



# CPSC Notes

COUNCIL FOR PASTORAL AND SPIRITUAL COUNSELLORS

No 19 – February 2022

## Striving towards servant leadership

Dear colleagues

We are only in the second month of 2022 and so many things have happened already! Following the successful conference last year, we are hard at work on the ACRP Conference for 4 March 2022.

The theme of the conference is “Ministry in Africa: Challenges in perspective”. I trust that you will be able to attend the 2022 conference.

The CPSC board has met last month and you will get all the details of that meeting from our office.

We are so fortunate to have Ilse Grünwald and Anita Snyders in our office to serve us with their wonderful expertise and insight. We are privileged that Maria Jansen also joined the team to take care of the overflow of the admin processes. I am also grateful for our CPSC board of directors for their leadership, wisdom and service.

### Is your life important or significant?

Have you ever pondered the difference between an “important” and a “significant” life?

As pastoral caregivers, we have an impact on peoples’ lives – that makes us significant. The paradox is that the more significant we are, the more important we become. The



opposite is not true – people that feel important rarely are significant, because they forget to actually serve.

Our Master and Saviour was the example of servant leadership. He was important and significant because He led as a shepherd and served as a servant. He was the One who proclaimed God’s will and dedicated His life to fulfil it.

May we as pastoral caregivers seek to honour God’s will for both our clients and ourselves and keep on proclaiming His Kingdom (as it is in heaven) in the lives of His children.

It is our privilege and responsibility to help people find the meaning of their lives in a relationship with their Creator, Saviour and God. My prayer is that we experience so much peace in our relationship with the living God, that we can pass it freely on to anyone on our path.

A signpost of significance is the true direction that it gives. May we become so significant in our clients’ lives that we are an important asset to them, guiding them to the true Light, the Everlasting Father, the Mighty God and the Prince of Peace.

May God bless us in such a way that we can be a blessing to others!

God bless!

**Dr Tertius Erasmus**

CEO: Association of Christian Religious Practitioners and Chairperson of CPSC.

Please see page 2 for the **Ethical Values and Standards statement** to which all CPSC pastoral caregivers are bound, as well as the **Pledge as Christian Counsellor** on page 4.

### TRADITIONAL LEADERS

Sees leadership as a rank to obtain.

Uses power & control to drive performance.

Measures success through output.

Speaks.

Believes its about them.

### SERVANT LEADERS

Sees leadership as an opportunity to serve others.

Shares power & control to drive engagement.

Measures success through growth & development.

Listens.

Understands its not about them.

## ***Ethical values and standards***

### **Ethical values and standards of the Association of Christian Religious Practitioners (ACRP) and the Council for Pastoral and Spiritual Counsellors (CPSC)**

#### **1. Introduction**

**B**eing registered with CPSC, a professional council within ACRP and through this registration being affiliated with the Professional Body (ACRP), confers on the practitioner the right and privilege to practice his/her profession as an ACRP affiliate.

Affiliates have moral and ethical duties to others and society. These duties are in keeping with the principles of the Bible as the Word of God, also with the principles of the South African Constitution (Act No. 108 of 1996), the Bill of rights enshrined therein, and the obligations imposed on affiliates by the ACRP Rules Document, the Scope of Practice and the Ethical Values and Standards for good practice.

#### **2. Core Ethical Values and Standards for Good Practice**

2.1 Everything ethically required of a professional to maintain good professional practice is grounded in core ethical values and standards – the latter are the directives that follow the core values. The core ethical values and standards for good practice are as set out in this Clause. In addition to this set of core ethical values and standards, an affiliate may subscribe to the ethical values and standards formulated by other institutions, to the extent that those are not in conflict with the core values and standards as contained herein.

2.2 The core ethical values and standards that an ACRP/CPSC affiliate subscribes to are the following:

- 2.2.1 *Respect for Persons*: Affiliates should respect all persons and acknowledge their intrinsic worth, dignity and value.
- 2.2.2 *Best Interest or Well-being*: Affiliates should to the best of their ability act in the best interest of persons. No action will be taken that amounts to abuse of power or that could knowingly harm persons physically, emotionally, or otherwise. This undertaking however does not preclude the affiliate from exercising his or her right to freedom of expression as enshrined in the Constitution. Affiliates should not harm or act against the best interest of persons even when the interests of the latter conflict with their own personal self-interest. They should not engage into harmful counselling practises towards their clients.
- 2.2.3 *Human Rights*: Affiliates should recognise the human rights of all persons as referred to in the introductions.

2.2.4 Affiliates should honour the right of clients to self-determination or to make their own informed choices and to live their lives by their own beliefs, values, and preferences. This principle does however not deny the right and duty of the practitioner to proclaim the message of faith and wisdom as contained in the Bible and the relevant faith tradition, as understood, and subscribed to by the affiliate. It does also not preclude the right of institutions to set and apply rules of membership of faith institutions in terms of confession and ethical conduct – to the extent that such rules are not in conflict with the core ethical values as contained herein.

2.2.5 *Integrity*: Affiliates should always act with integrity in their practice of these core ethical values and standards as a foundation for their character and practice as responsible professionals.

2.2.6 *Truthfulness*: Affiliates should regard honesty, accountability, transparency, and truthfulness as the basis of trust for their professional relationships with clients.

2.2.7 *Confidentiality*: Affiliates should treat personal or private information as confidential in professional relationships with clients – unless overriding reasons confer a moral or lawful obligation to disclosure such information.

2.2.8 *Compassion*: Affiliates should be sensitive to, and empathise with, the individual and social needs of clients and seek to create a safe environment and provide mechanisms for support where appropriate and possible.

2.2.9 *Tolerance*: Affiliates should act respectfully towards persons who have different ethical beliefs from deeply held personal, religious, or cultural convictions. This principle does however not deny the right and duty of the affiliate to proclaim the message of faith and wisdom as contained in the Bible and the relevant faith tradition, as understood, and subscribed to by the affiliate. It also does not preclude the right of institutions to set and apply rules of membership of faith institutions in terms of confession and ethical conduct - to the extent that such rules are not in conflict with the core ethical values as contained herein.

2.2.10 *Justice*: Affiliates should treat all individuals and groups in an impartial, fair, and just manner. This principle does not exclude the

affiliate's right and duty to proclaim the message of faith and wisdom as contained in the Bible and the relevant faith tradition and to apply rules of membership, as previously referred to.

2.2.11 *Professional Competence and Self-improvement*: Affiliates should continually endeavour to increase their level of knowledge and skills required within their area of practice.

2.2.12 *Community*: Affiliates should strive to contribute to the betterment of society in accordance with their professional abilities and standing in the community.

### 3. Informed Consent

- 3.1 Give clients the information they ask for or need about their condition, its diagnosis and treatment.
- 3.2 Give information to clients in the way they can best understand it. The information must be given in a language that the client understands and in a manner that considers the client's level of literacy, understanding, values and belief systems.
- 3.3 Refrain from withholding from clients any information, investigation, treatment, or procedure the Practitioner knows would be in the client's best interest.
- 3.4 Apply the principle of informed consent as an on-going process.
- 3.5 Allow clients' access to their records.

### 4. Client Participation in his Own Procedures

- 4.1 Respect the right of clients to be fully involved in decisions, even if they are not legally competent to give the necessary consent.
- 4.2 Respect the right of clients to refuse or to take part in teaching or research.
- 4.3 Inform clients that they have the right to seek a second opinion without prejudicing their future care.

### 5. Duties to Colleagues and other Practitioners

- 5.1 Referrals to colleagues and potential conflict of interest -
  - 5.1.1 Act in the client's best interest when making referrals and providing care. Do not ask for, or accept, an undue inducement or incentive from colleagues to whom clients are referred, because it may affect or be seen to affect the practitioner's judgement.
  - 5.1.2 Treat clients referred in the same way own clients would be treated.
- 5.2 Working with colleagues –

- 5.2.1 Work with and respect other Practitioners in pursuit of the best services possible for all clients.
- 5.2.2 Do not discriminate against colleagues because of their views of their race, culture, ethnicity, social status, lifestyle, perceived economic worth, age, gender, disability, communicable disease status, sexual orientation, religious or spiritual beliefs, or any condition of vulnerability.
- 5.2.3 Refrain from speaking ill of colleagues or other Practitioners.
- 5.2.4 Do not make a client doubt the knowledge or skills of colleagues by making comments about them that cannot be fully justified.
- 5.2.5 Support colleagues who uphold the core values and standards embodied in these guidelines.
- 5.2.6 Advise colleagues who are impaired to seek professional assistance.

### 6. Duties to Clients of other Practitioners

- 6.1 Act quickly to protect clients from risk to any reason.
- 6.2 Report violations and seek redress in circumstances where they have a good or persuasive reason to believe that the rights of clients are being violated.

### 7. Duties to the Practitioner Himself

- 7.1 Maintain and improve the standard of performance by keeping professional knowledge and skills up to date. In particular, regularly take part in educational activities that would enhance provision of services.
- 7.2 Acknowledge the limits of existing professional knowledge and competence. Do not pretend to know everything.
- 7.3 Observe and keep up to date with the laws that affect Practitioners in general and the practice in particular.

### 8. Maintaining a Professional Practice

- 8.1 Keep equipment in good working order.
- 8.2 Maintain proper hygiene in the working environment.
- 8.3 Keep accurate and up-to-date client records.
- 8.4 Refrain from engaging in activities that may affect health and lead to impairment.
- 8.5 Ensure that staff members are trained to respect clients' rights, in particular the right to confidentiality.

### 9. Duties to Society

- 9.1 Refrain from providing a service that is not needed, whether it is for financial gain or not.

### My Pledge as Christian Counsellor

- ✓ I will maintain the values and principles of the Bible in my practice and conversations with my clients.
- ✓ I will always work with clients according to my level of training and within my scope of practice and will refer when more help is needed.
- ✓ I will respect the dignity and value of all persons and will create a safe environment for all conversations.
- ✓ I will always seek the well-being and interest of my clients.
- ✓ I will respect the autonomy of my clients to make their own informed choices in the light of their relevant faith and cultural tradition.
- ✓ I will always be honest, transparent, and truthful towards my clients.
- ✓ I will regard every conversation and information shared as confidential and will always act professionally in our engagements.
- ✓ I will always be fair, impartial, and just in my conversations with my clients.
- ✓ I promise to always work towards professional competence and self-improvement.
- ✓ I will strive to contribute towards the betterment of society.

## Professional indemnity – providing for litigation costs

By Andries Preis

In today's service-driven economy, it is crucial for professionals, and those providing specialist advice, to employ specialised knowledge, skill, and care in their business dealings with their clients. These professionals must exercise the degree of care and skill of any competent practitioner in that profession.

If a person provides advice or a service to another and carries that work out negligently, they could be held legally liable for the consequences thereof. Liability can arise because of a breach of duty of care or a breach of contract. Professionals, in general, are often exposed to litigation. Many of the suits brought against these professionals are because of damages sustained from the professional's failure to perform according to the generally accepted standards in their respective fields.

New legislation protecting consumers' rights, coupled with challenging economic conditions, is resulting in our society gradually becoming more litigious. Even where there has been no proven error resulting in liability, a third party may initiate a suit against the professional purely because the project is not successful. Defending actions in court could prove to be time-consuming and expensive. If the professional is found guilty, the costs related to it, including reimbursement of the litigant's expenses, may be an unaffordable financial burden.

To err is human – everyone makes mistakes. Professionals cannot ignore an accusation of negligence; the allegation must be defended or admitted. In either case, cost implications will apply as demonstrated by the following estimates:

- A day in a Magistrate Court can be from R150 000 and a High Court from R250 000

- Attorney's Opinion may be R30 000 to R60 000 or more
- Attorney's Letter can be any amount from R750 to R35 000
- Attorney's telephone calls can be from R180 per 10-minute call
- Assessor's costs can be from R30 000
- If counsel is appointed, the first briefing and drafting Plea can be from R28 000.

