

Equipping lay facilitators to support emotionally wounded children in Africa by means of healing communities

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Many children in Africa are emotionally wounded by circumstances and experiences not supporting their overall well-being and healthy development, and are in need of effective support. It seems that the church's educational ministry and pastoral care based on individualistic pastoral practices do not address this need effectively. Beginning with an orientation to the problem, the article then focused on the development of lay facilitators for healing communities as an alternative way of ministering to children who experience emotional suffering. With reference to an illustrative narrative of a camp with deprived children, some elements contributing to the success of the camp were highlighted and linked to the effective functioning of healing communities. Thereafter the process used to equip lay people to facilitate such healing communities was described. The article concluded with challenges to the church in Africa to develop a new ministry to serve emotionally wounded children.

Om ongekwalifiseerde lidmate as fasiliteerders toe te rus om emosioneel gekwete kinders in Afrika te ondersteun deur genesende gemeenskappe. In Afrika is daar talle emosioneel gekwete kinders wie se omstandighede en ervarings nie tot hulle welsyn en gesonde ontwikkeling bydra nie. Hierdie kinders het 'n intense behoefte aan genesing. Dit wil egter voorkom of die kerk se opvoedkundig-georiënteerde bediening aan kinders en die individualistiese pastorale praktyk nie daarin slaag om effektief aan hierdie behoefte te voldoen nie. Nadat daar oorsigtelik na die probleem gekyk is, fokus die artikel op die ontwikkeling van ongekwalifiseerde lidmate as fasiliteerders in genesende gemeenskappe as 'n alternatiewe benadering om emosioneel gekwete kinders te bedien. Met verwysing na 'n illustratiewe uitbeelding van 'n kamp vir emosioneel gekwete kinders, word sommige elemente wat tot die sukses van die kamp bygedra het, uitgelig. Hierdie elemente word dan aan die effektiewe funksionering van genesende gemeenskappe verbind. Daarna word die opleidingsproses vir fasiliteerders van sulke groepe bespreek. Die artikel sluit af deur die kerk in Afrika tot 'n nuwe bedieningspraktyk uit te daag.

Introduction and research problem

Africa is a continent of children. Of the population of more than 1 billion, 41% is under the age of 15 (Population Reference Bureau 2012:6, 10). Although not all churches in Africa ministers children in the same way, it seems that it has always been receptive of children. Children have been accommodated in various ways in the ministry of local churches in Africa. Since the missionaries came to Africa, Sunday school was an integral part of the strategy of the church to reach out to children (Coetsee & Grobbelaar 2013:806; Mumo 2013:793–794). Mumo (2013:793) states that 'nearly all Church denominations and local churches in Africa have a Sunday school programme' and is of the opinion that Sunday schools are still 'an important organ of the Church in Africa' (Mumo 2013:801).

For many local churches it apparently has become the primary and, in some cases, the only place where they actively meet children. In many instances churches closely follow the example of Sunday school set by Western churches. Even 'the materials prepared for Sunday schools tend to lean towards western Christianity and practices' (Mumo 2013:799). With the school as a metaphor for the church's involvement with children (Harkness 1996:4–6), faith tends to become an academic subject, and faith formation an intellectual exercise to transfer knowledge and to broaden children's intellectual knowledge, understanding and retention of Biblical data and church dogma. Although the objectives of Sunday school in Africa are broader than conveying knowledge through Bible teaching (Mumo 2013:796–798). Mumo (2013:799) concedes that all of the objectives 'are intended to communicate significant knowledge'. He also notes that 'the

objective of giving Bible teachings is intended to present well-articulated knowledge' (Mumo 2013:799). Originated from Plato (Bakke 2005:19) and established by Locke as a widely used metaphor (Heywood 2001:23; Cunningham 1995:63), the rationale behind this approach is more or less that children are blank slates to be written on by educated adults. If they can be provided with adequate knowledge and clear moral coordinates, they should be able to lead lives of faith and obedience (Prins 1990:73). Terminologies associated with this approach include teaching, teacher, lesson, curriculum, class and even examination.

Shortcomings of the educational paradigm

It seems, however, that this educational paradigm (Coetsee & Grobbelaar 2013:804–806), focusing on the transfer of knowledge in a school-like environment, has serious shortcomings. With most of the emphasis on the cognitive dimension, the objective to relate the biblical knowledge to the daily experiences of the children is not effectively reached because of, amongst other reasons, the lack of competencies to do so on the side of the teachers in many parts of Africa (Mumo 2013:799). One of the results is that the affective dimension and emotional support for suffering children do not receive enough attention (cf. Beukes 1995:13; Nel in Senter 2001:63; Grobbelaar 2008:161).

The educational approach does not effectively address the needs of emotionally wounded children who are experiencing emotional discomfort or suffering, stemming from unresolved negative personal, interpersonal or social issues, which are generally the results of trauma caused by hurtful human deeds, natural or social disasters and self-inflicted suffering. The need of these children is for healing, which can be described as a process of psychosocial restoration or growth from a state of emotional woundedness to a state of emotional well-being through the dynamic interaction between psychological and social factors (including a person or persons) in the life of the emotionally wounded child. The affirmation of the dignity and humanity of these wounded children as well as their longing for support and sustaining community, cannot simply be met by a teaching ministry and a formal relationship with a teacher. Where emotionally wounded children are concerned, the challenge to the church is to move beyond this educational paradigm to a ministry in which their emotional needs are more directly addressed. These children need to experience God's care and support in the midst of their hurting circumstances.

