Training Pastoral Counsellors for HIV/AIDS Care and Support in South Africa: Perspectives from Post Foundationalism, Contextual and Narrative Therapy

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Abstract

This article describes part of a doctoral study that developed a training programme for pastoral counselors for assisting persons infected with and affected by HIV and AIDS. The Intervention and Research Intervention Research Model (IRM) as developed by Rothman and Thomas (in De Vos *et al.* 2001) was used as the research paradigm and followed the steps of review of pertinent literature that served to inform the development of and implementation of the product (the training programme).

   This article is thus based on these two steps: firstly the literature that was considered relevant in guiding the development of the training programme, in this instance, post foundationlism, contextual and narrative therapy and secondly, the pilot programme itself which used Muller's (2003) post foundational framework, to accommodate its refinement and ongoing development as a product.

Keywords: Pastoral counselling, HIV/AIDS support, Post foundationalism, Contextual therapy, Narrative therapy

Introduction

In order to win the war against HIV and AIDS, all possible role players and strategies need inclusion (Kasiram 2011). Church leaders and lay counsellors need to develop skills in family therapy that they can use with affected and

infected families and communities (den Hollander, 2001; 2009). In order to provide such skills, research was undertaken to guide the development of a training programme in family therapy, using an integration of narrative and contextual theory. The theoretical basis for this integration was embedded in the post-foundational paradigm, which has proven effective in theological studies (van Huyssteen 2006).

The article reports on a 'state of the art review' of literature (discussed by Rothman and Thomas in de Vos *et al.* 2001) pertaining to the topic, in developing a training programme for pastoral counsellors working with people affected by and infected with HIV and AIDS. The article reports on the pilot programme content and its implementation only and not the outcome of research that preceded the development of the training programme since this data was rich, unique, and considered by the authors as significant for dissemination. However, it is important to note that the state of the art review is necessary to include in this article, as it provides the backdrop for appreciating this phase of the study results.

In accord with the research methodology used in the study of 'development' of a product after evaluation and review, the article aims at inviting comment for ongoing review. In addition, ongoing evaluation and development is important for ensuring relevancy as the landscape of HIV and AIDS and the communities in which care and service is provided, are ever changing (Kasiram *et al.* 2013). To this end, Muller's (2003) post foundational theology provided a useful frame of reference against which the programme was tested for further development.

Research Methodology

Within a qualitative paradigm, the Intervention Research Model (IRM) as developed by Rothman and Thomas (in De Vos *et al.* 2001) provided an overall framework for the study, its structure and for the analysis of key components that needed consideration before finalizing the 'product'. The IRM model is a combined qualitative-quantitative method and considered best suited to the study since the researcher-authors wished to apply knowledge gleaned through the earlier steps of the study towards developing a new product, in this instance the training programme (den Hollander 2009).

In this article, the authors report on the training programme that was piloted with three target samples, before finalization of the product could take place. The samples were based on purposive and accessibility sampling in that they satisfied criteria of the group members being interested in offering family counselling to individuals and families infected with and affected by HIV and AIDS. They were also easily accessible in that the researcher (first author) had a working relation with them (Terre Blanche *et al.* 2006).These three target groups were adequate in allowing for data saturation, where no further new information was forthcoming (Durrheim 2006). The samples were: a group of final year Bible school students, a group of lay counsellors and church leaders, representing different communities and a group of representatives of community based organisations.

The locale of these groups was KwaZulu-Natal, using semi-urban communities, the communities typifying a semi-urban lifestyle where HIV, AIDS and poverty are key concerns.

The research instruments used in this phase of the study were a state of the art review culminating in a product (the training programme) and evaluation of the programme.

Content data analysis, employing the IRM frame of reference was used to appreciate the rich variety of responses received from participants.

Trustworthiness

This being a qualitative study, issues of trustworthiness were considered important (Lincoln & Guba 1985). Credibility was achieved by prolonged engagement in the field that involved building relationships before, during and after the training, keeping comprehensive field notes, triangulation in using different data sources and through the state of the art comprehensive review.

Transferability was achieved by densely describing data that respected participants as intelligent and experts offering valuable subjective input.

Dependability was achieved by describing which data was used in formulating the programme and how data was comprehensively interpreted using Muller's (2003) model.

Conformability was secured by submitting the research protocol and

process to an audit through participant review (member checks), through supervision and examination.

