Christmas message 2015

“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 are approaching the closure of 2015, let us thank God for His guidance, support and provision over this past year. We indeed have so much to be thankful for. As members of SAAP, we appreciate the numerous opportunities that are given to us to make a (huge) difference in other peoples' lives.

As an organisation we are grateful that the new SAAP professional body constitution could be signed, and we are excited as to what 2016 will have in store for us, as we continue on the road of professionalisation.

As we approach the Christmas season, let us remember the well-known Scripture in Isaiah that reminds us that Jesus Christ came to this Earth to be our Lord and Saviour, and yet also to be our Wonderful Counsellor.

Let us be counselled by our Lord when we need rest and restoration from the year’s hard work and labour to counsel others.

Remembering the words in 2 Corinthians:3-4:
“Let us give thanks to the God and Father of our Lord Jesus Christ, the merciful Father, the God from whom all help comes!

He helps us in all our troubles, so that we are able to help others who have all kinds of troubles, using the same help that we ourselves have received from God.”

May you enjoy your festive season with your loved ones and be renewed for 2016 as we look forward to what God has in store for SAAP and for each one of us!

Yours in helping others,
Rev. Frank Meulenheld
Vice Chairperson
On behalf of the SAAP Executive.
Before we integrate the information we have gathered we need to take one last look at the neurobiology. There seems to be a mirror neuron “system” in our brains. These neurons appear to allow us to determine other peoples’ intentions as well as their actions. Different areas in this system shows greater activation when the same action (e.g. picking up a stick) is performed by someone else but for different reasons – to throw to the dog or to put it on a campfire. It also enables us to receive and interpret facial expressions. Our own and others’ facial expressions use the same regions of the brain. This indicates that the mirror neuron system plays a key role in our ability to empathize and socialize – as we communicate our emotions primarily through facial expressions.

This seems to indicate that infants do more than just watch their caregivers and imitate them. It seems that the infant is also trying to interpret the intentions of an action. In the previous article we learnt about the role of the hippocampus as a temporary storage system of information from various parts of the brain. We learnt that this is the area where context would be added to content – including emotional content received by the warning system – the amygdala. We learnt that if the emotional intensity of a stimulus is overwhelming circuits to the hippocampus are deactivated and a purely emotional response ensues. What also needs to be taken into account is that the hippocampus is not mature before the age of five. In contrast to this the amygdala is mature eight months after conception. There might thus be a strong interaction between the amygdala and the mirror neuron system. The question is: who does the infant brain mirror? What intentions does the infant brain “read” from the more mature brain: rejection, love, overindulgence, danger, anxiety, anger, fear, violence, self-regulation?

“Cemented” memories

What messages will be “cemented” into memory circuits depend on repetition, intensity and importance of the situation, the incident and the “mirror” (the person who is observed and/or who takes care of the infant). These memory circuits get activated every time new stimuli are received by the amygdala and the hippocampus. Feedback from different parts of the brain thus plays a very important role in choosing responses to stimuli: if a memory of a certain person acting in a certain way is formed and it is positive, the feedback from the different brain areas including the prefrontal cortex – the seat of judgement – to the hippocampus and amygdala will be positive and a positive response can be elicited.

However, when an extremely negative connotation has been formed regarding the person and his/her action a danger signal will be fed back to the amygdala, the thalamus and other emotional centres. In the case of an extremely negative feedback the hippocampus will be deactivated. An emotional fight/flight response will ensue and the person might act without realising what he does or why. Explicit memory will not be formed as the hippocampus is deactivated. Only emotional or implicit memory will be formed. This type of memory cannot be accessed by conscious thinking as it has not been stored in the autobiographical memory system. It can only be triggered by incidents that resemble the original scary/bad incident.

If this process continues over a prolonged period of time the individual will become chronically fearful and anxious. New people and new situations will become “unsafe” in the mind of the “victim”. The victim’s brain will scan the environment for cues that resemble the stored information and the individual will respond in the old ways.

God created the human brain so He knows the intricacies and complexity thereof. In my journey to healing there were two pieces of Scripture that changed my life.
Be transformed

“...but be transformed by the entire renewal of your mind [by its new ideals and its new attitude]” (Romans 12:2-4, Amplified).