Because God is love, it is of absolute necessity that the church looks at suffering children through the lens of love. God's love needs to be translated to them in such a way that they experience God connecting in a healing way to their life experience by a surrounding circle of believers who are not cold, uncaring and even judgmental towards them (Brown & Hendriks 2004). What they really need, is a deep pastoral encounter that mediates the presence of the Holy Spirit as the Comforter and Healer in their pain and suffering. The challenge for the church is to address their need for support

and sustaining community by creating a pastoral ministry that brings hope, endurance and healing in spite of their discouraging circumstances.

However, contemporary pastoral ministry tends to be in dissonance with African culture. It became very much embedded in an individualistic pastoral practice driven by a pastor-client approach (Dames 2010), originating from the West. According to Farhadian (2001):

Western notions of healing often entail a good dose of therapeutic intervention, usually in the form of individual counselling provided by a licensed therapist, psychologist, or psychiatrist or a pastoral counsellor or peer for those with less acute disorders. (p. 241)

As Farhadian (2001) states, the problem of such an individualistic paradigm in Africa is enhanced by the fact that:

[g]enerally, the non-Western world lacks the therapeutic infrastructure required to administer counselling to victims of trauma. In those countries that in fact have cadres of professional therapists, the overwhelming majority of persons are financially unable to purchase the kind of therapy they require. The paucity of trained therapists, psychologists, and psychiatrists mirrors the penury of the general population. (p. 243)

This situation challenges the African church to develop a more corporate and communal pastoral practice of supporting and caring for emotionally wounded children on their journey towards healing. Therefore the research question this article wants to address is: How can lay members of local churches be equipped to help develop these churches to be healing communities that provide care, support and healing for emotionally wounded children?

Definition of 'healing communities'

To find an answer to this question it is in the first place necessary to define the concept *healing communities*. In this research, a healing community is a group of people with an active interest in the well-being of its members and with an ultimate purpose to intentionally share this well-being with *all* members of society. It can also be described as an association of caring individuals with the focus on relationships rather than constitutions and structures. In the words of Miroslav Volf (1998:11), the term *community* in this context refers 'quite generally to the concrete relationships within the social edifice that is the church'. Whilst membership might be informal and voluntary, the group has at least one designated or mutually acknowledged leader or lay facilitator, who is not necessarily professionally qualified or has a professional position in a church or society, but is equipped to initiate, lead and/or manage processes in a small group that enhances the psychosocial restoration and growth of the group and its members. These small groups function according to some general processes, values, principles and goals. In the context of this article, the groups are intergenerational (including children and adults), normally interfamilial (including members of different biological

families) and in general of mixed gender. The concept *healing community* is also used by Henri Nouwen (1979:94), referring to a community of 'wounded healers'. Although there might be some overlap, this should not be confused with so-called 'hope-healing communities', referring to 'those interfaith (Christian) prayer-healing ministries aimed at using the power of the Christian prayer and other rituals of religion to bring God's intervention and healing to the needy' (Nwoye 2002:58) and whose leaders 'are typically ordained religious ministers, most of them well trained in the art and practice of the healing sciences' (Nwoye 2002:60). Van Laar (2006) offers the following inclusive definition of a healing community:

[A]mid the brokenness and in conflict situations, [they are] offering 'healing places' where men, women and children find 'healing' for body, mind and soul; welcoming meeting-places where wholeness, reconciliation and forgiveness are received and shared. (p. 240)

Case study

To answer the research question on how to equip lay facilitators to help establish such healing communities, a case study strategy, which is an appropriate way to search for answers on a 'how' question (Botha *et al.* 2010:191), was followed. The research was undertaken as a single, holistic case in participation with a non-profit organisation (NPO) that reaches out with a holistic care program to about 3000 vulnerable children and 980 primary caregivers, identified as an 'aunt, granny or other person with whom the kid is staying' (Southern Cross Missions n.d.).

An important part of this NPO's intervention in the community is the hosting of children's camps, with the purpose to develop life skills and faith formation. Although most of the staff members of the NPO are accomplished children's camp counsellors, skilled in leading discussion groups and creating memorable and life-changing experiences, it approached Petra Institute (www.petra.co.za) to provide further training for their permanent and voluntary staff members.

First of all, a needs analysis was done in a participatory way. Together, the NPO and Petra Institute discovered that many of the staff members felt incompetent and ill-equipped when faced with children displaying symptoms of emotional wounds. They did not know how to deal with the psychosocial side of abuse and other atrocities committed to children. They also realised that the problems in the community are so vast that individual counselling will not address the challenge adequately. Therefore, the goal was set to equip the staff members as facilitators who could help small intergenerational groups to become healing communities in their local communities.

