

ABBREVIATIONS

AACC – All African Council of Churches
AIDS – Acquired Immune Deficiency Syndrome
CBO – Community Based Organization
CCT – Christian Council of Tanzania
CLWHA – Children Living With HIV and AIDS
EHAIA – Ecumenical HIV/AIDS Initiative in Africa
FBO – Faith Based Organization
GTZ - Gesellschaft für Technische Zusammenarbeit
HIV – Human Immunodeficiency Virus
MCT – Moravian Church in Tanzania
MCTSWP – Moravian Church in Tanzania, South West Province
NGO – Non-Governmental Organization
OVC – Orphans and Vulnerable Children
PAR – Participatory Action Research
PEPFAR – President’s Emergency Plan for AIDS Relief
TACAIDS – Tanzania Commission for AIDS
UKZN – University of KwaZulu Natal
UNAIDS - The United Nations Joint Programme on HIV/AIDS
UNICEF - The United Nations Children's Fund
UNISA – University of South Africa
USAID – United States Agency for International Development
VCT – Voluntary Counseling and Testing
WCC – World Council of Churches
WHO – World Health Organization

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CHAPTER ONE

1.0 INTRODUCTION

1.1 Rationale of the study

1.1.1 My story

In brief, my journey in practical theology in particular began in 1997 when completing my Bachelor of Divinity degree. In that year I did my research on Christian education for children from a biblical perspective. It was an exegetical text taken from the book of Deuteronomy 6:4-10, which basically is Moses' instruction to Israelites to teach their children about the great acts of God in history. Such instruction was done orally through telling stories about God's great deeds (Mwenisongole 1997).

For my second degree in theology I specialized in pastoral counselling. My research was on using images and symbols with delinquent and troubled children using a Jungian analytical approach (Mwenisongole 2001). But among the counseling approaches which intrigued and made me curious in the course of my studies and now as I am doing this research in pastoral counselling, was the narrative approach. I have seen that this is the way forward for me in doing further research on a narrative approach in pastoral counseling with orphans and vulnerable children (further: OVC). In relation to the study of children affected by the the Human Immunodeficiency Virus (further: HIV) and Acquired Immune Deficiency Syndrome (further: AIDS) I decided to do further research on a theological and biblical response to the issues of HIV and AIDS in Tanzania (Mwenisongole 2002). This helped me to get a wider view on how much the pandemic has affected people in Tanzania and how to respond about it.

In addition to the above research, in my pastoral counseling courses I was interested in two subjects. First was on understanding biblical passages and stories from the psychological perspective. The second was the Jungian analytical approach in pastoral counseling. I find a

narrative¹ approach to pastoral counseling to be close to these two approaches. In line with my motives Capps asserts that,

Many of the authors who are writing on narrative employ the perspective of psychoanalytic object relations theory, which emphasizes the ways in which we internalize and project parental and other culturally transmitted models and images (1998: 1).

This assertion will be discussed in detail in the following chapters.

In addition to being a pastor and a volunteer at the Faith Based Organization (further: FBO) known as *Amani* orphanage centre in Mbeya. I am also engaged in teaching practical theology and in particular pastoral counseling in a church oriented university in Mbeya, Tanzania. I am also interested in teaching and counseling using stories, metaphors, proverbs, songs and other narrative aspects, which seem to be natural to people in Mbeya, Tanzania. That is also my passion and motivation for doing further research on narrative approaches because it has been part of my experience throughout my life. I also personally like to hear and tell stories, proverbs and metaphors.

One part of my story as I grew up is about my interest in playing and hearing the stories about water in rivers, lakes and seas. I like playing with water, looking and admiring at it. Water has become one of my important symbols in life and in my pastoral ministry. Water is such a beautiful symbol in the life of many people and especially in the African context. Water to me symbolizes life, beauty, and the presence of the Holy Spirit. Since childhood the rivers have been my best place to go and relax and have an opportunity to meditate on life and pray to God. It is the place where I can go and regain my life. The water revitalizes my life and gives me strength. As a child and even to this day when I go to rivers or to where there is water, I like playing with water. Sometimes I take smooth stones around the rivers or ponds and throw them into the water. When I throw a stone in the water usually what happens are waves in the form of rings or circles which grow and expand from the centre to the edge of the pond or to the bank of the river. To me this is like a story of any person who has to experience much turbulence (waves) in life. These are part of our growth, whether they are good or bad. What we do, how

¹ Through my experience of teaching pastoral counseling courses, reading different books, and attending some seminars on narrative counseling, I found that narratives are a way forward for me to do further research in practical theology, especially with traumatized children in the Tanzanian context. Why narrative? This question will be answered in the course of this thesis.

we act or perceive and respond to all these turbulences in our lives is what makes us become sick or remain healthy.

