A Meditation on our message

Pastoral and Spiritual Care and Counselling is a precious and valuable profession. As pastoral caregivers, we have the privilege to represent our Lord Jesus Christ and live out His care and compassion for those in need.

When Jesus cared for someone, that person was always in a better position and whole afterwards. Jesus helped people to have a better future after each encounter with Him.

As Spiritual Caregivers, our main focus is to help people to get:
• their “wholeness” in God,
• their life’s meaning,
• restoration in a relationship with the living God, and
• their fulfilment in the caring hand of a loving God.

Pastoral Care cannot happen without the guidance and presence of God in the conversation. This means that the caregiver must be in a living relationship with God. We represent Him, and must thus reflect His wisdom and guidance in our counselling.

Through the professionalisation process, we want to guide the profession and make caregivers aware of their responsibility towards clients – without forgetting the original focus of caring as Christ would have cared for all people.

Jesus focused on the need of the people in front of Him, and also restored them in their humanity – whether they would follow Him or not. The disciples did the same, and helped people to connect with God – because in Him alone is real restoration.

True caregivers thus have a fruit bearing life, a caring heart and a compassion for people in need.

They are God’s gift for this world to bring wholeness in peoples’ lives, to give hope for the hopeless, and to create a better life story for every client – a story with God as companion – towards a life with meaning and peace.

May our Lord Jesus Christ live in us through His Spirit in such a way that we truly reflect the grace and love of the caring God.

- Dr Tertius Erasmus
The care-giver’s responsibility for self-care

Below are extracts from a 2005 interview with dr. Charles Figley, Director of the Florida State University Traumatology Institute.

Compassion fatigue is a state experienced by those helping people in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it is traumatizing for the helper.

Often, this leads to poor self care and extreme self sacrifice in the process of helping. Compassion fatigue have symptoms similar to posttraumatic stress disorder, such as the lack of sleep, due to the worker working too hard, and not leaving the work, putting in long hours, as well as not being able to separate from the work psychologically. Those who are selfless and compassionate have an Achilles heel -- they don't pay enough attention to themselves. So we have to save them from themselves!

Ethical principles of self care in practice

The Academy of Traumatology/Green Cross states that it is unethical not to attend to your self care to help prevent harming those you serve. Ultimately it is your own responsibility to take care of yourself, and no situation or person can justify neglecting it. Self care ensures your respect for the dignity and worth of the self; a violation of self care lowers your integrity and trust.

Standards of humane practice of self care

- Universal right to wellness: Every helper, regardless of her or his role or employer, has a right to wellness associated with self care.
- Physical rest and nourishment: Every helper deserves restful sleep and physical separation from work that sustains them in their work role.
- Emotional rest and nourishment: Every helper deserves emotional and spiritual renewal both in and outside the work context.
- Sustenance modulation: Every helper must utilize self restraint with regard to what and how much they consume (eg, food, drink, drugs, stimulation) since it can compromise their competence as a helper.

Standards for establishing and maintaining wellness

A. Commitment to self care
- Make a formal, tangible commitment that is written, public, specific, with a measurable promise of self care.
- The self care plan should set deadlines and goals connected to specific activities of self care.
- Generate strategies that work. Such a plan must be attainable and followed with great commitment and monitored by advocates of your self care.

B. Strategies for letting go of work
- Make a formal, tangible commitment of letting go of work in off hours and embracing rejuvenation activities that are fun, stimulating, inspiring, and generate joy of life.
- The letting go of work plan should set deadlines and goals connected to specific activities of self care.

C. Strategies for gaining a sense of self care achievement
- Set strategies for acquiring adequate rest and relaxation that are tailored to your own interest and abilities.
- Set strategies for practicing effective daily stress reductions methods, tailored to your own interest and abilities in effectively managing your stress during working hours and off-hours.