State of the Art Review of Relevant Literature

Literature and theory frames considered relevant to the study are presented hereunder.

Contextual Family Therapy

Contextual family therapy is a comprehensive and enduring approach (Flaskas 2010) to working with families, which allows for the inclusion of other therapeutic approaches and addresses the four interlocking dimensions of (1) facts, (2) individual psychology, (3) behavioural transactions and (4) relational ethics. Interventions are aimed at personal healing and symptom relief as well as addressing relational and intergenerational problems (den Hollander 2001; 2009). Contextual therapy focuses on ethical issues in relationships, such as trust and fairness and the multilateral process of achieving an equitable balance of fairness among family members. Contextual therapy is relevant to the South African context since it appreciates the history of social injustice. In this study, issues of injustice were important to consider, in understanding and then addressing HIV/AIDS which oft times, becomes linked to many socio-political concerns (Kasiram 2011). This is also important in appreciating the family's view of debts and entitlements from the perspective of past injustice suffered by marginalized groups. Contextual therapy mentions the resources of care, concern and connection as the family's 'own immune system' and uses the term 'distributive justice' for the allocation of the family's resources and availability of resources in the community. Loyalty and intimacy are viewed as resources of relationships. Exploitation, split-loyalty, 'parentification', and other dysfunctional patterns are discussed in relational ethical terms. Therapeutic intervention would result in the relational resource of self-validation which family members receive through giving or caring. Dealing with realistic guilt (a core concern with HIV-affected persons) becomes a relational resource whereby family members become more accountable and

trustworthy. Relational resources provide healthy functioning for both current and future generations and therapeutic intervention is therefore aimed at prevention (Boszormenyi-Nagy *et al.* 1991) and is a very useful concept for inclusion in this study.

Contextual therapy places dominant stories in a multi- generational context (Flaskas 2010) and helps the person living with HIV/AIDS to depict the influence of these stories in the life of the extended family. Through careful questioning, the therapist and the client discover how these dominant stories were kept in place and fuelled, an important consideration for training and management of the pandemic. Contextual concepts as entitlement, loyalty, indebtedness, and legacies are explored throughout the life of the family. Contextual therapy would also look for alternate stories and focus on purposeful identity, an awareness of who one is and would like to become (van de Kemp 1991. These are important considerations for the development of a training model where hope for a changed future is paramount. The counselling relationship would adhere to the relational ethic of mutuality and trustworthiness in relationships. 'Relational ethics do not have specific moral content, but rather is concerned with a balance of equitable fairness between people' (Boszormenyi-Nagy *et al.* 1991:160). Morgan (2000) refers to this aspect of the counselling relationship as engaging in expressions of experience and meaning. It exposes and critiques a person's identity and belief system, without looking at it as right or wrong. Such a non judgemental stance is crucial in supporting persons infected with or affected by HIV and AIDS (Kasiram *et al.* 2013) and has relevance for the training programme.

The context of grandparents as caregivers, the need for children to be heard and economic want in an era of HIV and AIDS (Nyasi *et al.* 2009) are additional issues to be considered under context and included in the training programme.

Contextual family therapy with its interpersonal and intergenerational approach and its unique focus on the ethical dimension of relationships is relevant to the life world of families living with HIV/AIDS. Because poor families live in a multi-generational setup and because there is help across the generations as in the example of grandparent-headed households (Raniga & Simpson 2010) contextual therapy is deemed relevant to the training programme.

Narrative Family Therapy

arrative family therapy provides an individual, group and community approach to family therapy, embracing a multi-dimensional stance that is generally advocated in community family therapy (Kasiram 2009; Rojano 2010) and complements contextual family therapy

Aspects of narrative ways of working are: how the stories of our lives shape our lives, externalizing conversations, exploring the effects of problems, finding unique outcomes, historical explorations and the (community) creation of new stories, the naming of injustice, questioning of culture, acknowledging the political nature of the topics discussed in therapy and finding ways for therapy to be mutually enriching through the technique of re-membering and inviting outsider witnesses to stories and ceremonies (Morgan 2000). These may themselves unleash a wealth of support in beating the 'sorrow of chronic illness' (Jacobs & Seaburn 2013), this having relevance for training in respect of HIV/AIDS work.