(Information obtained from the claims department of Camargue Underwriting Managers (Pty) Ltd. FSP 17703)

Depending on the matter, you might need an expert's opinion in addition to the above.

From the above, it is evident that in today's litigious age, where 'claim' often follows 'blame', it is imperative to have adequate insurance cover that can protect the individual and the business from the financial fallout of such claims.

Professional indemnity insurance will ease the financial burden of defending claims and damages payable in respect thereof. It provides the ultimate safety net when all else fails and is presently available with an indemnity limit of R5 000 000 and a premium of R500 per annum.

For further information, contact either Andries Preis, 0824915218 or Wayne Matthews, 0823217718, at First International Portfolio Managers, FSP 16438. ■



**FIRST INTERNATIONAL**

## Dealing with poverty on my doorstep

By dr. Arnold Smith, CPSC affiliate

**W**e are increasingly challenged with people “in need” turning up all around us - at the robot, at the gate or at the front door.

I was pastor of a congregation in Roo-depoort for many years. We lived on a small holding opposite the primary school and the church. The street in front of us was busy, with many people waiting for the opportunity of a piece job. There was no water available for this people that had to wait many hours in the hot sun. We used to leave the front gate in the palisade fence open during the day, giving access to a tap under a tree. People knew they could just enter and have some water. They were kind in always closing the tap.

### A new story every day

Often other people would turn up, looking for food or clothes or money for rent. One morning somebody turned up, asking for money for rent. I said: “No, I don’t give money to anybody,” and his answer was, while pointing to the floor of the veranda: “Do you know how it feels to sleep on the floor?” Actually I knew, although it was voluntarily, while on hiking trails. The way in which he said it, put emotional pressure on me. I felt guilty for my privileged life.

Then there was the lady collecting clothes to sell and as I said: “Sorry, I don’t have,” she would get angry. I would perhaps give something to eat and said: “Strong’s!” She would reply: “Your “strong’s” doesn’t really help me,” leaving me with a bad conscience.

Sometimes I would return home at night, finding a lady at the robot with a baby on her back or young children standing at the robot, being literally grey due to exhaustion.

We got used to someone standing at the robot, moving along the traffic, looking everyone in the eyes, hoping to get some money or moving with their wheel chairs dangerously close to moving cars. Some had sign-boards around the neck with information of how many mouths they have to feed. They return to the robot every day because they were successful the previous day.



Sometimes it was ladies with children on the pavement, young and strong people burned by the sun, or the people arriving at the door, asking for a suit for the an “interview”. The next day you would hear that they paid your colleagues the same visit. But usually we do not really know their particular circumstances.

### The problem

Many people will say that there are beggars at street corners in countries all over the world, even those

countries with very little unemployment. Some think that many beggars do indeed have proper assets. That this is a disingenuous business model for the seemingly unfortunate and the lazy playing on our conscience by creating feelings of guilt.

While some beggars are opportunistic, some are truly destitute, have chronic illness, mental problems or physical disabilities. Every case needs to be dealt with appropriately. The rate at which medical costs escalate has put effective treatment beyond most people in the country.

We hear of beggars that throw away the food we give, because they actually want money to go and drink down their sorrows. Many of the vulnerable have substance addiction problems as well. We hear that they are offered a job, but turn it down because they earn more by begging at the street corner.

As many more migrants enter the country, the limited resources are stressed even further. Poverty will continue to grow as education and economic opportunities decrease.

It’s tough times, with many people being jobless or just getting a small grant. Meanwhile, the rich grows richer all the time, even in the times of Covid pandemic. The consumerist society is driven by status and conspicuous superiority.

Ultimately these constant challenges to us as individuals, to the church and to the community as a whole will only grow bigger. The population keeps growing while the economy is shrinking. Informal settlements keep growing.

As Christians we are permanently living with a conscience awakened, because we don’t know the circumstances of the people living



on the streets. What is the life story of someone willing to be publicly humiliated day after day?

### State of national misery

It seems that there are sufficient resources in the world to feed and clothe the 7.9 billion people, but it is not distributed well at all. The aid from the rich countries never really reach the needy. Government employees siphon off much of the aid meant for uplifting people.

South Africa has one of the most extensive social welfare systems among developing countries in the world. The share of the national budget allocated to social security services grows year by year. But still it seems that the need will always exceed the means available to needy people.

Since March 2020, the Covid-19 pandemic, the state of disaster and national lockdown just added further to the national misery. Half of the young people in the country is unemployed and will probably never find employment in their lifetime.

The Department of Social Development should actually be involved and develop solutions – where do we find them? Can they not remove the destitute from the streets? The strategy is to make social welfare services accessible to all in need and improve services to people with disabilities. They are committed to working with different spheres of government and civil society.

Still South Africa fares poorly in many of the indexes used internationally, including the so-called “misery index” that measures inflation and unemployment across countries. It is a well-known fact that South Africa leads the world by far in unemployment figures.

Of course, you have the right to not give, looking away. The argument is that if a beggar is successful today at a certain point, they will be there again tomorrow. Handing out alms only seems to feed the begging habit.

Yet, we can’t get around our conscience. We think of ourselves as kind and caring people. We usually experience guilt as we think about our blessings. We pray for people who are jobless and homeless, foodless and out of money, but that doesn’t seem to help any more. Jesus said: “You give them food!” and that what we do for the least among us, is actually done for Jesus Himself.

### Working towards a solution

Does this conscience thing help us at all? Do you let your conscience lead you at all? When can we give freely in the knowledge that it helps someone in real need?

We actually prevent people from growing self-esteem if feeding the habit keeps them from using their talents and gifts to develop some source of income.

### Where do we go?

I believe the answer lies in a mobilised community and a properly organised approach.

Many denominations and specific churches have huge infrastructure and knowledge of the different communities. They must take hands with other organisations like we do when disaster strikes.

### How about:

- ... asking if people have ID documents,
- ... supporting established soup kitchens with the people in need helping to prepare the food,
- ... developing skills like computer skills and life skills as we did in my previous congregation,
- ... opening up centres for counselling,
- ... empowering people by giving information about the different grants available,
- ... informing welfare and police about people abusing children in the “rent a child” situation at the robot,
- ... making the time to listen to peoples’ stories more often, and
- ... looking people in the eye when they want something from you and discovering the person in them and introduce them to Jesus, while also giving something.

### Conclusion

Of course we will always help the needy. We will not ignore our conscience about the real circumstances of people and not knowing if it may be “Jesus, visiting in the skin of someone in need” (Matthew 25:31-46).

This article may raise more questions than providing answers. I believe it has succeeded if it got you thinking. This problem is not going away soon. We need to find common ground and work towards a solution to assist the vulnerable in society.

We have to empower people in their emotions and conscience and together find a way to face the challenge of poverty and the way it is touching us all in this country.

No one can go to sleep with a mind at peace if somewhere a neighbour goes to bed hungry. ■



## Boundaries (Part 17)

By Dr Hanlie Meyer, Counselling Psychologist in private practice and CPSC affiliate

In the previous article we delineated three possible roles that parents have in the raising of their children, namely guardian, manager and a source of good things for the child.

We focused on the goal of raising our children: to guide them through the different developmental phases so that they may be empowered to face the challenges of life when they are adults and we are no longer present in their daily lives.

This implies that as parents we need to acknowledge that we do not have children to fulfil us – we have children to fulfil God's dream, namely to have a Kingdom of people here on Earth who will portray His image in and through their lives, so that the nations can see and experience God through their lives.

In their book, *Boundaries with Kids*, Dr Cloud and Dr Townsend name the eight key aspects of character that adults need to function as Christians in society and portray God's image to "the nations". As stated in the previous article, boundaries play an important role in all these aspects. In this article we will focus on the first four aspects and how the development of these character traits is enhanced by proper boundaries.

### 1. Loving

As Christians we are convinced that the main reason why Jesus came to earth as a human being is to make the love of God visible and tangible. His life on earth portrayed what it means to live love – not merely to show love to those who deserve it or when we feel like it. The letters of the apostles interpret Jesus' life to the churches in terms of the portrayal of a lifestyle of love, like Jesus did.

The Greek language of the Gospels and the letters of the Apostles uses multiple words for our English term "love", including *storge* (the love of community and family), *eros* (romantic love), *phileo* (a bond of friendship) and *agape* (selfless love).

I do not want to focus on each of these but rather on the general principles of becoming and being a loving person. Loving people recognise and acknowledge that the world does not revolve around them. They can share their time, attention and material resources.

However, they know where their own limits are and do not over-estimate their own abilities to make a



difference. They recognise that every person still retains the responsibility for their own well-being.

They also recognise that love is not primarily a feeling, but actions aimed at improving other peoples' lives, without damaging their own. It is much more than hugs, kisses and words of love after church or a nice braai.

People who love need to be able to regulate their own emotions and control their impulses. They also need to respect the boundaries of other people.

They also need to live within their own boundaries.

My late mother had a wonderful expression: "You have to start off the way you want to end off". To live up to this statement requires us to consider very carefully how and when we engage with other people. Learn through the examples and teaching of our parents not to over-engage in the beginning and storm in to satisfy our urges to love and be loved. If our own needs for love have been met in a healthy way as children, it makes it easier to master this self-check before we engage. So much hurt can be prevented if people had this discernment!

### 2. Responsible

Responsibility means to take ownership of your own life. Parents who take ownership of their own lives model this to their children: they do not always blame God, circumstances, other people, bad luck or their own worthlessness as causes of mistakes, troubles or failures. They can acknowledge when they have made a mistake or even when they have sinned! Yet they can also realize that other people can try to shift blame and learn to see the difference.



To learn this distinction, parents have to be involved in their children's lives and really pay attention to what they say and what they battle with. Parents need to model problem solving thinking to their children so that the child does not only hear "Ag leave it – it is not important"; "Get over yourself"; "You most probably looked for trouble"; "Ag that person is a....". We actually need the patience to hear them out, offer alternative views without making it sound as if we either think the other person is wrong or our child is wrong. This way of guiding our children takes time. Are we willing to spend the time?

Responsible adults know that their actions, words and attitudes do have repercussions. They will endeavour to gain the wisdom to know when it is preferable to act or speak and when it is unwise to do so.

Responsibility also includes things like obligations or duties, reliability and dependability. These people can get things done – without being checked or micromanaged. The process to learn these start from birth – in small steps – even when the baby holds its own bottle for the first time or stops crying when comforted.

Ownership of my life includes to own my feelings, attitudes, behaviours, choices, limits, talents, thoughts, desires, values and loves. Boundaries play a critical role in all of these. Boundaries protect us and set us free...

### 3. Free

People who have healthy boundaries and a well-developed character are free people. They do not have to please everyone or to control everything and everyone. They are free to act – also for their own well-being – instead of being passive and indecisive.

- They do not view themselves as victims and do not allow other people to victimize them.
- They can distinguish between being abused and healthy service and giving.
- They realize that they are free to live their lives as long as they take the responsibility for their choices.

It is inevitable that people will get hurt when we make choices that do not suit them – that is their responsibility – but we aim to not do harm to other people or our environment. This freedom leaves

people with the freedom to be initiators...

### 4. Initiating

When a person lives from love, not fear, takes ownership of their own life and is free to live the life that God intended for them, they experience the freedom to take initiative.

Children normally are natural initiators – we as parents tend to stem it because it might inconvenience us or make a mess, like little ones writing on the wall. We might feel that their effort is unworthy or their suggested solution is not worth paying attention to. We might even belittle them.

Teaching our children healthy boundaries while they initiate actions – be it in practical things (like laying the table or trying to light a fire), emotional support or praying – will enhance their freedom rather than cause them to be so scared that they become passive.

God has chosen to create mankind in His image not because He is a megalomaniac who wants to sit at a distance and see Himself in people to blow His own trumpet. He did this so that He can have fellowship with us and that His grace and mercy can fill the earth and all people can live responsibly loving, free and creative lives.