For years I could not understand why this command made so much sense in my mind but could not change it. Fear and anxiety seemed to take control despite my best efforts and fervent prayers for Holy Spirit to take control. When I came to understand the formation of relational templates it was the first clue to healing: the inferiority and threat to my safety that felt so true was not an objective truth but a learned template caused by interaction with broken caregivers.

Being only a template and not the “gospel truth” about me I had the option to recognise it for the lie it was and let go of it or to hang on to it – and continue suffering. I was trapped by years of reinforcement of the negative responses and application of the old template to new situations. God had to get me to a point where I was willing and ready to choose to believe God above all.

This is one of the greatest challenges: the relational template is not only applied to broken people around us but also to God as a Protector, Caregiver, Provider and Father! Knowledge of the fact that warning signals from the amygdala overrides the contextualizing function of the hippocampus and the pre-frontal cortex made it easier to understand and “buy in” on the fact that what felt true about God was also a lie – and even worse: rebellion against God and judgment of God.

It became a conviction that God is actually also not trustworthy, loving, protecting and providing – after all if He were a loving God why did He allow or not prevent this or that bad incident(s), trauma or loss! Because it feels so true we actually become God’s judges. It was a humbling revelation – I had to acknowledge that I ascribed intentions to God as a result of the mirroring taking place in the interaction with the broken people around me!

An unveiled face

This is where the second piece of Scripture became a revelation to me:

16But whenever a person turns [in repentance] to the Lord, the veil is stripped off and taken away.
17Now the Lord is the Spirit and where the Spirit of the Lord is, there is liberty (emancipation from bondage, freedom). 18And all of us, as with unveiled face,[because we] continued to behold [in the Word of God] as in a mirror the glory of the Lord, are constantly being transfigured into His very own image in ever increasing splendour and from degree of glory to another;[for this comes] from the Lord [Who is] the Spirit.” (2 Cor. 3:16-18, Amplified)

Steps to growth

From these two pieces of Scripture I got a few “steps” to healing (which incidentally sounds a lot like the steps the prodigal son had to take!):

- Become aware of my brokenness stemming from the relational templates and accept that it is my responsibility. Stop blaming yourself, others and God and make a conscious decision to grow
- Ask God to reveal the roots of the emotional memories
- Confess the hurt and the depth thereof
- Confess to God the Father that I projected the relational template on Him as well and sat in judgement on Him as a Father – with all that the Name of God entails
- Ask God to break the trauma bonds
- Confess that I forgive those whom I mirrored and whose brokenness led to the forming of the relational templates and the forming of the emotional memories
- Ask God to remove the effects of these and to lead me into the truth and reveal the truth about Himself to my heart
- Ask God to fill me with His Holy Spirit and guide me
- Accept and choose who I am and the life He has given me – not the abuse or neglect, but rather the LIFE!
- Make myself available to grow and to resist the old thinking patterns and responses
- Start the process of the renewal of my entire mind – including the amygdalin memories under the constant guidance of the Holy Spirit.

This means that those memories have to be brought to conscious awareness and the hippocampus has to be employed to add context to the emotional content so that the emotions can lose the hold they have. In the prefrontal cortex it can be stored as explicit memories that cannot trigger the old responses.

But how will the newly gained information make a difference? How will it enable me to change my
mind about God and accept Him as a Father instead of the warped image I believed my whole life?

John 3:1–11 now gained new meaning and importance: unless the knowledge about God that I have cognitively does not become Spirit-revealed and experiential it will remain just that: cognitive information. This means that a new life of constant commitment has to be embarked on to mirror the image of the Father as revealed in the historical Jesus – prescribed in 2 Cor. 3:17 – instead of falling back on old mirror images and deductions from warped relational templates.

Does this solve all my problems? No. But it changed my life and gave me new tools to handle situations where I get triggered without there being a reason for my heightened emotional response!

Most importantly: it put me on a journey of entering into an intimate relationship with Father God – who is the Ultimate Reality! This enables me to face new challenges and take risks that I could never take before. For the first time ever I experience what it feels like to not feel guilty!

