



CPSC Notes

COUNCIL FOR PASTORAL AND SPIRITUAL COUNSELLORS

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Let us acknowledge the LORD

Dear Affiliates,

It is the time of the year when everybody is hopeful and looking forward to warmer weather. Spring is often associated with hope as people shake of the chills.

The Bible has several verses about Spring that encourage us to be patient and trust in God's provision as He assures us that we will reap good fruit when our land yields its harvest.

Hosea 6: 3 states: *"Let us acknowledge the LORD; let us press on to acknowledge him. As surely as the sun rises, he will appear; he will come to us like the winter rains, like the spring rains that water the earth."*

What does this verse mean in practice? As Christian counsellors, how do we press on to acknowledge him? It means that you and your client must press on to acknowledge Jesus Christ as LORD.

The counselling relationship provides the context for both counselee and counsellor to acknowledge Christ and grow closer to him. A Christian counsellor should lead the client in this process and build up trust in Jesus Christ, because as surely as the sun rises, He will appear.

In this verse there is no condition, there is no "if", there is certainty that God will *"come to us like the winter rains, like the spring rains that water the earth"*.

The same certainty we have that seasons change, and Spring comes when the winter season ends, should be in our hearts when we work with counselees to help them press on to acknowledge Jesus Christ in everything. He WILL bring healing and change, and you and your client will reap good fruit.

The word press on means to pursue, or to chase. It means to strive for, and to put in serious effort. Being on a journey of healing and growth requires your conscious, intentional effort to press forward and to lay hold of the prize, that is to know Christ.



Philippians 3: 12: *"Not that I have already obtained this or am already perfect, but I press on to make it my own, because Christ Jesus has made me his own."* (ESV).

We should allow God to heal inner wounds and give us strength for new challenges so that we can press on and leave old hurts behind. Counsellors should encourage counselees to press on in their commitment to follow Christ and his example of how to be obedient to the Father and get the victory over the enemy.

We should all press on to follow God's design for our lives through prayer, fasting, bible study, healthy lifestyle choices, forgiveness, kindness towards others and ourselves, care and for community, emotional care in marriage relationships, self-compassion and practicing faith according to Hebrews 11:1 *"Now faith is the assurance of things hope for, the conviction of things not seen."*

In closure, reflect on Galatians 6: 9 *"Let us not become weary in doing good, for at the proper time we will reap a harvest if we do not give up."*

I pray that you will have a blessed Springtime and increase in your awareness of the presence of the Holy Spirit in your life. May you get closer to Christ, stronger in Hope and Faith during this flamboyant, joyful and colourful season.

Remember the beautiful verse in the Song of Solomon: *"See! The winter is past; the rains are over and gone. Flowers appear on the earth; the season of singing has come..."* (Song of Solomon, 2:11-12).

May you have God's peace in your heart, which exceeds anything we can understand.

Prof Nicolene Joubert

Chairperson ■



By Zolette Coetzee, CPSC Affiliate

Using photos, poetry, films, music, and books in your counselling

Introduction

I recently attended a webinar presented by clinical psychologist Dr Marlene Arnd, who is affiliated with HPCSA. The focus of the webinar was combining “the arts” with therapy, especially when as a counsellor you find yourself in the unlucky position of not knowing what to do and where to go next with a particular client.

Dr Arnd reiterated that the counsellor needs to know their client very well to know which “art tools” would best suit them.

To use “the arts”, such as literature, music, and other works of art in therapeutic sessions, one need not be an art therapist, and no special training is needed. The arts are open to interpretation and there is no incorrect answer. The counsellor can ask questions and steer their client/s in a certain direction if need be.

As pastoral counsellors, we are in the privileged position of not only having access to secular material, but also having a vast selection of Biblical material that we can apply.

Poetry

According to Dr Arnd, each client will, e.g., interpret a poem at the point of their need. One will read and apply the poem to past experiences, while others may apply it to their present situations.

The counsellor should know the poem and identify what they want to accomplish with the poem, as well as what questions they want to ask the client about their interpretation of the poem.

Dr Arnd suggested some questions the counsellor can ask the client about the poem:

- Any reactions to the poem you just heard?
- How are you feeling right now after having heard the poem?
- Where did this poem take you?
- What do you think is going on here?
- How do you feel about the poem?
- What is the poem saying to you?

While Pastoral counsellors can use secular poems, they also have scripture that can be used. The Psalms are amazing poems that can be used in counselling, for example: When working with a client who struggles with their identity and self-worth the counsellor can work through Ps 139 with the client. This Psalm focuses on how God sees us and how important we are to Him.



Working through this Psalm can help the client see their value to God.

When someone is struggling with a loss or grief, or questions God’s goodness and care, the counsellor can work through Psalm 23 to help the client discover the extent to which God cares for His children and wants what is good for them.

The Psalmists are very emotional writers and write about everyday struggles. Other scriptures that speak to the client’s needs can also be used.

Music

Music is a very powerful tool in the counselling room. Music speaks to our soul like few other art forms. The counsellor can use secular music in their counselling sessions, as well as Christian music.

There are many Christian songs, including:

- Songs that speak to our need to have value e.g.: “You Say” by Lauran Daigle or “The Truth” by Megan Woods.

YOU SAY:

I keep fighting voices in my mind that say I'm not enough
Every single lie that tells me I will never measure up
Am I more than just the sum of every high and every low
Remind me once again just who I am because I need to know

Refrain:

You say I am loved when I can't feel a thing
You say I am strong when I think I am weak
And you say I am held when I am falling short
And when I don't belong, oh You say I am Yours
And I believe
Oh, I believe
What You say of me
I believe

The only thing that matters now is everything You think of me
In You I find my worth, in You I find my identity

Refrain

Taking all I have, and now I'm laying it at Your feet
You have every failure, God, You have every victory

Refrain

I Oh, I believe
Yes, I believe
What You say of me
I believe

Source: [Musixmatch](https://www.musixmatch.com)

- I have used the song “You Say” in counselling sessions when someone doubts their self-worth. The lyrics of this song are very powerful.

The Psalms are amazing poems to use in counselling

Music is a very powerful tool in the counselling room. Music speaks to our soul...

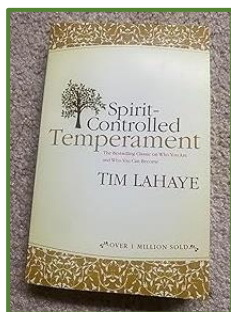
- If a person doubts the goodness of God, we can use, "You're a good, good Father".
- When doubting God's power, use songs such as: "What a Powerful Name".
- When needing to feel accepted and loved: use "Reckless love".

The options are endless and has the power to change a person's point of view or how they are feeling within a few minutes.

Books

Although Dr Arnd suggested books, she also pointed out that books take a long time to read and may be tricky to use in the counselling room. She suggested that the counsellor focuses on certain chapters of a book which apply to their client's situation. In my own experience, I have used:

- "Respect and Love" by Emerson Eggerichs for marriage counselling,
- Beth Moore's "So Long - Insecurity for people who struggle with self-value", and
- Dr Tim LaHaye's book "The Spirit-filled Temperament" has been invaluable when helping clients discover who they are.

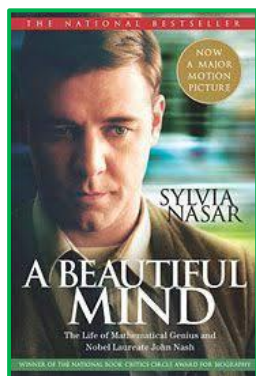


As pastoral counsellors, we have an incredible choice of books, written by amazing men and women of God that we can use in the counselling room.

Films

Dr Arnd suggested that films are a tool that every counsellor should have in their toolbox.

- Films such as "A Beautiful Mind" may help a client understand a schizophrenic family member.
- Watching the series "The Good Doctor" can help them understand autism.
- Christian movies such as "Fireproof" can give them hope for their marriage.
- "The War Room" can encourage them to not give up.
- "The Overcomer" can help them trust God to do the impossible.
- "Inside Story" is an incredible movie to help teenagers understand what they are feeling and why.



The counsellor can make watching the movie homework and the client should make notes of what speaks to them, what they learned and what they would like to change in their lives. That should then be discussed in their next session.

Photos

Thanks to Facebook, Pinterest and Instagram, we as counsellors have access to countless photos, pictures with memes and incredible art, that can be used in counselling sessions.

The counsellor can use pictures of a caterpillar in a cocoon and a butterfly coming out of the cocoon to stimulate thoughts of growth and new beginnings.

The counsellor can ask the client to bring photos of their family or special memories and use these to remind the client of happier times or the people that they love and care about, as well as things that are worth working for, changing their narrative. Photos of nature may have a healing and inspiring influence on people and are worth exploring.

For example: Using these photos, the counsellor can ask the client to describe what they feel when looking at the photo, or what emotions the photo stirs up inside them as well as what desires they feel when looking at the photo.

Conclusion

Pastoral counsellors have access to amazing material that can be used in counselling sessions. Godly men and women have spent many hours of their time doing research and creating work of a high standard that we can use.

They were used by God to influence and make a difference in the lives of others. When using Biblical material, we can help our clients heal, grow, and navigate their challenges with the guidance of the Holy Spirit. ■

Photos: Pinterest



About Zolette

I have a Bachelor of Arts in Theology with a focus on counselling. I have been working as a counsellor at a university for 7 years. I am also responsible for their Additional Needs Program.

Currently, I am also contracted by a corporate company as counsellor to support their employees and family members.

My passion is working with young people and women and helping them grow, heal, be the best version of themselves, and helping them find their identity in Christ.

I love teaching people and equipping them with soft skills, as well as helping them with self-development.

I live in the Western Cape; I am happily married and have 2 daughters and a son.



Boundaries (Part 27)

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

In the previous article we looked at principles five and six that Townsend and Cloud's *Boundaries with Kids* (2002) set forth as guidelines to parents to support them in setting healthy boundaries.

They call these the **laws of motivation and evaluation**. We focused on the first one of these: motivation. The authors described the development of motivation in four stages:

- Fear of consequences.
- An immature conscience.
- Values and ethics.
- Mature love, mature guilt.

We now pick up the discussion exploring this last phase.

I want to explore it a bit more because we tend to experience an enormous amount of unhealthy and immature guilt that debilitates us as adults. We do not want this to continue in our children and might tend to think that feeling guilt is unhealthy and must protect our children against it. According to Jesus the highest motive is love (the gospel according to John explains this in every chapter).

Love involves relationships, and where relationships are involved, hurt is unavoidable.