In our next article we will discuss the last four characteristics, which according to Cloud and Townsend are necessary to live and flourish in this world, namely respectful of reality, oriented towards growth, oriented to truth and oriented to transcendence. ■

#### Reference

Cloud, H. and Townsend, J. Boundaries with Kids. 2002.



## ***Guilt and contrition – the forgotten virtues***

By Heinrich Lottering

In our post-modern world where each person's individual sense of right and wrong is promoted and celebrated, the concept of righteous guilt and contrition is almost non-existing.

Firstly secular psychotherapy usually completely avoids the mention of these emotions in the aim to assist the individual to find self-acceptance and peace. Even pastoral counsellors and front-line preachers tiptoe around topics such as **wrong, sin, guilt and contrition**.

The Bible is the basis and bedrock for any spiritually true and responsible Christian preaching and pastoral counselling. It has no shortage of examples that reflect on guilt. The basis of guilt before God is undoubtedly wrong acts and/or words against the Lord or fellow human beings. Two examples of hundreds of verses that reflect on bearing of guilt:

- “For Israel is not forsaken, nor Judah, of his God, of Jehovah of hosts; though their land is full of guilt against the Holy One of Israel” (Jeremiah 51:5) and
- “I will go and return to my place, till they acknowledge their guilt, and seek My face: in their affliction they will seek Me earnestly” (Hosea 5:15)

As any avid Bible scholar knows, in the Old Covenant reconciliation between an individual and God or between two individuals were facilitated by, among other methods, an offering (sin or guilt offering respectively). Flowing through into the New Covenant, reconciliation and forgiveness is exclusively found in the vicarious sacrifice of Christ on the Cross of Calvary.

All human beings bear the guilt of sin as Romans 3:23 notes “for all have sinned, and fall short of the glory of God”, and the active step of repentance is required for forgiveness and reconciliation.

The key emotion involved in this process, is righteous guilt that prompts emotional contrition.

In 1 John 1:9 it states “If we confess our sins, He is faithful and righteous to forgive us our sins, and to cleanse us from all unrighteousness.”

One of the greatest forms of rehabilitation and therapy for substance abuse and addiction is the very well-known twelve step programme. First developed and employed by Alcoholics Anonymous, it relies heavily on certain steps. Reflecting only on a few steps for the purpose of this article:

Step 2: It is crucial to acknowledge a higher power - for Christians that is naturally God

Step 4: Taking a personal inventory

Step 5: Admitting to God and oneself the wrongs one have committed

Steps 8-9: Drawing up a list of wrongs done as well as to whom it was done and contacting them to make amends,

unless the contact will be harmful for those one has hurt or wronged.

It is clear that taking a personal inventory and responsibility for your actions, listing the wrongs and seeking amends, can only be successfully driven and executed with an individual experiencing and embracing the righteous guilt and contrition of the wrongs done to others. Here appropriate guilt plays a crucial role in healing!

In another field of Psychotherapy namely grief-counselling it is very well known that bereavement and guilt goes hand-in-hand after the death of a loved-one. The quick remedy of dismissing or trivialising the regret (for things not done or said) and the guilt (for wrongs things said and done) a grieving person experiences never delivers good results. It almost always leads to a prolonged or complicated mourning period. Where embracing the grief, dissecting and discussing it and finding remedies in divine forgiveness after confession in prayer, letter writing to the deceased etc., very often yield positive results.

The absence of healthy guilt and remorse is very well known in the field of personality disorders. In psychopathy also known as antisocial personality disorder (ASPD) as stipulated by the DSM-5 in the cluster B disorders - the absence of remorse/guilt over the misdeeds towards others, empathy for other's suffering and the complete disregard of others rights or feelings. This clearly illustrates that healthy or righteous guilt is part and parcel of a balanced and mature personality.

In conclusion we must take note that in the post modern era, unashamedly promote individualism, self interest and personal freedom while disregarding personal responsibility. Often in a world-view like that the restraining emotions of guilt and contrition are seen as unnecessary and outdated.

Sadly this social and cultural construct leads to emotionally immature individuals with the tendency to virtue signal their victimhood and use it as a shield for taking responsibility for their wrong deeds and actions. While taking inventory of your behaviour, facing and acknowledging the wrongs you have done, embracing the healthy guilt and contrition and making amends almost always lead to personal growth and emotional maturity. Never underestimate the crucial value of healthy and righteous guilt!

### References:

12 Steps of Recovery for Alcohol & Drug Treatment:

[www.americanaddictioncenters.com](http://www.americanaddictioncenters.com)

Grief is very normal: [www.grief.org.au](http://www.grief.org.au)

Understanding Antisocial Personality Disorder:

[www.goodtherapy.org](http://www.goodtherapy.org)

Contact Heinrich Lottering at 0837302887

or [www.glitterforchrist.co.za](http://www.glitterforchrist.co.za) ■

## COVID-19 as a challenge to pastoral care

By Benaya Niyukuri, that presented this lecture at the 2021 ACRP conference.

The coming of COVID-19 has created many challenges in everyday life. The COVID-19 virus caused many deaths globally and increased unemployment and poverty. Those who take care of others have also been affected, and this has hampered effective care for those facing COVID-19 and its effects. This article looks at the challenges of COVID-19 to pastoral care.

### The coming of COVID-19

COVID-19 is a virus that was identified in Wuhan, China in December 2019. It has been spreading fast in various countries around the world, causing respiratory, common cold, fever and pneumonia symptoms which result in death (Vaughn, 2020; Zhang et al. 2020). The World Health Organisation (WHO) (2020) presents fever, tiredness, and dry cough as common symptoms of COVID-19.

As a measure of prevention, WHO (2020) suggests precautions such as regular washing of hands with water and soap, the use of sanitizers, social distancing of at least one meter between persons, avoidance of touching one's face, eyes, and nose, stop smoking, covering mouth and nose while sneezing, as well as staying home in case one doesn't feel well.

In addition, governments have put in place lockdown measures to curb the spread of COVID-19. In this regard, the social restrictions due COVID-19 have affected people's mental health in forms of anxiety, depression and stress as a result of confinement at home away from friends, family members, schools, businesses, as well as workplaces (Piquero et al., 2021).

In addition, parents and children were locked down together at home in a situation of business shutdown and job losses which resulted in the economic hardships, thereby creating "the stress of childcare and home schooling, increased financial insecurity, and maladaptive coping strategies" (Piquero et al., 2021:2).

Besides, the rise in the consumption of alcohol and drugs has worsened stress in homes during social isolation (Boxall, Morgan, & Brown, 2020). According to Ivandić, Kirchmaier, and Linton (2020:2), "The social and financial uncertainty and anxiety could exacerbate existing conflicts between household members."

In this sense, the social evil of domestic violence has been enhanced by social isolation as victims and perpetrators have been locked down together with little chance for victims to report any forms of domestic violence (Boxall, Morgan, & Brown, 2020). This has been observed more in households where violence can only be reported by an insider (Ivandić, Kirchmaier, & Linton, 2020:1).

Another effect of the COVID-19 lockdown was the closure of schools, which attracted the rise in teenage pregnancies as girls have been confined with males and suffered sexual abuse. This was observed in a way that, "without the support system of teachers and school authorities, several girls are exposed to sexually transmitted infections, unwanted pregnancies and sexual exploitation among other overwhelming effects of COVID-19" (Ndlovu, Makoni, & Gundani, 2020).

In Namibia alone, the Ministry of Education, Arts and Culture reported that the number of 3 323 schoolgirls got pregnant during the first COVID-19 lockdown between March and July 2020. Most of the pregnant girls did not return to school after the lockdown due to fear of being stigmatized (Nembwaya & Erastus, 2020). Furthermore, COVID-19 came with the upsurge in suicide cases due to the burden caused by loss of loved ones and loss of livelihood (Tandon, 2021).

### What is pastoral care?

Pastoral care stems from the concept of soul care (Redding, 2012), with the Latin word "pastor" being "used to address Church services in general and pastoral care and counselling in particular" (Ağılkaya-Şahin, 2016:69). The Early Church used the metaphor of shepherding to define pastoral care in the church community. Subsequently, the Latin term *cura animarum* which means "soul care" emerged in the Middle Ages to define pastoral care (Ağılkaya-Şahin, 2016:70).

Thus, pastoral care operates within the circles of a shepherd in religious context to support people facing life predicaments (Mălureanu, 2014). The holistic ministry of pastoral care with the shepherding metaphor is clear in Psalm 23 where David, as a shepherd-king, uses the image of a shepherd to reflect on the blessings he enjoyed from the Lord (Ross, 2000).

In this way, David acknowledges, "the LORD is my shepherd, I shall not be in want (verse 1). In this verse, the Lord is portrayed as the great provider who cares for His sheep in a holistic manner. In verse 2, David states, "He makes me to lie down in green pastures, he leads me beside quiet waters." This verse shows that the Lord provides for the physical needs of His people (Okorochoa & Foulkes, 2006).

In the first part of verse 3, David says, "He restores my soul." This implies the way the Lord cares for the emotional needs of His people when they become stressed and depressed through counselling. In the second part of verse 3, David emphasizes, "He guides me along the right paths for his name's sake." This indicates that the Lord provides for the spiritual needs of His people (Ross, 2000). In verse 4, David states, "Even though I walk through the valley of the shadow of death, I will fear no

evil, for you are with me; your rod and your staff, they comfort me.” The valley of the shadow of death is an evil place of danger where one smells death as one’s life can be lost. This calls for a shepherd who intervenes to offer comfort to God’s people.

To be sure, Psalm 23 presents the Lord as a shepherd who nourishes, restores, comforts, keeps and guides the human soul (Redding, 2012). Pastoral care is urgently needed by people especially in times of COVID-19 when people face illness, poverty, domestic violence, teenage pregnancy and suicide while the places of worship have been closed due to the lockdown.

However, social isolation creates the limitations that hinder pastoral caregivers from reaching out to people in need of counselling services and other means of care. In this regard, Pastoral Care has undergone drastic changes since the outbreak of COVID-19 and faces new challenges (Haußmann & Fritz, 2020). Very often pastoral care can no longer be provided as usual.

### Challenges of COVID-19 to pastoral care

In the context of clinical pastoral care and palliative or spiritual care, the crucial function of pastoral care in supporting socially isolated, sick or marginalised groups during the corona crisis has been demonstrated and still is important. The face-to-face personal conversation decreased due to the initial restriction of contact between people. Therefore, pastoral care has suffered an extreme disruption in occasional contacts: here the possibility of contact has fallen to almost half of the contacts that were made before the restrictions (Haußmann & Fritz, 2020).

Also, pastoral visitation has been restricted by the need to keep social distance in the bid to curb the spread of COVID-19. Social interactions and communication have been hampered by social isolation, thereby shifting all communication to digital and social media. Even before the advent of COVID-19, the use of social media has been adopted as a tool of pastoral care with the creation of ‘Cyber Churches’ (White, Tella, & Ampofo, 2016).

COVID-19 hampered the ministry of pastoral care as pastoral caregivers were unable to visit the sick and their loved ones. Moreover, palliative care, funerals and bereavement counselling have been hindered. The use of social media increased during the lockdown when church attendance has been shattered and church members had limited access to pastoral care services.

Another challenge of COVID-19 to pastoral care is that pastoral caregivers have had to deal with their own issues when they or their loved ones get infected with covid-19. Besides, the economic hardships resulting from the effects of COVID-19 meant loss of income by pastoral caregivers who either depend on payments from their clients or from their congregations (Murphy, 2022).

The conspiracy theories posed in the time of COVID-19 have also been a challenge to pastoral care, with the preaching of God’s word being tested by the beliefs that hold that COVID-19 have come to mark the end of the times while vaccines are often referred to as “the mark of the beast” (Firebaugh, 2021).

### Conclusion

The coming of COVID-19 presented various challenges to the work of pastoral care. As an infectious disease, COVID-19 has caused governments to opt for lockdown in order to reverse the spread of COVID-19. This resulted in a severe economic hardship due to closure of businesses and loss of jobs. During the lockdown, the social evils of poverty, domestic violence, teenage pregnancy, as well as alcohol and drug abuse have taken the opportunity to destroy families.