Inventory of self care practice: personal

A. Physical
- Effectively monitor all parts of your body for tension and utilize techniques that reduce or eliminate such tensions.
- Ensure effective sleep induction and maintenance.
- Effectively monitor all food and drink intake and lack of intake with the awareness of their implications for health and functioning.

B. Psychological
- Effective behaviours and practices to sustain balance between work and play.
- Effective relaxation time and methods.
- Frequent contact with nature or other calming stimuli.
- Effective methods of creative expression.
Skills such as assertiveness, stress reduction, interpersonal communication, cognitive restructuring, time management, meditation or spiritual practice that is calming.

Effective methods of self assessment and self-awareness.

**C. Social/interpersonal**

- Social supports of at least 5 people, including at least 2 at work who will be highly supportive when called upon.
- Know when and how to secure help - both informal and professional -- and that the help will be delivered quickly and effectively.


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### The Caregiver's Bill of Rights

**As a caregiver I have the right…**

- To be respected for the work I choose to do.
- To take pride in my work and know that I am making a difference.
- To garner appreciation and validation for the care I give others.
- To receive adequate pay for my job as a professional caregiver.
- To discern my personal boundaries and have others respect my choices.
- To seek assistance from others, if and when it is necessary.
- To take time off to re-energize myself.
- To socialize, maintain my interests, and sustain a balanced lifestyle.
- To my own feelings, including negative emotions such as anger, sadness, and frustration.
- To express my thoughts and feelings to appropriate people at appropriate times.
- To convey hope to those in my care.
- To believe those in my care will prosper in mind, body and spirit as a result of my care giving.

Source: [http://www.healthycaregiving.com/](http://www.healthycaregiving.com/)

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**Why did you make so many people? Could you make another earth and put the extras there.**

J.B.

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**Dear God Why don't you leave the sun out at night when we need it the most.**

Barbara.

I am seven years old.
Integrating Scripture Truths and Scientific Proofs in Christian Counselling (part 2)

Dr Hanlie Meyer (Counselling Psychologist in private practice) presented at the SAAP Open Day Seminar of 5 June 2015 on this topic. The first part appeared in SAAP Notes no 28 of June 2015.

What we have learnt thus far:

- Parenting is much more than feeding and saying “I love you”
- Non-verbal communication during the first few years of life forms the foundation for all future relational learning.
- The relational templates formed during these initial or primary learning experiences become the “gospel” to the developing individual.
- As adults we believe this “gospel” as it is deeply embedded as implicit emotional memories that govern all our interpretations of current incidents and interactions.
- The amygdala does not have context – it only has content – therefore an intense emotional memory triggered by a current incident/interaction “jumps at” a person as if the original negative incident is taking place in the present moment. The time between the first incident and the triggered emotional memory is not taken into account in this subjective emotional process.
- The intensity and subjective reality created by these triggered memories cause the individual to believe that what he or she experiences now, is the ultimate truth.
- This is re-enforced by repeated incidents accompanied by the same intense subjective emotional response.
- As there are more connections from the amygdala to the prefrontal cortex than the other way round, these triggered emotional memories have the ability to overwrite the rational feedback from the prefrontal cortex. The self-defence mechanism is so strong that rationality is lost.
- Toxic thoughts and behaviour patterns are thus learnt from early childhood.
- This causes people when under stress to act in ways they themselves despise!

Let us now continue our exploration of these subcortical structures that are implicated in relational functioning.