More about this in the next edition…

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The overlooked impact of HIV and AIDS: “Loss of motherhood identity” among the bereaved elderly women

By Lucy Thokozile Chibambo

Most research5 on HIV and AIDS and bereaved elderly women tends to focus on psychological, socioeconomic, emotional and health impact. Other researchers have dealt with how the epidemic has become a threat to motherhood identity of HIV infected and uninfected women. Yet there has been less emphasis on documenting, the “loss of motherhood identity” by bereaved elderly women, who have lost adult children to AIDS related illnesses. The main question addressed by this study is: in what way does death of adult children due to AIDS related illness contribute to the “loss of motherhood identity” of bereaved elderly women? Literature survey has assisted to how religion and culture construct motherhood identity within the African context. Through the stories of ten women, field data has demonstrated how the motherhood identity is lost and how the women themselves are reconstructing it by referring to their grandchildren as their children.

Constructing motherhood identity based on religion and culture

Childbearing in African traditions is best understood through the lenses of religion and culture.3

As pointed out by Mamad and Sonko,4 “religion is also an element which influences the cultural practices of most societies. Akujobi has rightly argued that “religions all over the world whether, Christianity, Judaism, Hinduism and Islam accord important place to motherhood. It is an experience that is said to be profoundly shaped by social context and culture.”5 The negative impact of that belief is that, because children are perceived as a gift and a blessing from God,6 women who cannot procreate, are marginalised. The Bible has clear examples about the marginalisation of childless women.7 Mamad has demonstrated that the marginalisation of childless women also happens in the Hindu religion through a belief that a woman who is childless cannot go to heaven.8 Therefore, a childless woman is not welcome in communities where childbirth is at the centre of life. According to Oduyooye,9 life is challenging for childless women, because it seems as if, Christianity or pastoral care not does

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7 For example; Sarah suffered in the hands of her house helper Hagar, (Genesis 16:1-6). Hannah was oppressed by the first wife of her husband, (1 Samuel 1:6-7), just to name a few.
8 Mamad, Forced Sterilization, 23.
have adequate stories to strengthen them. This is why Oduyowe emphasises the need to create new stories which can strengthen and inspire childless women. Since religion is intertwined with culture, it becomes necessary to turn to what some scholars have said about how culture has constructed the motherhood identity of women.

From the outset it is important to echo Mbiti’s argument that in most African cultures motherhood and marriage are interconnected. He argues that “marriage is cultural universal; it predominates in every society in the world.” In this setting, one cannot engage in a discourse about motherhood identity or childbearing without linking it to the discourse about marriage. Magesa affirms Mbiti’s argument by stating that most African cultures see marriage as being ordained by or coming from God. This is why being single in such cultures is perceived as abnormal, especially for women.

Deaths of adult child motherhood identity in the context of HIV and AIDS

In the context of the discourse above, any death of children robs mothers of their motherhood identity. The main issue here is that within many African cultures, does not address a mother with a name of a child that does not exist. Baughan calls the death of a child a “grief that has no name,” because “…a wife who loses a husband is called a widow. A child who loses his or her parents is called an orphan. But there is no word for a parent who loses a child, that’s how horrific the loss is.” There are no words to define the emptiness, the anguish and deafening sadness that overwhelms the everyday agony of life.

Unfortunately the impact of the death of children is also categorised. There is a perception that a death of an adult child is not as painful as that of an infant. However, Rollins is correct in strongly arguing that the death of a child at any age is painful and disturbing.

In the context of HIV and AIDS, the high levels of death in the age group 15-49 has meant an increase of mothers who lose their motherhood identity because their adult children have died. Smith calls the loss of an adult child the “upside down world”, for mostbereaved elderly women “may feel that their core identities have been ripped.” This has made scholars such as Furusa to strongly argue that experiences of deaths through AIDS related illnesses requires that everyone to seriously start questioning socially constructed and unhelp conception of the ideal woman. She argues further that society should assist women to construct a viable self-identity which does not only revolve around mothering or reproducing.