But love involves relationships and where relationships are involved, hurt is unavoidable. Every person with whom we interact and with whom our children will interact, brings with them their history of pain and experiences of hurt and rejection. It is impossible to



cater to everybody's sensitivities. Doing this will inevitably lead to an effort to please everybody. We do not want to continue old patterns through successive generations!

We also do not want our children to live with guilt feelings towards God – this is not honouring who God is and what He did in the death and resurrection of Jesus.

So how will we discern the difference between enforcing guilt feelings towards God and others on the one hand and encouraging the acknowledgement of healthy guilt on the other hand?

We cannot overemphasise the place where we as parents are in our own relationship with God as a Father, Jesus as our Saviour and the Bridegroom of the church. Have we as parents really integrated the love God has for us individually, as well as for His Church, into our hearts and lives? We cannot take our children beyond where we are. We need to be constantly aware of where we are on our own journey and constantly ask Holy Spirit to move us forward in every aspect and area of our lives and in the process take our children with us.

The aim in our own lives should never be perfection because this attitude will inevitably lead to unhealthy guilt feelings.

Our aim in our own lives should never be perfection because this attitude will inevitably lead to unhealthy guilt feelings. The focus in being perfect is our own protection and projecting a better image to the world and to God. This is an immature motive and still self-centred.

Living out the love of God for us to others (including our children and in their presence) with the abandonment that entails vulnerability and imperfection, accepting the responsibility for mistakes we make without self-blame and self-hatred, is a healthy starting point.

We need to do this in the presence of our children:

- Discern whether it really was a mistake or failure on our side or was the effect of our behaviour a result of the other person's brokenness and their history of hurt. This does not mean we immediately say it is their fault – projecting our responsibility on the other person.

The other person's behaviour is normally a helpful tool: if their behaviour is merely an immediate reaction to our action, we need to stand back a bit and not draw an immediate conclusion.

Encouraging a discussion is a healthy way to get to discernment. This is where our own maturity in Christ is so important – are we willing to have the difficult conversation?

- Once we have ascertained that we did play a role in the other person's hurt, or that we did not act in accordance with God's heart of love, we need to accept the responsibility for our mistake or failure, ask forgiveness from others and from God and accept it.

Mature guilt is thus only a tool to encourage us to notice mistakes and failures on our side and experience enough discomfort emotionally and cognitively to cause us to stop, reflect, discern and ask forgiveness. Once we have done this, the guilt is laid to rest, although our own hurt for the hurt we have caused, should still linger until we have asked healing from God as 1 Peter 2:21–25 encourages us.

Healing does not come from asking or receiving forgiveness – it only comes from accepting the price Jesus paid for us as well as for the other person.

We need to appreciate the difference between the pain of hurting God and others and lingering guilt feelings.

Pain must not be allowed to turn into lingering guilt feelings, as this plays into the old patterns of self-blame, self-hatred and efforts to be perfect.

We ask forgiveness for our attitudes leading to hurting behaviour. Then we ask healing for our own pain because of this and then we thank God for the forgiveness and healing and celebrate the freedom we have received.

Healthy guilt ends there. What the other person does with the hurt they incurred after this process has been followed, is their property. We cannot prolong our own guilt feelings until they have forgiven us or received healing. Our own forgiveness and healing depend on what Jesus has done and not on how well the other person receives our apology.

As parents we need to set an example of being accessible when we go through this process with our own children. This will mostly contrast with other peoples' reactions who normally tend to detach from us when they experience hurt in our interaction with them. The latter response conveys conditional love.

However, to remain connected asks for the willingness and ability to remain vulnerable. When we are willing to be vulnerable before God in our private life and communication with God and remain open to receive His acceptance and love in the process, we will be empowered to live like this in interaction with our children and other people. Remaining attached, available and vulnerable with our children, will give them the safety to learn to copy and integrate this process.

Our children need to experience that we are available to them and remain attached to them even when they do wrong. This is how God acts towards us and only through our example and behaviour towards our children, will they be able to appropriate the love of God in the same way.

The next article will focus on how to evaluate our children's pain and help them overcoming it and how to set healthy boundaries when they do experience pain. ■



The value of anger

By Dr Heinrich Lottering

In the post-modern era, Christianity - as far as pulpit teachings and community guidelines are concerned - very much frown on the emotion of anger.

Most Christians are inundated by the notion that we must suppress or eradicate anger from our lives and inter-personal relationships as far as possible.

Anger is portrayed as the opposite or even enemy of Christian kindness and love. We all know the verses below, which -- if poorly interpreted with superficial exegesis -- even imply anger is a foothold for Satan.

"For this reason, putting away the lying, each speak truth with his neighbour, because we are members of one another; be angry and do not sin; do not let the sun go down on your wrath, neither give place to the Devil..." Ephesians 4:25-27

Yet, if we examine anger as an emotion and as a valuable tool in the human psyche, and also look for positive examples of beneficial anger in Scripture, we quickly realise that anger has a extremely important and crucial place in a Christian's life.

ANGER HELPS US SURVIVE

In situations of danger, human beings' primal fight response is motivated by anger.

Anger helps us vigilantly detect danger and sharpen our focus. When something or someone wants to attack us, anger alerts us and furnishes the aggression required for defence. Physiological arousal stemming from anger quickens the heartbeat and breathing rate as well as tense the muscles – this is essential to take quick action.

Anger is like fire, like a primal force. When unchecked, it can cause destruction and chaos, yet when controlled and used properly, it enhances our lives with survival, warmth and light.

ANGER MOTIVATES US

Research has discovered that anger is associated with approach-related motivation. Two basic motivational forces underlie all behaviour – the impulse to move towards that which is desired, or to withdraw from what is unpleasant.



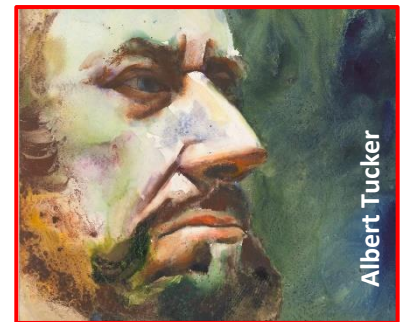
Approach motivation comprises of emotions, cognition and actions driven by the yearning of desirable results.

Anger significantly activates the left anterior cortex of the brain which is associated with positive approach behaviour. Conversely, fear and sadness activate the right frontal cortex which promotes withdrawal and timidity.

ANGER GRANTS CONTROL AND OPTIMISM

Anger provides us with a sense of control, which in turn promotes optimism. Anger propels us to alone or collectively inflicts cost or withhold benefits to ensure a favourable outcome.

A Harvard researcher, Dr Jennifer Lerner, found that anger increases an individual's ability for risk analysis and risk-taking behaviour. She also found that angry people assess risk outcomes similar to happy people rather than fearful people. In another study, Lerner found that anger suppresses fear and grants clarity of mind, increasing a sense of control in a situation.



ANGER INCREASES COOPERATION

The appropriate expression of anger promotes cooperation and harmony in relationships. If anger is justified, expressed constructively and elicits an appropriate response, misunderstandings are quickly resolved. This promotes better communication and higher levels of emotional intimacy. The absence of appropriate anger in relationships often cause such a relationship to spiral down in brokenness and suppressed communication.

SELF IMPROVEMENT CAN COME FROM ANGER

Spiritual and emotional growth can be achieved from anger, once one realises that anger can be a clear indication of unresolved emotions. Dissecting the cause of the anger and analysing the results brought about by the emotion can be very insightful and beneficial.

ANGER EXPANDS EMOTIONAL INTELLIGENCE

Having the willingness to embrace difficult emotions like anger instead of suppressing it, can broaden one's emotional intelligence. Welcome anger with curiosity and caution – anger is powerful and dealing with it correctly can strengthen your emotional resilience.

ANGER IS ACTION

The emotion which motivates the individual the most to act and not delay is anger. Hence it is described as the emotion with immediate action. Often when individuals procrastinate on taking certain actions to resolve life's problems, anger is the emotion that eventually initiates resources, increase vigilance facilitates the removal of obstacles.

RIGHTEOUS ANGER

When Christians encounter wrong and unjust behaviour in others, their anger is a result of a sense of righteousness and fairness – hence can be a testimony of good Christian values. Appropriate anger can thus be the balancing emotion to ensure a fair society and a guardian against abuse. Anger also serves as a personal and social value indicator and regulator.

ANGER PROTECTS

In painful and sad circumstances, when raw emotions become too much to deal with in the moment, anger can function as an emotional protector. Therefore, it is absolutely understandable why anger is one of the crucial phases of a normal grief cycle. It serves as a temporary plaster over the wounds that reflects the hurt away from the pain into exterior actions and attitudes.

BIBLICAL EXAMPLES

There are many examples of godly individuals who became angry in the Scriptures. The prophet Elisha cursed the young men who made fun of him (2 Kings 2:23-24), the apostle Paul who berated and cursed Elymus with blinded (Acts 13:8-10). In the Old Testament there are many examples of the Lord pronouncing judgement on

individuals and even nations in anger. A final example is the Lord Jesus clearing the Temple and overturning tables (Mat 21:12-13).

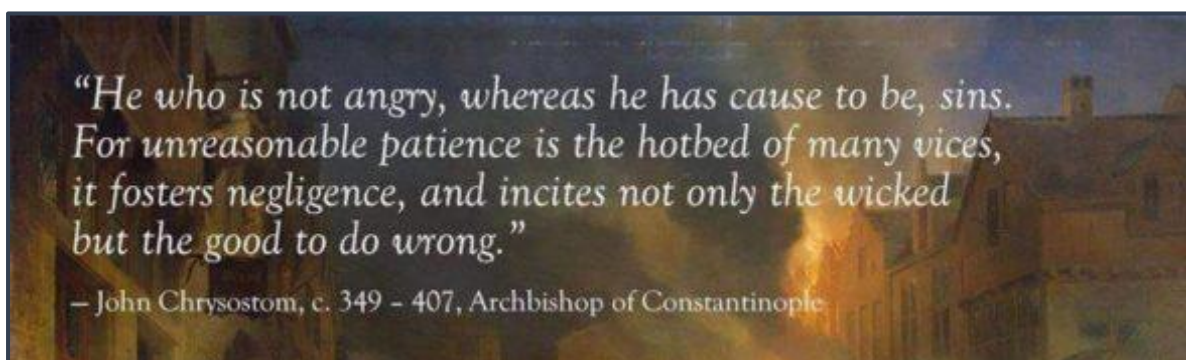


CONCLUSION

Anger is like fire, like a primal force. When unchecked, it can cause destruction and chaos, yet when controlled and properly used it enhances our lives with survival, warmth and light.