Hence, these experiences, studies and research show my interest in working with children and young people who are more vulnerable in society, from poverty and HIV and AIDS in particular. By way of a narrative approach we can build a better health environment for traumatized children.

1.1.2 The biblical literature (narratives)

The biblical narratives (stories) can be found from the book of Genesis to the book of Revelation. The Bible² is filled with different kinds of narratives. Jesus Christ himself was a good storyteller, as we read from the Gospels. These stories come from different backgrounds and contexts. Some of the stories are told by God, some by individuals, and some by the communities. The biblical stories have been very fascinating and helpful for me and for others too. These stories teach and show us the way to live a life which is worthwhile and a life of wholeness. They show us different life experiences of men and women of God who have been created in God's image.

Narrative³ analysis is one of the ways to understand the Bible. The Bible has been founded through oral tradition as we know in those times people did not know how to read or write. This way of communication was very important for Jewish people. Training and instruction were through verbal communication. In order for someone to understand his/her life and where he/she came from, the history and background of an individual or a community, oral

² It is my experience that the Bible in Mbeya, Tanzania is understood very literally. The Bible is a story book dealing with people's experience and their relationship with God. It is a book which tells true historical stories. It is not so much about the exegetical understanding of the Bible, but as a literal translation of the Bible. Therefore, in this thesis all the biblical texts will focus on the literal understanding of the passage rather than the exegetical analysis of the texts. This is what I have experienced that people view the Scripture as a story which is real and true. It is about using common sense when reading the Bible and not with systematic exegetical analysis for understanding the Bible (see also Finucane 2009: 233-240). Taking the texts as they are will be my approach to the Scripture texts with children; I will not go into systematic exegetical analysis of the texts which I will be using in the course of the research. This thesis does not reject or ignore the systemic exegetical methods of analysing Scripture, but the author also understands the limitations of all the methods.

³ Note that the theory of narrative will be discussed in detail in the following chapters. Suffice to say here that narrative is one of the ways to communicate and understand a person through his/her life story.

communication through stories was used most of the time. These types of biblical narratives were important to keep the society in one place, in unity and solidarity. Narratives were being told and retold from one generation to another. They helped to maintain the traditions and identities of people. These biblical narratives of the Jewish people are very similar to those of the African people (Healey & Sybertz 2005). In the African societies you find that from a long time ago when our ancestors did not know how to read or write, they communicated orally. Stories were used for training and instructing people (for example in the initiation rites known as *Jando* and *Unyago*) (Mwenisongole 2002: 12, see also Mbiti 1989: 118ff). All these gave them the identity of who they were in the community or society to which they belonged.

Biblical narratives are stories we find in the Bible. There are many of these stories in the Bible, but let us look at some examples of them. The first biblical narrative which I want to point out here which was very important for Jewish people, is the story of the great act of God in the history of the Jewish salvation from bondage in Egypt. This story is found in the book of Deuteronomy 6:20–25, which reads:

In the future your children will ask you, “What is the meaning of these laws, decrees, and regulations that the Lord our God has commanded us to obey?” Then you must tell them, “We were Pharaoh’s slaves in Egypt, but the Lord brought us out of Egypt with his strong hand. The Lord did miraculous signs and wonders before our eyes, dealing terrifying blows against Egypt and Pharaoh and all his people. He brought us out of Egypt so he could give us this land he had sworn to give our ancestors. And the Lord our God commanded us to obey all these decrees and to fear him so he can continue to bless us and preserve our lives, as he has done to this day. For we will be counted as righteous when we obey all the commands the Lord our God has given us.”

This is one of the good biblical narratives we hear about Jewish deliverance from the hand of Pharaoh in Egypt. This story was transmitted from one generation to another and it was memorized by every parent to teach their children of what happened in their life, of where they had come from and where they were going to, or “about their origins and future” (Henry 2008).

Another good example which has drawn me to like the narrative approach is the story of Jacob in the book of Genesis. First of all, it is described that during Jacob’s birth his “hand had taken hold of Esau’s heel,” and his name meant supplants, deceiver or the one who takes by the heel (Gen 25:24-26) (Elwell and Comfort 2001: CD Rom). We also read that Jacob bought the birthright from Esau his brother by eating the red pottage which Jacob prepared (Gen 25:29-34).

Again later the story explains that Jacob cheated his brother Esau, who was the firstborn and beloved child of Isaac, out of his father's blessings (Gen 27:1-45).