Michael White and his associates introduced postmodern thinking into the field of family therapy (White 1995) and has remained influential in current family therapy practice (Kasiram & Thaver 2013). White suggested that dominant discourses would serve to maintain the status quo in problem families. Therapy should assist the person to separate from the problem behaviour and look for unique outcomes by escaping the tyranny of the dominant discourse that defined him or her as the problem. The importance of separating the problem and the person, and escaping past tyrannies, is well recognized in South African communities where poverty and HIV/AIDS as problems have superior hold on life (Kasiram 2011). White (1995) recognized that people have many 'selves' and have lived and owned many life stories. Parry and Doan (1994) stressed another unique implication of working with families: all members of the family, through participation in the stories and sensibilities of the other family members, and through legitimizing their own stories by telling them in their own words, would be entitled to be part of and subjected to the influences of different worlds, different languages and different selves. This has relevance for South African families as we struggle to knit our various life worlds together whilst striving to appreciate our differences as well as our similarities (Kasiram & Thaver 2013).

Narrative therapy would set out to help people living with HIV/AIDS to live their 'preferred stories' and reveal some of the discourses that may be

dominating their lives, e.g. patriarchy and domestic violence and through a process of deconstructing the power of these discourses, families living with HIV/AIDS are helped to deal with these injustices through connective understanding and participatory consciousness (Kotze & Kotze 2001). Narrative therapy with its emphasis on story-telling, de-stigmatization and empowerment of people to find and live their preferred stories is relevant to the rich context in which individuals, families and communities exist in South Africa, and pertinent to the training programme.

Post Foundationalism

In post foundationalism, people's life stories are a description of their reality, informed by societal beliefs. Therefore identity (how people see themselves) and rationality (what people believe) are social constructs (Muller 2003). 'These beliefs occur as a groundless web of interrelated beliefs, which mutually reinforce each other, and there is no single foundational truth on which this system of beliefs is based' (van Huyssteen 1997:3-4). But this does not imply that just anything can be believed. Only those beliefs are justified which are held by a rational person. A rational person is capable of making responsible judgments, using their cognitive, evaluative, and pragmatic contexts as resources of rationality. This requires that the person can speak with authority (experience and expertise) as well as that the person must resign his/her beliefs to the community of those who share relevant experience and knowledge (van Huyssteen 1998). Herein, the power of individual experience is accorded respect, a consideration taken seriously in this study in securing individual life stories and experiences before arriving at a homogenous product (the training programme). The reciprocal relationships between individual and society are thus deeply respected and important for inclusion in a training programme.

These shared resources of human rationality enable dialogue between different contexts, cultures and disciplines (van Huyssteen 1997). In the study, multiple positions were invited, both representing individuals and the community, culminating in a training programme that connects with or has meaning for several contexts and targets simultaneously.

Post foundationalism considers rationality to be socially constructed, as people are living together in concrete situations and contexts, but it also

recognizes the construction of rationality and identity based on a person's 'own experience', which is interpreted experience. Alternative interpretations would be perceived as complementary understanding of reality, emphasizing tradition, culture and cultural discourses (Van Huyssteen 1998). This explanation also points to why post foundationalism was complementary to narrative therapy and considered relevant for the training programme.

Post Foundationalist Practical Theology

Deconstructive postmodernists have argued that the meaning of God and beliefs only exist within constructed distinctions in language and therefore religion and spirituality do not exist (Moules 2000). Eskens (2003) criticises the meta-narratives or grand belief systems as they contain a universal acceptance of reality. Bediako (2001) however, describes the meta-narrative of Scripture as constructed through the activity of God in building up a community of His people throughout history, which includes their particular language (mother tongue), traditions, history and culture. A shared family likeness is thus created through communal shared knowledge from ancient and modern times, whereby other Christian stories illuminate our personal stories. The programme being one undertaken by pastoral counsellors needed a Christian philosophy, which post foundationalist practical theology provided.

Three distinct forms of narratives are to be found in narrative theology, namely the canonical stories, which focus on Biblical materials, life stories, which focus on human experience and community stories, which focus on the classical Christian tradition (Fackre 1996). Narrative theology emphasizes the centrality of communal experience to the life of the church where God tells His story through the Church. Jacobs (2003) explains that the narrative integrity and wholeness of a given single life still needs to be acknowledged even though there is influence of the larger (Christian) group, and important for consideration in a training programme that addresses both group and individual perspectives.