REFERENCES

- www.amenclinics.com Six surprising benefits of anger. November 22, 2021
- www.goodtherapy.com The value of anger: 16 reasons. March 13, 2017
- www.psychologytoday.com Why being angry is okay. July 1, 2020.



Understanding pregnancy loss

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

Psalm 139:13-16 (KJV):

"13 For thou hast possessed my reins: thou hast covered me in my mother's womb. 14 I will praise thee; for I am fearfully and wonderfully made: marvellous are thy works; and that my soul knoweth right well.

15 My substance was not hid from thee, when I was made in secret, and curiously wrought in the lowest parts of the earth. 16 Thine eyes did see my substance, yet being imperfect; and in thy book all my members were written, which in continuance were fashioned, when as yet there was none of them."

Psalm 73:28 (KJV):

"28 But it is good for me to draw near to God: I have put my trust in the Lord GOD, that I may declare all thy works."

Keywords: steadfast, hope, new beginnings

INTRODUCTION

Leaping like a deer amidst the glorious open field stretched out before us by the Hand of God. 'The animal became known as a symbol of beauty and speed. The deer was probably the emblem of the tribe of Naphtali, as Jacob prophesied about this tribe: *"Naphtali is a doe / "ayyala" let loose..."* (Genesis 49:21)." '

During the loss of an unborn child just before the 12 weeks period, knowing that it would have been a healthy little girl, there were many questions which dwelt in one's whole self. Did one do something wrong which caused the tear in the uterus?

The doctor never said one would lose the little one, since after seeing the scan there was still hope, since seeing the little one's image on the scan and hearing the heartbeat. The earthly fight for the little one starts, the hope, the uncertainty. Laying in hospital the nurses started the process of medication towards healing the uterus tear, so that little one would be able to have a fighting chance to survive.

The slender built deer was filled with hope, even knowing that the little one might pass away and not hold tight. One goes through a turmoil of emotions and a feeling of unease, yet praying for some peace, praying towards God through supplication and thanksgiving, as well as seeking His Will. Not understanding the unrealism of what is happening. The



deer acknowledges God and the following psalm (or song) of King David where he declares how his God has preserved his life and kept him safe during times of danger, *'He maketh my feet like hinds' feet, and setteth me upon my high places-* Psalm 18:33.

CONTENT

Within the poem *Gerontion* by T.S. Eliot, it is mentioned that to T.S. Eliot, *"I think therefore I am only a vision"* of life gets placed under a sort of microscope to understand the deeper meaning within life. T.S. Eliot states that, *"A man also needs passions, emotions and faith."* Signs are taken for wonders. These levels require inner peace and peace with the Nature. 'You' is the Holy Spirit, his physical existence, and God. According to T.S. Eliot, *'Gerontion'* frankly tells what he feels about his spiritual deficiency, which he suffers from. The *Gerontion* poem is a very detailed description of man's search for belonging, as well as the acknowledgment that we are never alone, hence we never recognise this. *"In depraved May, dogwood and chestnut, flowering judas"* depicts that Judas Iscariot betrayed Jesus for thirty

pieces of silver. There are people who are so deeply lost within themselves and their own hurts that they turn to the darkness amidst their hurts. God says turn to me *'waiting for rain'*, even if you might feel continually tormented by winds: symbol of modern restlessness and uncertainty.



Furthermore, the poem *"Gerontion"*, by T.S. Eliot mentions that Christ the tiger comes in *"the juvenescence of the year."* C. Benson (2017) explains this in a detailed way: the word *"juvenescence"* riffs on *"juvencence,"* meaning a youthful state, thus *"Gerontion"* is a dramatic monologue spoken by a diminutive old man, juvenescence refers not only to an earlier chronology in the man's lifespan, but also in history's timeline.

C. Benson (2017) further states that the people of God were waiting for a Messiah with *"repining restlessness";*

"Then some of the scribes and Pharisees answered him, saying, 'Teacher, we wish to see a sign from you'" (Matthew 12:38). The tragedy is that we as humans seek signs everywhere and in everything, yet staring blindly at the sign before us. T.S. Eliot describes the Christ Child as *"The word within a word, unable to speak a word, / Swaddled with*



darkness.” Where the Bible always refers to God as a lamb or lion, here T.S. Elliot refers to God as the tiger. Yet, the symbolism of God as the lamb means Jesus Christ who died on the cross, yet his blood saved us, so that the following could happen as mentioned in Hosea 11:10: “They shall walk after the LORD: he shall roar like a lion: when he shall roar, then the children shall tremble from the west.” The tiger was used as the symbol to represent God, since T.S. Elliot wanted to show that He was coming through the representation by the stripes on the tiger: the crucifixion of Jesus His death would bring renewed spiritual life to all. God as a Tiger could represent His strength, courage and commanding our respect towards Him through unfailing faith.

During a miscarriage, the loss of a child, or the loss of a parent one needs to understand that God wants us to know that He will not leave us. God wants us to be alert and courageous like a tiger, yet as pure as a lamb and strong in spirit - thus have faith like the inner strength of a lion. Let us get healed by the stripes of God as depicted in Isaiah 53:5 -6,

“But he was wounded for our transgressions, he was bruised for our iniquities: the chastisement of our peace was upon him; and with his stripes we are healed. 6 All we like sheep have gone astray; we have turned everyone to his own way; and the LORD hath laid on him the iniquity of us all.” Matthew 5:4 says, “Blessed are those who mourn or grieve, for they will be comforted”. This is God’s way of Holding us tightly through His unconditional Love for us.

Olga B.A. van den Akker (2011) states within her article on “miscarriage” that all women who fall pregnant go through an emotional and holistic psychological change where a new identity of motherhood is formed. When this feeling is lost by the loss of a child either through miscarriage just before twenty-two weeks, or after twenty-three weeks as a stillbirth, the mother experiences many emotional uncertainties and unresolved feelings, and many questions will arise.

D. Cuenca (2023) mentions the following psychological feelings after a pregnancy loss: “Different stages of perinatal grief may be defined as: shock at the moment of diagnosis; disorientation; the phase of maximum sadness; emptiness and helplessness; reorganization; and finally, acceptance. For the patient the first moment after the diagnosis is the shock phase: the patient has to accept the clinical news. The main characteristics of this phase are denying the news; being non-responsive to stimulus; and, after that, having feelings of anger. Despite this, the patient has to deal with giving birth to a baby who has died (if stillbirth) and they will naturally feel fearful of the process. In the very first moments they will feel pain, but after that their anger will focus on what they can blame.”

Furthermore, D. Cuenca (2023) states that the correct management from the first initial stage or phase of the loss is very important with the needed social support. “When a pregnancy loss occurs, either spontaneous or induced, the correct intervention and support in the first phase of perinatal grief is associated with a lower depression rate and a better quality of life in the future. It is therefore important that health providers that assist these patients know the correct way to manage these situations.”

The following therapeutic approaches are just some that might be used by counsellors towards working with clients who experienced some form of pregnancy loss: Cognitive Behavioural Therapy, Relational Dynamic Psychotherapy, and Attachment Theory.

“Relational Dynamic Psychotherapy, RFPT, is also an evidenced-based psychotherapy modality focused on transformational change through relationship. We hold to an understanding that we are conceived in relationship, formed in relationship, harmed in relationship, and transformed through relationship. The treatment method is designed to deepen a psychotherapist’s capacity to work directly within the therapeutic relationship as the primary means of change and to develop theoretical and practical skills in the delivery of a relationally focused treatment.”(R. Barsness, 2021).

“In the 1960s, Aaron Beck developed cognitive behaviour therapy (CBT) or cognitive therapy. Since then, it has been extensively researched and found to be effective in a large number of outcome studies for some psychiatric disorders, including depression, anxiety disorders, eating disorders, substance abuse, and personality disorders.

Classification of pregnancy loss as stated by D. Cuenca (2023)

Spontaneous abortion or miscarriage	
Early pregnancy loss, miscarriage, or spontaneous abortion	Before 10 weeks of pregnancy
Late abortion, late miscarriage, or fetal miscarriage	Between 10 and 22 weeks of pregnancy
Recurrent miscarriage	Two or more, or three or more miscarriages not required to be consecutive; or two or more consecutive miscarriages
Fetal loss or stillbirth	After >22 weeks
Voluntary termination of pregnancy	
Abortion or induced abortion	Voluntarily termination of pregnancy, including termination due to fetal malformations
Fetal reduction	Specific type of induced abortion involving a multiple gestation, where one or more of the fetuses are chosen to be voluntarily terminated

It also has been demonstrated to be effective as an adjunctive treatment to medication for serious mental disorders such as bipolar disorder and schizophrenia. CBT has been adapted and studied for children, adolescents, adults, couples, and families. Its efficacy also has been established in the treatment of non-psychiatric disorders such as irritable bowel syndrome, chronic fatigue syndrome, fibromyalgia, insomnia, migraines, and other chronic pain condition.” (S. P.Chand, Kucke, D.P. & M. R. Huecker, (2023).

“Bowlby (1988) contended that the drive for proximity arises from an interconnected set of behavioural systems that collectively shape behaviour. These include the attachment, caregiving and exploratory behavioural systems.” (McLeod, S., 2024).

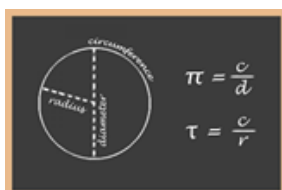
CONCLUSION

Each individual experiences a loss in a different way, yet we should seek the strength of God firstly by acknowledge His existence thus not ignoring God as a ‘tiger’, ‘lamb’ and ‘lion’. It is the counsellor’s role to find out the extent of the loss and then to choose the appropriate therapy approach that may best assist the client, whether it be the Cognitive Behavioural Therapy, Relational Dynamic Psychotherapy or the Attachment Theory.

A loss is so unreal, thus surreal to the individual, that God’s presence needs to be sought amidst the storm experienced.

If one thinks of Yann Martel’s *Life of Pi* which is the story of a young man who survives a harrowing shipwreck and months in a lifeboat with a large Bengal tiger named Richard Parker. This story shows that this young boy had to realise that God is in control and that He exists. He experiences Hinduism, Islam and then Christianity. A.M.F. Marcos (2015) stated that Yann Martel’s 2002 novel *Life of Pi* demonstrates how humanity uses religion as a way to give an order to a disordered world: how mankind seeks refuge in religion, trying to give answers in a world full of unresolved questions.