The situation has been exacerbated by the fact that pastoral care services have been limited by the confinement that caused the closure of churches and other pastoral care centres. In addition, pastoral care givers have had to deal with their own issues while expected to look after other people. Whatever it takes, pastoral care must continue, as it is needed more now than ever before.

Pastoral caregivers need to provide care by following prescribed health protocols. They need to develop new ways of working, including digital strategies and social media, in order to reach out to those in need of counselling, without exposing anyone to the risk of contracting COVID-19. ■

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## The loneliness of pastoral leaders and therapists

By Rev Diane Pickford

### Book Review: Part 4

**Strengthening the SOUL of your leadership: Seeking God in the crucible of ministry** by Ruth Haley Barton.

Pastoral leaders and therapists carry large burdens. The burdens, which comprise decisions and discernment of God's goodness for others, takes its toll on our own souls. Relationship breakdown and betrayals effect even the best pastoral teams, including leaders and therapists.

### Existential loneliness

Feelings of despair, dryness and desperation in our own souls are the result of these demands. It is felt as an existential loneliness.

Extreme self-awareness is needed, so that we recognize when ministry concerns and relationship stresses have replaced or taken over our own relationship with God.

*"I am told God loves me - and yet the reality of darkness and coldness and emptiness is so great that nothing touches my soul... what torches of loneliness... I wonder how long will my heart suffer like this?"*

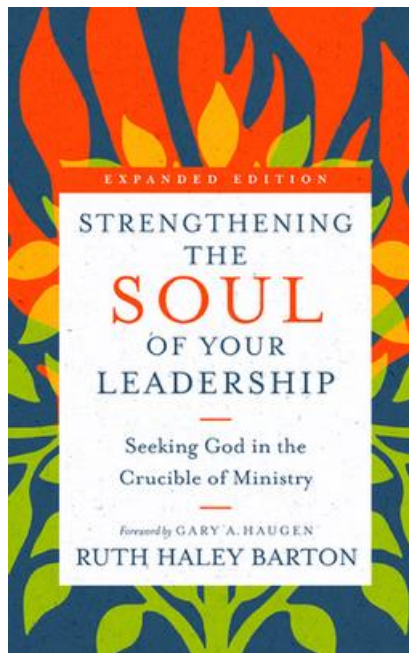
– Mother Theresa, Come Be My Light

Mother Theresa is describing an existential loneliness, common in pastors, where no trite answers or superficial responses will satisfy. It takes courage to face this type of loneliness, to ask God what is needed, and to wait for the response from God. Mostly what we need is God's presence and goodness to be revealed to us, and be experienced by us.

If you are facing this type of loneliness, a desire for God's presence and goodness to you, then according to author Haley Ruth Barton, you should give thanks for it. It may be the moment of your greatest freedom.

You need freedom from being shaped by others ministries, and visions of future possibilities. Instead you need the freedom to press into the solitary place to hear from God for yourself.

Then, in stillness and silence, God's presence is received, which brings life back into your soul. In the silence it is good to develop a listening receptivity. This is to ask and discern who God may be bringing into your life to share the burden of leadership and alleviate the loneliness of leadership.



Pastoral workers can also be a community for each other by having shared experiences, and understanding the burdens associated with their work.

### Finding spiritual community

Sometimes leaders can be so driven and busy, that they do not cultivate spiritual community with other leaders. This spiritual leadership community is something beyond just teamwork.

It is not something we can create by ourselves, but a reality created by God, in Christ, into which we are invited to participate.

Haley Barton stresses that pastors have to understand that, as leaders we are invited into establishing

practices that will transform us.

She says, "Spiritual community at the leadership level, then becomes the context for discerning and doing the will of God, which is the heart of spiritual leadership."

The practices that spiritual leaders do together include the following:

- Finding ways to open to God in our busy lives.
- Attending to our relationships by listening and caring for one another, affirming one another's gifts.
- Finding time to rest and retreat together, so that we can prayerfully discern God's will.
- Set foundational, biblically sound values that the community agrees to adhere to. These would include such practices as spiritual transformation, lived experience teaching, celebration, truth-telling, discernment, kindness, conflict transformation and listening to one other's fears and/or resistance.

In her book, Haley Ruth Barton encourages people who lead people, to look after their own souls first and foremost. Existing in a lonely space as a pastoral leader or therapist causes damage to our soul. The book encourages us to take responsibility for our own spiritual needs and relationships, which will set a tone for our ministry to prosper, and bring life to others. ■



## Course on Rejection

By O.J. Cilliers

Prof Wentzel Coetzer presents a course on **Rejection** at NWU. I used these studies in my ministry and therapy with success. This article is a summary of the content of the course.

- Rejection and shame come through:
  - Families of origin/primary families that are dysfunctional, leading to shame-based marriages and dysfunctional systems in families. The impact is devastating and lives from generation to generation.
  - Emotional scars and rejection that found its base through words, deeds and neglect.
- The end is emotional damaged people who can't understand grace; they live with true and false guilt and as Christians they have a low self-esteem.

Through this course I now realise the immense power of prayer, grace and my worth in Christ. This knowledge became the focus of my ministry and therapy. This report is in the form of two case studies – one a story of successful healing, the other one of failure.

### CASE STUDY 1: REJECTION AND ADDICTION

**Short background:** Martha is now in mid-age. She got pregnant in her twenties and got married. He demanded an abortion and eventually they divorced. She started using sleeping tablets that lead to a 20 year addiction with up to 30 tablets a day. She was often in rehab. She received a final warning at her work. Her employer asked me to help. At our first meeting she pleaded to me as a pastor to help her. I explain to her that at first we are not going to do anything to *the problem* (the roots of rejection and addiction) but talk about the *foundations of life* - how and why she can stand up to it. She gave consent to begin.

#### 1. The theoretical path of the therapy: her foundations

- **The foundation of faith:** We talked about the difference between faith and religion: the locus of control is from the inside (faith) and the other from the outside (religion). Faith is a foundation that can be built upon. I explained the significance of salvation in Christ and in prayer she confirmed her faith in Him. I explained the meaning of "Christ the risen conqueror in me": I can do anything through Christ. She understood that choices can be made not on how she feel, but on her status in Christ.
- **The foundation of healing.** To her healing meant that "everything must be fine," but she could not explain "everything" or "fine." Much time was spent on what healing is and we came to the conclusion that **it's not the absence of pain but the presence of God and this**

**is a fundamental choice: We don't work towards healing ("one day everything will be fine") but from healing:** in the presence of Christ is power to stand up to addiction.

- **The foundation of forgiveness:** Martha felt immense guilt toward God and the people she disappointed. The abusive relationship she was living in contributed to this. Much time was spent to explain the **theoretical side** of forgiveness: Ps 103 (God has amnesia and doesn't remember); Mica 7:18-19 (my sins are in the depths of the sea) and Col 2:13 (the charge-sheet against me is gone). The light break through when we discussed the **practical side** of forgiveness: if God throw things in the sea, so do I! She took the forgiveness of God and on that foundation she forgave herself and other people. The new Martha was standing up!

#### 2. The theoretical path of the therapy: the lie

On Christ-the-foundation we tried to make sense of the destructive behavioural patterns.

- **The lie of rejection:** The rejection didn't start overnight. Its seeds grew in what was supposed to be meaningful relationships. Her marriage should have brought meaning, but ended in rejection. The abortion and divorce paved the way for destruction. Martha understood that the rejection lead to bad choices.
- **The rejection of the lie:** On her choice for Christ-the-Foundation, she could stand up to the lie. I used Phil 4:13 and 2 Cor 5:17 as base for her status in Christ: "I can do anything!" She understood this is a decision of the mind and not how she feels. She left the old Martha behind and the new "I-am" stood up!!!

#### 3. The practical side of the therapy: the commitment

- **The commitment:** On these foundations she must stand up to addiction. She had a history of withdrawal and we decided the doctor must help when she quit the tablets. She made the commitment to God in prayer, to herself and to me.
- **The support system:** She needed the help of people. Her family didn't trust her; her mother stood up for her; her sister ignored her; her cell group supported her.
- **The moment:** She quit. **I believe a miracle from God: she didn't have a single withdrawal symptom.** (The doctor said it's impossible; I belief the power of prayer). She also ended the abusive relationship.

#### 4. The living-with-foundations

- **The accountability.** She understood that the way to success is to make it known. She did it with pride. She

stood up at work (it was dead silent in the meeting!) and said what her choices were.

- During a church service she talked about her life. After the service people asked her for help with their own problems.
- On Mothers' Day her mother thanked me for the daughter she got back. We celebrated her victory a few weeks ago with communion.

## CASE STUDY 2: REJECTION AND ADDICTION

**Brief background:** Anna is an elderly lady. Married and widowed four times. She is an alcoholic. The relationship with her family is poor. Her son asked me to help. I contacted her and said I want to visit her at home as her pastor. I frequently visited her and it became clear that she is lonely.

On occasion I said that I know about the conflict in the family and asked whether I can help her. She opened her life to me and told me she was raped and the addiction came gradually. She went for rehab but doesn't trust psychologists. She gave consent for a program.

I explained to her that **Anna is Anna; Anna is not the problem - the problem is the problem** and we will name the problem, see him as a thief and then take back what he stole. I explained that as a pastor I would talk to her about the spiritual foundations of life and then as a therapist. The first of many appointments begun.

### 1. The theoretical starting point: faith

- *The foundation of faith.* With her history of failure, Anna has enormous guilt feelings and fear of God. I explained the grace of God to her. These were liberating conversations. She understood that the victorious Christ was in her and that the enormous power that made Jesus alive was at her disposal. I used Eph 1:18-20.
- *The foundation of forgiveness and healing.* With the guilt and rejection due to the alcoholism, it is very difficult to understand God's forgiveness. Rejection is the filter through which she hears everything and she is "not good enough" to stand up to the thief. I took time to explain the grace of total forgiveness. It was liberating conversations.

### 2. The content of the therapy - lies of rejection

She did not speak; she listened. At my suggestion she took time to write down her life story. She opened her heart. She comes from a happy family of origin. Her problems started with her lifeless marriage. He died and she struggled to survive. She married three more times and everyone was a disaster. Every husband died of illness. The process of rejection manifested in:

- In her forties her employer raped her. The fact that she could not do anything about it left her with a powerless rage. Eventually she resigned the job. Financially she struggled and still tried to handle two jobs simultaneously. Her contact with the outside world became less and the self-isolation more.
- Every husband died after a long illness. Anna believed the lie that her life and relationships meant nothing. The toll of financial struggles, few friends and a world who does not understand became too much.
- Alcohol became the friend who asks for nothing - and then took everything. Conflict destroyed her family relationships. Alcohol created the lie that she was in control - until the day she had to humiliate herself to admit she had a problem. The rehab programs did not help anything. All this contributed to the deception of the initial lie: she means nothing for God, herself and people.

### 3. The internalization of the foundations: stand up to addiction

- It became clear that she trusted me. I was able to minister to her God's forgiveness and healing. I made an effort to explain to her her status in Christ: in the victorious Christ she is the victorious Anna.
- She had to make the commitment towards herself and God about her stand-up to the addiction. She was very reluctant to do so because of her history of failure. I received a WhatsApp: "today is the day:" She will stand up. She will see her doctor for medication to help her and I will get the family together to get her support system in place. A woman her age, a rehabilitated alcoholic, will support her. She attended my Bible study groups and her self-esteem lifted.
- One afternoon she called and I heard she was not sober. In the span of days the good work was undone. She quit the medication and thinks nobody noticed her drinking. What happened I do not know, but the old patterns of silence, conflict and rejection are back. Her support system came to nothing. She received final warnings from her employers.