The amygdala is generally referred to as the 911 centre of the brain. This is due to the above-mentioned fact that it has the responsibility to subjectively evaluate people and/or situations as safe, unsafe or scary. The amygdala has connections to various subcortical structures of which three connections are important in our discussion:

Firstly the connection to the hypothalamus: the hypothalamus is stimulated when a person, incident or situation is deemed scary or unsafe. The hypothalamus stimulates the pituitary gland and immediately 56 stress hormones are released. This is part of the warning system of the body. If this could not take place, we would endanger ourselves. However when this process becomes chronic as when constant repeated abuse (be it verbal, non-verbal, emotional, financial, physical or sexual abuse) or neglect takes place, the amygdala is constantly on “red alert” (my term!). The implication is that the overstressed brain cannot return to a healthy position of rest. The individual thus chronically experiences anxiety and tends to be unnecessarily vulnerable to most uncomfortable situations. The individual’s resilience is severely impaired in the process.
Cortisol is one of the stress hormones released during stressful situations. Cortisol however has the ability to corrupt the receptors on cell surfaces. These receptors then lose their selective ability and allow all kinds of toxic chemicals to enter the cells – especially viruses and peptides representing negative emotions. These substances can even enter into the cell nucleus and change the genetic expression. In this way something like depression can start in a specific generation.

**Secondly** the connection to the brainstem: when a situation/person/incident is deemed to be scary or unsafe a message is sent via the brainstem to the autonomous nervous system which starts off the fight/flight response. This response is also critical for survival but as in the case of the hypothalamic response when this warning is sent chronically due to the constant negative experiences (including of course violence and war) the body is constantly in a position of alertness and the responses become too intense.

All of the above can lead to suppression of the immune system and stress related illnesses come to the fore. The individual also becomes more vulnerable to infections, chronic fatigue, depression and even panic attacks. When parents do not have the ability to soothe their own brains under stress or in dangerous situations or place their young baby or toddler in danger – through abuse of one another or the child, the young brain does not learn to soothe itself. Consequently the developing brain might learn substandard responses to stressful life events and become vulnerable to situations/people that are actually not so threatening that a fight/flight response is warranted.

The unsafe attachment conditioned into the warning system of the young brain gets projected on other people without conscious awareness thereof. Unfortunately it is also projected on God – especially on God as a Father. This means that the individual is biased in his/her perception of God as a Father and cannot appropriate His love.

**Thirdly** the connection to the *nucleus accumbens* that forms part of the reward system of the brain.

Whenever there is a positive attachment experience – in other words a positive caregiver-child bond or a positive relational experience with someone else the amygdala will send a message to the nucleus accumbens where high concentrations of dopamine are formed and released. Dopamine is the neurotransmitter that causes us to feel alert and positive and encourages the brain to seek more of the same. The same neurotransmitter is made available in the synapse between two neurons in large amounts when cocaine is taken. Subsequently the feeling of pleasure is increased. The implication is that individuals who experience emotional neglect or abuse become vulnerable to the pronounced pleasure produced by a drug like cocaine.

Unfortunately the pleasure system can also be stimulated erroneously when a negative experience is avoided by negative or isolating behaviour. This convinces the individual that the inapplicable/inappropriate response is the better one – after all drawing near to people leads to hurt and that needs to be avoided at all cost to cause the amygdala to calm down.

The *hippoampus* is the subcortical structure responsible for temporarily storing information from various brain areas. In this area a preliminary evaluation is made regarding the new inputs before the information is sent to the prefrontal cortex. However when the amygdala experiences something as severely negative or dangerous the input to the hippocampus is cut off and a rational response is undermined. The result is that old habitual self-defense or self-preservation responses are repeated, old interpretations are strengthened, old convictions are re-inforced. This means that if God has been associated with a negative caregiver the negative image is also re-inforced. The old relational template will be kept intact leaving many a counsellor disheartened and clients disillusioned!

Now where does this leave us as Christians and Christian counsellors?

*More about this in the next edition…*
**Losing a child through depression**

The media frequently carries stories about suicide, also among teenagers. Lizette Rabe has lost a son to suicide and published an open letter in a magazine in 2013.

**A new purpose: to find hope**

April 17, 2013

By Prof Lizette Rabe

Rick Warren, author of the mega-hit *The Purpose Driven Life*, has lost his son to depression. This is an open letter from another parent who has also lost a beloved son to “this terrible disease”.