The following quote, *“Everything can be taken from a man but one thing: the last of the human freedoms—to choose one’s attitude in any given set of circumstances, to choose one’s own way”* by V.E. Frankl, as stated by L.A. Hoffner (2019), denotes that one has to change one’s attitude; this is very important during a deep loss; to stay positive and to keep one’s faith.



Pi is the symbol of a mathematical constant which represents the ratio of a circle's circumference to its diameter. God is the constant on our journey, thus of our circle of life, our pi, and the navigator on our journey through the storm of any form of pregnancy loss.

Regardless of what others may do, we keep our eyes securely fastened on the Lord Jesus Christ (Hebrews 12:2). We run with endurance the race set before us (Hebrews 12:1) and refuse to give up until God calls us home (Philippians 3:12–14). We watch with amazement as He accomplishes His work in and through us, and we give Him all the praise and glory (Romans 11:36; Philippians 4:20). We shake off the temptation to live for ourselves, and like a deer on a mountain slope, we step boldly into whatever God has called us to do (C. Benson, 2017).



Let us recognise God during a loss and see Him as a White Bengal Tiger Who will provide the Strength through any sadness.

BIBLIOGRAPHY

- Barness, R. (2021). What is Relationally Focused Psychodynamic Therapy? <https://theseattleschool.edu/blog/relationally-focused-psychodynamic-therapy/>
- Benson, C. (2017). <https://bensonian.wordpress.com/2017/12/28/christ-the-tiger/>
- Chand, S. P., Kucke, D.P. & Huecker, M.R. (2023). Cognitive Behavioural Therapy. <https://www.ncbi.nlm.nih.gov/books/NBK470241/>
- Cuenca, D. (2023). Pregnancy loss: Consequences for mental health. *Front Glob Womens Health*.
- Eliot, T.S. (2020). "Gerontion" from *Collected Poems: 1909-1962*. Reprinted by permission of Faber and Faber, Ltd.
- Marcos, A.M.F. (2015). Narration and Religion in Yann Martel’s Novel *Life of Pi*. Thesis for the degree of English Studies.
- McLeod, S. (2024). Attachment Theory in Psychology. <https://www.simplypsychology.org/attachment.html>
- Van den Akker, O.B. A. (2011), The psychological and social consequences of miscarriage. School of Health & Social Sciences, Middlesex University, The Town Hall, The Burroughs, Hendon , London.
- Faren, J., Mitchell-Jones, N., Verbakel, J.Y., Timmerman, D., Jalmbrant, M. And Bourne, T. (2018). The psychological impact of early pregnancy loss. *Human Reproduction Update* Vol.24, no.6.
- Hoffner, L.A.. (2019). The Meaning of Life According to Viktor Frankl. <http://supportingcommunity.com>
- <https://www.poetryfoundation.org/poems/47254/gerontion>
- <http://www.bibleline.org/tiger.html>
- <https://www.choosingtherapy.com/relational-therapy/jcapsj.org>
- <https://jcapsj.org> > 2022/01 > year-of-the-tiger-christ-the... <https://www.biblword.net> > Bible > Biblical vocabulary
- <https://www.biblegateway.com/passage/?search=Psalm+73%3A28&version=KJV> ■

The application of pastoral care and counselling through gestalt play therapy

By Rev. Dr Patrick Mncedisi Diniso

Pseudonyms are used in the case study. Mouton (2005:243), highlights the relevance of the use of pseudonyms in empirical research processes: "Informants have a right to remain anonymous, this right should be respected both where it has been promised explicitly, and where no clear understanding to the contrary has been reached." (2005:243).

Point of departure in this study:

X, an eleven-year-old girl, became HIV infected as a result of mother to child transmission. Her mother died of AIDS when she was seven years old. X was diagnosed with HIV/AIDS at the age of eight, ever since she developed seizures. X is staying with her maternal uncle and aunt. The whereabouts of X's biological father are unknown. X's uncle and aunt cannot visit her regularly when she is hospitalized, because of their working conditions. X has been hospitalized several times at different hospitals and at the time of the therapy she was in hospital again due to pulmonary tuberculosis. She experienced medical procedures such as medical examinations, drawing of blood and receiving oxygen. X attended the hospital school where she was in grade five. She was referred for therapy by the nursing staff for a disturbed sleeping pattern. She never asked questions as to the reasons for her lengthy hospitalization. The nursing staff were uncertain as to how she coped with her HIV diagnosis, of which she has been informed. – Taken from Blom (2006:223).

This case study is a true reflection of what children go through with regards to HIV/AIDS infection via mother to child transmission. One must just think of the shock, anger and trauma that affect such children when they are informed that they are HIV positive. This, no doubt, would have been worse for X due to the fact that her mother passed away when she was eight. This meant that X had no solid support system, all she had was her uncle and aunt. The next section presents the abstract of the study (Setting the scene).

Abstract

The human immunodeficiency virus (HIV) causes acquired immunodeficiency syndrome (AIDS). Being HIV infected has an impact on the medical, psychological, social, spiritual, educational and economic life of the infected adult or child. There are approximately 16.3 million children in South Africa, of whom the majority live in poverty. Many live on the streets exposed to violence, abuse and prostitution. SA has the largest number of individuals with HIV/AIDS infection in the world, barring India which



has a far larger population.)White side & Sunter (2000) in Blom (2006).)

Disclaimer as part of the abstract

The above-mentioned deductions are based on the analysis made by White side & Sunter (2000), as cited in the above inserted paragraph, and that they do not emanate from the researcher. It must be noted that by now there could be other developments that have come to occupy the stage regarding HIV/AIDS pandemic concerning mother to child transmissions since this analysis was made in the year

(2000). However, this does not take away the importance of this topic regarding children and trauma - including the need to take care of them.

The scourge of Covid 19 has actually overshadowed the onslaught of HIV/AIDS, the researcher refers to the fact that many people have become oblivious to the existence of HIV/AIDS. They have forgotten that it is still a resounding reality and continues to be a threat to humanity and children at large. The researcher's interactions and dealings with both church community and the community in general, revealed several challenges that affect both the church community and the community at large. The main challenge that is a focal point of this particular study is the fact that children in their middle age are traumatized due to mother to child transmission of HIV/AIDS virus.

The researcher has established that these children are not getting support in terms of Pastoral care and counselling and from the community at large. This is detrimental to these children as they fend for themselves without any support. Feelings of anger and fear overwhelm them the moment they are told that they are HIV positive because of their mothers, this triggers anger in them and sometimes the same parents who are said to have infected them are no more (they died), some children end up living with relatives as is the case in the case study. This means that that child has no support system at all, and this situation can worsen their condition.

There is also a general assumption that children cope on their own when they go through traumatic experiences. Louw (2008:486), touches on this assumption: "Children are often neglected in the area of Pastoral care under the guise that they can cope on their own." (2008:486).

This is a dangerous assumption as it puts these children in a disadvantaged and detrimental state of affairs and is adding to their trauma. Children need significant support during the traumatic turn of events, in this case during

their HIV/AIDS status in terms of Pastoral care and counselling.

Keywords and concepts

Pastoral care and counselling, Gestalt play therapy, middle childhood and HIV/AIDS including child trauma. These are the important concepts in this study, they are like windows into this study.

i. Pastoral care and counselling

According to Wango (2010:10), the definition of Pastoral care and counselling is: “Pastoral care and counselling occurs in a variety of settings. This is because the major models of clinical psychology, counselling, psychiatry and psychotherapy are not particularly effective with many people who have strong spiritual inclinations and seek Pastoral care and counselling.

Pastoral care and counselling therefore is an innovative paradigm for counselling psychology, as it emphasizes on Pastoral care as the nurturing context of clinical psychology, counselling and psychiatry while at the same time incorporating psychotherapy models. In this context, Pastoral care and counselling therefore is a unique model with a religious component and a spiritual conceptual base that incorporates a person's belief systems. The religious heritage is significant here as it integrates religion as well as various methods from psychology and psychotherapy in healing.” (2010:10).

In summary, Pastoral care and counselling is when a Pastor conducts what is known as a caring ministry as a shepherd to his or her flock. When during that caring ministry the Pastor discovers that some congregants are confronted with challenges, he or she applies counselling, therefore putting these two concepts together (Pastoral care and counselling).

In this process a trained Pastoral counsellor uses counselling skills in which he or she has been trained i.e. trauma counselling. The Wango (2010), definition of Pastoral care and counselling is about the fact that Pastoral care and counselling is in a religious and spiritual context, but it can be integrated with other secular models in counselling i.e. psychology, psychiatry and psychotherapy. However, according to the researcher this is not automatic, it means that Pastoral counsellors should then equip themselves in processes of integrating Pastoral care and counselling with these other secular counselling models. This will also help Pastoral counsellors to be able to refer their clients when a need arises for such referrals. The next section defines Gestalt play therapy:

ii. Gestalt play therapy

According to Magill & Rodriquez (1996); Oaklander (1994a), cited in Blom (2006:17): “Gestalt play therapy is a humanist- and process-orientated form of therapy. It includes principles from various other theoretical

approaches such as psychoanalysis, Gestalt psychology and humanist theories. It is also an existential approach with the emphasis on awareness of the present and immediate experience.” (2006:17).

On the other hand, Gouws et al. (1987), in Blom (2006:19), defined Gestalt play therapy as: “A psychotherapeutic technique whereby the therapist attempts to give the child the opportunity to express his or her feelings verbally and non-verbally. It is assumed that the child will play out his or her problems in a symbolic manner, will learn to know and channel his or her own emotions more effectively, will learn to enter into a relationship of trust with another person and that devious behaviour will consequently be normalized.” (2006:19).

This is appropriate for helping traumatized children due to their HIV/AIDS status through mother to child transmission. In this approach the integration of Pastoral care and counselling with Gestalt play therapy is key in dealing with these children. The Gestalt play therapy is used in preparing the ground (making the child ready, for the application of Pastoral care and counselling).

There is an important concept that contributes immensely when it comes to the application of Gestalt play therapy to children, and that is the promotion of self-support in children:

iii. Promoting self-support behaviour in children

A therapeutic objective of Gestalt therapy is to teach children to accept more responsibilities for themselves and to expect support from the environment, in order to develop into adult persons. Becoming an adult is regarded as the transition from environmental support to self-support. Aronstam (1989).

According to the researcher this particular process is aimed at encouraging children to be independent and to deal with the crisis themselves (self-support, and self-reliance) (1989). The researcher therefore advises that this process should not be rushed by therapists. Children need to be thoroughly equipped to be able to handle traumatic situations in which they find themselves.