It was decided that the first phase of the training program would deal with basic principles and skills to build relations with children in a community context. Phase two followed with a course on responsible use of the Bible to help children

grow in faith. The third phase addressed the specific issue of emotional woundedness. The course ran for nine days and was designed in such a way that the prior knowledge and skills of all the staff members could be combined with the newly acquired skills to enable them to apply it in their own context. The first five days of the course dealt with concepts and skills practised in class, the most important of which were tested in contact sessions with individual children in a local school. The next three days embraced a children's camp, and the last day was used for reflection on the camp.

This case study is now portrayed in a narrative form. The narrative will focus on the camp to illustrate the primary concepts taught during the course and how the facilitators applied it in the seminal healing communities. The narrative is followed by an analysis of the success factors embedded in the healing process started at this camp. The training process used to equip these lay people to facilitate such healing communities, is then described. The article concludes with a few challenges to the church in Africa.

Towards healing communities – A narrative of a camp with a difference

Tshego¹ was one of the committed and experienced community workers of the NPO who coordinated a holistic care program for the most vulnerable children in a poor rural community. This included the capacity building of the primary caregivers, church and community leaders.

Although the camp venue and setting was familiar to Tshego, the camp itself differed from previous children's camps. To start with, the ratio of facilitator to children was only one to two, compared to the usual one to ten or more. Each facilitator gave maximum attention to the two children in their care. The style of the camp was also different. Where the adults normally take the lead, including doing most of the talking, they adopted a more subdued role, spending most of their time listening and merely being with the children. This camp was therefore less educational and more relational than usual. Whilst there were times set apart for large group activities, including games and fun activities, most of the weekend was spent in intimate small group activities. Instead of being a camp leader, Tshego was a caretaker ('mother') to two young girls for the weekend. The camp was unique in another way: all the girls were specially selected because of their backgrounds of severe trauma. Their ages ranged from nine to 15 years, but they were allocated to small groups according to age.

Lerato was a thirteen-year-old girl from a small rural community. As one of several illegitimate children of an alcoholic mother, she grew up in extreme poverty in an overcrowded home. From a very young age, she was exposed to violence and sexual abuse. Since the death of her mother

1. People's names have been changed and the specific venue of the camp is not mentioned to attain anonymity. All the main role players gave their permission for this narrative to be published.

when she was 11 years old, the family had to rely on the old age pension of the grandmother who is the only reliable adult available to care for them. She has no contact with her father.

When Lerato arrived at the campsite, she was surprised to see no more than about 30 other girls. They received a warm welcome, without the normal keep-quiet-and-line-up routine. She was glad to discover that a small group of them were to share a room with two older women, one of whom she fondly knew as Mama Tshego.

The program started with a dramatic story in which all participated as actors: they were on a big ship when suddenly a storm broke over the ship, so fierce that the ship was destroyed and all had to swim for safety! Mama Tshego came to rescue her and a new friend, Tumi, and with much excitement and shouting, the small group reached a safe island where they had to build a shelter with sticks and ropes and blankets. It took some time to get the shelters up, but soon the hall was adorned with 15 little blanket-shelters, each housing an adult and two children. Lerato felt cosy and safe with Mama Tshego and Tumi in their tiny shelter, which became their 'den' for the rest of the weekend; a place where they talked, listened and played, and sometimes even cried.

Lerato and Tumi did not queue up for supper or any other meals. Mama Tshego brought their food and they shared meals together as a family, sometimes inviting other such families to join them in their shelter. At bedtime Mama Tshego took them to shower and tucked them into bed, ending each day with a beautiful bedtime story and gentle prayers.

The rest of the weekend became one exciting journey. The story of Paul, losing his freedom and all his possessions, suffering severe trauma and rejection, but eventually triumphing because of his faith (Ac 27 and 28), became the theme of the camp. The children and adults played out the story in different episodes, all participating as characters in the drama.

After each episode they returned to their shelters to have a discussion linked to the experience. The discussions were done in a special way. Instead of merely talking, the children were provided a variety of objects to help them express their thoughts and feelings. Seeds, pebbles, paper, crayons, clay, board games and even a small sandbox with paper toys were gradually introduced as the weekend progressed. Lerato was fascinated with the sandbox and paper toys. As she shared stories from her own life relating to Paul's experiences, she used the toys to represent different characters and feelings. It was as if the incidents became reality before her eyes, like a video. Tshego, who also shared some stories from her own life, listened patiently and gently encouraged her to open her heart. Tumi was also included in the storytelling and allowed to share her stories. They gradually developed a strong bond of trust and acceptance. Lerato felt she could be absolutely honest. Mama Tshego and Tumi will not judge her or let her down.

There was also time allowed for big group games and activities. Singing and dancing, running and catching, hugging and tugging – they shared lots of laughter and fun. The camp leaders organised a treasure hunt where they had to find crazy things in nature and create songs and dances, and they even had time to do nice beadwork.

The camp built up to a climax. With Paul they travelled all the way to Rome, discovering that God always had a specific plan and purpose for him, even when he had to endure one trial after the other. In the shelters they discussed their own callings and purposes, trying to find ways to live fruitfully despite their painful pasts and challenging situations. To remember all they have discovered, each one made a small 'book of hope' in which they wrote about their sad feelings, but also their new discoveries and their decisions for the future. They wrote encouraging messages in each other's books. They drew a picture of hope and even wrote a letter to God. Lerato wrote:

I love you Father. Thank you for Mama Tshego who played with us and made us feel special. I am better now. Help me to finish school and take away my fighting heart so I can obey you. This is Lerato.

