell us. And

¹³ In Hauerwas words, 'A story, thus, is a narrative account that binds events and agents together in an intelligible pattern ...' (quoted by Lester 1995:29).

what they say would certainly resonate from the milieu of their experience, and the source of healing from pains often comes from taking into consideration all those specific problems that are rooted within one's context of history. This alludes to all the things (e.g. religious experience, traditional beliefs, etc.) that are of great concern for the person who is in search of healing from painful memories.

Louw's life story model shares in the wider spectrum of narrative theory which emphasises that '... human personality is storied ...' (Lester 1995:29). This entails that our whole life experience is lived in stories, and we structure our personal identity¹⁴ through our experience which is expressed in stories. Research in child development has shown that 'children register their experiences prior to verbalisation, so in that sense, our personal narratives begin at least by birth. When we get old enough we assign words to our various experiences' (cited by Lester 1995:29). We then write our experiences in stories. Stories can become a tool in a healing process, if one is able to articulate even the suppressed unpleasant past memories with the intention of re-writing one's future anticipated stories that may be inspiring and life-giving. Stories become a healing tool when we use them to 'vomit' (pour out) the poison of bitterness and anger that lie hidden in the depths of our hearts. It is pertinent to note that our stories are part of who we are. Daniel Taylor in analysing the narrative (storytelling) approach writes,

You are your stories. You are the product of all the stories you have heard and lived – and of many that you have never heard. They have shaped how you see yourself, the world, and your place in it. Your first storytellers were home, school, popular culture, and perhaps church. Knowing and embracing healthy stories are crucial to living rightly and well. If your present life story is broken and diseased, it can be made well. Or, if necessary, it can be replaced by a story that has a plot worth living (quoted by Jordan 1999:71).

This quotation expresses the importance of embracing the reality of our experience encountered in history. In South Africa, it is worthwhile to acknowledge the experiences of conflict in apartheid era, and to remain aware that 'post conflict South Africa is still a deeply divided country' (Nell 2011:48). The children of people marginalised during apartheid, who live in abject poverty as a result of their parents' condition would definitely find it difficult to

¹⁴ David Johnson notes that it is through relationships that one can build a positive and coherent personal identity (2003:15). He further argues that one's identity defines who one is as a person. He opines that we create our identity through three processes: 1. By taking note of how the people you are interacting with are responding to you and seek feedback as to how they perceive you; and thereby viewing yourself as others view you. 2. By incorporating into yourself the characteristics that you admire in other people. 3. In one's relationships with other people you adopt social roles (e.g. student, priest, politician, doctor, tailor, etc.) that become part of your self-definition (Johnson 2003:15).

write pleasant stories. This means that such children who shares in the brokenness of their parents would have to embrace the reality of their situation, and hence have to choose to rewrite their stories into a life-giving scenarios.

To re-write their ugly past stories into positive ones, one needs the cooperation of the government to boost people's socio-economic wellbeing. To ignore one's poor socio-economic status in the process of healing is tantamount to bandaging the wound without first cleaning it. This implies that for pastoral counsellors/workers to claim to offer wholeness healing, they should also be part of the struggle against the unjust political systems and the lack of efficient service delivery. Lartey, in proposing his relation-oriented model may have this in mind as he stresses that in renewing human relationships, there is a need to challenge the social systems in order to enhance a committed contribution (service delivery) in the socio-political arena (Lartey 2003:86).

Why is it necessary to tell one's stories of pains? One may argue that it is necessary to tell one's painful stories in order to be heard. One needs to tell the story so as to pour out the bitterness that is contained in such painful memories. That is why Michael Lapsley sees the atmosphere of the healing workshops as the safe places to 'vomit out the poison' that had filled someone's heart (cited in Nell 2011:48). In the process of telling one's stories with the aim of vomiting the bitterness that hinders us from getting healed and living our life to the fullest, we have to get in touch with our memories.

5.3.1. Storytelling and Holistic Healing

As argued in Louw's life story model, storytelling gives one the opportunity to explore one's unique contexts and get in touch with different dimensions/events of life experiences which influence one's life (e.g. parental education and religious experiences) (Louw 2000:310). This takes into consideration the person's 'traumatic experience in the past; group interests in a cultural context; interactionary patterns within family associations; faith and philosophical presuppositions' (Louw 2000:309). For the participants committed to their journey of healing, the telling of one's stories becomes an avenue to the new experience of catharsis. The safe space provided in the IHOM and JIH workshops does not only bring relief for a few particular individuals, but offers one the opportunity of getting healed through others' stories. People who share their stories of pains together in a group begins to realise that they are not alone, that is to say, they enter into solidarity with those who share stories that are similar to

theirs. They begin to see reasons why one should make efforts to let go of the anger inherent in the painful memories, and embrace some vital coping mechanisms.