According to Yontef (1993 in Blom (2006), the Gestalt play therapist should establish how children should support themselves in solving problems and this will happen through facilitation of problem-solving and by means of facilitation of self-regulation and self-support.

Self-support as an objective of Gestalt play therapy implies that children are guided to take more responsibility for themselves and to satisfy their own needs (2006). This just confirms the assertion made by the researcher in this regard, that children need to be thoroughly prepared for self-support abilities and this requires a great deal of patience on the part of the therapist/s. The next section deals with middle age childhood.

iv. Middle age childhood

According to Blom (2006:206), the middle age childhood years stretch from about six to seven years to twelve years with development occurring on the physical, social, cultural, cognitive and emotional levels. Moral and sexual development is also influenced at this level. (2006:206). The next section defines child trauma.

v. Child trauma

Sweeney (2001:179-181), opines that one reality not widely recognized is that children often experience trauma. They are more prone to victimization than adults. Victimization not only damages children's bodies and emotions, but it also wounds their souls. A traumatizing event and the results of trauma may run along the continuum. A traumatic event to one youngster may be just a bad experience to another, or it may be traumatizing at one stage in life. (2001:179-181). This is confirmation that children do get traumatized.

Grant Martin wrote a book entitled: "Critical problems in children and youth": He argues that self-blame is a common characteristic for children who have been traumatized. When they experience victimizing circumstances, their inherent egocentrism leads them to believe that they are to blame. They also feel a sense of powerlessness. Grant L. Martin (1992).

According to the researcher, based on these facts, child trauma is inevitable when children go through traumatic experiences. Children who become HIV/AIDS positive as a result of mother to child transmission of the HIV virus, can be as traumatized. This can obviously bring their life to a standstill in a drastic way. This then warrants that they need to be taken care of therapeutically. They need to be assured and convinced that they are not at fault. The next section presents a problem statement of this particular study.

Problem statement

Steinberg (2004:5) in Jackson (2007:6), defined problem statement: *as a search for a general area of interest that has a professional meaning.* (2007:6). On the other hand, Vithal and Jansen (2006:13) in Jackson (2007:3), opine that *the significance of any study is its contribution to improve practice, informing policy or enriching the knowledge base of the topic being investigated.* (2007:3). Mouton (2005:48), argues that *the statement of the research problem should be a clear and unambiguous statement of the object of the study (the unit of analysis) and the research objectives.* (2005:48).

According to the researcher these authors do not contradict each other, but they explicitly displayed that the research problem statement is thus a road map for the re-

search at hand: the problem is identified, the aim to address the problem is also stated clearly. This further indicates that research is about solving problems rather than accumulating topics. The research problem statement for this writing is therefore presented as follows:

It would seem that middle age childhood is grappling with challenges related to the dilemma of HIV/AIDS infection via mother to child transmission of HIV/AIDS virus. At this age group (middle age childhood), these children are fully aware of what is taking place, in addition to this they go through painful experiences such as shock, anger and fear. It only makes sense that when they discover that they are HIV positive, chances are that they will start blaming their parents and themselves for the current state of affairs. The problem with this whole thing is that these children are not taken care of in terms of Pastoral care and counselling through Gestalt play therapy. They are left to themselves to deal with their misfortune amidst the trauma of being HIV positive. The hypothesis of this study is presented hereunder:

Self-support as an objective of Gestalt play therapy implies that children are guided to take more responsibility for themselves and to satisfy their own

Hypothesis

The trauma experienced by middle age children due to mother to child HIV/AIDS virus transmission is a great concern. It is a setback for these children, and it definitely affects their future dreams and aspirations as they all of a sudden find life unfair and difficult to say the least, this is also frightening for these children. However, the researcher is optimistic that **a solution can be reached through the application of Pastoral care and counselling through Gestalt play therapy.**

Theoretical framework

The theory that informs this study is derived from Clinebell (1984), and is based on the following aspects:

- Healing.
- Sustaining.
- Guiding.
- Reconciling.
- Nurturing. (1984).

This is a compatible and relevant theory in this phenomenon. Children need healing from their trauma, they need to be sustained, and they need guidance, reconciliation and nurturing. **This is all possible through Pastoral care and counselling with the incorporation of Gestalt play therapy.**

Research questions

- What are the challenges faced by HIV/AIDS positive middle-aged children?



- How does this situation affect the morale of these children?
- How can a solution be reached by means of Pastoral care and counselling through Gestalt play therapy?

Objectives of the study

- To highlight challenges faced by HIV/AIDS positive middle age children.
- To underline and unearth possible implications for the morale of these children.
- To introduce the application of Pastoral care and counselling through Gestalt play therapy to help them deal with their trauma.

Methodology

According to Wisker (2008:4) cited in Ncube (2015:6), research methodology can be defined as a rationale and philosophical assumption underlying a particular study, rather than a collection of methods. (2015:6). According to the researcher this means that methodology guides the study and establishes a logical argument that prepares the ground for findings and recommendations of the study, and therefore employs a qualitative approach of this particular study. The methodology of this particular study is outlined hereunder:

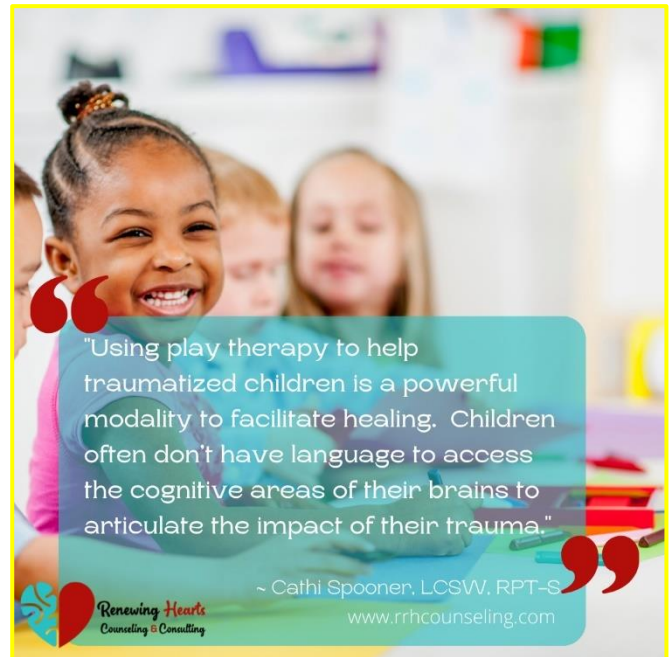
In terms of the methodology, the study has adopted a qualitative approach, whereby: literature review where contributions made by other scholars are cited, interpreted and applied to the study. This is based on journals, papers and other published writings such as books, dissertations and thesis entries. This is followed by conformant discussions that are part of the argument in terms of solving the identified problem as they led to the presentation of themes as findings.

As far as the discussion is concerned, the point of departure is about entering the child's world through play, this is where the Gestalt play therapy comes into the picture. This means that the discussion begins with the presentation of Gestalt play therapy and its usefulness for traumatized children and followed by the discussion of Pastoral care and counselling for traumatized children. The entry point in the whole process of exploring Gestalt play therapy is entering the child's world in terms of interacting with children therapeutically.

Entering the child's world

The simplest way to put this is that before a Pastoral care giver or any other person applying Pastoral care counselling to HIV/AIDS infected and traumatized children, he or she should first enter their world. This means that he or she should first play with children, this is where Gestalt play therapy comes in. This gesture should continue even during his or her sessions with children.

Children are also different and should be treated as such, some may be bold, others shy. In this section attention is given to the importance of making contact with children through play. This means that child's world is entered through play. This process helps the child caregiver to be able to spend time with the child or children, building the bridge of friendship with them before even attempting to counsel them. He or she cannot afford counselling children as a stranger to them. Sweeney (2001:3), opines that *spending time with children is delightful, their perspective of the world is different from that of the grown-ups. The natural medium of communication for adults is verbalization, but for children is play.* (2001:3).



That is why the use of play as therapy (play therapy), through the lenses of Pastoral care and counselling is the focal point of this particular study. Children communicate through play whether or not adults can interpret or understand the play. Sweeney (2001:17).

It is worth taking a glance at what Oaklander (1988, 1992, 1994 and 1997) in Blom (2006), opines. The author argues that the focus of the few first sessions during Gestalt play therapy is mainly to build a therapeutic relationship with children. The therapeutic relationship is considered the most fundamental aspect of the therapeutic process and therapy, without which it is worthless. The first few sessions assess the child's therapeutic needs and are of an evaluation nature. The development of the relationship and the child's ability for contact making are prerequisites for further therapy. (2006). According to the researcher this coincides with the concept of entering the child's world by the therapist [s] in order to apply therapy to traumatized children. The following concepts are important:

i. Awareness in the present

In Gestalt therapy, direct experience is used as a primary tool and the focus is always on the here and now. Yontef

& Jacobs (2000) cited in Blom (2006:57). Gestalt play therapy focuses on promoting children's awareness in the present. The influence of events from the past and expectations for the future are not denied, but growth cannot take place by recreating the past or by predicting the future. The only reality with which the therapist can work is the here and now because the child can only experience the present. The therapist is interested in how unfinished business affects the child client at the present moment. According to Aronstam (1989), during the therapeutic process, therapists play an important role in seeing to it that they focus continuously on promoting children's awareness in the present, even if attention is paid to past emotions and unfinished business. (1989).

According to the researcher the therapist must be able to use Gestalt play therapy to help the child deal with the current traumatic situation, in this case HIV/AIDS infection through mother to child transmission of the HIV/AIDS virus. This is done in order not to confuse the child with past and future anticipated events. This does not mean that past events are not important, and the future should not be anticipated, but the therapist must be where the child is (here and now). The next point focusses on responsibility.

ii. Responsibility

Responsibility is considered as an important component of the Gestalt therapy relationship. Gestalt therapy emphasizes that both the client and the therapist are responsible for themselves. Therapists are responsible for the quality and quantity of their presence, for knowledge about themselves and their clients and for maintaining the awareness and contact processes of the clients, as well as for establishing and maintaining a therapeutic atmosphere. Yontef (1993); Yontef & Simkin (1989) in Blom (2006:58). Children often do not come to therapy out of their own freewill. Therefore, one of the first tasks of therapists is to guide children from no responsibility to self-determination. The first session is important with regards to this. The way the therapist makes contact with the child, includes the child in the session and acts during the session can influence the child's sense of responsibility. Oklander (1992) in Blom (2006).



In this regard the researcher then concludes that therapists must never take children for granted during therapy.