Conclusion

This article has attempted to show that motherhood identity which is a constructed and yet, integral part of a woman’s social and personal identity; is affected by the loss of adult children, especially in the context of HIV and AIDS. This was shown through a discussion around constructing motherhood identity based on religion, constructing motherhood identity based on cultural traditions, deaths of adult child motherhood identity, emotions of pain and hope for a better future through a reconstructed identity. In seeking to rekindle their lost motherhood identity, bereaved elderly women are addressing their grandchildren as my children thereby making the children fill the gap left by their deceased parents. Furthermore these children are the future hope for the continuity of the family lineage.

References

ICPCC conference in San Francisco

By Dr Gloria Marsay

The 10th International Council on Pastoral Care and Counselling (ICPCC) Conference was held in San Francisco from 15-21 October 2015. The theme of the Conference was “Caring for one another in the Global Village”.

The conference focused on the increasing interface of interreligious and intercultural forces in our global village, as well as the impact of the Internet and virtual reality on our communities.

The introductory keynote address was presented by Rev. Dr. Allan Aubrey Boesak, theologian, humanitarian, advocate for social justice, and prolific author who has become a legend in South Africa. Boesak’s address was entitled Interrupting the Globalisation of Indifference Global Challenges, Prophetic Theology and Pastoral Resistance.

During the Conference, we were invited to meet with our colleagues from each continent, the Africans, the Asians, the Americans and the Europeans, so that each group could discuss their own specific needs. As a group from the continent of Africa, a few of us from South Africa got together. We were surprised that there were so few of us. This was indeed a shame, since the African continent is so diverse and we cannot deny that we too, need care and healing. We felt that it was important for us, as South Africans, to be part of a greater organisation. There is much to be gained from sharing knowledge and experience.

The supportive benefit of being connected was clearly evident amongst those from other continents. We discussed how members of SAAP could benefit from this international sharing, and took a decision to invite more members of SAAP to become more actively engaged and connected.

The five representatives from South Africa were:

- Prof Daniël Louw, ICPCC president, who presented a keynote address on the last day of the conference and spoke to the challenges facing pastoral work in the South African context.
- Prof Jan Albert van den Berg from the University of the Free State presented a workshop entitled: Tweeting God: Tracing Religious Reporters’ Expressions of Faith on Twitter.
- Dr Vhumani Magezi, senior lecturer in the Faculty of Humanities at North West University who has been asked to be the South African representative of ICPCC.
- Dr Gloria Marsay, registered psychologist and pastoral therapist, who presented a workshop on Taking Care of Caregivers in the Global Context.
Caring for one another in the global village within the increasing inflation of compassion: A challenge to a pastoral hermeneutics of caregiving

Prof. Daniël J. Louw from the Faculty of Theology, University of Stellenbosch is the current president of the International Council on Pastoral Care and Counselling (ICPCC). Prof. Louw presented a keynote address at the recent ICPCC conference in San Francisco. He posed the question: What is the impact of the ‘global village’ on Christian spirituality and what are the implications for pastoral care and counseling?

The global village

The term ‘global village’ describes a kind of ‘electronic interdependence’ and digital interconnectedness - a universal custom and normative framework determined by production, commercialisation, digital communication and the industry of advertisement and information overload.

Globalisation created awareness of life elsewhere in the world. This leads to the constant migration from poorer to richer countries.

People are connected by easy travel, mass media and electronic communications, moulded into sameness. Online communication and instant messaging replaced the much needed personal encounter. The result is often inflation of human communication and of the commodification of compassion and human vulnerability. Life has become a commodity.

Migration - a tidal wave

Rarely in modern history have so many been so desperate to flee their countries. Migration is about being uprooted without a sense of belongingness and the option of going ‘back home’. Under international law refugees cannot be returned home against their will.

Migration has become a tsunami – a tidal stream of humans that is changing and reshaping our understanding of what geography and civil society means.

The refugee crisis emphasizes the in-between of accommodation/tolerance on the one hand and xenophobia on the other hand. In a battle of values, compassion is balanced with fear.

The tip of the iceberg-crisis is that the Syrian war has driven worldwide displacement and global dislocation to a record high, draining the emotional capacity for empathy to the spiritual pastoral crisis of compassion fatigue.

According to António Guterres, the U.N. High Commissioner for Refugees “there is definitely a battle of values, with compassion one side and fear on the other.”

