Isaiah clarifies some very important issues: The birth of Jesus heralds the promised reign of peace. This is not just another child born into the world, not just another boy.

For to us a child is born, to us a son is given; and the government shall be upon his shoulder, and his name shall be called Wonderful Counsellor, Mighty God, Everlasting Father, Prince of Peace.

- Isaiah 9:5-6.

He will reign as King, as His names indicate:

- **Wonderful Counsellor** - His counsel will be wonderful to all - the counsel of God that surpasses human understanding.

- **Mighty God** – He will protect his people against any threat.

- **Everlasting Father** – a royal title, as every proper king is a father for his people. Furthermore, this King, like God Himself, will reign for ever (Ps. 68:6).

- **Prince of Peace** – One of the roles of a king was to ensure peace and prosperity for his people. Peace for this King is not a condition to be created, but a quality of His essence. As His ancestor King David’s reign extended far and wide, this Son’s reign will increase and nothing will stand in His way.

While David’s reign was won through military action, the new King will rule in peace and prosperity. By sitting on David’s throne, the new King will fulfill the promise God made to David long ago (2 Sam. 7:12ff).

The means for establishing and maintaining the new kingdom is not by the sword, oppression or political power, but rather through the everlasting rule of law and justice in society.

May we truly get to know the King in this time of Christmas festivity. May He rule in our lives so that we may experience His wisdom and guidance. Only then we have to fear no one or nothing, as He is on our side.

A blessed Christmas to all!

Dr Tertius Erasmus
**Christmas Messages from SAAP Executive 2014**

► **Rev. Frank Meulenbeld – Vice-Chairperson**

“For to us a child is born, to us a son is given, and the government will be upon his shoulders. And he will be called Wonderful Counselor, Mighty God, Everlasting Father, Prince of Peace.” Isaiah 9:6 (NIV)

As we near the end of yet another year, let us remember the Scripture in Isaiah that reminds us that Jesus Christ came to this Earth to be our Lord and Saviour, and yet also to be a Wonderful Counselor.

As we are committed to render Pastoral Care and Counselling to people in need, let’s remember that Christ is our Wonderful Counselor. Let us enter this Christmas season of 2014 with the attitude of Christ (Philippians 2:1-11).

May you enjoy your festive season with your loved ones and be renewed for 2015!

Yours in helping others.

► **Past Vincent Mazibuko - Marketing**

It is that time of the year again when we take a break and spend time with our families.

We thank God for His undying love and grace for keeping us until now.

We have more reasons to thank Him, especially after adopting our new constitution that paves the way for our new dispensation.

We give Him the glory for giving this dedicated executive very clear vision. It may have taken a long time, but we are proud that the dream is now closer to realization.

We need to thank you as members, who have stood behind this dream and supported us as the Executive. Your support has been like wind beneath our wings.

Enjoy your season and the rest with your families. Let us meet again in a new year ready to roll, running our race faithfully until the end.

May God bless you and your families.

► **Sylvester Makuvele – Spiritual Support**

May the Beauty of Hope, the Spirit of Love, the Comfort of Faith be your gifts this Christmas Season, and the joy and peace of Christmas be with you all through the Year. Wishing you and your family a season of God’s blessings from heaven above.

Happy Christmas.

► **Marieke Willers – Secretary**

An angel once proclaimed: “I bring you good news of great joy that will be for all the people” (Luke 2: 10).

Maybe 2014 has not been a year of only good news and pure joy for all of us, but let us be strong and face the new year with Christ’s promise of “peace that passes understanding”.

When we celebrate Christmas this year, with all those close to us or maybe alone, “let us be glad and rejoice, because He has come” (Streams in the Desert by L B Cowan).

► **Sankie Greyling - Treasurer**

**A CHRISTMAS MIRACLE**

“A miracle is an event which creates faith. That is the purpose and the nature of miracles. Frauds deceive. An event which creates faith does not deceive: therefore it is not a fraud, but a miracle.” – George Bernard Shaw

For us the most major miracle was the birth of our Christ. As God, He came to earth as a man, and then took all our sins on Him and overcame the world. As we again celebrate His birth, remember that the challenge is to keep our hearts open to the possibilities and to seek them willingly and lovingly. The miracle is already there, waiting to happen at His time.

If you do not believe in miracles, perhaps you forgot you are the most precious miracle to Him.