Tshego went home with renewed vision. She had a strategy and tools to start small healing communities, where children and adults can share their burdens and help each other lovingly to grow from their pain towards healing.

She continued to visit the children, including Lerato and her family. She even managed to get small groups of families together in regular meetings where all, children and adults, were accepted and allowed to express themselves. Using the same principles and skills, even the paper toys, drawings and stories, she helps the families to communicate more effectively, to deal with their struggles and to make healthier choices. It is merely the beginning, but slowly a number of small healing communities are coming to life in their village.

Elements contributing to the success of the camp

The camp was designed according to specific principles and concepts. Each of these was to contribute to the formation of an environment in which trust could develop, communication stimulated, (self) discovery promoted and emotional healing enhanced. A few of the key elements contributing to the success of the camp are discussed below. The elements did not operate in isolation, but were carefully integrated in a process, allowing simultaneous development over the weekend.

Hospitality

What Lerato experienced at the camp, was a deliberate expression of hospitality. Tshego and her colleagues carefully planned ways to 'welcome' the children at a very deep level. It was not superficial, manipulative or condescending, but stemmed from a true desire to apply the words of Jesus in

Matthew 18:5 ('Whoever welcomes a little child like this in my name, welcomes me') in the context of the camp.

Hospitality is proposed as an alternative for the educational paradigm described in the introduction. Where the educational paradigm tends to segregate church members along generational and often gender lines as seen in typical Sunday school structures, a hospitality paradigm leans towards inclusion and intergenerationality. Eddy Prest (1999) said:

[I]ntergenerationalism goes deeper than various age groups of people simply being together. It insists on a definite interaction, relationship and conversation between the three or four generations present. It carries strong concern for 'bridging' generations into acceptance, belonging, communication and conversation that provides maximum potential for the interflow of personal faith. (p. 1)

In many ways, this is precisely what hospitality implies. Hospitality is respect and acceptance. It is active and deliberate. It is more than merely tolerating the presence of the guest. It calls for focused attention, compassion and care. Hospitality is in essence about relationships. In terms of the ancient hospitality rules (Wikipedia n.d.), the host enters into a relationship with the xenos (foreigner, stranger or traveller) by receiving him or her unconditionally and eventually giving a parting gift. The guest returns the favour by being courteous to the host, with a mutual purpose: to part as friends. This friendship implies attachment and bonding, the foundation of which is trust – a consequence of active love.

The ancient hospitality rules were adhered to in spirit and deed at this camp. Lerato was respected as a human being, a person with value who was welcome in the community created for the weekend. She was particularly welcome in the core community created by Tshego for the three of them and, unknowingly, she also respected the hospitality rules.

Africa is not unfamiliar to the concept of hospitality. The concept of Ubuntu, central to most cultures in Africa, seems to reflect hospitality in a broad sense. Broodryk (2006) defines Ubuntu as:

... a comprehensive ancient African worldview based on the values of intense humanness, caring, sharing, respect, compassion and associated values, ensuring a happy and qualitative communal life, in the spirit of family. (p. 22)

In a television interview with Tim Modise (2006), the late Nelson Mandela said the following about Ubuntu:

'A traveller through a country would stop at a village and he didn't have to ask for food or for water. Once he stops, the people give him food, entertain him. That is one aspect of Ubuntu.'

It is interesting how this illustration of Mandela immediately calls up images of ancient Middle-Eastern hospitality, such as in the Old Testament narrative of Abraham and the three visitors (Gn 18), which indicates that the 'hospitality rules' of ancient Greece and the Middle-East are in fact well and alive in Africa today – at least where raw individualism has not begun to replace it.

Ubuntu is linked to the very soul of humanity. In the words of Desmond Tutu (2004:25–26): 'It is the essence of being human.' One may argue that this is a central part of being created in the image of God. In Trinitarian theology, God has been described as Three-in-One. Volf (1998:204) refers in this regard to the 'communion of the divine persons'. Maybe it is more fitting to say Community-in-One, since the three Persons of the Trinity cannot be separated from their relationship with one another. God is the original relational Being. He is the Creator of community. Created in the image of God, we share God's relationality (cf. Grobbelaar 2008:229–234, 407–410).

Whether the paradigm is hospitality or Ubuntu, the principles remain more or less the same: 'In my respect for you, in my acceptance of you as a fellow human being in need of other human beings, I become a human being myself.' Friesen *et al.* (2000:13) draw the concept of relationship through to the healing of wounded people: 'Growth, repair, maturity and faith development are all intimately tied to relationships. People do need people to achieve wholeness in a fractured world.' As Tshego and her colleagues discovered, where hospitality is adopted as a foundational paradigm for intergenerational small groups, it greatly enhances the potential of such groups to become effective healing communities.

Healing relationships

Because hospitality is essentially about relationships, Tshego and her colleagues actively worked on the relationships between adults and children, and amongst the children within the big and small groups. To start with, they understood the world of children and that 'play is their language' (Landreth 2002:16). Tshego and her colleagues could speak the language of the children. Not only did they know how to lead a variety of games, but more importantly, they were also able and willing to lower themselves to the level of the children and join them in their own play right where they were – even when it meant lying down in the dust with them. They were excellent storytellers and used humour effectively in strengthening relationships.