The citizens of the global village have to live between resistance (anxiety and hate), on the one hand and outreach and acceptance (trust) on the other. The dilemma is the challenge of tolerance within an atmosphere of suspicion and resistance. Eventually it boils over into the fear of the other (xenophobia).

A new language

Pastoral caregiving must be equipped with a theological language to articulate the character of pastoral care in the global village. Most counselling theories are built on the notion of “cause and effect”. Combined with empathetic counselling, it leads to the practice of emotional probing and memory analyses. However, knowing the cause of your pain does not necessarily take the pain away or comforts one.

Caregiving in the global village implies more than empathetic listening. It implies critical assessment of the value of words and symbols that are emotional, social and cultural, determined by context and situation.

We need appropriate language, rather than being stuck with a theological grammar designed to keep God going by means of dogmatic articulation designed to uphold a kind of Hellenistic interpretation of God Almighty and ecclesial hierarchy.

Fatigue and apathy

Citizens are also constantly exposed to the inflation of compassion, indifference and apathy. With the increasing role of the internet and the social media, mass commodification of human suffering now results in reduction of aid due to “donor fatigue”.

The world wide web has become a new market place: the selling of attention on websites. The
eventual side effect is the inflation of human attention, namely attention without emotional and empathetic humane encounters.

Relying too much on virtual messaging is killing our human relationships, while civil society is about the quality of human encounters.

There is a new kind of atheism that is surfacing in affluent societies, namely an irreligiosity and attitude that is totally apathetic. Wealthy people don’t really care about issues regarding the transcendent realm of life. In “apatheism” you just by-pass religion within a nonchalant ‘cool’ attitude of carelessness.

This attitude is apparent in communities that are focused on maintaining their privileged position. A person that feels threatened by the other is suspicious of the other, using skewed perceptions, labeling and prejudice.

**Hospitality as the pastoral response**

The public arena should be infiltrated by a compassionate mode of caregiving.

Henry Nouwen identified the shift from hostility to hospitality as one of the most important shifts or movements of the human soul in order to foster spiritual growth. Hospitality exceeds the threat of xenophobia (the fear of strangers) and racial or cultural discrimination; it represents unqualified xenophila, the embrace and concern for the other.

The vital elements of hospitality are openness, obliging invitation, embrace and whole-hearted welcoming; the principle of sharing; the giving of protection; the opening of a new and promising future; altruisitic generosity; and replacement (to put oneself in the shoes of the other).

Can pastoral caregiving offer a solution or answer to the many burning issues in the global village? The answer is “no”. In fact, for most problems in life there are no easy answers, especially when they deal with the hopelessness and helplessness of people.

For the creation of a compassionate society, pastoral caregiving should turn to its basic spiritual roots, namely to be there for people where they are.

The hope for, and the healing of society is based on the notion of the vicarious suffering of Christ. Christ is able to comfort through His compassion. Suffering defines Christ as a high priest who sympathises with our weakness (Heb. 4:15).

**A compassionate society**

Instead of using imperialistic categories that link God with threat power, categories should reveal the compassionate being-with of God (vulnerable power). It should promote a kind of pastoral presence that empowers people and invites the stranger and the outsider. In safe spaces of refuge people will be helped to voice their concerns regarding citizenship, human rights and the quest for human dignity.

All forms of diaconic outreach should be guided by at least two metaphors that explain the identity of caregivers in order to differentiate them from other helping and healing disciplines like social workers and NGO’s, namely the metaphors of host and advocate/hermenout. The metaphor of the host communicates sharing, welcoming, embracement, inclusive communality (the church as the hospitium of God).

A compassionate community is about the challenge to provide ‘hospitals’ that are safe havens, monasteries of hope, places of refuge, where threatened people can become whole again.

In this regard, the metaphor of the paraclete becomes an important supplement to the metaphor of the hospice. In order to comfort and to address the concerns of vulnerable citizens, the pastoral caregiver should step into the shoes of the other and become a ‘wounded healer’.

Furthermore, vicarious replacement implies the imperative of advocating; giving a voice to the voiceless and bringing a bottom-up approach as opposed to pure policy-making in politics.