### 4. Retrospection

*Why did it end this way?* I don't know. As a pastor I believe this is a spiritual thing and a fight against the enemy. As a therapist I will not give up. Anna is afraid of change for fear that it will fail again. She sees the past and the wrongs - blind for the beauty of today.

*The way forward:* We will start the whole process again. I trust God to open her eyes for the beauty she is in Christ. ■

# ***The plight of children (ages two to five years) orphaned by the scourge of Covid-19: A challenge for pastoral care and counselling***

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## **Introduction**

**A**t the age of two to five years, children are believed to have already developed an ability to think and are believed to have a measure of self-control. This then would mean that they have a certain amount of independence, and this gives them a little more self-confidence. When it comes to loss for children in this age bracket, it is believed that such loss undermines their confidence, and they find that their world becomes uncertain and unsafe (Blom, 2006:187). Children who fall in this age bracket do need to be taken care of in terms of pastoral care and counselling.

This is the supposition of pastoral care and counselling in the context of responsible citizenship. This therefore enhances the importance of making a contribution towards improving the status quo. Pastoral care and counselling is the means through which citizens within the religious context should be reminded of and the potential impact thereof in taking care of children orphaned by the scourge of Covid 19.

## **Abstract**

Covid 19 has become a force to be reckoned with. Nations have been stricken to the core by the scourge of Covid 19. Many people have succumbed to the onslaught of Covid 19, while some have lost their jobs due to economic decline. Many people are living under fear as Covid is still a big threat for the livelihood of humanity. Masses of people are threatened by a possibility of a bleak future as levels of uncertainty rise on daily basis. In this whole situation, the religious community (the church), is not spared from this ordeal. Churches have lost their members, and some of those members have left orphans behind to say the least, needless to mention that, these children are stricken by the trauma and shock of bereavement to a greater extent. In this same context, the future of these children is bleak and unconfirmed as they are the forgotten mourners. Louw (2008:486) argues that: "Children are often neglected in the area of Pastoral care under the guise that they can cope on themselves." (2008:486). This confirms the fact that children in most cases are the forgotten mourners, the writer believes that, this should change for the better for the benefit of children who are bereaved. Even when bereavement devotions are conducted by preachers, the language used does not accommodate children to say the least, so they find themselves in the state of confusion as they lack explanation on the part of adults.



## **Keywords and concepts:**

The following key words and concepts have been identified: Pastoral care and counselling, orphaned children, Covid 19, bereavement and the church.

## **Statement of the problem:**

It would seem that, the scourge of Covid 19 did not spare the church community in terms of disadvantaging and depriving them in number of ways i.e. job losses, loss of lives, loss of hope and instilling of fear, to say the least. The author has learned that children are also part of this ordeal, some children have lost their parents, grandparents and guardians. According to the author, there is no doubt that such children live under fear and they see a bleak future unfolding ahead of them. The identified problem is the fact that, there is no pastoral care and counselling applied to these children (two to five years of age), in order to help them cope in their newly found state of affairs, including bereavement.

## **Hypothesis:**

The care of bereaved children of ages two to five is lacking. This setback poses a lot of challenges for the children in question, and in many ways it affects their well-being negatively. It is also detrimental in their inner being and makes their world uncomfortable indeed. However, the author is optimistic and convinced that a solution can be reached through pastoral care and counselling. This study is an attempt to show that these children are important just as other human beings. Sweeney (2001:6) concurs and states that "children are persons created by God"... (2001:6). (see the recommendations below).

## **Theoretical framework:**

The hermeneutical theory by Daniel Louw, is deemed applicable and ultra-practical by the writer and it is based on the following concepts:

- Probing: Art of questioning.

- Interpretation: Art of assessing.
- Comfort: Art of supporting.
- Empathy: Art of listening.
- Edification: Art of directing and communicating the gospel: Louw (2004:256).

According to the author, these five components are relevant and applicable to the whole issue of taking care of bereaved children through pastoral care and counselling. Children need to be questioned, assessed, supported, listened to and directed accordingly during their bereavement phase.

Children need healing, sustenance, guidance, reconciliation and nurturing during bereavement (Clinebell, 1984).

According to Blom, children blame themselves for the trauma in their lives, despite the amount of support they may get from adults (2006:151). To neutralize their self-blame, they need to be reconciled to themselves.

#### Research question:

What could be the role of pastoral care and counselling for children who are orphaned by the scourge of Covid 19?

#### Objectives of the study:

- To explicitly state the plight of children (two to five years) who are orphaned by Covid 19.
- To clearly show how pastoral care and counselling can make a difference.
- To introduce specific recommendations to influence the status quo.

### **Methodology**

In its methodological approach, the study has employed: Literature review, observations and discussion. These include general underpinning contributing factors on child bereavement. This means that, scholarly works such as journals, papers and collection of published books are the focal point of this particular study. This is aimed at unearthing and discovering how children are affected by bereavement in the face of Covid 19, and how they can be rescued from their current state of affairs.

Bowlby (1980), Worden (1986), Case (1987), including Forrest and Thomas (1991) in *Makhunga and Shange* (2009), in their search in drawings as a method of evaluation and communication with bereaved children, have noted that, children do present with reactions in the form of behaviour following attachment loss (2009). The author is of the opinion that children do get affected by bereavement and loss, meaning that they also grieve over a loss of their loved ones.

Smith (2009) makes important comments regarding certain roles played by adults regarding the bereavement of children:

- Many adults falsely believe that children bounce back after grieving for a short period, and that their grief will progressively lessen until it is no longer there.
- It is imperative that adults understand and acknowledge the fact that children do not grieve the same way adults do.
- When children are told that a deceased parent is sleeping, they tend to fear falling asleep themselves.
- Children do not have the mental capabilities of adults, and therefore they understand and respond to death in various unique ways that are also influenced by their age at the time of the event (2009). This calls upon adults to have a correct view of child bereavement, and they need to be honest and realistic when they deal with children during bereavement. Eppler (2008) in Smith (2009:7), suggests that children who have experienced the death of a parent, tend to report a lower self-esteem, they experience depressed states and have higher levels of anxiety.

Children are said to blame themselves for the trauma in their lives, despite the amount of support they receive from their therapists or parents. Although the trauma that they are exposed to is not their fault, it often seems to become an introjection in their life. (Oaklander 1994b, 1997) in Blom (2006:151). This clearly shows their plight when it comes to traumatic situations; needless to mention that bereavement trauma is part of this ordeal, and it cannot be disputed that they need help through Pastoral care and counselling.

During bereavement, children suffer from the fear of their personal survival, separation anxiety, impaired ability to form emotional ties, sorrow, anger, feelings of guilt, shame, depression and despair, self-image problems. (Jewett, 1992). All these factors definitely have a negative impact on bereaved children.

The grief reactions in children during bereavement include disbelief; shock; dulling; wishing to reunite; longing memories; dreams and games that have undertones of grief (emotions); as well as psychosomatic reactions. (Ward, 1993; Worden, 1996).

These are indications of deep seated trauma in the inner being of a bereaved child, warranting therapeutic help during bereavement. Jewett (1992; McGoldrick & Walsh (1991 in Blom (2006: 186), warn that if these feelings from children are not addressed, can have serious implications on children even when they become adults. This according to the researcher means that children should not be neglected and ignored during bereavement, a therapeutic process should take place in supporting them on their way to recovery.

According to Kenneth Doka (Nd) cited in Sweeney (2001:198) "Children need significant support during times of loss." The author concurs and is convinced that pastoral care and counselling can render such support to bereaved children as they should be nurtured to regain

solidity and stability towards optimal recovery. This then warrants the importance of taking care of children during bereavement, and that they should not be left to fend for themselves.

Sweeney opines that grief and loss are typical issues in the developmental cycles of life... however, they may be more challenging for children, because children lack the abstract thinking skills and formal operations to process loss as adults do - loss can be very confusing for children (2001:197). It is clear that children need a special care that is different from the care that would be afforded adults during bereavement.

Collins (2007:220) affirms that too often when there is little adult understanding or supervision, the disruptive behaviour at age four turns into more serious behavioural problems by age eight (2007:220). This means that adults and parents should be made to understand the processes of child bereavement and what children are going through during such processes. On the other hand Blom (2006: 5-9) opines that for most children, death is a new experience, the unknown can be confusing and frightening in their little world (2006: 5-9).

Jackson (2007:50) affirms that families have a duty to ensure that bereaved children are not alone with worries and fears (2007:50). Families therefore have a role to play in supporting bereaved children, rescuing them from the confusion and fears of the unknown as indicated by Blom (2006).

Hadley (2007) encourages parents to even visit physically wounded children, as the author makes a mention of children who were neglected by their parents while they suffered from different sicknesses. (2007). This just confirms the importance of support for bereaved children by their families and parents.

Blom (2006:191) presents specific guidelines for parents in terms of support for bereaved children: Parents must show genuine concern and caring, this must be visible in allowing children to express their emotions, children must be assured by parents that they will be well taken care of, and that parents must give honest answers to questions asked by children during bereavement (2006:191). According to the researcher, this connects well with the nurturing concept presented by Clinebell (1984) as mentioned under the theoretical framework section. Parents should nurture children during their bereavement and show them love.

Nuckels (2013), affirms that when grief is not addressed, acknowledged and expressed, it causes one to live in the shadows of the ghosts of grief (2013). Grief must not only be condoned, but must be dealt with decisively, including grief in children.

To avoid grief becoming complicated, grieving children should be taken through all the necessary therapeutic processes. This is the task of pastoral care and counselling.

Kennedy (2006:1) mentions a few steps in grieving the loss of a parent:

- Take time each day to honour your grief.
- Acknowledge the importance and the power of loss.
- Address unfinished business with your parent.
- Participate in creating new family patterns.
- Don't pressure yourself to get back to the normal routine.
- Let your friends know what you need from them.
- Celebrate change and new perspectives (2006:1).

These are important steps for every individual who has suffered parental loss, especially bereaved children. Children should be assisted in going through these steps through unpacking each step to help ensure their optimal recovery.

Brewster (2010:69) in Van Rensburg (2013:19), speaks of the importance of building self-reliance in children who find themselves in crisis including bereavement:

- Allow children to do what they can do themselves without intervening.
- Focus on teaching them so that they can take what they learn for their future.
- Start where the children are, and with what they have available, including their own interests.
- Encourage them positively.
- Go at the pace of the child - be patient with children. (2013:19).

Eppler (2008) in Smith (2009), stated the following:

- It is imperative that adults understand that children grieve differently from adults.
- If their unique grieving process is not taken into consideration, there may be detrimental effects on the child's development and psychological wellbeing.
- Many theories were generated regarding the grieving processes of children (2009).

These are important concepts aimed at taking care of bereaved children in a more concentrated and focused way. This is so significant during the scourge of Covid 19. It must be remembered that the child trauma begins when the parent(s) test positively to the virus, before they are even admitted to hospital. In a proactive way, support to children through pastoral care and counselling should begin before actual bereavement starts.

Spiegelberg (2006), speaks of the biological knowledge and understanding of death by children. The author explores Piaget's theory of cognitive development. According to the author the theory uses: 'developmental stages to explain children's understanding of death.' He further affirms that it is also important to note the effect of biological knowledge on children's understanding of death.

(2006). Bering & Bjorklund (2004) in Spiegelberg (2006), argue that increased biological knowledge allows children to understand that certain functions will no longer continue after death. It is further opined that when death occurs, children use their present biological knowledge to attribute functions from the living individuals to the deceased. (2006). To the researcher, this is important information that confirms that there are more issues in child bereavement than currently believed. Child therapists who apply pastoral care and counselling to bereaved children should also consider this.

Watson (2006), presents five domains regarding the wellbeing of children:

- Physical, mental health and emotional wellbeing.
- Protection from harm and neglect.
- Education, training and recreation.
- Contributions made by children in society.
- Social and economic wellbeing. (2006).

These five domains will be meaningless if children are not taken care of during bereavement. It forms part of the puzzle of helping children cope with grief. Pastoral care counsellors should then take consider this in a holistic approach.