To Rick Warren and family

Words cannot begin to express the sorrow I have felt when I read of your son’s death. It is not for a lack of trying to find the right words. It is because there are no words, in any language, that can express the grief of losing a child. Added to that, the grief of losing a child to “this terrible disease”, as Virginia Woolf wrote in her last letter to her husband before “this terrible disease” also claimed her life.

Parents who have lost a child are the bravest people in the world. To have to carry on living when you have lost your own self. Those who have lost a child to depression, are the bravest of all.

Psychologists speak of “compounded grief” in cases such as these: grief experienced layer, upon layer, upon merciless layer of sorrow; pounding into every nerve and every cell; compounding itself into heart, body, every fibre, every corner of the soul.

And, the truth is, there is no cure for this grief. Even time is not merciful. Because even though I know I am already so many years, so many months, so many weeks, hours, minutes, and seconds, away from that moment when that which was Life was shattered into a million pieces, I can still feel your sorrow as if our loss also occurred just days ago.

I know the desolation, and destitution, you feel at this moment. The utter despair, the total disbelief. The emotional and physical paralysis.

I know how distant from everything and everyone you feel right now, as if on another planet, in another galaxy, thousands of light – dark – years away from everything that was. Breathless, lifeless. How can one survive when you have lost your own being?

I want you to know that all of us who are on this journey, feel your pain in every fibre in body and being. Even though I know you are surrounded by caring and loving fellow human beings, who so want to make your pain less, there is nothing that can lessen this pain. You have to face the eye of the storm.

Our beloved son, indeed, even had your book, Rick, on his bookshelf. *A Purpose Driven Life*. How hard he tried to find purpose in a life where his illness threw him on a totally bewildering, frightening, new trajectory. We cannot begin to understand how this terrifying illness alienates someone from life, in such a way, that it devours the primitive instinct to survive.

And how helpless we were. *How we could not save our beloved children from their terrible disease.*

Your son’s description could also be that of ours: caring, loving, compassionate. Our son was a brilliant student, in the fourth year of his studies to become a medical doctor, the only thing he ever wanted to be. To heal others, to *make them better*. His life’s motto: *Practise kindness*. And yet, his chosen profession, medicine, could not save his life.

**And we that are left behind**

The bereaved, the robbed, for not only were our loved ones robbed from their lives, their illness robbed them from us, in the most tragic way. And we are left to make sense of something that just does not make any sense at all.

There are no words to use as balm for the gaping wounds in our hearts, our bodies, our souls.

There is no easy Grief 101, apply this and this and this, follow these steps, and you will learn to live with this loss. You would know, from your work as carers in your huge faith community, that sorrow cannot be cured with a formula.

Grief is hard work. Grief becomes a life’s work. There is only the long way round.

How to find new purpose in life, then, when we thought we have reached that point, blessed with mercy and goodness; knew which purpose we had,
and that we have used our talents and energy to live those purposes.

Yet now also you have been catapulted onto a new journey; having to find new purpose.

And I hope a part of that new purpose is to help society understand this psychological illness with a biological cause. Because just as you, who have given purpose to others, could not save your son from a physical illness, just as much could you not save your son from his psychological illness as it developed to a fatal stage without you knowing.

After our years, and months, and days, and hours, and minutes, and terribly, agonisingly, slow seconds... I am still trying to understand that to honour the lives of our beloved children, and all of those who were victims of this terrible disease, we need to help society to think in a new way, along a new paradigm, to make a total mind shift, about this illness which we still cannot grasp. We should help society to liberate itself from centuries’ old religious and cultural dogma, from eras where biological illnesses such as mental illnesses could not be researched, and thus not understood.

And therefore, please, do not let the unthinking words of others hurt you; those who think they are in a position to judge, who are merciless, and uncompassionate, and inhumane, and, yes, unchristian, in their judgment of those who have died of a severe, terminal, fatal illness.