The caregiver then starts to act on behalf of the outcasts, outsiders and strangers. Advocating is an inclusive category; it should challenge and criticise existing features of transformation and democratisation within processes of civil and societal healing and reconstruction.

*The full text of Prof Louw’s address is available from the SAAP office.*
Training and study opportunities in 2016

Following are some of the training and study opportunities offered in the field of pastoral care and counselling.

University courses

➔ North West University, Potchefstroom

The Faculty of Theology, Department of Practical Theology offers:

- Short Learning Programme on Pastoral Care and Crisis Counselling / Kort Leerprogram oor Pastorale Sorg en Krisisberading – (NQF level 7)

Contact: Prof Wentzel Coetzer; wentzel.coetzer@nwu.ac.za or (018) 294-7457

➔ University of the Free State

The Faculty of Theology, Department of Practical Theology, Bloemfontein offers:

- Study of Practical Theology I (Congregational Studies and Pastoral Care) – NQF level 7
- Advanced Studies in Practical Theology and Ministry (Homiletics, Pastorate and Congregational Studies) – NQF level 8
- Practical Theological Ecclesiology (Personality and Spirituality Formation, Pastoral Care, Homiletics and Liturgy) – NQF level 8
- Advanced Studies in Pastoral Care I (Pastorate) – NQF level 8
- Advanced Studies in Pastoral Care III (Narrative Pastoral Therapy) – NQF 8
- In-depth Study in Specialised Pastoral Care I (Pastoral Care) – NQF level 9
- In-depth Study in Specialised Pastoral Care II (Transgressors of the Law and Victims of Crime) – NQF level 9
- In-depth Study in Specialised Pastoral Care III (Narrative Pastoral Therapy) – NQF level 9

Contact: Dr Johan Nel; jnel@ufs.ac.za or (051) 401-2775

➔ University of KwaZulu-Natal

The College of Humanities, School of Religion Philosophy and Classics, Department of Ministerial Studies/ Practical Theology (Pietermaritzburg) offers:

- Bachelor of Theology (Major Practical Theology)
- Bachelor of Theology Honours (Ministerial Studies)
- Master of Theology (Ministerial Studies)
- Clinical Pastoral Education (CPE)

Contact: Dr Herbert Moyo; moyoh@ukzn.ac.za or (033) 260-5574

➔ University of Pretoria

The Continuing Education, Faculty of Theology, Department of Contextual Ministries offers:

Short courses offered:

- Basic Course in Pastoral Care – NQF level 5
- Pastoral Care and Counselling – NQF level 9
- Spiritual Care and Counselling for the Sick – NQF level 5
- Narrative Group Counselling – NQF level 5
- From Victims to Agents – NQF level 5
- Pastoral Counselling in Loss, Death and Bereavement – NQF level 5
- Hopeful Compassion: Counselling and Care for People Living with HIV/AIDS – NQF level 5
- Clinical Pastoral Counselling – NQF level 5
- Introduction to Narrative Pastoral Practices – NQF level 5
- Counselling skills for EAP Professionals – NQF level 5

Subjects offered in formal qualifications:

- Pastoral Counselling – University Diploma in Theology (part of first year subject, first semester) – 10 credits
- Pastoral Counselling – University Diploma in Theology (part of first year subject, second semester) – 10 credits
- Pastoral Care in Context – Bachelors in Theology (first semester) – 10 credits
- Pastoral Care – University Diploma in Theology (part of first year subject, first semester) - 10 credits

Contact: Mrs Hermien Dorfling; hermien.dorfling@ce.up.ac.za or(012) 434-2567

➔ University of Pretoria

The Faculty of Theology, Department of Practical Theology offers:

- Pastoral Care in Context
- Pastoral Care and Counselling
- Pastoral Family Therapy

Contact: Prof Dr Johann Meylahn; Johann.Meylahn@up.ac.za or (012) 420-3397
The Faculty of Theology, Department of Practical Theology and Missiology offers:

- M Th Clinical Pastoral Care and Counselling – NQF level 9, 180 credits
- M Th Clinical Pastoral Care, HIV Ministry and Counselling – NQF level 9, 180 credits
- Structured M Th in Practical Theology with a specific focus on Contextual Pastoral Care and Counselling (889-option) – NQF level 9, 180 credits
- Research M Th in Practical Theology with a specific focus on Contextual Pastoral Care and Counselling (879-option) – NQF level 9, 180 credits
- Hospital Care and Care of the Sick/Siekepastoraat en Hospitaalbediening – NQF level 9
- Preventative Pastoral Care: Marriage and Family – NQF 9
- Introduction to Pastoral Counselling – NQF level 6, 8 credits
- HIV and AIDS Pastorate – NQF level 7, 8 credits

Contact: Prof Christo Thesnaar, cht@us.ac.za or (021) 808-3257

Other training

- **Cornerstone Institute, Department of Theology and Christian Ministry**
  Higher Certificate in Community Counselling (NQF 5)
  Contact: Mr Richard Mee; richardm@cornerstone.ac.za

- **Coram Deo Pastoral Centre ( Pretoria)**
  1. Short courses:
     - Pastoral Narrative Therapy and Depression
     - Pastoral Narrative Therapy and Listening Skills
     - Pastoral Narrative Therapy and Children
     - Pastoral Narrative Therapy and Young People
  2. Two year course in Pastoral Narrative Therapy accredited by the University of Pretoria
  3. Supervision programme for levels 7 – 10 qualifications accredited by the University of Pretoria
  Contact: Dr André Botha; andrebothasa@gmail.com or (012) 998-8323

- **HospiVision, Pretoria**
  - Advanced Programme in Pastoral Care and Counseling (NQF 6)
  - Spiritual Care and Counselling for the Sick (short course)
  - Trauma Counselling in an Accident and Emergency Unit (short course)
  - Hopeful Compassion: Spiritual Care and Counselling for People Living with HIV and AIDS (short course)
  - To Believe in Sunshine: A Narrative Approach to Journeying with Depression (short course)
  - Memory Work and Life Maps in Counselling for Loss, Death and Bereavement (short course)
  - Clinical Spiritual Pastoral Care and Counselling (short course)
  - You Have the Power: Understanding and Providing Victim Support and Empowerment Short course
  Contact: Dr André de la Porte; andred@hospivision.org.za or (012) 329-9492/4420.

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http://www.saap.za.net
**SAAP and Legislation**

**Promotion of Access to Information Act (PAIA)**

PAIA has been promulgated in 2000. It gives the requester a right to lodge a request from the information officer of a public or private body.

The Act is intended to encourage openness and to establish voluntary and mandatory mechanisms or procedures which give effect to the right of access to information in a speedy, inexpensive and effortless manner. It promotes transparency, accountability and effective governance of all public and private bodies, by empowering and educating everyone to understand their rights in terms of PAIA so that they are able to exercise this right in relation to public and private bodies, to understand the functions and operation of national spheres/public bodies.

The Act does not create any additional rights – it makes it easier for someone who does have the right, to protect that right or exercise that right by making public the name of the contact person and details of the kind of records a business holds. The onus of proving that he or she has a right to such records lies with the requester. There are also many grounds for refusing access to any record.

The PAI Act requires all private and public bodies to prepare a **PAIA Manual** that describes the company and the type of information that it keeps. This manual must be submitted to the Commission of Human Rights before 31 December 2015. This manual must contain a minimum amount of information about the business:

1. **Contact information.** This includes the name of business, description of main business, head of business, position, postal and street addresses, telephone and fax numbers, e-mail and website addresses.

2. **Type of records that are kept by the business.** This includes accounting records, salary records, client records; how the records can be requested; who may request a record; and the cost for requesting a record.

Once a requester has gone through the procedure of properly completing the PAIA forms, paying the access fees and complying with PAIA’s other procedural requirements, and (in the case of a request to a private body) has satisfied the threshold enquiry, the document must be released unless a ground of refusal stipulated in the PAIA applies.

An example is the privacy of a third party. An information officer is obliged to refuse access to a record if the disclosure “would involve the unreasonable disclosure of personal information about a third party, including a deceased individual”, or if the information was provided in confidence.