According to National Association of School of Psychologists (NASP) (2015), few points are suggested regarding the wellbeing of children during bereavement: Allow children to be teachers about their grief experiences, give them the opportunity to tell their stories and you must be a good listener, don't assume that every child in a certain age group understands death in the same way.

NASP functions in the United States and an additional 25 countries worldwide. The Association further presents the following points for bereavement therapy:

- Don't tell half-truth to children about the tragic event, as they are often brilliant and sensitive.
- Parents and schools should allow adequate time for children to grieve, since grieving is not an event, but a process.
- Help all children regardless of age to understand loss and death, and give the child information at a level he/she can understand.
- Encourage children to ask questions about loss and death.
- Children need long lasting support.
- Don't assume that children always grieve in an orderly or predictive way. (2015).

There is a lot that is involved here. Dealing with children during loss demands a lot of effort, understanding and empathy. This means that pastoral counsellors should spend more time with bereaved children in order to be able to counsel and guide them accordingly.

According to Nagy (1948) in Schoepke (2003), children under age five understand that death is irreversible and final. The author goes on to say that children in this age group also view death as departure, and that the person is living somewhere else (2003). This according to the researcher means that children in this age group must never be undermined as they seem to have some insights into death related issues.

Lyles (2004) speaks about words that can help pastoral care counsellors in supporting bereaved children:

- I am sorry your mom/dad/sister died.
- What was your dad/mom/brother like?
- What was his/her favourite food?
- What do you miss the most about him/her?
- What is the hardest time of the day for you?
- I cannot understand how you feel, but I remember how I felt when my father died (2004).

On the other hand, Mary (2004) in Jackson (2007), warns against possible words that have a potential to further hurt bereaved children:

- I know just how you feel.
- Lick your wounds and move on.
- You will get over it.
- Don't think about it.
- You are better off without him/her.
- Tears won't bring him/her back (2007).

Sweeney (2001:120), encourages the concept of play therapy in counselling children, and specifically mentions 'story telling' as one of the techniques in counselling children through play. The author affirms that play therapists can use stories to teach and comfort. The author further affirms that the therapeutic use of stories, can help children deal with intrapsychic conflict and developmental tasks. (2001:120).

Play therapy can be used as vehicle through which pastoral care is applied. It does not contradict the application of pastoral care and counselling. This means that therapists should first engage themselves in play with children before applying pastoral care and counselling.

According to Charles Schaefer (Nd), play has the power not only to facilitate normal child development, but also to alleviate abnormal behaviour. The author further presents a list of concepts that come as a result of play therapy: Overcoming resistance, communication, creative thinking, and fantasy and relationship enhancement. (Nd). This according to the researcher is key in preparing the ground for the application of pastoral care and counselling.

Blom (2006:180), in the same context of play therapy, introduces a technique known as 'Gestalt play therapy'. The author opines that grieving and traumatized

children may have a lot of needs, such as being aware of their feelings, such as fear, anxiety and anger. During Gestalt play therapy they can become aware of these needs.

Gestalt play therapy addresses how the grieving and traumatized child's holistic functioning of the senses, body, intellect, spiritual aspects and emotions are fragmented and focusses on helping the child to function as an integrated whole again (2006:180). The researcher affirms that Gestalt play therapy approach or technique is an effective tool of assessment in enhancing the application of pastoral care and counselling to bereaved children.

In his unpublished doctoral thesis, *Rashe* (2007), in the context of family violence, encourages the use of Sunday sermons as means of healing. The author touches on the question that is underlined in such sermons: What is God saying to us? (2007). The researcher is of the view that even though this is not in the context of bereaved children, these sermons can still be effective in raising the awareness thereof, in attempting to empower parents, to accommodate children and to bring about a new paradigm to influence the status quo thereof.

### Conclusion and findings

In conclusion, the researcher has come up with the following outcomes and findings:

- Children are not being taken care of during bereavement. It is generally perceived that they are not affected by bereavement.
- Most adults are not able to comfort children therapeutically during bereavement.
- There is a belief that children must not be spoken to regarding death related issues.
- There is further conviction and belief that children should be shielded from picking up death related contamination shadows.
- Children fail to understand the language used during bereavement.
- Bereaved children suffer in silence as forgotten mourners due to neglect.

### Recommendations

Based on the findings of this study, the following is recommended:

- To have a church committee that is responsible for the well-being of children.
- To refer bereaved children to pastoral care specialists within the religious community.
- To encourage sermons on bereavement that involve child bereavement and loss.

- To run parental workshops to equip parents on child bereavement processes.
- To invite child welfare organizations to come and present programmes in the church.
- To refer bereaved children to child psychologists, should there be a need.
- To run awareness workshops in religious communities, targeting religious leaders to be part of the awareness campaign so as to influence their constituencies.
- To incorporate play therapy as means of channelling pastoral care and counselling. ■

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## Heartfelt Reflections

Review by Ilse Grünewald

In her "Heartfelt Reflections" collection of prose, Zandi Regina Nkabinde explores many aspects of trauma, specifically the trials and the tribulations she had encountered while counselling trauma patients.

Her short, but well thought out comments are wise and uncomplicated. The author conveys truths about life's many challenges in conversational and personal language.

Avoiding punctuation, her lines flow effortlessly, without hesitation or pause. Effective in leading the reader smoothly to the conclusion of every reflection.

Counsellors and patients alike will be able to identify with the author's own reflections and will learn from her conclusions. Take for example her observations in "Boundaries":

"We sometimes forget you exist  
We learn from our mistakes and start to wake up  
Yet when we always start with you  
Life gets simpler and bearable to a certain extent..."

To educate and enlighten her reader, she uses personification very effectively in most of her proses. "Anger":

"....You keep us awake  
You steal our sweet dreams....  
We feel the calmness as you leave  
Although we fear you may visit again"

Some of Ms. Nkabinde's reflections speak directly to the reader, giving advice by incorporating well-known sayings, especially in her conclusions. For example, consider "Death":

"We know as we grieve,  
it is not a sign of weakness  
Nor a lack of faith  
It is the price we pay for love"

and in "Forgive to be free":

"To forgive is to set  
A prisoner free



And discover  
That the prisoner  
Was you"

A humorous poem well worth reading, is "Menopause"!

A few of the reflections are of a more complex and intricate nature. An especially fine example – and to my mind one of the best works in the collection – is "Pieces of a woman" in which the author uses striking similes:

"She wore  
Her darkness  
Like some  
Girls  
Wear a little  
Black  
Dress  
She walks  
Like thunder  
Acts like  
A storm  
And smells  
Like star dust"

There are also a few religious pieces included, like "Faith" that has the following message:

"...Disappointments are just  
God's way of saying  
I've got something better"

What an admirable debut compilation of poetry!

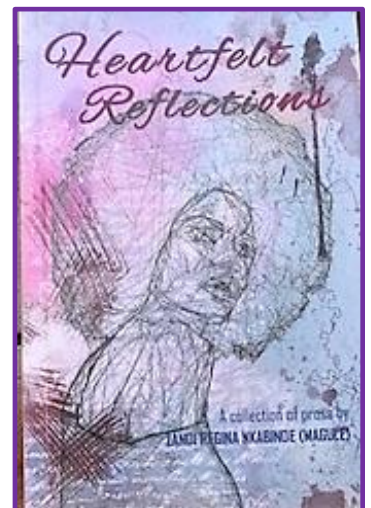
*Zandi Regina Nkabinde is a CPSC affiliate and the Facilitator, Assessor and Cherie Blair Foundation Alumni Mentor.*

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<https://www.facebook.com/HeartfeltReflections>

The book is available at [Takealot.com](http://Takealot.com) ■



## Dyslexia: Why doesn't anyone understand me?

By Mrs Roxanne Bailey, Career Guidance Counsellor, Independent Psychometrist and Pastoral Counsellor

For God hath not given us the spirit of fear; but of power, and of love, and of a sound mind. (2 Timothy 1:7, KJV)

And thou shalt love the Lord thy God with all thy heart, and with all thy soul, and with all thy mind, and with all thy strength: this [is] the first commandment. (Mark 12:30, KJV)

### Introduction

Alice was beginning to get very tired of sitting by her sister on the bank, and of having nothing to do: once or twice she had peeped into the book her sister was reading, but it had no pictures or conversations in it, and 'what is the use of a book,' thought Alice, 'without pictures or conversations?'

Why doesn't anyone understand me... if, as a baby my brain also contains 100 billion neurons, as physicians claims?

Dyslexic William Butler Yeats said: "I was unfitted for school work, and though I would often work well for weeks together, I had to give the whole evening to one lesson if I was to know it. My thoughts were a great excitement, but when I tried to do anything with them, it was like trying to pack a balloon in a shed in a high wind."

A mind rushing like a railway station with so many 'way findings' on a dreamscape between the conscious and unconscious mind ... finding myself with overwhelming navigational difficulties or at times a faded memory and rise of unexplained anxieties..., as well as feeling different...

T R Quinn (2008) explains way-finding as follows:

"the cognitive process of solving navigational problems in an environment. According to Passini, way finding consists of four stages: identification of the task, perception of environmental information, formation of a decision plan, and execution of the plan. Passengers whose train delivers them to a station for the first time typically have no knowledge of the building design so retracing their steps is not an option. How do such travellers know how to exit a station they have never before visited and for which they have no previous experiences stored in memory?

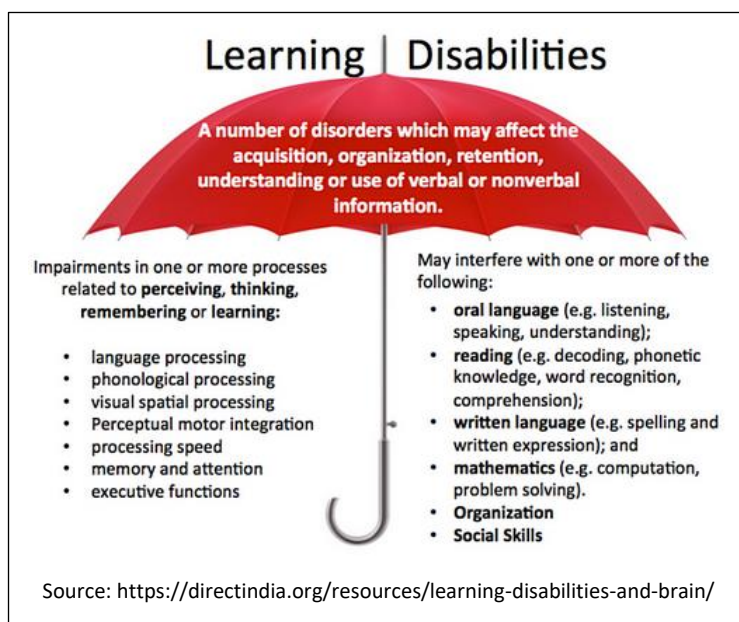
Cognitive maps involve mental compilations relative to one's perception of the environment. They allow people



to determine their positions within a setting because they make it possible for individuals to organize perceived parts of the environment into a meaningful entity, permitting them to orient themselves spatially within the context of the cognitive map and, consequently, within the setting itself (Passini, 1984, p. 35).