Enjoy the period of rest and the holidays with your family and friends.
Overview

By Mrs Sonya Hunt, HospiVision Trainer and Pastoral Counsellor

The annual SAAP conference and AGM were presented on 24–25 October 2014 at the Pretoria-Oosterlig Dutch Reformed Church in Pretoria.

The overall theme was “The Needs of Pastoral Care and Counselling Practitioners”. This is a short overview of the proceedings.

Friday 24 October 2014

Opening Prayer and Welcome

The well organised and thought provoking conference was led by Rev Frank Meulenbeld, SAAP Vice-Chairperson and opened in prayer by member Pastor Sylvester Makhuvele, who reminded us that He who started a good work in us will bring it to completion.

The Needs of Pastoral Care and Counselling Practitioners

Keynote speaker, Rev Dr Leon Klein presented a four minute DVD inspiring members to join the interdenominational network of local church based counselling and care centres worldwide. You can view the video on their website: http://www.globalcarecentres.co.za/. He then elaborated on the needs of pastoral care and counselling practitioners. Starting with the need for a secure identity and self-care he then highlighted the need for appropriate relationships in terms of belonging, as well as partnering in the mission of caring and counselling. Dr Klein indicated the importance of being relevant and having a good marketing strategy. Dr Klein’s ideas are well presented in his book called “Centres of Healing”. He is the author of five books which can be obtained through the website: http://www.globalcarecentres.co.za/index.php/resource-library.

Caring for the Self of the Caregiver

After tea Dr Gloria Marsay shared her thoughts and personal experiences about caring for the self of the caregiver. She took a moment to honour the memory of previous SAAP chairman Dr Callie Hugo who died four years ago. Dr Marsay challenged us to be empowered through the awareness of relationships, which charge and uplift us and those which deflate and exhaust us. Dr Marsay provided definitions and explained the subtle interplay between Burnout, Compassion Fatigue and Compassion Satisfaction. She recommended a regular examination of the toll of our work and suggested online self-tests which can be found on the following websites: http://www.proqol.org/Home_Page.php or http://www.giftfromwithin.org/.
The five pillars of resilience in the self of the caregiver were indicated and highlighted by means of a collection of questions compiled by Dr Marsay. These questions created the possibility of empowerment through increased awareness. The questions stimulated thought about which of the resilience pillars need re-enforcement in our lives.

Adapted from Williams & Sommer in Stamm 1999:242-243, Dr Marsay listed 25 ways by which the effects of Compassion Fatigue can be ameliorated for caregivers. Furthermore Dr Marsay provided a description from Charles Figley (1995:234) http://digitalcommons.kennesaw.edu/cgi/viewcontent.cgi?article=1584&context=etd of an environment which facilitates the recovery of traumatized workers. Finally, Dr Marsay briefly touched on the principles and benefits of Compassionate Witnessing as presented by Weingarten (2003:232).

Annual General Meeting (AGM)

After a delicious light dinner we gathered for the AGM which had to be delayed by half an hour due to the lack of a quorum. Chairperson of SAAP, Dr Tertius Erasmus put the 30 minutes to good use by thanking those who contribute towards the successful organisation of SAAP. He facilitated a feedback time during which members gave their input on the value of the lectures thus far presented.

With a few minutes to spare, he led a meaningful devotional time from Psalm 121 and a visual presentation of the song: Nearer my God to Thee.

After the meeting was officially opened and all the protocol followed, a few valuable discussions followed. The first of these was on the future of SAAP once the new professional body has been instituted.

After considering the pro’s and con’s it was decided to close SAAP and continue with the Professional Body for Pastoral Care and Counselling of South Africa (PBPCC of SA) with the main disappointment being that branches cannot be established under the umbrella of a professional body. Good news was shared about the confidence that Vista Clinic has placed in the new PBPCC of SA by offering an internship in Pastoral Counselling. It is hoped that many universities and service providers will follow this model.

Saturday 25 October 2014

Opening Prayer and Welcome

Our master of ceremonies brought us to order with a warm welcome as he introduced our next speaker, Dr Elijah Mahlangu. But first, SAAP member Pastor Vincent Mazibuko opened the meeting in prayer with a reminder from 1 John 2:6 that our lives should reflect what we claim when we say that we are in Jesus.