They must act responsibly, and by doing so they will influence child clients to be also responsible. A therapist that is irresponsible must never expect to have responsible child clients. Secondly, according to the researcher, this process is also meant to build confidence in child clients, and the therapist must guide child clients in achieving this. A therapist can either make the traumatic situation of child clients better or worse; to avoid worsening the situation, therapists must act responsibly during the whole process of administering therapy to child clients. The next point focuses on experience and discovery.

iii. Experience and discovery

ALL techniques and modalities from Gestalt theory focus on direct experience and experimentation. Yontef (1993) in Blom (2006:58). From the Gestalt therapy perspective, direct experience is the only way in which learning can take place. The Gestalt therapist avoids counselling and interpretation during therapy and rather focuses on creating an atmosphere within which the client can discover what is important. Clients can then react to the information as it is important for them. The therapist is primarily a catalyst in the process of therapy. Aronstam (1989).

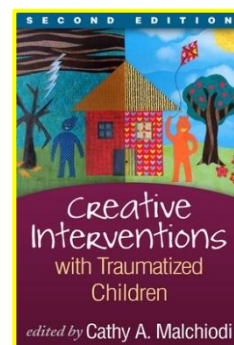
This boils down to the fact that therapists must be careful not to intimidate their child clients during therapeutic processes. Their clients must be made as comfortable as possible so that they can process the information without being intimidated or rushed through it. Children must be able to experience and experiment the therapeutic process, they can only achieve this when they are made to relax. The next point focusses on resistance.

iv. Resistance

Resistance is considered as a normal and essential aspect during the Gestalt play therapeutic process. This can be regarded as the manifestation of energy and is also an indication of the contact level of the child. It is not regarded as the child's unwillingness to cooperate during the therapeutic process, but rather as a loss of contact in the child. Resistance is also considered as a healthy response, since children who do not show resistance in general, have a poor sense of self. Oaklander (1994b, 1997) in Blom (2006:59). The next section deals with emotional expression.

v. Emotional expression

This is about assisting children to unlock their buried emotions and learning healthy ways of expressing themselves. In dealing with this process, Oaklander (1997) cited in Blom (2006:218), extrapolates that to help children deal with their buried emotions, the use of the following visual aids is important and necessary:



- Drawings
- Collages
- Clay
- Fantasy
- Imagery
- Drama
- Music
- Movement
- Story telling
- Metaphors
- Games (2006:218).



The next section deals with self-support.

vi. Self-support

Self-support is about helping children to establish their inner strength through expression of self in the following areas:

- What they look like.
- Things they like.
- Things they dislike.
- Their choices.
- Their mastery activities.

In addition to this, their healthy uninterrupted development in terms of their senses, body presentation, emotions and intellect, is the underlying basis of their sense of self. A strong sense of self makes children make good contact with their environment, in order to satisfy their needs. It must be taken into account that children need this support within themselves, in order to express their emotions. *Oaklander (1994) in Blom (2006).*

When it comes to the application of Pastoral care and counselling for children, this concept of self-support in children is crucial.

This is because of the fact that it prepares children for Pastoral counselling. It should then be regarded as the initial process prior to the application of Pastoral counselling.

The next section looks into working with significant others.

vii. Working with other significant people

According to *Brown & Lourie (2000)*, identifying HIV/AIDS children who are in distress and implementing early interventions, will enhance their coping mechanism with the situation. The following intervention strategies are identified:

- Support of members of extended family.
- The need for the HIV/AIDS child to express fears and fantasies.
- To design a programme that deals with issues around death and dying.

- To design an intervention model that deals with support for the child and family in coping with chronic and terminal illness. *Brown & Lourie (2000).*

According to *Lesar & Maldonado (1997) in Blom (2006:221)*, it is opined that the impact of children with HIV/AIDS infection on the family system, brings stress in the family that leads to psychological burden of additional care demands, and the provision of training in this regard. This means that parent guidance counselling with caretakers of HIV/AIDS children is crucial. (2006:221).

According to the researcher, this warrants the need for children who are affected by this phenomenon to be counselled. This also justifies the undertaking of this particular study and its relevance in this phenomenon. Children who are HIV positive need significant support in order for them to cope with the new challenges of their newly acquired status. **Therefore, the application of Pastoral care and counselling through Gestalt play therapy is a necessity to say the least.**

The next section deals with steps in setting boundaries.

viii. Setting boundaries and limitations

Landreth (1991) & Van der Merwe (1996) cited in Blom (2006:61), present advantages of setting boundaries as follows:

- Boundaries bring the therapist and the child in contact with everyday life, they anchor the session to reality, and they emphasize the here and now.
- They give structure to the therapeutic relationship.
- Boundaries build children's self-control and make them aware of their responsibility towards the therapist, the playroom and themselves.
- By means of boundaries, the child experiences how it feels like to make choices and to take responsibility.
- Boundaries ensure that children play safely in the playroom. (2006:61).

According to the researcher this section is important, it instils discipline and respect in the counselling room. The therapist should respect the child client, and the child client should respect the therapist.

These boundaries are also contributing to the effectiveness of the whole counselling process. It means that every activity that takes place in the counselling room must be within the parameters of the intended counselling process, they also make child clients feel safe, and their trust towards the therapist is surely enhanced accordingly.

By means of boundaries, the child experiences what it feels like to make choices and to take responsibility.

The next section deals with the role of Pastoral care and counselling.

The role of Pastoral care and counselling

This section focuses on a model that is deemed useful and relevant in the application of Pastoral care and counselling, and is also deemed relevant for children in crisis:

Client centred or empirical model: Boison (Nd) in Louw (2004:27)

In this model the emphasis is on the client and the purpose of counselling. In the light of this model counselling encompasses the individual's inner frame of reference as its focal point.

In this process a person is viewed as a living human document, and as an actual source of knowledge. It also emphasized that the knowledge of the person is obtained from the individual through counselling procedures and techniques. This puts emphasis on the fact that people are their own therapists.

This model therefore is deemed appropriate for guiding children who find themselves in crisis one way or the other, including those who are on the receiving end of the HIV/AIDS infection.

Children can be guided to a point where they can actually

display a sense of ability to cope on their own. This can be made possible by means of play therapy (Gestalt play therapy) through drawings and other relevant forms of play thereof, in - order to access their inner being.

Given the fact that this model can be used in counselling children, it must be

regarded as a Pastoral counselling tool integrated with Gestalt play therapy to guide these children in terms of counselling. Collins (2007:68-71), mentions few techniques in conducting counselling:

Leading the conversation

This is a skill that allows the counselee to direct the conversation. The counsellor follows up with questions such as 'what happened next?' 'Tell me what you mean by...?' 'Then what?' These are the types of questions that can steer the conversation in the right direction that will give useful information to the counsellor. The next point is on reflection.

Reflection

This is another important technique in counselling. This is a way of showing counselees that you are with them, and you are able to understand how they feel and think. In this case examples include statements such as: 'You must feel...' 'I bet that was frustrating' 'That must have been fun.' 'All these statements reflect on what is taking place in counselling. The next point is summarizing.

Summarizing

This is about summarizing what has been going on in the counselling session. It is also about reflecting on what you have been hearing in your interactions with the counselee. You may as a counsellor summarize feelings that are hurtful, and strings of failures that may have shown up from the counselee's presentation of facts.

The next point is on interpreting.

Interpreting

This involves explaining to the counselee what his or her behaviour or other events mean. Interpreting is a highly esteemed skill and highly technical with great potential to help counselees to see themselves and their situations more clearly. The counsellor should keep the terms simple as he or she counsels. (2007:68-71).

These techniques are usually applied to adults in terms of Pastoral care and counselling including secularized forms of counselling. In this case, the researcher argues that these techniques are also applicable to middle aged children. However, it is critical that the integration of Pastoral care and counselling with Gestalt play therapy becomes key when counselling children. This means that children would have been prepared through Gestalt play therapy, before Pastoral care and counselling would have been applied to them through these different techniques.

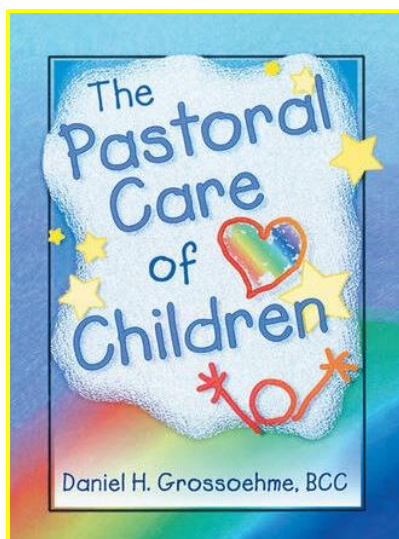
Summary

According to the researcher this paper has played a key and a remarkable role in the process of integration whereby Pastoral care and counselling is effectively and conveniently integrated with Gestalt play therapy.

This is based on the fact that applying Pastoral care and counselling to children is different than it would have been when applied to adults. When it comes to children, communication is effective through play. This means that whatever is communicated with children, it must be communicated through play.

In this particular paper Gestalt play therapy has been the most relevant and effective form of play as it conveniently formed part of this integration to change the status quo of children in question.

According to the researcher this integration was indeed necessary in



There should be specific programmes designed to train key role players in taking care of these children in terms of therapy

the whole process of applying Pastoral care and counselling to HIV/AIDS infected children through mother to child transmission of the virus.

This means that a Pastoral care counsellor who applies Pastoral care and counselling to children, should be equipped with some basic skills in play therapy, this will then help him/her to be able to interact with children more effectively and efficiently. In this situation, Gestalt play therapy plays a leading role.

This also means that it is a tool through which the ground should be prepared for the application of Pastoral care and counselling. Children need to be assessed before they could be counselled, Gestalt play therapy is the means through which these children can be assessed accordingly.

This is what the integration of Pastoral care and counselling with Gestalt play therapy is all about. It is the wish of the researcher that this paper will make headways in changing the status quo of the children in question.

The next section deals with the conclusion and findings of the study.

Conclusion and findings

In terms of findings a thematic approach is used, whereby findings are referred to as themes. *Braun & Clark (2006:9)*, throw some light on the concept of themes in research: *"A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set"*. (2006:9).

In this paper themes are presented as findings and interpreted accordingly. The presentation of themes (Findings) is extremely important in any research. This is because of the fact that in any research it is not possible to present recommendations without having arrived at a well-informed realistic and clear set of research findings, so is the case in this paper.