Their relational skills went further than mere playing, however. They understood the importance of relating in a special way to children who were suffering emotionally and trusted the healing power of such relationships. 'Students grow in their faith through relationships, wounded people heal in relationships, and unbelievers come to the Lord through relationships' (Friesen *et al.* 2000:13). To be therapeutic, supportive or healing, however, relationships need to have certain universal characteristics of which Carl Rogers (1957) identified three indispensable ones: empathy, congruence and unconditional positive regard. These characteristics are commonly referred to as understanding, sincerity and acceptance. Where these three characteristics are present, the relationship will flourish and deepen. Take away one or more and the relationship will flounder. According to Corey (2009:463): 'Counselling is a personal matter that

involves a personal relationship, and evidence indicates that honesty, sincerity, acceptance, understanding and spontaneity are basic ingredients for successful outcomes.' Broodryk (2006:125–126) argues that these are also essential elements in an Ubuntu approach to counselling.

Tshego and her colleagues invested all they could to establish healing relationships. They tried to create a sense of understanding by listening carefully to what the children communicated – verbally and non-verbally. They applied active listening skills, reflecting the feelings of the children where they could to communicate their understanding of what they heard. They also tried to foster a climate of openness and honesty by being transparent themselves. Tshego told stories from her own life to Lerato and Tumi, including stories about her failures and fears – always being careful, though, not to place excessive burdens on the children. Her honesty encouraged the children to also be open. By refraining from judgement, superficial comfort or empty advice, she also established a relationship of unconditional acceptance in which the children could lower their defences and not only regain their self-value, but also honestly evaluate their past and current life choices. This confirmed what Baloyi (2012:1) reflecting on his work with abortion patients in South Africa, stated about the importance of listening: 'A counsellor must be ready to listen and interpret the stories of patients in order to help them cope with life after they have experienced problems.'

Attachment

True hospitality brings about a close affinity – a relationship of trust and interdependence. The term *attachment* or *bonding* describes a very close form of interdependent relationship as it is been found between a child and his or her primary caregiver. In the first months of a child's life, mutual trust, and thus attachment, will develop if the mother or primary caregiver meets the most elementary needs of the baby: nourishment (food, warmth and protection), touch, eye contact (smiles) and stimulation (movement, play). According to Winger (2000):

[t]hrough this interaction, which occurs hundreds of thousands of times in a year, the child learns that the world is a safe place and trust develops [...] Attachment is reciprocal, the baby and caregiver create this deep, nurturing connection together: It takes two to connect.

On the camp, the facilitators created the conditions for attachment by applying these very same basic principles: they personally handed the children their meals; they touched the children in loving and respectful ways; they used every opportunity to make friendly eye contact and they joined the children in various forms of playing and creative activities. In addition, they listened and showed empathy and support – affirming the children in different ways.

One weekend was too short to establish true attachment, of course, and the purpose was never to replace the attachment between the children and their caregivers at home. The

exercise in itself, however, brought deep insight on the side of the facilitators, which they continued to apply in their work with families and communities afterwards.

Rituals and symbols

To complement the active relational inputs, a combination of rituals, symbols and actions were employed to express hospitality. Bedtime and wake-up rituals included hygiene routines, carefully selected bedtime stories, prayers, tucking in, gentle awakening and respectful touch. Mealtimes had rituals too – the facilitators did the queuing on behalf of the children. Each facilitator would dish up food for the 'family' and bring it to the children in the shelter or another comfortable place. Grace was said in the small group. From the second day, small groups were encouraged to invite each other over, in this way extending the hospitality concept. The telling of the story of Paul also became something of a ritual, with continuity in style, characters and participation. The overall aim was to create a sense of a familiarity, a 'homeliness' and comfortable predictability, with a good balance between variety and routine.

The shelters were powerful symbols of hospitality in themselves. The teams had to construct them in such a way that they provided a level of privacy without being completely isolated. The blanket coverings created a feeling of warmth and cosiness. Teams had to name their shelters and consequently gave identity to them and allowing opportunity for association. The facilitators were careful, however, not to overplay the identity of the small groups, but rather establish a bigger context of hospitality. Competition was avoided, even in the big group games, and inclusion encouraged. The toys, clay and drawings had strong symbolic value and were not only used to enhance communication and understanding, but also to be symbolic expressions of deep-seated emotions, self-images and decisions. The 'book of hope' became a final enduring symbol of the journey through the weekend, including emotions, discoveries and decisions.

Symbols of the 'educational' approach such as whistles, queues, camp rules and name tags were avoided as far as possible. Instead, the functioning of the camp relied on relationships of respect and trust.

The STOP sign model as a framework for the camp

The fact that the smooth running of the camp relied more on relationships than rules, does not mean that the camp was void of structure. On the contrary, the camp was highly structured, because structure is of vital importance in the healing process.