We should help society to learn to understand that there is no health without mental health. Unesco’s World Health Organisation predicts that depression, specifically, as only one of all the various mental illnesses, will be the second biggest illness by 2020, and the biggest by 2030. Currently it is the third biggest. And we should help society understand that it is not a wilful act to end one’s life. It is the result of a biological illness. Indeed, something that can be compared to a psychological stroke.

And we can, and must, break the silence, and the stigma, around this illness, so that we can speak openly about the disease; so that sufferers can seek help at an earlier stage; so that medical and therapeutic intervention can begin earlier; so that more lives can be saved. So that those whose depression will be a chronic illness, can live a quality life, managing their illness as others manage their diabetes or heart disease – and help them prevent the illness to develop to a terminal stage. More victors, fewer victims.

We can start by bringing about a change in how we think and speak and write about the disease and those who have lost their lives to the disease. To begin with, not by saying they have committed suicide. That implies a rational decision, a wilful act. Their brains were biologically, physically ill, with life supporting neurotransmitters that were totally absent. Their illness developed into a fatal, terminal stage where humankind’s most important organ, the brain, was not capable to sustain life anymore. A biologically, terminally, fatally, ill brain. Not a healthy brain capable of an act of volition.

Therefore, let’s then begin to say that someone has died of suicide, not that he committed suicide. Or the most humane: by acknowledging the illness that robbed him of his life: that he has died of depression. Like someone else has died of cancer.

That way we honour the indescribable psychological suffering of all those who have lost their lives to depression. That way we honour their memory: we acknowledge “this terrible disease”; and we destigmatise and decriminalise the victim of human kind’s worst disease. Because they are not “sinners”, on a moral level, nor are they “criminals”, on a legal level. They have lost their lives to “this terrible disease” – the worst, the one that robs one of the instinct to live.

Those of us who have lost our loved ones to this terrible disease can only say we feel with you. We send you compassion, and love, and peace, and we can only ask you to be gentle with yourselves. You are embraced by those who are fellow-travellers on this journey of loss, this community of the bereaved, who send you that one element which no one can take from you, in the words of Emily Dickinson: the thing with feathers that perches in the soul, and sings the tune without the words, and never stops at all: HOPE.

Yours in sorrow, and in compassion

Lizette Rabe is professor of journalism at Stellenbosch University. She has lost a son to depression and is patron of You and Huisgenoot’s Depression Support Group on Facebook. She has founded Ithemba to raise awareness of depression as biological illness, and to raise funds for depression research. Ithemba means hope in isiXhosa. You, Huisgenoot and Drum hosted the Hope Hike to break the silence and make a difference. Visit www.survivorsofsucide.org.za, a cyber retreat for the bereaved.

Article source: YOU Magazine.

http://you.co.za/top/a-new-purpose-to-find-hope/
Pastoral Counselling
Suicide Amongst Teenagers

By Dr Frans Minnie

The word “suicide” derives from the Latin sui (of oneself) and cide or cidium (a killing).

Suicide is intentional self-murder or death arising from an act inflicted upon oneself with the intention to kill oneself.

Suicide therefore concerns intentional death. Accidental deaths are not seen as suicide. Suicide is done by oneself and to oneself.

Suicide can be indirect or passive, e.g., not taking life-preserving medicine or intentionally not moving from the path of an oncoming train is often suicidal.

Suicidal adolescents

The suicide rate amongst adolescents is 15/100 000. It is important to understand adolescence as a developmental life stage. Being young in an urban-industrial society is not easy. In agricultural societies, childhood, adolescence, and youth were not recognised life stages.

This prolonged isolation of the young in school has contributed to their frustration. Stressful life events are associated with attempted and completed suicide in adolescence.

Parent-adolescent arguments, as well as difficulties with romantic relationships, are common precipitants of suicidal behaviour among adolescents. Poor development of coping strategies in childhood may well carry into later years, contributing to legal and disciplinary problems.