Challenges in the Training of Pastoral Care and Counselling Practitioners

Dr Elijah Mahlangu brought to our attention the sharp disparity between the rich resources found in Africa and the low accompanied levels of human development. He highlighted the fact that corruption, arrogance and exploitation in Africa remain unaffected by Christianity despite the rapid growth of the faith movement. Dr Mahlangu, together with the audience, agreed that Christianity is growing in width but not depth. He linked this phenomenon with issues relating to the African world view, philosophical, Biblical and hermeneutical, gender and social issues. Dr Mahlangu’s discussion on each of these topics created a renewed awareness of the significance of contextual issues in the training of pastoral care and counselling practitioners.

My Own Relationships as a Fountain of Rest

Dr André Botha assured us that it is possible to have a successful marriage to any person, depending on the type of relationship habits the couple develops and maintains. Important to this effect, is the understanding that not all issues are resolvable. He quoted Galatians 5:22 and suggested that the image of Christ is projected through the gifts of the Holy Spirit and manifests in our lifestyles and relational habits.

The dangers of narcissism in an individualistic culture leading to alienation, loneliness, lovelessness, unhappiness and an inability to maintain relationships were emphasised. Dr Botha demonstrated the devastating physiological effects of unsafe relationships and the healing impact of safe relationships and the accompanied repair attempts in habits that keep couples emotionally connected and attuned (Awareness Turning toward Tolerance Understanding Non-defensive listening Empathy).

Practice Management (Guidelines for Good Practices in Pastoral Care and Counselling)

Dr Sam Eygelaar led the final workshop by supporting practitioners in the understanding of running legal, ethical and professional practices. Being registered with the proposed PBPCC of SA confers, not only the right and privilege to practitioners to practice, but also moral and ethical duties to themselves,
others and society. The rationale behind the dedication, promise and commitment to these duties exists to protect the clients as well as guide the profession. Dr Eygelaar indicated important aspects of the constitutional rights of patients (clients), as well as core ethical values and standards for good practice.

**Closing Ceremony**

During the closing ceremony, **Dr Tertius Erasmus** gave all the conference attendees the opportunity to commit adherence to a Charter, which reflects the core ethical values and standards required of Pastoral Care and Counselling Practitioners.

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**SAAP conference 2014**

Attendees enjoyed the presentations by experts on a wide range of topics. Some of our members here present a more detailed summary of the proceedings.

**Practice Management: Guidelines for Good Practices in Pastoral Care and Counselling**

*By Prof. Alfred Brunsdon, Department of Theology at the NWU (Mafikeng Campus)*

Dr. Sam Eygelaar presented at this year’s SAAP conference on Practice Management. As the theme suggests, Dr. Eygelaar attempted to address some of the issues that would constitute good practices in Pastoral Care and Counselling in the framework of an envisaged practice.

As such, it represented a timeous topic, as a good possibility exists that a Professional Body for Pastoral Care and Counselling of South Africa will soon be formed, which will enable pastoral counsellors to render a recognized and professional service to their communities. It was also a very practical approach to some of the questions important for stakeholders in this unique discipline.

The proposed guidelines were mainly guided by the ethical principles that practitioners should apply towards themselves and society when engaging in a professional practice. These guidelines were also set against the background of pastoral counselling as a craft that has the understanding of spirituality as its core business, clearly distinguishing itself from the other helping disciplines like psychology and psychiatry.

The first guideline addressed the core ethical values that are aimed at ensuring good practice. Some of these aspects included basic assumptions like respect for persons, compassion, tolerance, justice and such.

A second guideline focused on the resolving of ethical dilemmas and provided a reasonable framework for matters in this regard.

The third guideline engaged the matter of the pastoral counsellor’s duties, i.e. different kinds thereof, duties to clients, colleagues, themselves, society and the pastoral counselling profession itself.

With the fourth guideline, the focus shifted to matters of a practical nature which covered a variety of aspects like naming one’s practice, partnerships, fees and record keeping, to name a few.

The paper also outlined the scope of practice of psychologists to serve as an example of how a professional scope of practice should look. Something
which is still to be formulated for pastoral practitioners.

The contribution concluded with a few remarks on the risks of performing psychological acts when not registered with the HPCSA, underlining the necessity of a professional body for pastoral practitioners.

While the presentation supplied a substantial frame of reference for good practices, the ensuing discussions highlighted some areas of concern, which stakeholders still need to clarify. Developing jargon that befits the framework for spiritual care is one example.