The concept of structure as an element in the healing process of traumatised children was well described by Phylis Kilbourn (1995) and her colleagues working in war-torn Liberia. They designed a framework for helping children traumatised by war, which they called the 'STOP sign model' (Kilbourn 1995:147–214). The four elements in this model are:

- Structure
- Time and Talk
- Organised play
- Parental care.

These four elements combine to create optimum long-term conditions for the emotionally wounded child's restoration.

Concerning structure, Kilbourn (1995) remarks:

The need for order and predictability in a safe, disciplined – but not rigid – environment is essential not only for children who have been deeply traumatised by war, but also for those children who show some degree of resilience in handling their trauma. A structured environment promotes healing. (p. 73)

Tshego and her colleagues tried to create this kind of safe, disciplined environment. The structure lay in the comprehensive program and the rhythm of the camp. Whilst the camp had a relaxed pace, there were no free time where children had to rely on themselves. Even when the children rested, it was a planned activity where the facilitators took the responsibility, creating safety by making decisions and communicating arrangements in a gentle way. The result was that the children were relieved of the pressure of petty choices and could focus on their bigger inner issues and life choices. At the same time, boundaries were laid down based on mutual respect, mostly to ensure the safety of all. The children were clearly informed that keeping to, or attempting to break through the boundaries was a matter of personal choice and that choices always had consequences. Because of the close personal contact between the facilitators and the children, discipline issues were minimal and in general amiably resolved.

The camp was designed to provide ample time for talking and listening. Of course, the children were the ones doing the talking, whilst the adults listened. This was a key element in the process, based on the conviction that the children have limited to, or have no opportunities to be listened to and seriously needed such opportunities. 'The most valuable part of any therapy for a child is to share his or her story and to feel that someone listened to them' (Kilbourn 1995:172). Although the facilitators were aware that healing would need more time than a weekend could provide, it was a start – opening opportunities for ongoing healing relationships.

To make it easier for the children to express themselves in their language, carefully selected toys and aids were provided, including paper and crayons, clay, objects from nature and paper figurines. They were set up and dealt with in an organised setting in the shelters – in terms of what Kilbourn would call organised play. 'Child-centred play therapy is one of the most powerful ways to help children recapture what was so violently taken from them: control, power, safety and hope' (Kilbourn 1995:182).

Although it was only for a weekend, Tshego and the other facilitators became substitute parents to the children, fulfilling the roles of primary caregivers. In terms of the

STOP model, this is crucial for sustained healing. Marlys Blomquist (Kilbourn 1995:198) remarks: 'Parental support is the most important factor in the rehabilitation of children who have suffered, whether in war-affected or peaceful societies.' The children formed short-term attachments to their camp parents. This was evident in the body language (eye contact, friendliness, comfortable touch and bodily proximity) and confirmed in testimonies of the children at the end of the camp, indicating trust, love, experiences of care and closeness to their temporary caregivers. The danger of unhealthy dependency and separation anxiety at the end of the camp was acknowledged, and therefore the attachments and eventual separations were carefully monitored and managed by the facilitators.

The heart of the camp: Creating healing communities

The principles above are fairly common and apply to counselling situations in general. Something unique of the camp was the fact that it was about more than a therapist-client relationship. What Tshego and her colleagues were attempting was to form small healing communities where children and adults could grow together from brokenness to maturity, which includes healthy interconnectedness. Friesen *et al.* (2000) warn:

No therapist can solely meet the belongingness needs of any client [...] Maturity, belonging, and recovery must all be working together among a group of caring people. Anything else does not fit with the way God designed us. (p. 101)

The healing communities at the campsite were seminal in size, duration and function. Nonetheless, they contained the essence of true healing communities and became a valuable exercise in which both adults and children could hone their community skills. They learned to communicate on a deep level. They learned to listen. By the end of the second day, the children have already picked up active listening skills from the adult facilitators to the extent that they could reflect each other's feelings and words remarkably accurately. They showed compassion and empathy towards each other, displaying growth in their emotional intelligence.

The tiny healing communities were rooted in a system of relationships in which God, each individual, small and big groups, and the environment played a role. The individual child or adult's story was linked to the story of the community, environment and ultimately of God.

Becoming God's story

The healing communities of this camp were more than encounter groups or group therapy sessions. A vital element was the third dimension in the small communities: the God dimension. Tshego and her colleagues were keenly aware that they were busy telling a story, God's story, which was ultimately their own. They tried to show the children that they are 'stories' in progress – stories God is still telling and which have not come to an end yet. If the stories are sad, hopeless, cruel, scary or frustrating at the moment, it does not necessarily mean that they will end that way.

To help the children understand the way God is telling people-stories, the dramatic events on Paul's final journey to Rome (Ac 27 and Ac 28) were acted out in a series of episodes. Afterwards they sat down for extended reflection, relating Paul's story to their own life stories. The process of reflection was not merely cerebral, but rather existential, allowing the children to enter their own stories – recalling traumatic events, expressing their emotions about it and gradually make sense from it. They were always free to express themselves in the communication style of their choice, either verbal or non-verbal. This way, the children could discover God's compassionate presence in their lives, in spite of their suffering.