Muller's Post Foundational Practical Theology Model

Muller merged concepts of post foundational theology and narrative theology

into a research process for practical theology. This was significant for the study since, core concepts discussed in the review above, are made relevant for the South African context, using Muller's model. Muller qualified that the African approach to practical theology and science is 'holistic, circular and narrative' (Muller 2003:294), this being a key rationale for adopting Muller's approach in pilot testing the training programme. Circularity and holistic engagement are important to the IRM model, and to this study in that they ensure reflection and evaluation, which are important in ensuring relevancy of the training programme. Muller's (2003) model is hereunder used in the programme layout and in discussing key concepts attributed to his model.

The Training Programme

The above-mentioned theoretical review informed the training programme/model which is presented hereunder.

Objectives of the Programme

1. To provide students with a practical understanding of contextual and narrative family therapy skills.
2. To equip students with theoretical concepts and methods to practice family counselling.
3. To introduce students to psycho-social counselling.
4. To mainstream HIV/AIDS and poverty in pastoral family practice.
5. To equip students for a multicultural and non-discriminatory context (including genogram work).
6. To integrate spirituality in family counselling (post foundational theology).

Training Activities

Theory on contextual and narrative family therapy was provided in lectures

and practical application took place in personal genogram work. Family counselling skills were taught through lectures, case studies and role plays (co-developed with participants) to enhance teaching and learning.

The students were expected to do individual work, preparatory work, take account of their own family history, prepare in teams, partake in debates and discussions, prepare for devotions involving prayer with and for persons with HIV/AIDS and practice skills. Personal problems or issues that surfaced during teaching and learning were used (with permission) as 'material' to promote personal growth and development.

Report writing was viewed as important because this is an underdeveloped area, not always being practised as a requirement in pastoral counselling (Wheeler 1996) and because of the need for constant review of the programme via reporting (Shaw 2011). Church leaders may also lack confidence in publishing their work, thereby risking poor academic engagement and theory development in the area.

Duration

The course was held for 10 full days.

Implementation of the pilot programme and its evaluation was conducted using Muller's (2003:300) model of post foundationalist practical theology as follows.

The Context and Interpreted Experience

Here, the researcher focused on the life world of the participants since participants' personal and family life experiences and their work as assistant church leaders in various communities added valuable information to the design of the training programme. The participants gained skills in contextualizing and interpreting their own life experiences, and through that process arrived at shared understandings.

Descriptions were encouraged of participants' life world and discourses of families living with HIV in the (church) community in South Africa, the family's level of involvement in the churches, and the church's discourses and involvement in the life world of these families. The

participants also described their context of action, all of which was guided by contextual and narrative constructs.

During case study discussion and role plays, participants expressed concern about being able to practice multi partiality and this was critically discussed in the groups, as expressed in the following quote:

> *we are able to portray the roles we've designed and discussed with the complexity of the family dynamics?*

Appreciating contexts (using contextual and narrative therapy) allowed for an understanding of the culture that informed clients thinking and behaviour. One participant identified a pattern of '*wife battering and promiscuity*' in his family of origin. The men were expected to maintain this lifestyle and the women condoned it. The participant realised that this was not what he wanted in marriage and decided to live his preferred story. He discussed the relational ethical considerations and implications (from Nagy's contextual therapy) with the group, this being an important deviation from expected roles that were affirmed through the group encounter (using narrative therapy constructs of affirmation and developing alternate stories).

To ensure that counselling was not compromised by unresolved personal issues, in-context interpretation of experiences were made, described and developed in collaboration with participants. To this end self assessment, group debriefing and the researcher's evaluation of each participant proved useful. Strategies and tools used were the personal genogram to facilitate engagement with the participant's family stories (Macvean *et al.* 2001), a spiritual genogram to help understand the role of spirituality in participants' (multigenerational) family of origin (Frame 2000) and sculpting (Deacon & Piercy 2000) to depict understandings and interpretations graphically.

Traditions of Interpretation

This aspect encouraged participants to acknowledge voices, discourses and traditions in their families of origin and in society that informed and guided them in interpreting their life experiences. Specific discourses/traditions in families and (church) communities and within the churches inform people's

perceptions and behaviour. The researcher and participants acknowledged related literature and the culture and theological traditions of different contexts. The genogram supplied rich data for interpretation.