The term “client” was for example used in this paper to designate the people pastoral practitioners work with. This left one with a sense that we still need to clarify our own frame of reference further. Surely “counselee’s” would fit better into the framework of spiritual care.

But arguably, the greatest area of concern which was raised by this paper is the position of current practitioners rendering their services without the protection and support of a professional board.

From the discussions it transpired that they represent a vulnerable group in terms of the law and public accountability. Although there were a few suggestions from the audience on how pastoral practitioners can guard themselves against some of the risks involved, the fact still remained that dispensing pastoral care for remuneration currently exposes practitioners to all sorts of risks.

Dr. Eygelaar should be commended for presenting a comprehensive frame of reference for good practices in pastoral care and counselling. With very few amendments his paper can serve as a guide for new practitioners wanting to set up a practice and as a measure for accountability for current practitioners in the field. But above all it strengthened the desire to become a recognized category in the field of helping disciplines in the current dispensation. We sincerely trust that it will be the case in the foreseeable future.

**Dr. Marsay Hits the Mark**

*By Rev Joani Jenkins, County South Methodist Church*

Dr Gloria Marsay presented on the topic of “Caring for the Self of the Caregiver”.

Having experienced a debilitating auto-immune illness because of ‘Compassion Fatigue’, Dr Gloria Marsay was able to explain firsthand the pitfalls of the condition.

Compassion Fatigue is an exhausted state, a kind of vicarious traumatisation, which results when constantly caring for others in distress. When caregivers get to the exhausted stage, their auto-immune systems are taxed beyond a reasonable limit. The ensuing result is a severe collapse of health. The signs of overwork are often ignored, states Dr Marsay, because there is also a thing called ‘Compassion Satisfaction’.

When caregivers are satisfied and fulfilled in their role of caregiving, job satisfaction can mask the compassion fatigue lurking underneath. A constant reality check needs to be done to prevent the destruction of health in the caregiver. This needs to happen through a conscious sense of awareness on the part of the caregiver, which leads to empowerment, as opposed to the weakening of resources.

By way of a sociogram, Dr Marsay illustrated how to identify people who charge our batteries and others who drain us. The inner circle referred to the individual person, the next circle to those closest to us and the wider circle to all the people with whom we work and rub shoulders. This gives a good indication of whom to seek to associate with more closely and whom to avoid.

According to Ochberger’s Individualising Principle each caregiver has unique gifts and responses to trauma. Therefore a personally appropriate set of self protection techniques needs to be put in place for protection of health. The Normalising Principle emphasises the normality of disturbing thoughts and feelings that the caregiver may experience.

For instance when a person has been abused themselves they may find that they cannot work with abused victims. The third principle viz. the empowerment principle highlights that a caregiver needs to be involved as an active agent in their own recovery.

Dr Marsay pointed out that stress is real and legitimate. Different people respond at different levels to the same stressful situation. The caregiver should communicate, whether a case they are confronted with is ‘too close to home’ or they are simply too exhausted to get involved. Caregivers need to have a high degree of unity i.e. to allow others in the field to assist.

A referral network needs to be established. When we look out for each others’ well-being, we are stronger than when we stand alone. (Ecclesiastes 4:12). In Dr Marsay’s words: “I need to be connected to me (personal), to God (spiritual) and to you (social)”.

http://www.saap.za.net
Dr Marsay suggested some steps to combat vulnerability as caregivers:

- A strong sense of ethical practice must be cultivated. This includes doing no harm, striving for justice and being honest and faithful.

- Ongoing practical and theoretical training is important, as is supervision.

- There is the need for the resolution of the caregiver’s own issues and traumas. (Dr Marsay gave an example of a colleague who had lost her fiancé in a car accident years before and found she could not deal with bus accident victims, whereafter she withdrew from being involved).

- It is important to strive for practical competence and the development of effective techniques.

- There needs to be an awareness of the impact of a large workload on the self and a willingness to take the necessary steps to alleviate it where possible. We need to help God care for us by caring for ourselves. People have the innate capacity toward self-healing and self-regulation.

Dr Marsay compiled a collection of questions related to the development of resilience of the self of the caregiver, consisting of a holistic examination of the five pillars below:

- **Comprehension** – understanding and awareness of the impact work has physically and emotionally;

- **Competence** – knowing abilities and limitations; ongoing training; a referral network;

- **Connection** – caring friends and supportive colleagues; spiritual reflection/growth;

- **Control** – self-care strategies, boundaries, regular breaks, creativity and play; and

- **Confidence** – a realistic self-esteem; welcoming feedback and having a strong ethical foundation

In caring for body, mind, spirit and emotions the caregiver needs to feed each part with things like nutrition, exercise, sound sleep, recreation and reflection.