Findings (Themes), are presented as follows:

- **Theme One:** Lack of exposure in child trauma caused by mother to child transmission of HIV/AIDS virus. Many people are not exposed to child trauma at all. They are not aware that children can be traumatized.
- **Theme Two:** Lack of awareness in terms of roles to be played on the part of the church and key role players in the community at large regarding children in crisis.
- **Theme Three:** No Pastoral care and counselling conducted for role players in terms of taking care of children in this situation. This means that key role players such as parents, church leaders do not have skills for this undertaking.
- **Theme Four:** No Pastoral care and counselling conducted for children in this condition.

- **Theme Five:** No programmes and workshops run to help people get the information about this phenomenon.
- **Theme Six:** Within the *amaXhosa* culture, it is assumed that children do not necessarily need counselling during a crisis.

Recommendations

- To invite child therapists to run awareness programmes regarding the trauma that affects children due from mother to child transmission of the HIV/AIDS virus. The aim should be to make this awareness to both *amaXhosa* and people of other cultures within the reach of this particular study. This means that this awareness is not confined to *Xhosa* speaking people to say the least. This awareness should also be led by people who are trained or who have a clue regarding child trauma i.e. Child Psychologists to those who interact with children, (Parents, grandparents and guardians). This should also include people who deal with HIV/AIDS infected and affected people, the stories of these peoples should be used for the healing of others and raising the awareness thereof.
- Raising an awareness regarding roles that should be played by the church and key role players. In this regard, the church should appoint a committee that is responsible for all processes regarding children in crisis i.e. children who suffer from this phenomenon and even for those who are bereaved. Records and all courses of action taken and those who must still be taken should be kept in a safe place by this committee. Key role players such as Pastoral care counsellors should be part of this whole process.
- There should be specific programmes designed to train key role players in taking care of these children in terms of therapy. This then is more than just raising awareness in this regard but is more practical in terms of imparting skills and knowledge to the key role players so that they can take care of the children in question. These role players should be trained in basic forms of Gestalt play therapy and other related concepts thereof.
- There is a need for Pastoral care and counselling programmes for children who are on the receiving end of this phenomenon. The integrated approach suggested in this study should be the vehicle through which this whole process is achieved. There are Pastoral caregivers who are also trained as play therapists in dealing with children in one crisis or the other. These should then be approached by the key role players in this regard i.e. remaining parents, guardians, the church and grandparents. These Pastoral caregivers should be registered with the Council for Pastoral and Spiritual Counsellors (CPSC). This is to make sure that legalities

are kept intact, and accountability is upheld at all costs.



References

Aronstam, M. (1989). Gestalt therapy. In D.A. Louw (ed). South African Handbook of Abnormal Behaviour. Johannesburg: Southern.

Blom, R. (2006). Practical guidelines for child therapists. Jessica Kingsley Publishers.

Braune, V. & Clarke, V. (2006). Using thematic analysis in Psychology. Qualitative Research in Psychology, 3 (2).

Brown, L.K. & Lourie, K.J. (2000). Children and adolescents living with HIV/AIDS: A review Journal on Child Psychology and Child Psychiatry and Allied Disciplines 41, 1, 81 – 96.

Collins, G.R. (2007). Christian counselling (3rd edition). Tyndale House Publishers Inc., Wheaton, Illinois 60189.

Clinebell, H. (1984). Resources for the ministry of healing and growth. Abingdon Press: Nashville.

Martin, L.G. (1992). Critical problems in children and youth. Dallas: Word, Inc., 1992, 138 – 142.

Jackson, M.A. (2007). A study of children and grief. Master's dissertation, Durban: University of Kwazulu Natal.

Louw, D.J. (2008). Curae Vitae: illness and healing of life in Pastoral care and counselling: a guide for caregivers. Lux Verbi BM, Wellington Cape Town.

Louw, D.J. (2004). Pastoral Hermeneutics. Lux Verbi BM, Wellington Cape Town.

Mouton, J. (2005). How to succeed in your Masters and Doctoral studies. Van Schaik Publishers, 1064 Arcadia Street, Hatfield Pretoria.

Ncube, V.F. (2015). HIV/AIDS in rural Tsonga culture. PhD Thesis, Pretoria: University of Pretoria.

Sweeney, D.S. (2001). Counselling children through the world of play. Tyndale House Publishers.

Wango, G. M. (2010). Pastoral Counselling and Care: The role of the Clergy in Helping Services. Limuru: St. Paul's University.

* * *

THE AUTHOR

Rev Dr Patrick Mncedidis Diniso emerges from the Eastern Cape (East London).

He is a registered Pastoral Counsellor with the CPSC.

He specialises in child bereavement through play therapy.

He is also equipped in other dimensions in counselling such as marriage counselling, trauma counselling and work-related counselling.

Rev Dr Patrick Mncedidis Diniso also serves as a Chaplain in the South African National Defence Force.

Email: patrickdiniso92@gmail.com

Notes from the CPSC Conference Office

By Maria Jansen, Administrative Officer of CPD Solutions, ACRP Conferences Administrator

With the promise of Spring in the air I hope all our members are looking forward to the upcoming CPSC Spring Zoom Conference!

Firstly, allow me some quick feedback on the **2023 CPSC Spring Zoom Conference** that was held on the 1st of September 2023:

- CPSC had received 285 registrations for the above-mentioned Conference.
- On the day 236 attendees successfully joined the zoom conference, unfortunately not all of them managed to attend long enough to receive their certificate and CPSCCPD points. All the attendees received the link to the recordings and questionnaire afterwards.
- During the week after the Conference, 183 Certificates were distributed to those who attended enough time to qualify, and the CPSC CPD register was also updated with their 8 CPSC CPD points.

Thank you for all the positive feedback that we received after the conference!

2024 CPSC Spring Conference: Friday, 6 September 2024

Please remember that those who missed out to register in time for the 2024 CPSC Spring Conference, all is not lost, you can still register! Complete the registration form (request it from Maria at conference@cpsc.org.za) and make the payment of R250 to the CPSC bank account (and send proof of payment to Anita at finance@cpsc.org.za). When we have received your payment and registration form, the link to the recordings and questionnaire will be sent to you. Also remember that in order for you to still obtain your certificate and CPSC CPD points, you will have to complete and submit the questionnaire to (Attention: Maria) at conference@cpsc.org.za

Thank you for all the registrations and ethical questions that we have received so far for the upcoming 2024 CPSC Spring Conference. Please keep on registering!

I would like to remind you of the following:

1. The final date for registrations to attend the CPSC Spring Zoom conference is Friday 30 August 2024.

2. Registrations can still be made after 30 August 2024, but you will not be able to join on the 6th of September. The link to the recordings and the questionnaire will be sent to you after the conference had taken place.



3. The fee for the 2024 CPSC Spring Conference for active 2024 CPSC Affiliates and registered Student Affiliates is R260. For non-affiliates it is R520.

Banking details:

NEDBANK

Account name: CPSC

Account number: 1020501553

Branch code: 136305

Please send your proof of payment to Anita at finance@cpsc.org.za

- Two links to the CPSC Conference will be distributed on the 4th of September 2024, but only to registered conference attendees whose registration forms were received by 30 August 2024 and whose payments already reflect in the bank:
 - A link to the Dropbox to access the documentation provided by the presenters.
 - The Login link to the CPSC Zoom Conference.
- CPSC Office personnel will not be available from 4 to 6 September 2024 to assist with login/other conference administration issues.

Therefore, it is imperative that all attendees:

- Submit the correctly completed Registration Form to Maria at conference@cpsc.org.za and the Proof of Payment to Anita at finance@cpsc.org.za by the 30th of August 2024 - this is vitally important in order to add every CPSC Conference Attendee onto the Conference Register!
- Have opened a personal Zoom account prior to the 2024 CPSC Conference.
- Have and use their own Zoom password to join the Conference. Use the same email address to register for the CPSC Conference, as this will be the email address used to open the Zoom account!
- Familiarise themselves with the Zoom and log-in processes BEFORE the morning of the CPSC 2024 Conference!
- Join the Conference early enough (from 08:15) to allow themselves sufficient time to login.

We trust that you will enjoy the 2024 CPSC Spring Zoom Conference!

Lastly, just a great thank you to all of you who make the CPSC Conferences possible!

Warmest regards, Maria

***"A woman with a book and a pen has the power to move nations.
A woman with a mind and a voice has the power to change worlds."***
Sasha Temerte

2024 CPSC Spring Conference Themes

Friday 6 September 2024 @ 08:15

PRESENTERS (in alphabetical order):		TOPICS:
Dr Annelie Botha		Life History Research and Eco-pastoral Counselling
Dr Nelia Drenth		Integrating Christian Counselling into Contemporary Therapeutic Practice
Dr Mercy Manyema		Counselling with Grace: Christian Counsellors as Conduits of God's Love
Mrs Idalette Muller		Christian Counselling with Sex Trafficking Survivors
Dr Michiel van der Merwe		Prayer in Counselling
Dr Candida Millar		Master of Ceremonies

CPSC office duties and contact information

Duties: Administrative Office (Ilse)	Duties: Administrative Officer of CPD Solutions (Maria)	Duties: Financial Office (Anita)
✉ admin@cpsc.org.za ☎ 0727051198	✉ conference@cpsc.org.za & ✉ cpd@acrpafrica.co.za	✉ finance@cpsc.org.za
<ul style="list-style-type: none"> • All general enquiries • Receiving and handling general emails • Designated Affiliation application: receiving and processing • Student and Associate affiliation: receiving, processing, reporting • Receiving, distributing, reporting of CPSC CPD courses • Agendas, Minutes: all CPSC meetings • Communication with affiliates: Emails from the Offices, other • Receiving, distribution, filing of all CPSC forms • CPSC Notes in conjunction with editor • Conference duties • Communication with webmaster 	<p><u>CPD Solutions Administrator:</u></p> <ul style="list-style-type: none"> • Keeping CPSC CPD points register up to date <p><u>CPSC Affiliation – Assistant for administrative duties:</u></p> <ul style="list-style-type: none"> • Capturing and amending all personal details of applicants • Keeping database up to date <p><u>CPSC and CGMP Conference duties:</u></p> <ul style="list-style-type: none"> • Adding all relevant details of attendees to Conference Registers, e-mail groups and WhatsApp groups • Preparing & distributing conference certificates • Receiving and moderating questionnaires • Compiling ethical questions for panel discussions 	<ul style="list-style-type: none"> • All financial enquiries • Receiving and handling emails re financial matters • Designated affiliation evaluation reporting, registration • All financial reporting to CPSC Executive, etc. • All communication with affiliates re financial matters • All Invoices • All bookkeeping, financial processes, SARS reporting, etc • All fees re affiliates • All fees re courses, advertisements, conferences • All annual renewals • All renewal certificates • All designated affiliates' certificates

Please mark this date on your calendar: 21 February 2025

All your supervision questions and qualms will be addressed at a CPSC SUPERVISION WORKSHOP.
The program, times and CPSC CPD points available will be communicated ASAP.