The healing workshops help people to deal with their painful memories by restoring the sense of community and communal supports. Sharing one's story in a group restores the I-thou¹⁵ relationship which is characteristic to our nature as humans. This concurs with Lartey's Relationship-oriented model which reckons that we are relational beings (Lartey 2003:84), and that human crises arise when relationships are broken. And, to attend to, and restore one's broken life means that relationships have to be rebuilt in all dimensions (e.g. emotional, physical, spiritual, social, psychological, etc.). A question may be raised as, why are people still broken amidst the existence of healing workshops and pastoral counselling? One may respond by noting that the work of healing Institutes is to give participants the vital skills to walk in their own journey of healing. The outcome for the healing results depends largely on the personal inputs and commitments. Sometimes, there is lack of knowledge/awareness on how to access such healing avenues.

5.3.2. Limitations of Storytelling/Narratives Model

Storytelling has its own challenges. One of the limitations of storytelling is the lack of ability to articulate one's own story (Denis 2011a:14). In that case, the individual encounters the difficulty of not getting access to his or her emotional experiences of pains. Some people who have not walked successfully through their experience of trust may find it extremely overwhelming to recall their painful memories. In a mixed healing group, storytelling maybe hindered when one struggles to articulate one's story in a second language (2011a). This problem applies to a pastoral counselling encounter where the seeker may struggle to express him/herself in a second language in order to accommodate the language of the counsellor who is from a different language background.

Denis (2011b:28) argues that in some African cultures, healing of memories and counselling are often neglected because people are simply scared of opening 'a can of worms' and of sharing with strangers their deep pain (2011b:28). Perhaps, this makes sense of and explains

¹⁵ The I-thou (also known as I-you) relationship is a term coined by a philosopher Martin Buber to highlight that a 'person's deepest identity is to be found in the need, the urge, for dialogue' (Pembroke 2002:31). The human's self is to be realized in a person's longing to meet the other. I-thou in Buber's concept is opposed to I-it relationship which is human's relation to other non-human creatures/objects. The I-it relationship is expressed in a person's preoccupation with the life of individualism and objectifications.

why many African people prefer only to share their pains in a communal/family reconciliation rituals; but often the challenge to this is that the structure and flow of contemporary social life has changed to some extent which makes it less attractive for families to meet together for such family healing and reconciliation interventions.

The storytelling interventions may be challenged by situations where a participant's painful story is linked to one's current state of addiction. The healing process becomes difficult in the presence of one's life-threatening compulsive addiction(s); that is, in a situation where a person's painful memories have caused him/her to seek refuge into addiction. The pastoral counselling sessions and the healing workshops may not have the tools to provide therapies for different addictive behaviours, though they may make referrals. Even though the healing workshops are offered free of charge for the participants, the availability of funds for the running of those workshops determines its efficiency or limitations. The IHOM and JIH Institutes are NGOs, and therefore depend immensely on the funding from benefactors to run their affairs.

5.4. CONCLUSION

The above chapter has given some understanding about the healing of memories, and the use of storytelling as its major tool. It concisely explored the activities of the healing of memories workshops of IHOM and JIH, and shows how the individual's personal stories can become a healing panacea for individual's growth towards wholeness. As regards the fourth research question, the first section of this chapter responds to how storytelling approach to healing of memory during the workshops helped in dealing with painful memories by offering groups the opportunity to open up to the hurtful emotions so as to attain that level/moment of 'catharsis' in their lives. In responding to the fifth research question, one therefore, realises that storytelling contributes to the healing of memories by helping one (re)construct his/her life in the process of telling one's stories. Storytelling becomes an avenue for one to 'vomit the poison' of hurts and bitterness that is hidden in one's experiences. The next chapter will now give the summary of findings, conclusions and the recommendations reached from this study.

CHAPTER SIX

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

6.1. INTRODUCTION

The current chapter gives a summary of the findings from the study, as well as some recommendations.

6.2. SUMMARY OF THE FINDINGS

In the course of this research project, the researcher finds that the increasing incidents of violence, abuse, hatred and marginalisation are clear signs of a wounded society. The ignorance and negligence of wounded memories beget a cycle of abuses and more woundedness. This assertion grounded and motivated the main research questions and objectives of this study. The study adopted a qualitative method approach utilizing mostly secondary data from desktop research to try to answer some pertinent questions which surround the issue of healing, pastoral counselling, healing of memories and the utility of the storytelling approach in the process of healing workshops and pastoral counselling. The presentation and discussion of views in data followed a thematic analysis approach focusing on the themes that relate to the research questions and the theoretical frameworks adopted for this study.