It is found that stressful past adolescent life events especially predictive of future suicide attempts, are arguments or fights, a relative or friend who had problems with alcohol or drugs, a relative or friend who tried to commit suicide and the adolescent moving away from or leaving home. Security and comfort in interpersonal relationships seems to be particularly critical.

Counselling the suicidal adolescent

Caring, getting involved, and forming a primary bond are the most significant ways to help adolescents choose against suicide as an option.

However, in befriending suicidal teenagers, there are many potential barriers. We must do more than speak of our friendship. We must also listen to them in a way that signals our deep care and respect for them as persons. Adolescents may first discuss minor issues to test the level of care, before revealing serious problems. Communicate to them the depth of your caring.

While taking them seriously, caring, and listening to them are the beginning stages. These responses by no means resolve the suicidal crisis.

Your attention may give them hope in the short range, but in the long range they need to identify their problems, express the repressed negative emotions around those problems, evaluate the reality of their interpretations and select an appropriate alternative for resolving problems. Help adolescents ground themselves in reality.

After adolescents have checked out the reality of their interpretations and their understanding of the crisis from those involved, they can express their feelings about the real situation.

Depressed and suicidal adolescents’ resolve to live is strengthened if you give them an opportunity to tell their life story. Getting them in touch with their history and letting them verbalise their own significant events, seems to overpower some of the feelings of detachment and loneliness.

It is vital that they discuss their relationships and conflicts with their parents and stepparents. As they share their history, it is helpful to assist them in interpreting the dynamics of their life through the gospel story.

Help adolescents, who see suicide as an escape from an intolerable situation, find alternative ways to resolve their pain. Help them see that suicide is not a glamorous, painless or easy solution. Dealing directly with shame, guilt, and the disappointment of broken relationships, is not hopeless from a theological perspective.

As the adolescent’s depression, detachment, loneliness, and guilt improve, he or she is briefly at greatest risk for an actual suicide attempt. Be especially careful to take precautions to protect adolescents from themselves at this time.

A significant factor in long-range health can be to bring closure on the suicide ideation. Give a sense of acceptance, a willingness not only to forgive and forget but to move on with life in a graceful manner. Assure the adolescent of God’s love, acceptance, and forgiveness.

Dr Minnie is a lecturer at the Faculty of Theology at the Northwest University in Potchefstroom.
News from the SAAP Executive

So far 2015 has been a challenging year indeed...

Professionalisation process

The transition from SAAP to the professional body remains a challenge, especially regarding the documentation to be submitted to SAQA. We have all the required documents available and ready... for SAAP. We can easily open a bank account for the intended new Professional Body for Pastoral Care and Counselling of SA. SAQA, however, requires the “latest audited financial statement”. This would only be available for SAAP and the new bank account would not reflect any activities yet. This is but one example of our dilemma.

The bottom line? We are sitting in the middle of a transition and SAQA needs us to be either the one or the other organization, when submitting our application for the recognition of a professional body.

At the Executive meeting held on Friday 21 August 2015, we therefore decided to let go of a new name for the professional body and submit an application to SAQA for the recognition of SAAP itself as a professional body. All documents compiled for the professional body during the past two years, including the new and more extensive Constitution, Scope of Practice, Training Needs, etc. are still applicable.

Our “intention of application” was submitted to SAQA on 21 August 2015. They now have to contact us for a meeting to determine whether we are “ready” to apply. If indeed ready, they will provide us with an application form to be completed. This we will, of course, do immediately!

Conference and AGM

In the July edition of the SAAP Notes we announced that the SAAP conference and Annual General Meeting for this year were postponed to early 2016. We sincerely hope that this meeting can be the opportunity to elect a new Executive and members of the rest of the Council. Members of the Executive need to be residing in or in close vicinity of Gauteng for regular meetings, signing of documents, etc. For this reason the next AGM will have to be held in Gauteng, where the office of the professional body (SAAP) is situated.