Dr Marsay closed with appropriate words of wisdom from Tich Nhat Hanh, a Buddhist monk who cared for the soldiers in the Vietnam War:

“My well-being, my happiness depends very much on you
Your well-being, your happiness depends very much on me
I am responsible for you
And you are responsible for me
Therefore, in order to take care of you
I have to take care of myself”.

### My Relationships as a Fountain of Rest

*By Past Henk van Zyl, 3C Ministries*

Dr André Botha’s workshop title had me intrigued from the outset. Truly, it was a very appropriate topic which was much needed for the culture and times that we live in. It was presented in such a practical way that anyone could walk away from the workshop being enriched yet challenged to re-evaluate the strength and depth of their relationships.

We need to ensure that we model healthy, fulfilling
marital relationships to the world around us and not allow it to become watered down over time. We need to be intentional to not live past one another in this modern, hurried lifestyle of today.

Addressing the “Three Sets of Relationship Habits” with each related myth clearly exposed, impacted not only my approach to my own marriage but also identified the lies that keep married couples apart.

As it was aptly started; “You can’t be married and right at the same time”. We all have our own truths when it comes to what is right or wrong and we must be careful that we do not cherish that truth to the detriment of our own marriages or spouses. Individualism and autonomy is at the cost of deep meaningful relationships.

Dr Botha pointed out that: “the Western world maintains that an individual attains authentic identity only if clearly separated from others. In the meanwhile it did not increase happiness, because it made each individual too anxious about what he could get for himself.”

The pointed out effect of “poor social relationships are as damaging to physical health as cigarette smoking. The mortality rates of individuals with poor social relationships are higher than those who smoke cigarettes for many years.”

Dr Botha expanded on the following “three sets of relationship habits”:

1. Conflict Habits

The myth that: “we must resolve all our issues before we can be happy” is believed by many. What was insightful was that research shows that cohabitation has an increased depression level and that when there is conflict in the relationship the brain is affected in the sense that the frontal cortex pulls away from the limbic system.

In conflict, empathy goes down, but where there is forgiveness and reconciliation, healing flows. We need to ensure that issues do not simmer. A gesture must be shown as a formal repair attempt, whilst an atmosphere of safety and security must be created where issues cannot be solved.

2. Emotional Connection Habits:

The first habit is like the flip sides of a coin namely:

• Emotionally dismissive couples: “You are not here for me”.

• Emotionally connecting couples: “You are always there for me”.

The second emotional connection habit speaks of ATTUNEMENT:

• Awareness when something is wrong with your partner.

• Turning toward and not away from the issue, but staying connected and wanting to find out about the pain which was caused, rather than dismissing it. (Not in a romantic manner).

• Tolerance of one another’s issues and truths.

• Understanding what your partner is feeling and saying.

• Non-defensive listening and refraining from retaliation with your own, better truth.

• Empathy towards the emotional needs of your spouse.

This combination makes up the relationship habits. Emotional connection will make the relationship last.

3. Friendship Habits:

*Kuier*. It is important to regularly just spend time together and just talk and enjoy one another’s company.

• The critical hour just before sunset. “Do not let the sun go down on your wrath…” (Eph. 4:26).

• The crucial question we need to ask daily is: “How was your day?”

• Once a week time must be made to kuier without the children. The children need to know that this is Mommy and Daddys’ time together alone.

What stood out for me is that what we verbalise is what we become.

The Needs of Pastoral Care and Counselling Practitioners

Dr Leon Klein was keynote speaker on the important topic of the needs of the pastoral care and counselling practitioner. During his address, he quoted from the Bible and from his book “Centres of Healing”. The main points are the following:

1. The need for self-definition

Who am I, the practitioner? The pastoral care and counselling practitioner needs a secure identity and proper self-care.

“The Spirit of the Sovereign LORD is upon me, for the Lord has anointed me to bring good news to the poor. He has sent me to comfort the broken-hearted and to proclaim that captives will be released and prisoners will be freed.” (Isaiah 61:1 and Luke 4:18)

Being a successful pastoral practitioner, has very little to do with qualifications, status, titles, posi-
tions or credentials. But has everything to do with the calling on the person’s life.