After presentation of findings and analysis, the study makes the following conclusions as regards the main questions and objectives of this study.

As regards the first research question which was: To what extent does storytelling approach to healing help in South Africa context? The study finds that the impact of crisis and brokenness in South Africa necessitate the search for healing towards wholeness. Through the indications from the literature, it understands that the bitterness contained in painful memories is the source of violence, crimes and abuses in the South African society.

The second research question was: why is storytelling approach to healing necessary for the individual journey towards wholeness? This study finds that healing is indeed necessary for an individual to be considered whole. The views from literature on healing workshops indicate that the journey of reclaiming oneself means that the person will have to come in

terms with whatever causes imbalance emotionally, psychologically, spiritually and physically and as this study finds out that is healing.

The third research question was: what is the role of pastoral counselling in the healing process? As regards this third research question, the analysis finds that pastoral counselling stands out as a mechanism through which those who need healing can come to it. Pastoral counselling as the views from varied authors indicate helps the person to be able to talk to a spiritual guide who can help in bringing out those aspects that can enable the individual towards self-reclamation. It was concluded that Pastoral counselling have been considered as the most accessible form of healing-facilitation due to its *modus operandi*.

As regards the fourth research question: how has storytelling approach to healing of memory during the workshops helped in dealing with painful memories? The study finds that healing of memory workshops contribute greatly towards the healing process of individuals by offering groups the opportunity to open up to the hurtful emotions so as to attain that level/moment of ‘catharsis’ in their lives. The level of catharsis becomes the target that opens up the door to wholeness and full self-realisation.

As regards the fifth research question: how would the storytelling approach contribute to the process of holistic healing? The study finds that storytelling contributes to the healing of memories by helping one (re-) construct one’s life in the process of telling one’s stories. Through that, storytelling then becomes an avenue for one to ‘vomit the poison’ of hurts and bitterness that is hidden in one’s experiences.

6.3. CONCLUDING REMARKS

Storytelling is a powerful tool that can be used in accessing healing from painful memories. For one to be healed, one’s stories of hurt needs to be told, listened to and acknowledged. It is evident that many South Africans are still bitter and angry from the negative impact of apartheid on their current life situations (e.g. poor living standard, family disintegration, identity crisis, unemployment, etc.) which tend to be the source of frustration for many. The people’s unhealed bitter memories of the past may be responsible for the recycling of abuses and domestic violence that are rife in South Africa today; a wounded nation tends to become an angry and stagnant nation!

After the initial effort in creating a reconciliation consortium (after apartheid regime) involving the Truth and Reconciliation Commission, there seems to be a lack of interest in prioritising healing and reconciliation in the public domain. There are also concerns about the loss of morality, which shows in some aspects of corruption in government and in the lack of efficient service delivery which intensifies people's life miseries.

In the process of searching for healing, the church structures have proven to be the nearest and easiest place to access healing, and those who attend church seems to be more successful in accessing healing than those who do not. Sometimes, there is lack of knowledge or awareness regarding the availability of pastoral/healing encounters. The approach and the existence of the healing Institutes (e.g. IHOM, JIH, etc.) give opportunities to groups/teams of people to access healing simultaneously. Although pastoral counselling and healing workshops have helped in healing and restoring people to the life of wholeness, there is still a challenge in integrating a more workable approach for the African people; this is due to the fact that the current pastoral counselling approach is more Western. The healing of memories workshops seem to have adapted some African elements in their approach (e.g. the integration of some rituals is a typical African identification)!

Since human life is spiritual and transcendental, the belief and relying on the power of God for healing seems to have quickened the process of healing towards wholeness. The people's engagement in a healing process may be done in groups or at individual level, but the actual wholeness healing depends on people's personal efforts and inputs; it also depends on people's choice and decisions. One may choose to remain with anger and bitter memories or choose to liberate oneself by letting-go. The impact of the former is disastrous and may leave the society and nation more wounded; while the latter is life-giving and can bring about a happy and just society. One also realises that in the journey of healing, one needs the help of others and of God.