Other members of Council i.e. the chairpersons of the six standing committees and representatives of each of the five designations, can be from anywhere in the country. It is foreseen that they will be able to participate in Council meetings via Skype, should the need arise.

We have identified two possible dates for the conference and AGM, being 4-5 March or 8-9 April 2016. It has not been possible to confirm a venue, as the diaries for 2016 “have not been opened yet”. SAAP members are, however, urged to save these dates already. Watch this space for confirmation of details!

Council members to be elected

The following members of Council will have to be elected for the professional body:

1. President
2. Vice-president
3. Secretary
4. A chairperson and at least two members for each of the six standing committees i.e.
   - ethics,
   - training and development,
   - publications,
   - practice issues,
   - discipline, and
   - registration.

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   SAAP Council

   Executive
   President
   Vice-President
   Secretary
   Treasurer
   Registrar

   Chairpersons of Standing Committees
   - Ethics Committee
   - Training & Development Committee
   - Publications Committee
   - Practice Issues Committee
   - Disciplinary Committee
   - Registration Committee

   Representatives for membership categories
   - Auxiliary Pastoral and Spiritual Care Practitioners
   - Pastoral and Spiritual Care Practitioners
   - Senior Pastoral and Spiritual Care Practitioners
   - Pastoral and Spiritual Counsellors
   - Senior Pastoral and Spiritual Counsellors

   http://www.saap.za.net
5. One representative for each of the five professional designations, i.e.
   - Auxiliary Pastoral and Spiritual Care Practitioners (NQF 5)
   - Pastoral and Spiritual Care Practitioners (NQF 7)
   - Senior Pastoral and Spiritual Care Practitioners (NQF 8)
   - Pastoral and Spiritual Counsellors (NQF 9)
   - Senior Pastoral and Spiritual Counsellors (NQF 10).

The registrar and treasurer are appointments. Please consider your own availability to serve in this new professional body as a member of the Council, whether you would be in a position to commit the time required and where you, with your unique skills, gifts, expertise and calling, can contribute best.

Membership and fees

A big thank you to each and everyone that has contributed their annual fees up to this point in time. At the same time we appreciate the fact that some of our members are experiencing serious challenges regarding finances, as well as job opportunities. If we are aware of these challenges, we always try to accommodate. So please keep in contact.

As stipulated in the SAAP Constitution, SAAP membership (and accreditation) can be cancelled due to outstanding annual fees by the end of December each year. The problem might just be forgetfulness or just being “too busy”. But keep in mind that these fees are the sole source of income for SAAP. We will even have to increase fees to be able to enter and sustain the “new dispensation”.

Personal details

Another big thank you for the excellent response on my request for the update of personal details. I am working through all the forms to enter the updated information into the SAAP database. There are, however, still quite a number of forms outstanding. Please keep on submitting, although the deadline was 21 August already. It will never be absolutely too late!

Kindest regards.
Marieke

On a lighter Note

Apologizing doesn't mean that you are wrong and the other is right - it means that you value the relationship more than your ego!

A Biblical approach

A young boy had just got his driver's license and asked his dad if they could discuss his use of the car. His father said he'd make a deal with his son. "If you bring your grades up from C to B, study your Bible and get your hair cut ... then we'll talk about you borrowing the car."

The boy thought about that for a moment, decided he'd settle for the offer and they agreed on it.

After about six weeks his father said, "Son, I'm really proud of you. You've brought your grades up and I've been watching you studying your Bible. However, I'm a bit disappointed that you haven't had your hair cut."

The lad paused a moment then said, "You know, Dad, I've been thinking about that and I've noticed in my studies of the Bible that Samson had long hair, John the Baptist had long hair, Moses had long hair and there's a strong argument that Jesus had long hair too."

To which his father replied, "Did you also notice they all walked everywhere they went?"