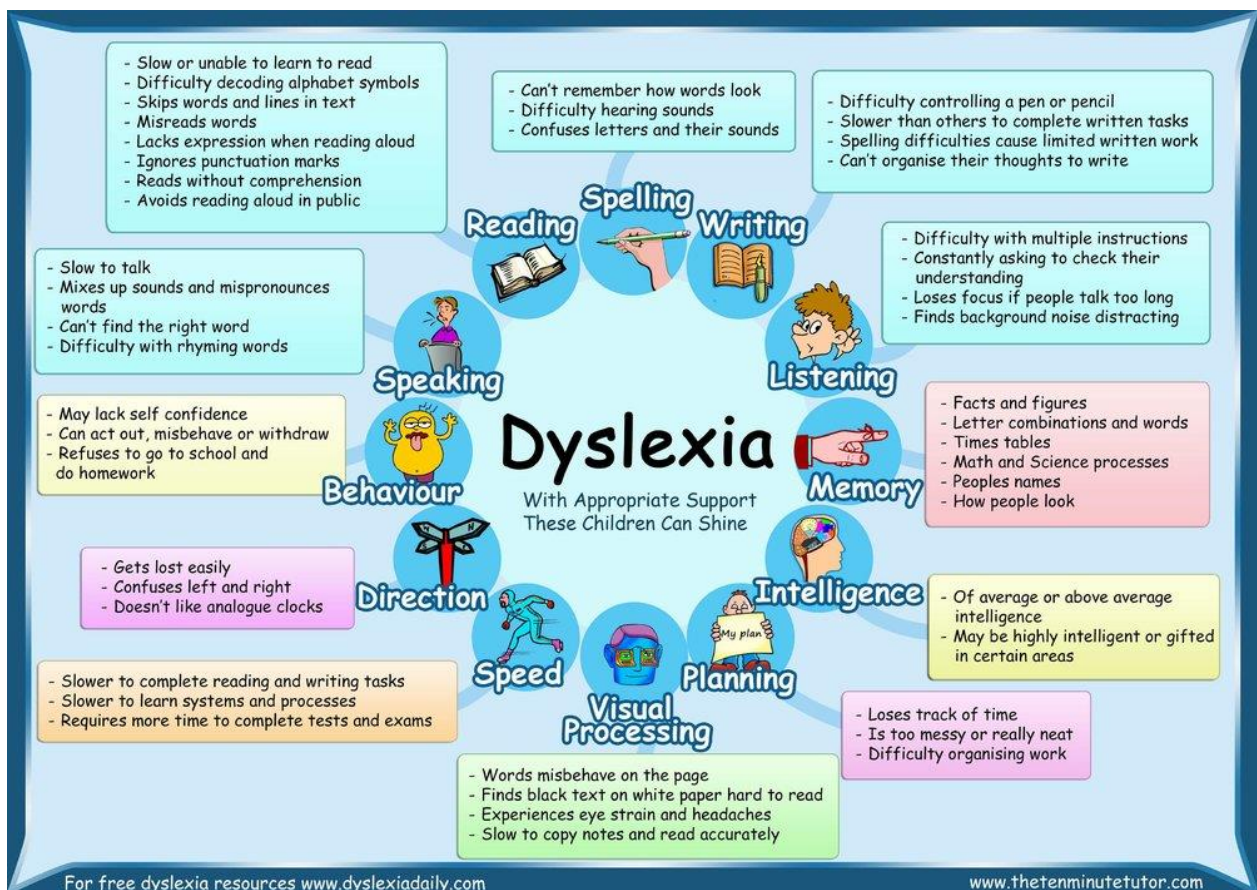
Unlike physical maps, cognitive maps change as new information about the surroundings is acquired. These are many of the aspects some individuals, youth or adult, struggle with: unrecognised by society, but not by some inquisitive minded scientist, psychologist, linguist, neurologists and physicians.

If one could paint a picture of learning difficulties; it could be visually portrayed as an umbrella:



Literacy brilliance such as the famous Irish poet, William Butler Yeats, and literature Nobel Prize winner in 1923, had personal struggles with dyslexia and enduring many frustrations as a young child such as spelling and punctuation skills, handwriting was often difficult to decipher, and he was not a strong academic student in most subjects during his school years: "He wrote: several of my uncles and aunts had tried to teach me to read, and because they could not, and because I was much older than children who could read easily, had come to think, as I have learnt since, that I had not all my faculties."





Another creative and brilliant minded individual was Albert Einstein, a German born physicist, who often felt out of place, misunderstood and not able to use his originality and creativity in a different educational system.

From this feeling 130 years ago the term 'dyslexia' was coined by Rudolf Berlin, a German ophthalmologist and professor in Stuttgart, where he observed the difficulties faced by adult patients: difficulties in reading the printed word, yet no vision problems. He then started to link the problem experienced by patients with physical change in the brain from a more neurological perspective. Thereafter, observations of reading problems, thus construct of 'word blindness' were formulated. Furthermore, W. Pringle Morgan (1896) described a patient with a set of reading difficulties as labelled 'congenital word blindness'.

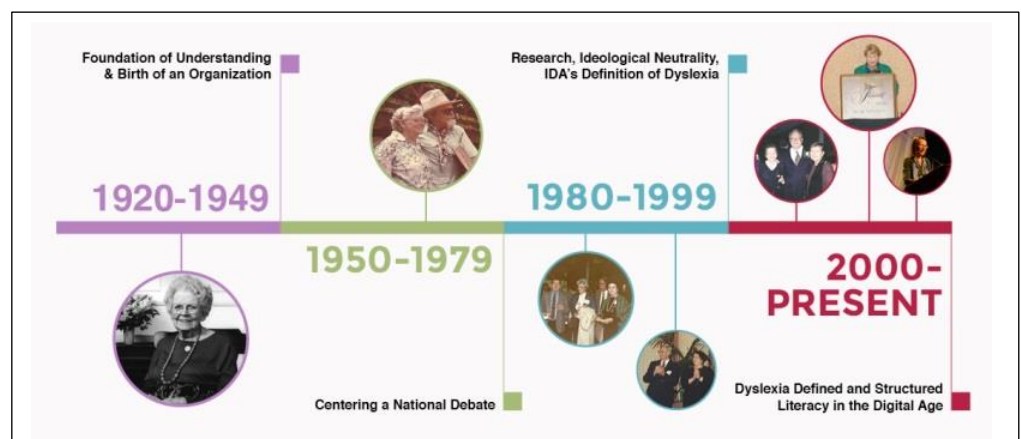
### Research

Research into the field of dyslexia continued by physician William Pringle Morgan (Kirby, P, Nation, K, Snowling, M & Whytea, W, 2020) and thereafter new theories by Dr Samuel T Orton which gave origin to the oldest organisation dedicated to the study and treatment of dyslexia: International Dyslexia Association (IDA).

"The IDA was born in the 1920s with direct roots to Dr. Samuel T. Orton's pioneering studies in the field of reading research and multisensory teaching. In 1949, after Dr. Orton's death, June Orton, Dr. Orton's wife and colleague, formalized the Orton Society to continue this important work, train teachers and publish instructional materials." (<https://dyslexiaida.org/history-of-the-ida>)

### What is Dyslexia?

Dyslexia is a learning disability involving difficulty with reading in spite of normal intelligence, adequate educational opportunity, and no evidence of sensory, neurological, or emotional dysfunction. This language disorder is characterized by difficulty with reading, spelling, handwriting, language, and memory. Furthermore, there are many different types of dyslexia, as depicted in the above image.



Using a holistic alternative educational perspective in the past seventeen years, I have been working hands-on with many types of learning difficulty students: ADD / ADHD / Dyslexia: Dyscalculia, Dysgraphia, Dyspraxia / Ir-len Syndrome / higher functioning autism (Asperger Syndrome) and then the gifted student.

Since many symptoms overlap and are mostly similar in all types of learning difficulties; one has to be thorough when a client is referred for assistance. Our HPCSA Coat of Arms states: 'First do no Harm'. Each client is unique and different, thus one can never approach the same therapeutic methods. One needs to find a 'goodness of fit' that which will benefit the client the most. Every life is valuable and deserves the best approach.

In the introductory session I gather biographical information; thereafter depending on the history gathered one sets another two separate days where one does a full individualised psychometric test battery; according to the unique client's needs. Now, the individualised journey with your unique client starts if they so require, with interventions specific to the client's difficulty. There is no overnight cure... the key to guidance is the client's will to say that he or she wants to start the healing process, without the client's openness of to face him-or herself, therapy is meaningless.

### Dyslexia symptoms

Some Dyslexia symptoms or traits (overlapping with other learning difficulties):

- Anxiety
- Moodiness
- Bullied or feel like an outcast or different or classified as lazy
- Disruptive or isolated
- Low self-esteem
- Do not like to read in front of the class
- Lacks self-organisation
- Finds difficulty in structuring written work or an essay.
- Poor memory or sequence difficulties
- Weak posture and seating position
- Weak and untidy handwriting, trouble with writing or copying; pencil grip is unusual; handwriting varies or is illegible
- Cannot spell on paper
- Sequence or certain pattern completion difficulties
- 2 D difficulties
- Cannot process work as easily
- Spatial and visualisation difficulties
- Some auditory processing difficulties
- Late talking
- Learning new words slowly
- Problems forming words correctly, such as reversing sounds in words or confusing words that sound alike
- Problems remembering or naming letters, numbers and colours
- Difficulty learning nursery rhymes or playing rhyming games
- "Zone out" or daydream often; gets lost easily or loses track of time
- Difficulty sustaining attention; seems "hyper" or "day-dreamer"
- Learns best through hands-on experience, demonstrations, experimentation, observation, and visual aids
- Complains of dizziness, headaches or stomach aches while reading
- Confused by letters, numbers, words, sequences, or verbal explanations
- Reading or writing shows repetitions, additions, transpositions, omissions, substitutions, and reversals in letters, numbers and/or words
- Complains of feeling or seeing non-existent movement while reading, writing, or copying
- Seems to have difficulty with vision, yet eye exams don't reveal a problem
- Difficulty putting thoughts into words; speaks in halting phrases; leaves sentences incomplete; stutters under stress; mispronounces long words, or transposes phrases, words, and syllables when speaking
- Can do arithmetic, but fails word problems; cannot grasp algebra or higher math
- Prone to ear infections; sensitive to foods, additives, and chemical products
- Can be an extra deep or light sleeper; bedwetting beyond appropriate age
- Unusually high or low tolerance for pain
- Strong sense of justice; emotionally sensitive; strives for perfection.

Being seen as different or the experience of otherness leads to a low self – esteem, in return leads to a built – up of unresolved: anxieties, frustrations, anger, humiliations, helplessness, and worthlessness; and in the end self-worth is totally bruised. T. Humphreys (2002) defines self-esteem and self-worth as follows: "self-worth is your real and authentic self. Self-esteem is a screen self, a shadow self, a crust that children form around their real selves. This crust protects the unique pearl of their self-worth and reduces further threats to their expression of their true presence."

For someone with dyslexia, or any other learning, physical or emotional, feeling of insignificance feeds an unconscious unknown to self or not always recognised by self as fuelling other emotions such as anxieties, anger, self-hurt behaviour or depression. The cognitive

question to start asking as asked by Gary R Collins (1988): "Is there something about this situation that threatens me and makes me feel afraid or inferior?" Inferiority is the aspect of self that needs to be assisted firstly before one can work on the learning difficulty. God provides assistance here within Romans 9:20, where He reminds us that He has made wonderful things and that we should not question His creation.

"Nay but, O man, who art thou that repliest against God? Shall the thing formed say to him that formed it, Why hast thou made me thus?"

Furthermore, the anxieties need guidance: encouraging the youth or individual not to lose heart, but to recognise that one can as written in 1 Peter 5:6-10: "Humble yourselves, therefore, under God's mighty hand, that he may lift you up in due time. Cast all your anxiety on him because he cares for you." With all the anxieties and indifferences faced on needs a good family, church or society support, since anyone facing dyslexia or any other emotional, physical or behavioural difficulty can easily get despondent or become lonely or even experience extreme shyness. The Watchtower Bible and Tract Society of New York (1989) provide the following advice to overcome shyness and loneliness:

- Wanting to change and believing that change is really possible.
- Replacing negative thoughts with positive action.
- Setting realistic and meaningful goals for yourself.
- Knowing how to relax and cope with anxiety.
- Rehearsing a situation beforehand
- Gaining confidence by progressively successful experiences.
- Remembering that differences of opinions exist and that others err too.
- Practicing to increase skills learn and new ones.
- Reaching out to show love and help others.
- Dressing tastefully and acting with confidence.
- Relying on the help that God gives.
- Being involved with Christian meetings and in sharing your faith with others.