It is interesting to note similarities between this process and the one used by churches in the traumatised communities of Indonesia as described by Charles Farhadian. Farhadian (2001:246) explains how the three final moments of Jesus' life, (1) his denial, crucifixion and death, (2) his consolation and burial, and (3) his resurrection, are used to help the persecuted members of the local churches reflect on their own suffering, comfort and hope. During the camp, the children and adults within the healing communities, inspired by Paul's story, (1) reflected on their own experiences of loss, rejection, stigmatisation and hopelessness, then (2) had the true experience of understanding, care and comfort within the warmth of a 'family' sharing a 'shelter', and eventually (3) could face the future with faith and hope in the resurrecting power of God.

As Farhadian (2001:247) rightly remarks, attempting a healing community and facilitating such a delicate process is indeed 'a risky endeavour', which not only requires 'the confidence of all involved', entailing 'a safe space in which persons, perhaps for the first time, can share their "silent history" with each other', but also competent facilitators – 'men and women who have received the trust of their community'. The result of such a process cannot be guaranteed. Healing of the individual or the community is not necessarily a given. Farhadian (2001) is convinced, however, that it provides an opportunity for restoration of strength, guidance and meaning:

Through the reclamation of trust, which is foundational for individual and corporate participation in the modern era, an increased sense of belonging can initiate the process of personal transformation and the restoration of moral grounding. (p. 248)

The camp experience described above, seems to support this conviction. A year after the camp several of the children testified that they have remained true to their decisions and managed to persist in their faith, making hopeful and meaningful choices in their homes, schools and communities.

The camp program had its obvious shortcomings. It was difficult to relate the discoveries of the weekend to the children's real lives, because they were removed from their homes and communities. Even more important, the people in their immediate contexts (caregivers, siblings, other family

members) did not go through the same experience and could not gain from it. The children therefore returned to situations and people that were basically unchanged, which inevitably led to some disappointment and frustration. It would have been of much greater value if the families, or at least the primary caregivers, could have been part of the process.²

The small healing communities at the camp did not fully reflect the reality of the communities from which the children came – with overcrowded homes and a complex system of interactions (often destructive) within families. Because of limited privacy, it is very difficult to arrange for uninterrupted time with a child or a small group of children, even at school or church. There are always others who clamour for attention and often most demanding adults. What the children experienced at the weekend camp was exceptional and hard to repeat. The challenge remains to develop healing communities in the very contexts of the children.

Becoming facilitators for healing communities

The competencies of the facilitators

To succeed in running such complex integrated processes as was needed at the camp, the facilitators had to master appropriate skills and exhibit relevant knowledge and foundational values. They had to be mature and living reconciled in their relationships with themselves, with others, with their environment and with God. They had to display humility and respect for people and in particular children, without being patronising or manipulative. They had to be empathetic and emotionally intelligent. In terms of Desmond Tutu's (2004) description, they had to be people of Ubuntu:

A person with *ubuntu* is welcoming, hospitable, warm and generous, willing to share. Such people are open and available to others, willing to be vulnerable, affirming of others, do not feel threatened that others are able and good, for they have a proper self-assurance that comes from knowing that they belong in a greater whole. (p. 25)

In biblical terms, they had to display the fruit of the Spirit, as Paul described it to the church in Galatia: love, joy, peace, patience, kindness, goodness, faithfulness, humility and self-control (Gl 5:22).

They had to have a good understanding of communication, especially of the communication styles and preferences of children, and had to be skilled in active listening. They had to master different techniques to support communication such as using toys, the sandbox and drawings. The facilitators had to apply storytelling wisely. Because carefully selected stories, for example bedtime stories can be powerful, they had to use them sparingly and enough time had to be allowed for reflection and internalisation. Of course, the story of Paul became a strong narrative for the children to rewrite their own life scripts.

2. A similar process (although on a smaller scale), including whole families, was run with displaced Palestinian families in the West Bank in 2010. The results were very encouraging and families testified of growth in mutual understanding, communication and hopeful decision-making.

The facilitators had to understand trauma and its effects on children. They had to be sensitive for the ways children react to trauma and had to be prepared for unexpected behaviour. They had to understand and facilitate the key elements undergirding the camp, such as the STOP model, attachment, therapeutic relationships and the three-stage spiritual healing process described in the previous section.

Developing the competencies of the facilitators

It was explained above that the camp was one element in a bigger process to develop the competencies of the facilitators to deal with emotionally wounded children. The processes employed in all the phases aimed to address not only practical skills, but also paradigms, values and theoretical understanding. The participants developed facilitation skills as described above, including active listening, using toys and play techniques to enhance communication, storytelling, sensitive use of touch, eye contact and humour, and the use of Scripture and prayer. At the same time, however, they discovered and internalised key values such as respect, humility and patience, and adopted basic paradigms such as hospitality and a hopeful approach to life. This was underpinned by theory dealing, amongst others, with the effects of trauma it had on children, the elements of healing, the nature of healing communities and biblical data relating to the issues at hand.

Because the facilitators are operating on a very basic level in the communities, and also because the idea was that the skills could be passed on to others, the course was simple, direct and practical, even though it was founded on well-researched principles. Different learning processes were employed, the most prominent of which is the so-called experiential learning cycle (Greenaway 2002). In terms of David Kolb's 'Experiential Learning Theory' (1984), the learners went through a learning cycle involving:

1. concrete experiences
2. observation of and reflection on the experiences
3. formation of abstract concepts based upon the reflection
4. testing the new concepts.