CPSC SUPERVISION WORKSHOP!

21 FEBRUARY 2025

Please save this date!

The following will be addressed:

- Supervisor Training
- All questions re Supervision

CPSC CPD points will be awarded to attendees.

THIS WORKSHOP IS FREE AND WILL BE AN ANNUAL EVENT.

Details will be shared ASAP.

GENERAL NOTICE

The old SAAP (*Southern African Association for Pastoral Work*) webpage and email address admin@saap.za.net will be closed down on the 31st of October 2024.

Please visit our CPSC website <https://www.cpsc.org.za/>

and please like and follow the ACRP Facebook page <https://www.facebook.com/pro-file.php?id=61551732487967>

Notes from the Finance Office

Dear CPSC Affiliate

2025 Annual renewal notices: First half of October 2024

I can hardly believe that it is already August, and another year has come and nearly gone.

The winter has lost its grip and new life is appearing everywhere around us in our gardens and flowerpots.

I trust you also feel the excitement and promise of spring waiting around the corner!

I am specifically sharing the information from the financial office regarding the **2025 annual renewals** in the **August issue** of the Notes, as the renewal notices will be sent to you before the next edition of the CPSC Notes is due in November.

The 2025 Annual renewal notices for affiliation until 31 December 2025, are to be issued during the first half of October 2024 for payment by the due date, 31 December 2024.

Please note your 2024 CPSC certificate expires on 31 December of each year, and your subscription needs to be renewed as close as possible to 31 December to obtain your active CPSC certificate for the next year in time.

I will send a mass email from the CPSC finance office in advance to inform you when to expect the 2025 renewal notices. This is usually done during the first 2 weeks of October of each year to give you ample opportunity to renew the subscription before 31 December.

You will receive an email from admin@pastors4africa.com with the 2025 renewal notice attached.

The affiliation of the last few affiliates with outstanding fees who have not made any arrangement with me, will sadly be terminated before the 2025 renewal notices are dispatched.

If you are a **new CPSC affiliate who joined CPSC during the 3rd quarter of 2024** (July, August and September), you might feel that you have just recently made a payment for the annual fee.

Please note that the fee you paid with registration, was a **50% pro-rata annual fee for 2024, not for 2025**, and it was calculated for the last two quarters of 2024, so this payment was a reduced fee for **affiliation until 31 December 2024**.

The annual renewal date of all CPSC affiliates is on 31 December of each year, hence the pro-rata calculations applied for applicants joining during the 2nd and 3rd quarters of each year.



4th quarter applicants (October, November and December) are already treated as registrations for the coming year.

There are a few realities to remember regarding the annual renewal of affiliation:

- The current CPSC certificate that you received during 2024 **expires on 31 December 2024**
- The due date for payment is 31 December 2024
- SAQA and ACRP as Professional Body, requires a status of being always in good standing of all CPSC affiliates
- To be in good standing, the **affiliation fee** must be paid in full **before 31 March 2025**, the compulsory **20 CPSC CPD points** must be amassed or in the process of being amassed and the affiliate's **personal details on the CPSC system should always be kept updated**
- Any changes in personal details should immediately be shared by the affiliate with Ilse at the admin office on the **"Update personal details"** form
- Please see the important information Ilse regularly shares on the **CPSC conference and the CPSC CPD points awarded to it**. The added benefit is that the recordings of previous CPSC online conferences can also be obtained if you could not attend the conference or if you have not yet joined at that stage. The same number of CPSC CPD points awarded to the conference can be earned by listening to the recordings and submitting the required questionnaire
- **All fees need to be settled by 31 March 2025 to remain in good standing**
- **Fees longer than 3 months overdue seriously impact on the good standing status of an affiliate as ACRP Rules state that affiliates with overdue fees of more than three months are no longer in good standing**
- **Affiliates with outstanding fees on 30 June 2025 take the serious risk of being suspended** as the ACRP Rules state that affiliation fees may not be overdue for more than six months and need to be suspended
- **Affiliates who may advertise on the website (Categories 5, 6 and 7) will unfortunately be removed from the website** if the annual fees are not up to date by **31 March 2025, as they are then not in good standing, and we can only have affiliates in good standing listed on the CPSC website.**



Routine

There is a specific prescribed routine I follow when I receive the annual fee payments:

- An **EFT is the recommended method** to do the payment, and we request all affiliates to use this route if possible. We do understand that it is not always possible, but please do try
- NB Please always send a **proof of payment (POP)** to only finance@cpsc.org.za as I am the only person working with the finances
- All financial queries should be directed to me and not to the admin office
- I can only allocate payments once they reflect in the Nedbank account
- Please take great care with the **reference to beneficiary**, please make sure that your name and surname and reference number are in the correct Reference to Beneficiary field and that it can help me to identify the affiliate and allocate the payment correctly
- Only the **information supplied on the reference to beneficiary field, appears on the banking statement**
- Attaching a **Proof of Payment (POP)** will be extremely helpful in the allocation of payments – with an incomplete or incorrect reference used, I can find additional information on the POP
- A POP also helps when an incorrect registration number is used as reference – the POP serves as cross reference to allocate the payments
- I endeavour to allocate payments **as soon as possible** after receipt
- You will receive an **allocation of payment notification email** from admin@pastors4africa.com with a cover letter from me
- The Pastors4Africa central system automatically issues a 2025 certificate when the account has a zero balance, this automated process was again implemented during the 2024 renewal cycle
- To be sure from my side that the affiliate will indeed receive a certificate I also **activate the new year's CPSC certificate** on the Pastors4Africa system after allocation of payment
- You will therefore receive two emails from admin@pastors4africa.com with the attached 2025 certificate
- The **certificate should follow shortly** after the allocation of payment notification email as I do the two actions together
- The subject of the certificate emails from Pastors4Africa is **"re ACRP certificate"**
- You will receive a **total of 3 emails** from admin@pastors4africa.com namely the allocation of payment email as well as the two emails with the attached certificate
- I am just trying to **ensure that you do indeed receive your certificate**
- **Affiliates sometimes miss the certificate** as they expect an email from my finance email address with the attached certificate after allocation of the payment
- All three emails will have cover letters from me but please **do not send new emails to the admin@pastors4africa.com email address as it won't reach me**
- If you should **reply to the email received, the reply is automatically forwarded to me**
- Please remember to **always check your spam folder after you have received your allocation of payment notification email**, as the antivirus protection on people's computers unfortunately often **blocks emails with attachments and they then end up in spam**
- Please also add the admin@pastors4africa.com email address to your **dedicated email sender list**
- Please let **me (Anita)** know if you didn't receive or don't see the CPSC certificate anywhere but **please remember to check your spam folder first as that is usually where it will be found**
- **Ise can't help you with certificates, renewal notices and any finance related matters, so please remember to direct any renewal queries only to me**

Thank you in advance for adherence to all my requests as this is truly instrumental to keep the financial office running smoothly and sufficiently.

It is however even more important that adherence to these requests is instrumental to keep you as CPSC and ACRP affiliate, in good standing and in compliance with the ACRP Rules and regulations.

As always, the warmest regards and best wishes
Anita ■



Notes from the Admin Office

Dear CPSC Affiliate

We are entering Spring 2024! Spring is known as “the season of hope”, as it symbolises the resurgence of life after the inevitable challenges of winter.

Spiritually, Spring represents the triumph of light over darkness, life over death and the season can also hold significant meaning for making positive changes in our lives:

- Just as nature goes through a process of renewal in spring, shedding the old and embracing the new, it is a reminder to us to start afresh and renew ourselves spiritually, mentally, emotionally, and physically by letting go of old habits, beliefs, and patterns that no longer serve us. For believers, spring is a reminder that God is all about making things new. In fact, Jesus promised to make everything new one day (Revelation 21:5). In the meantime, He gives us glimpses of the coming attractions through spring.
- Spring is a time of growth and expansion in nature. Trees start to bud, flowers bloom, and the days get longer. This energy of growth and expansion can also inspire us to set new goals, dream big, and start working toward achieving our dreams. It's the season that encourages us to be hopeful and optimistic about the future.
- Nature undergoes a dramatic change from winter to spring and can be a reminder that change is a natural part of life and that it's time to step out of our comfort zones, take risks, and embrace new opportunities.
- Just as the earth emerges from the cold grasp of winter into a season of growth, Christians believe in the possibility of personal and communal rebirth through Christ.



- Spring is a season that awakens our senses: the sweet scent of flowers, the chirping of birds, the warmth of the sun on our skin, etc. This heightened sense of awareness helps us to become more mindful of our thoughts, emotions, and actions, making it easier to make intentional changes in our lives.
- The barren trees of winter transform into lush foliage in spring, and the once-frozen ground gives way to blooming flowers. Perhaps through the winter your heart has grown cold towards God or towards the people in your life. Renew your commitment to rely on God and rekindle your love for those people who are closest to you.

May our hearts for God, our Creator and Sustainer, flourish during this new season.



Warmest regards
Ilse ■

CPSC Offices:	BANKING DETAILS:	DISCLAIMER:
<p>CPSC Administrative Office: <i>Ilse Grünewald</i></p> <ul style="list-style-type: none"> Cell: 072 705 1183 Email for administrative matters: admin@cpsc.org.za Email specifically for matters regarding CPSC CPD points: cpd@cpsc.org.za <p>CPSC Finance Office: <i>Anita Snyders</i></p> <ul style="list-style-type: none"> Email for all financial matters: finance@cpsc.org.za <p>CPSC Conference Office: <i>Maria Jansen</i></p> <ul style="list-style-type: none"> Email for ACRP and CPSC Conference registrations, questionnaires and certificates: conference@cpsc.org.za 	<p>CPSC (The Council for Pastoral and Spiritual Counsellors)</p> <p>Nedbank</p> <p>Branch: Woodlands</p> <p>Branch code: 136-305</p> <p>Account no: 1020501553</p> <p><i>E-mail proof of payment to the CPSC Finance Office at finance@cpsc.org.za.</i></p> <p><i>Please state your initials and last name as reference for any deposit made.</i></p>	<p>While CPSC supports initiatives for equipping pastoral and spiritual counsellors, statements and opinions expressed in this newsletter do not necessarily reflect the views and/or opinions of CPSC.</p> <p>CPSC does not make any warranty regarding the information supplied.</p> <p>CPSC shall in no event be liable for any decision or action taken in reliance on this information.</p>