## Conclusion

Háskóli Íslands Hugvísindasvið Enskuskor (2014) refers to the phrase, "Once upon a time", that is used in children's books over the world. Fairy and folk tales have been part of societies throughout the ages. It creates the feeling of wonder and unexplored and new exciting beginnings, with no knowledge on the outcomes of the journey. Yet, there is a sort of positivism to be embraced by the word, 'once'.

When faced with anything in life whether the neurological-linguistic difficulty: dyslexia, we need a sort of 'Alice

in Wonderland' approach using our imagination. A dyslexic individual needs visual images and reconstructing or model building. As 'Alice' exclaimed: "it had no pictures or conversations in it, "and what is the use of a book," thought Alice, "without pictures or conversations?"

Any child needs story time, not only a dyslexic child, as well as every adult needs to strive to embrace their pure child inside:

"At the same time came the disciples unto Jesus, saying, Who is the greatest in the kingdom of heaven? And Jesus called a little child unto him, and set him in the midst of them, And said, Verily I say unto you, Except ye be converted, and become as little children, ye shall not enter into the kingdom of heaven. Whosoever therefore shall humble himself as this little child, the same is greatest in the kingdom of heaven. And whoso shall receive one such little child in my name receiveth me. But whoso shall offend one of these little ones which believe in me, it were better for him that a millstone were hanged about his neck, and that he were drowned in the depth of the sea." (Matthew 18:1-6)

The parent is the greatest teacher if we make qualitative time for our young ones from birth into their formative years and beyond.

Leon Rousseau (1993) refers to the following words by Maria Montessori: "To teach the child to help himself takes far greater patience than to give him food, bathe him and clothe him. The former is the task of a teacher, the latter the easy, inferior work of a servant. The servant route is easier for the mother, but very dangerous for the child because it cuts off the way ahead and places obstructions in the road to development." Each child needs support and so much more a learner with difficulties and especially dyslexia. As a parent we need to be the inspiration and provide unconditional love through acceptance of the uniqueness of our child; even if we live in a rushed technological age.

Peter Wimbrow (1934) wrote the poem: "The Guy / Man in the Glass". The prominence or life lesson that the poet illustrates is: if you can face yourself in the mirror and really like what you see and not hide from being honest with yourself; thus acceptance of the fallacies and the strengths; then one start to become the real self, thus with self-worth. Furthermore, it is the embracing of the scars whatever it might be that creates the inner rising of self-worth and lit the torch of God's everlasting Love for us.

## The Guy In The Glass

Poet: Peter "Dale" Wimbrow, written in 1934

When you get what you want in your struggle for pelf,  
And the world makes you King for a day,  
Then go to the mirror and look at yourself,  
And see what that guy has to say.

For it isn't your Father, or Mother, or Wife,  
Who judgment upon you must pass.

The feller whose verdict counts most in your life  
Is the guy staring back from the glass.

He's the feller to please, never mind all the rest!  
For he's with you clear up to the end.  
And you've passed your most dangerous, difficult test,  
If the guy in the glass is your friend.

You may be like Jack Horner and "chisel" a plum,  
And think you're a wonderful guy,  
But the man in the glass says you're only a bum  
If you can't look him straight in the eye.

You can fool the whole world down the pathway of  
years,  
And get pats on the back, as you pass,  
But your final reward will be heartaches and tears,  
If you've cheated the guy in the glass.

"And we know that all things work together for good to  
them that love God, to them who are the called accord-  
ing to his purpose." (Romans 8 :28)

There is the inspirational children's story about the man  
who found a cocoon of a butterfly. He watched the but-  
terfly struggle for several hours to start piercing through  
a small hole. He saw that the butterfly is not making any  
progress and wanting to assist, yet in his arrogance; he  
then took a pair of scissors to rush the process and  
sniped off the remaining part of the cocoon. The butter-  
fly could easily emerge, yet with a swollen body and  
shrivelled wings. The wings never fully developed and  
the swelling never went down. The man had a kind  
heart, yet didn't acknowledge that sometimes one need  
to let something grow naturally and struggle through its  
own obstacles to develop in his or her unique way. We  
will all experience challenges in this world quite diverse  
and unique, yet struggles in life teach us how to build in-  
ner strength to face any other challenges in life. Yet,  
with God as our 'way finder' and the right type of sup-  
port from family, friends, counsellors or mentors; one  
can face any challenge.

### Basic common abilities of dyslexics

Ronald D. Davis with Eldon M. Braun (1994) makes the  
statement that although dyslexics don't all develop the  
same gifts, that they do have certain mental functions in  
common. They mention the following basic abilities that  
dyslexics share as underlying talents:

1. They can utilize the brain's ability to alter and create  
perceptions (the primary ability).
2. They are highly aware of the environment.
3. They are more curious than average.
4. They think mainly in pictures instead of words.
5. They are highly intuitive and insightful.
6. They think and perceive multi-dimensionally (using all  
the senses).
7. They can experience thought as reality.

8. They have vivid imaginations. "Now unto him that is  
able to do exceeding abundantly above all that we ask  
or think, according to the power that worketh in us"  
(Ephesians 3:20). You are God's perfection and has wo-  
ven each one of us in our mother's womb by His Grace...  
He wants us to do 'exceedingly abundantly above all we  
ask or think' and to reach for the impossible, through  
any of our worldly scars. ■

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### Famous people that lived with dyslexia

Many famous poets, writers, actors and scientists have experience the feeling:  
'I feel different and misunderstood':

Agatha Christie	Gustav Flaubert	Steven Redgrave	Mohammed Ali
Anthony Hopkins	Isaac Newton	Jerry Hall	Keira Knightley
Jackie Stewart	Ann Bancroft	Albert Einstein	Steve Jobs
Cher	Thomas Edison	Richard Branson	John Lennon
Whoopi Goldberg	Anita Roddick	Roald Dahl	Fred Astaire
Leonardo Da Vinci	Henry Ford	Jamie Oliver	Auguste Rodin

## Notes from the Financial Office

Dear CPSC Affiliate

I trust that these few lines from me find you well and that you will constantly be aware of and experience our Lord's daily closeness and blessing.

I miss you every day! Due to the new structure (on my request due to personal circumstances) and changes within CPSC that occurred in September 2021, my messages are now always regarding financial matters, with the main topic the annual renewal of the CPSC subscription.

Thank you to the 58,4% affiliates who have already paid the 2022 subscription up to 21 February 2022. If you are in good standing and have received your 2022 CPSC certificate, the rest of my message doesn't apply to you.

There is, however, still 41,6% of the annual fees outstanding.

I am holding thumbs for a 66%+ return by the end of February. The 2022 annual subscription was due on 31 December 2021 and therefore your 2021 CPSC certificate expired on that date.

To remain in good standing, SAQA requires payment of the annual renewal of the CPSC subscription by CPSC affiliates by 31 March 2022 at the latest.

#### Payment correspondence to expect

After receipt of the annual payment, I allocate the payment on the ACRP central system and activate the 2022 CPSC certificate. You will receive an email from [admin@pastors4africa.com](mailto:admin@pastors4africa.com), confirming payment followed by another email with the attached 2022 CPSC certificate.

#### Very important:

➤ Please note that these two emails will both come from [admin@pastors4africa.com](mailto:admin@pastors4africa.com), but with cover letters by me. If you reply to this email address, the reply will be rerouted to my address, [finance@cpsc.org.za](mailto:finance@cpsc.org.za).



➤ Please also note that after the allocation of payment notification, the 2022 CPSC certificate should follow within a few minutes or at least within the next hour.

➤ The subject line of the second email is: *Re: ACRP Certificate*.

➤ Unfortunately, the second email with the certificate attached is often overlooked as it often goes to the spam box.

1. Please add [admin@pastors4africa.com](mailto:admin@pastors4africa.com) to your email whitelist and remember to

always check the spam folders if you have not received the 2022 certificate following the allocation of payment notification. I always send the certificate twice to try and overcome this problem.

2. Please do not send new emails to the [admin@pastors4africa.com](mailto:admin@pastors4africa.com) email address, as only replies are rerouted to me and no new emails.

Please contact me at [finance@cpsc.org.za](mailto:finance@cpsc.org.za) if you have any questions regarding your 2022 renewal or if you need a copy of the renewal notice.

Please contact me at [finance@cpsc.org.za](mailto:finance@cpsc.org.za) if you have not received your renewal notice or if you have paid but not received the 2022 CPSC Certificate.

3. I still have the two payments received in October 2021 that lacked any reference and which I could therefore not identify or allocate.

Please let me know at [finance@cpsc.org.za](mailto:finance@cpsc.org.za) if you have perhaps paid in October and not received any notification of allocation of payment or your certificate.

Thank you in advance for attending to payment of the annual renewal of your CPSC subscription at your earliest convenience, if still unpaid.

Warmest regards and blessings

Anita Snyders ■

## Notes from the Admin Office

Dear CPSC affiliate

One-fifth of 2022 has already flown by! We are in the final stretch before the ACRP Conference takes place on the 4<sup>th</sup> of March! I hope that you will either be able to join us or will be able to listen to the recordings later.

On the 21<sup>st</sup> of March we will celebrate Human Rights Day. This day of commemoration provides the country with an opportunity to reflect on progress made in the promotion and protection of human rights.

### The Bill of Rights in our Constitution includes:

- Equality – everyone is equal before the law and has the right to equal protection and benefit of the law.
- Human dignity – everyone has inherent dignity and have their dignity respected and protected.
- Freedom of movement and residence – everyone has a right to freedom of movement and to reside anywhere in the country.
- Language and culture – everyone has the right to use the language and to participate in the cultural life of their choice.
- Life - everyone has the right to life.

Human Rights refer to the basic freedoms, but Human Rights also come with responsibilities: we all have the responsibility to build a society that respects the rule of law; we need to demonstrate the kind of responsibility that we would like to see in our country's future.

Ultimately, we find the source of universal Human Rights in the Bible. Scripture reveals the moral character of God, and in so doing, reveals the kind of moral character we as Christians should have.

We were made in the image of God; therefore, we need to also act in a way that reflects His character. Because of our belief that all human life is special and



God-given, Christians should do all they can to promote human rights.

### A few Bible verses about human rights:

Galatians 3:28: "There is neither Jew nor Greek, slave or free, male nor female, for you are all one in Christ Jesus."

Proverbs 31:8-9: "Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy."

Genesis 1:27 "So God created mankind in his own image, in the image of God he created them; male and female he created them."

Psalms 82:3: "Defend the weak and the fatherless; uphold the cause of the poor and the oppressed."

Isaiah 1:17: "Learn to do right; seek justice. Defend the oppressed. Take up the cause of the fatherless; plead the case of the widow."

Leviticus 19:33-34: "When a foreigner resides among you in your land, do not mistreat them. The foreigner residing among you must be treated as your native-born. Love them as yourself, for you were foreigners in Egypt. I am the Lord your God."

Romans 13:7-10: "Give to everyone what you owe them: If you owe taxes, pay taxes; if revenue, then revenue; if respect, then respect; if honour, then honour. Let no debt remain outstanding, except the continuing debt to love one another, for whoever loves others has fulfilled the law. The commandments, "You shall not commit adultery," "You shall not murder," "You shall not steal," "You shall not covet," and whatever other command there may be, are summed up in this one command: "Love your neighbour as yourself." Love does no harm to a neighbour. Therefore, love is the fulfilment of the law."

*Ilse Grünwald* ■

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*Ilse Grünwald*

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#### CPSC Finance Office

*Anita Snyders*

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#### BANKING DETAILS

CPSC (The Council for Pastoral and Spiritual Counsellors)

Nedbank

Branch: Woodlands

Branch code: 136-305

Account no: 1020501553

*E-mail proof of payment to the CPSC Finance Office at [finance@cpsc.org.za](mailto:finance@cpsc.org.za).*

*Please state your initials and last name as reference for any deposit made.*

#### DISCLAIMER

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