This cycle repeated itself on different levels. For five days the facilitators discovered new concepts and skills through observing and reflecting on demonstrations and own experiences, forming concepts, sharpening competencies and testing the concepts and skills. They simulated important parts of the camp to familiarise themselves with the processes. The weekend with the children was the context for the ultimate testing of the concepts, after which a final reflection and evaluation was done before they returned home. Informal evaluation, in which the organisational leaders played the primary role, was conducted through regular follow-ups over the ensuing months.

Whilst the weekend camp in itself proved to have positive results in the lives of the children, the real aim was to equip the facilitators to implement the newly acquired concepts and skills in their communities. The challenge they were facing

was to establish small healing communities in the towns and villages where they served. The camp for children provided a model for such healing communities with the paradigms, principles, theory, tools and facilitation skills to lead them. Soon after they returned home, Tshego and others started to create such small groups in their communities – bringing families together and applying the principles to stimulate communication, mutual care and growth. They also started to pass the skills on to other facilitators, volunteers and caregivers, setting in motion a process that can multiply itself in many communities.

Conclusion: Challenges to the African church

Challenge 1

The church needs to revalue current practices, such as individual therapeutic interventions of professionals, to deal with the greater issue of emotional woundedness of children and adults in Africa

The enormous challenge of wounded children, families and communities is right at the door of the African church. Ignoring the challenge is no option. The church has to deal with it in unique and meaningful ways. To start with, the church cannot reduce the task to individual therapeutic interventions by professional therapists. Whilst there is a place for individual therapy, it is unlikely to address the need in Africa in the long run. In fact, even in the West more and more questions are being asked about individualistic psychotherapy. Referring to the 'detached, artificial environment of the therapeutic relationship between client and psychologist', Joseph Hellerman (2009:30) observes the irony of detaching hurting people *from* community in order to help them better function *in* community, adding: 'Perhaps such an approach to healing strikes you, as it does me, as decidedly counterproductive.' He then pleads for a paradigm shift in the care of hurting people (Hellerman 2009):

What is required is a wholesale reorientation of our worldview, and a key aspect of that orientation must involve embracing the strong-group values that characterized the outlook of New Testament Christianity. (p. 30)

In other words, embrace hospitality as a paradigm, embrace Ubuntu, and embrace Jesus' metaphor of a new family.

Challenge 2

To address the needs of emotionally wounded children in Africa, the concept of hospitable, caring healing communities should be explored and implemented as an essential part of the church's ministry

If Ubuntu is alive and well in Africa, the churches in Africa should find it much easier than Western churches to embrace this paradigm. In spite of the diversity amongst them, it seems that, in principle if not always in practice, the African Instituted Churches (AIC) tend to accept this paradigm for being church. '[T]he operative ecclesiology amongst the AIC churches is the church as the extended family of God' (Grobelaar 2012:68). Right from the start, the Roman Catholic

Church in Africa also embraced the same ecclesiology with communion as a key concept describing the essence of the church (Grobelaar *ibid*:68).

A well-known saying goes that it takes a whole village to raise a child. Or does it take a family to best raise a child? Friesen *et al.* (2000) are not willing to settle for an either-or:

We are here to say, after carefully studying the conditions that affect human maturity, that we are convinced beyond a doubt it takes both a village and a family to most successfully raise a child. (p. 35)

This is crucial for the church to understand. In a society where both the village and the family are disintegrating, the church has the unique opportunity to be both the village and the family to the deprived child. It is in the life of the village-church, the vibrant meetings, the collective worship and searching of God's heart, the ministry to the world, the mutual care, and the faith and commitment to the Father that children discover their Christian identity. However, it is in the small group of the family-church, where children experience acceptance and love, where children are listened to and personally cared for, where children fulfil their active part as members of the family, and where children come home.

The challenge to the church, then, is to start functioning as a healing community (village), consisting of small healing communities (families), where wounded people can be welcomed and comforted. 'Without the help of a caring community around them, their woundedness, dividedness, isolation, and oppression will prevent them from getting to wholeness' (Friesen *et al.* 2000:21).

Challenge 3

Leaders need to be equipped for this task

On the one hand, village-church leaders must be raised up – people with the heart, knowledge and skills to live out and communicate God's vision to the people. They need to be leaders who can bridge divisions and bring a message of hope and renewal in Christ to hopeless communities. At the same time there is a critical need for family-church leaders, people who are competent to facilitate the small group processes described above and create successful healing communities. Such leaders must be raised and equipped for this task.

Existing programmes to equip facilitators for healing communities need to be evaluated and, where necessary, new programmes need to be designed for specific contexts. Tutors to lead training processes must be identified and equipped. Resources must be made available.

It is within the church's reach to rise up such leaders. Tshego, Lerato, Tumi and others can testify of this.

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Authors' contributions

J.G. (North-West University) was responsible for the first part of the article ('Introduction and research problem'). D.C. (Petra College) was responsible for the case study and thus for writing the second part of the article ('Towards healing communities – A narrative of a camp with a difference'). The authors worked together on the rest of the article and were equally responsible for finalising the article.

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