**Protection of Personal Information Act (POPIA)**

POPIA seeks to regulate the processing of personal information. The purpose of the Act is to ensure that all South African institutions conduct themselves in a responsible manner when collecting, processing, storing and sharing another entity’s personal information by holding them accountable should they abuse or compromise your personal information in any way.

POPIA promotes transparency with regard to what information is collected and how it is to be processed. Openness increases customer trust in the organisation. POPIA compliance involves capturing the required data, ensuring accuracy, and removing data that is no longer required. These measures should improve the overall efficiency and reliability of organisations’ databases.

Compliance with the POPIA requires the identification of personal information held and taking reasonable measures to protect the data. This will minimise the risk of data breaches and the associated public relations and legal ramifications of data breaches on the organisation.

This Act was signed and promulgated in November 2013, but no commencement date has been set. After the commencement date, a compliance grace period of one year will exist which may be extended to a maximum of 3 years. It is expected the due date for the POPIA Manual to be the end of next year.

**Non-compliance with legislation**

Non-compliance with any of these two Acts could expose the responsible party to a penalty or a fine and/or imprisonment of up to 12 months. In certain cases the imprisonment can be up to 10 years. At the moment the PAIA Manual is urgent as it has to be registered with the Human Rights Commission before 31 December 2015.

**SAAP members’ responsibility**

SAAP members with an established counselling practice may also need to comply with these acts, e.g. client particulars stored by the counsellor must be protected.

Further information can be requested from Sankie Greyling at sankiegrey@gmail.com or 0812543871.

http://www.saap.za.net
News from the SAAP Executive

Professionalisation process

It recently came to light that the Association of Ministry Training Practitioners (AMTP) in South Africa also intends to apply for SAQA recognition as a professional body. In a meeting with Dr Jody Cedras, SAQA Director of Registration and Recognition and the deputy Ms Cleo Radebe on 5 November 2015 registration of a single professional body was suggested. Consequently members of the SAAP Executive and members of the AMTP Board discussed a possible joint way forward. Current planning points to the amalgamation of the two associations, with separate units within the new professional body, focussing on the areas of pastoral counselling and ministry training respectively.

The SAAP Executive and AMTP Board are currently addressing the implications of the intended amalgamation within the constitutions of the two associations. SAAP members will be kept informed of developments.

Conference and AGM

The next SAAP Conference will be held on 4 and 5 March 2016. The SAAP Annual General Meeting will be held at the same venue, Friday evening 4 March. So please save these dates for SAAP in your 2016 diary! The overall topic of the conference will be “Healing as a Pastoral Challenge”. We are privileged to have the well-known Prof Wentzel Coetzer from North West University as keynote speaker! The venue will be the same as for the 2014 Conference: the Pretoria Oosterlig Dutch Reformed Church in Waterkloof Glen, Pretoria. Further details and invitations will follow early in the new year.

Outstanding annual fees

As of 26 November 2015 no payment has been received from the following members for 2015:

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Individual registration only

The new SAAP Constitution provides only for the registration of individual members, as designations will be determined by individuals’ academic training, supervision and practical experience.

Existing SAAP membership of groups and centres therefore laps by the end of 2015. Every member of existing groups is requested to register as individual member of SAAP for January 2016. If this registration is still done in 2015, no additional fees will be applicable. Download the application form for individual membership from the SAAP website at www.saap.za.net.

Update of personal details

Thank you for the 243 update forms completed and returned to the SAAP office thus far. Please consult the list of members with outstanding information attached to the email. Members whose names do not appear on the list must please return the update of personal details form as soon as possible.

Annual fees 2015

All members were invoiced in February/March this year for the 2015 annual fees. See below for a list of members whose fees are still outstanding. These memberships will be cancelled by the end of December if not paid up. The SAAP Executive has been very accommodating, but please respond and keep me in the picture.

Note that in the new professional body dispensation, annual registration fees will have to be paid within three months of the invoice date to maintain the validity of the license to practice.

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- Theron L J S
- Truter A M
- Van der Merwe F J
- Van der Merwe S M
- Van der Vyver J G
- Van der Walt G
- Venter M T S
- Venton E S
- Vorster M M
- Wiid W
- Willemse E