Participants varied in their responses to genogram work. For some, it was enlightening and for others complex or painful. However, all agreed on its value in helping them see themselves in the context of their family of origin. Using contextual and narrative perspectives, participants discussed issues in their families such as:

> *split-loyalties*
> *not pleasing their parents*
> *illness or substance abuse*

They discussed dominant stories of being rejected by their family of origin, yet finding strength and hope in memories of childhood resilience and engaging in trustworthy relationships. A dominant theme was that many participants were themselves affected by HIV/AIDS in their own homes and communities and thus bereavement counselling was necessary and transforming during this part of the training. Using the narrative approach, issues of pain and personal involvement with HIV/AIDS, were necessary to address and were included in the training programme with participants.

God's Presence

This step related to the direct experience of God's Presence as the Other Person in the life world of the participants and their capacity to acknowledge such Presence in the life world of families living with HIV/AIDS and their (church) communities. This step helped participants to appreciate and respect the uniqueness of other people's experience and evolving story with God (Griffiths 2003; Ngcobo 2011). Some of the responses describing God's presence were:

> *Sharing scriptures and God's love and hope*
> *HIV/AIDS is not a punishment from God*

The researcher and participants listened to and reflected on religious and

spiritual understandings and experiences of God's presence in participants' own lives and in the lives of families living with HIV/AIDS.

Thickened through Interdisciplinary Investigation

In the study, interdisciplinary engagement, considered important in the helping professions (ANA 2010) occurred with social work, family therapy, psychology, anthropology and theology. To develop the training programme and training materials using 'interdisciplinarity', participants were invited to 'look at the issues that blocked their understanding or communication with others' (Wheeler 1996:83). This meant thickening both the investigative process and resultant understanding by using various tools and therapeutic interventions from different disciplines: genograms (family therapy, anthropology, social work and psychology), groupwork and group therapy (psychology and social work), contextual therapy (theology, anthropology) and narrative therapy (psychology and family therapy).

Tradition, culture and cultural discourses (anthropology, contextual therapy) were also invited and enhanced understanding, diagnosis and support (ANA 2010).

Interpretations that Point beyond the Local Community

Through triangular reflexivity with participants, a collective understanding was developed as the 'preliminary training material' to be used in future training programmes relevant to similar contexts. Triangular reflexivity increases the likelihood of the programme having increased applicability (Muller 2005:9).

Reflexivity included not only discursive reflections among group members themselves but also case managers for quality control and family discussion, feedback from which is included in the final refinement of the training programme. Quality control via supervision is a core function in social work and in family therapy and is included in the training programme through evaluation criteria suggested by Flemons *et al.* (1996) and Esposito and Getz (2005).

Evaluative feedback on the value of the pilot programme revealed the following with the words of participants cited in parentheses and italics:

- Participants gained new self perspectives (*I now know the story about me),* the programme helped them to introspect.
- Participants better understood the impact of family *(... I have insight into my own family background*) and learned to work with people contextually which allows for honest engagement *(there is now transparency and truthfulness*).
- Participants gained information on social issues/problems and how to better serve and/or counsel clients and their families.
- Participants felt better equipped and more competent in helping/counselling families (because this is an *intensive educational and awareness programme).*

Conclusions

Muller's post foundational practical theology model was useful in designing the training material and programme. It allowed for integration of theory and practice and reflection thereof by the participants as facilitated by the researcher.

The steps in the model were relevant for both the personal life experience and meaning-giving of individuals (as participants and clients), their contextual interaction and the role and experience of God's working and meaning-giving in our world. The model invited God's presence as a relational Partner, which was highly appreciated by all participants.

Genogram work, use of case studies and role plays were appreciated as learning, teaching and assessment tools. In addition, using Muller's model, an interdisciplinary stance of linking pastoral counselling and theology with family therapy, social and community work, anthropology and contextual and narrative therapy proved valuable in developing the training programme. Culture and language were also considered in arriving at best practice possibilities (Moules 2000).

Since HIV/AIDS and poverty formed the context within which training occurred, bereavement counselling and trauma work were included as essential ingredients in the training programme.

Theoretically, both narrative and contextual pastoral family therapy are well placed within post foundationalism to inform training to pastoral

counsellors. Post foundationalism, being both contextual and engaged in interdisciplinary conversation, acknowledges the individual's narratives and their preferred truths. Training then included respect for the integrity and vulnerability of families going through a process of truth finding, in which they are guided to seek unique outcomes of inner strength and resilience.

It is hoped that practitioners and researchers would examine the programme presented in this article and consider adoption after adaptation, disseminate the information, to result in co-producing a good product.

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