2. The need to be relevant

“What do YOU want me to do for you? (Mark 10:51)

There is nothing worse than trying to help people without their permission. It is a total waste of time, energy and effort when you are trying to help people without them seeing the need for help.

3. The need to belong

There is need for appropriate relationships in terms of belonging as well as partnering in the mission of caring and counselling.

“He called His twelve disciples…” (Mat 10:1)

An effective team is the sum total of the right attitude, the right spirit, the right gifts employed and nurtured in an environment where accountability, care, and growth are encouraged and monitored.

4. The need for partnerships

“The body is a unit, though it is made up of many parts; and though its parts are many, they form one body…” (1 Cor 12:12)

Through partnerships we enhance our collective strengths, compensate for our weaknesses, multiply our effectiveness, reach our goals in less time, share resources with one another and in so doing, create a sustainable and comprehensive holistic care model.

5. The need for “branding”

What do we do to make us stand out as unique to those offering similar services in health professional services, Non-Profit Organizations, and community service providers?

6. The need for strategy

“For God is not a God of disorder” (1 Cor 14:33)

Strategy is the glue that cements vision, mission, resources, structures, teams, and partnerships in such a way that ministry is done decently, orderly, with integrity, purposefully and with a sense of intentionality.

7. The need for self-care

“Love your neighbour as you love yourself” (Mat 19:19)

Self-care entails the complete person that consists of the spiritual, emotional, physical and social dimensions.

Challenges in the Training of Pastoral Care and Counselling Practitioners in (South) Africa

By Dr JJC Schulz, Horizon North Dutch Reformed Church

Dr Elijah Mahlangu addressed the conference on “Challenges in the Training of Pastoral Care and Counselling Practitioners in (South) Africa”.

The history of Pastoral Care and Counselling known as catharsis and/or the purification of emotions by vicarious experience, goes back to the temples of ancient Egypt and to classical Greece. Aristotle discussed it in his ‘Poetics’, and it undoubtedly played an important part in many different religious rituals throughout the ages. Its use in modern psychotherapy can be traced to 1775, the time that Ellenberger (1970) cites as the birth of dynamic psychiatry.1

Dr Elijah Mahlangu described this age old challenge brilliantly in 2014 language. He started with the 17 United Nations bottom developed African countries, namely Djibouti no 170, Ethiopia 173, Mozambique 178, Burundi 180, Sierra Leone 183, Democratic Republic of the Congo 185, and Niger 187.2 Christianity started in 1900 in Africa with 9 million adherents, that grew to 30 million in 1945, 215 million in 1970 and are 380 million today.3 600 million Africans live on less than one dollar a day (World Bank). The British Broadcasting Corporation (BBC) research concluded: “the poorer the people are, the more they believe in God”. Nigeria “ranks worldwide presently the country with the highest believers in God”.4

However, Christianity is not impacting Africa, because Africans are by day Christians and at night African. The real problem is that they revert to their African customs and culture. They change their worldview but not their nature, for example: 90% Ruanda people were according to statistics Christians, whilst the biggest human massacre occurred in that country. The church is growing in width and not in depth.

With another brushstroke Mahlangu identified five challenges in the training of Pastoral Care and

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3 Joel Carpenter, 2005 (preface). The changing face of Christianity, Africa, the West and the World.

Counselling Practitioners: The African worldview, Philosophical issues, The Bible and Hermeneutical issues, Gender issues and Social justice issues. The African worldview is more of a “mental construction than a material phenomenon.”

The Indian doctor example in Mhluzi, Middelburg, Mpumalanga illustrates that the Western medicine has proven to be effective as far as explaining the physical causes of sickness and in putting into action curative processes, but it has not been able to detect and rectify its weaknesses in traditional African context where health does not only mean a healthy body and mind. Sickness is not just a physical or mental issue for Africans, but it is a religious matter. When sickness occurs, it means there is imbalance between the metaphysical and the human world. Religiosity therefore remains a major factor in healing practices in (South) Africa.

Our world is changed by the movement of solid modernism to liquid modernism, which holds human thinking as fallible and our world as too complex for any of us to presume that we know the answers to the difficult questions, especially in terms of morality and our conceptions of good and bad.