Furthermore, the healing of painful memories does not call for changing of one's past history, but it requires an effort to work within oneself in order to restore peace within oneself and with the community. A more careful attention should be paid to how we socialise and integrate people into the environment where we live. The parents should take active responsibility in educating their children, and protecting them from the exposures of violence/abuses. The parents who are divorced/separated (especially single fathers) should give crucial attention and care to their children, since children are often more broken due to

the separation of their parents or the lack of care/concern from their fathers (cf. Van den Berg 2014). The parents should also live exemplary lives, and take active part in the moral upbringing of their children, since they are the first teachers to their children. In Pope John Paul II's *Letter to Families* (1994, paragraph 16), he states 'Parents are the first and most important educators of their own children ... If it is true that by giving life parents share in God's creative work, it is also [true] that by raising their children they become sharers in [God's] paternal and at the same time maternal way of teaching'. Society can be transformed, and our wounds can be healed when we learn how to instil good moral values on our children/youth, and when we uphold the dignity of every human person.

6.4. RECOMMENDATIONS

Every human society longs to have peace and justice! In considering the past history of South Africa, the government should prioritise the healing of memories programmes, and make it an ongoing project. They can do this by including a necessary financial budget that would subsidise the expenses of the healing Institutes thereby helping in the extension of the healing structures in all the regions/provinces of South Africa. The counselling (both pastoral and secular counselling) sessions should be made available in offices, work places, and in the local communities.

The government should cooperate by censoring South African television entertainment programmes to reduce the level of violent and abusive scenes that are expressed in them. The media artists should be more creative by initiating programmes (e.g. *Khumbul' ekhaya*¹⁶, etc.) that would encourage social cohesion, love, reconciliation, laughter, humour, forgiveness and a motivation for the rediscovery of the beliefs in the transcendent healing God.

Being aware that the church is at the forefront of healing individuals towards wholeness, it is imperative that church structures should not only focus on saving of the souls, but also help in advocating for social justice. It would be more productive if every church should establish a healing of memories groups (assisted by trained personnel) at the parish levels, in line with the practice of efficient pastoral counselling. This was the intention of Vorster (2014a) when he started a JIH's facilitator's programme for seminarians and priests, so that the church

¹⁶ This is a South African (SABC 1) television reality show which airs every Wednesday from 9 to 10:00pm. It helps people who are searching for their lost relatives/family members to find and reconnect with them; it further helps them in the healing and reconciliation process. For more insight about the program, see <http://khumbulekhaya.net.za/>.

personnel should access healing, and in turn be able to penetrate their churches through such healing programmes.

People should go to Church! The recommendation that people should go to church offers people the opportunity to utilise religious supports. This may not automatically guarantee a solution to all human problems, instead it calls for appropriate discernment and wisdom to be able to access the necessary supports needed in one's healing journey towards wholeness. The church plays a role in helping to heal, guide, sustain and reconcile the people of God (Mwaura 2000:86).

In the healing exercises, there is a need to tap into the African traditional way of family storytelling, reconciliation, rituals and forgiveness. This entails reclaiming the family values and morals. The act of storytelling as a useful tool for healing should be utilised at family levels where people may feel safer to tell their stories of hurts, as witnessed in the practice of Memory Box programmes.

There is a need to create empowerment programmes that will help in restoring hope to the people since an economically impoverished society is an angry and wounded society. Youth should be empowered to find meaning in life so as to reduce the high rate of suicide among teenagers. People should be encouraged into taking part in spiritual renewal exercises, which suggests that people should go to church and utilise the services provided for assisting one's wholeness-healing/living.

The healing of memories exercises (as provided in IHOM, JIH, pastoral counselling, etc.) should be made reachable to prisoners, to hurting families and the grieving. As expressed in both Lartey's relationship-oriented model, and in Clinebell's liberation-growth model, the renewal of relationships (relationships with God and humanity) should be considered paramount to the full realisation of individual's wholeness.

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APPENDIX I: Ethical clearance from University of KwaZulu-Natal



20 October 2015

Mr Joseph Arinze Okeke (214580160)
School of Religion, Philosophy & Classics
Pietermaritzburg Campus

Dear Mr Okeke,

Protocol reference number: HSS/1519/015M

Project title: Broken hearts, broken homes, and broken relationships: An exploration into the use of storytelling approach in the pastoral counselling of people in search of healing from painful memories

Full Approval – No Risk / Exempt Application

In response to your application received on 13 October 2015, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Dr Shenuka Singh (Chair)

/ms

Cc Supervisor: Dr Herbert Moyo
Cc Academic Leader Research: Professor P Denis
Cc School Administrator: Ms Catherine Murugan

Humanities & Social Sciences Research Ethics Committee

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