The definition of corruption for President Goodluck Jonathan of Nigeria and President Jacob Zuma of South Africa illustrates this, because educated Nigerians state “that stealing is erroneously reported as corruption”, whilst President Zuma calls corruption (Western paradigm) innocent loans given to him. The stigmatization of people living with AIDS is also a key obstacle to prevention and care. These realities may help pastoral practitioners to play a significant role in the transformation of our world and to formulate social justice as the Christian “love ethic” and teachings of the Kingdom.

The Bible “has and still plays from a personal up to a national level (example of Zambia as a Christian nation) a very dominant role in the lives of African people” whilst it contributes to the two modes of interpretation of the Bible in Africa, namely the literal approaches of the 18th and 20th centuries and the ordinary approach.

The first is e.g. against homosexuality and the second is how to support this lifestyle as a child of God. The struggle of women who freed themselves to become the leaders and equals of man today, illustrates the ordinary approach. Pastoral practitioners need to transform society and help the client to answer the questions and needs of its context.

6 Memorandum dated 3 March 2009, published in the City Press weekend newspaper.

News from the SAAP Executive

Professionalisation process

Good news!

At the Annual General Meeting (AGM) of 24 October 2014 the proposed Constitution of the Professional Body for Pastoral Care and Counseling of South Africa was approved unanimously. After the company registration of the proposed professional body has taken place, we can submit our application to SAQA again.

The future of SAAP itself was also discussed at the AGM. It seemed the only reason for SAAP to continue alongside the proposed new professional body, would be to provide an umbrella for regional branches. Although our enthusiastic members in the Western Cape were looking forward to establishing such a branch, the plans had to be put on hold.

It seems that only SAAP (which is an association) can accommodate branches, while a professional body can not. Informal interest groups are, however, always an option for getting together and discussing matters of mutual interest. Another issue is that a non-profit company has to be registered as soon as money is involved in a branch.

Furthermore, the professional body, PBPCC of SA, will appoint several standing committees to address various issues. One such committee will be the Training Committee that will organise events e.g. seminars, workshops, conferences, etc.

Eventually the AGM agreed that SAAP should dissolve, once the Professional Body has been established.

Annual fees

SAAP fees for both membership and accreditation are payable annually. These payments ensure annual renewal of membership and accreditation. It is also our only source of income, essential for the Executive to manage our Association effectively.

Fees received

Thank you very much for the members’ fees that were received up to 13 November 2014, as indicated in the list below. R16,000 is still outstanding. If your name does not appear on the list, please pay your outstanding fees or contact the SAAP office as soon as possible. The SAAP Constitution states that membership (and accreditation) be cancelled when annual fees have been outstanding for 12 months.

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St John’s Catholic Church Grp
Steyn A M
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Strydom J H
Strydom Y
Sulo M O
Sutherland A M
Swanepoel D
Swart C
Swart F H
Swart F J
Swart J N
Swart L
Swart S
Swingheny P
Taff G M
Taljaard M
Theron L J S
Thesnaar C H
Trollip N P
Truter A M
Truter C J
Underwood Y G
Van Blerk M M
Van den Berg G M M
Van den Berg J A
Van der Ahee R
Van der Heever-Smit LMF
Van der Heever A A
Van der Hoven M W
Van der Hoven S
Van der Merwe A F
Van der Merwe C L
Van der Merwe F J
Van der Merwe M
Van der Merwe S
Van der Spuy S N
Van der Vyver J G
Van der Walt G
Van der Westhuizen J D
Van Eden J
Van Heerden M C M
Van Heerden S J
Van Kuijk J C
Van Niekerk E
Van Pletzen M
Van Rooyen W M
Van Schalkwyk H H
Van Staden J
Van Vreden T
Van Wyk A
Van Wyk C M
Van Zyl E
Van Zyl W H (Henk)
Van Zyl W H (Willie)
Venter J
Venter M T S
Victor G D
Viljoen H C
Visser C M
Visser M
Vorster E
Vorster M M
Vosloo R
Ward E D
Wellspring Villages Grp
Wessels S J
Wetton K
Wibbelink T
Wiid W
Wilkinson K L
Witney M
Wood L A
Woods P R
Yzelle H J J
Zebadiah Walls Group

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Branch code: 136-305

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- Fax or e-mail proof of payment to the SAAP Secretary.
- Please state your initials & last name or group/centre name as reference for any deposit made.

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“Instead of years of expensive therapy, can’t you just install a firmware upgrade?”

“We’re telling me it will take 13 years to install my education! What kind of outdated software is this school using?”