All Jacob's tricks made him run away from his brother Esau who began hating him. Esau, full of hate, looked for an opportunity to kill Jacob. Jacob decided to run away from Esau. On the way he slept on a stone and dreamed about a ladder which reached from earth to heaven and on it he saw the angels of God descending and ascending on it. And God talked to him about his descendants and his prosperous future life (Gen 28:10-17). Then Jacob decided to live in Haran for some time where he had many challenges in his life and especially his marriage. He married and had children from two women and two maidservants. Finally, after serving Laban, his father-in-law, for many years, Jacob returned home. On his way home he faced many challenges from Laban. Jacob kept thinking about his brother Esau, remembering what he had done to him. In his heart Jacob was looking for reconciliation with his brother Esau. The most striking experience for Jacob was his dream. Jacob was challenged in his dream where he found God and he knew who He was. The text says:

This left Jacob all alone in the camp, and a man came and wrestled with him until the dawn began to break. When the man saw that he would not win the match, he touched Jacob's hip and wrenched it out of its socket. Then the man said, "Let me go, for the dawn is breaking!" But Jacob said, "I will not let you go unless you bless me." "What is your name?" the man asked. He replied, "Jacob." "Your name will no longer be Jacob," the man told him. "From now on you will be called Israel, because you have fought with God and with men and have won." "Please tell me your name," Jacob said. "Why do you want to know my name?" the man replied. Then he blessed Jacob there. Jacob named the place Peniel (which means "face of God"), for he said, "I have seen God face to face, yet my life has been spared." (Gen 32:24-30).

The story of Jacob ends up with the reconciliation with his brother Esau and God blessed Jacob and his twelve children, despite all the weaknesses and challenges he had throughout his own life. And God continued to guide Jacob throughout his life until he died when he was very old.

The New Testament and particularly the Gospels are full of narratives told by Jesus Christ. Jesus used metaphors such as stories, parables, proverbs and other sayings to teach His disciples. It is noted that without parables, or examples, Jesus did not teach anything. Narratives have been regarded with others as the "fifth gospel" in which God reveals Himself through experiences of the people (Healey & Sybertz 2005: 32-33). This is not to lessen the importance

of the Gospel of Jesus, but it is to make the Gospel more at home in the real life of the people, and this is what is called the “inculturation” of the Gospel. One of the good examples of how Jesus used the narratives is found in the Gospel of Matthew 13. The chapter teaches about the parables of the kingdom of God, how the kingdom should be understood.

These stories and experiences of mine point out my background in doing further research on OVC using a different approach which is more applicable in the context of Tanzania. The narrative approach, metaphors, stories, proverbs, and other sayings, have drawn me to do further research for several reasons. First, it appears to be an appropriate approach for children in particular, but as well as for all people. Second, it is for its wider perspective and application in different fields of psychology, theology, sociology, and philosophy, especially in this postmodern⁴ time. Third, a narrative approach invites pastors to engage in a relationship that will build a meaningful story of hope and future in a person’s life. A narrative approach gives an obvious memory for the teachings people receive, but also makes people become more responsible for their actions and decisions. Metaphors in narratives help people to think beyond what is being spoken or portrayed. OVC pass through difficulties and hard times in their life; therefore what they need is hope that comes out of narratives in the Christian perspective.

1.1.3 The impact of HIV and AIDS

It is reported that the southern part of Africa is the region that has mostly been affected by HIV worldwide. The percentage is nearly three quarters (72%) of AIDS-related deaths in 2008. It was estimated by the United Nations Joint Programme on HIV/AIDS (further:UNAIDS) in collaboration with the World Health Organization (further: WHO) and other organizations that in 2008 1.9 million people were newly infected with HIV in this sub-Saharan part of the region, bringing to 22.4 million the number of people living with HIV. The children in sub-Saharan Africa who have lost one or both parents due to AIDS were more than 14 million in 2008 (UNAIDS 2008).

In 2000 in Tanzania the HIV prevalence was estimated to be 10% and people living with HIV were estimated to be 1.5 million in 1997. The number of orphans in Tanzania alone was

⁴ Postmodernism is a 21st century phenomenon in which its philosophy lies in looking and understanding the world in more holistic ways, rather than in individualistic and rationalistic ways which dominated the modernism world (cf Finucane 2009).

estimated to rise to 2 million by 2005 (TACAIDS 2008). According to UNAIDS (2008) the prevalence of the disease was 6.2% for 2007 (TACAIDS 2008). It is pointed out that Mbeya has the highest number of orphans, high HIV prevalence, few NGO's working in the region, and a high level of regional and district response and commitment to other activities (TACAIDS 2008). This means that the situation in this region is not good. It also stated that the region does not show a good response towards the effects of HIV and AIDS.

The United Nations Children's Fund (further: UNICEF), UNAIDS and other partners have launched a world-wide campaign focusing on the enormous impact of HIV/AIDS on children, saying it is a disgrace that fewer than 5% of HIV-positive children receive treatment and that millions of children who have lost parents to the disease go without support. UNICEF continues to point out that,

children affected by the disease are the "missing face" of AIDS – missing not only from global and national policy discussions on HIV/AIDS, but also lacking access to even the most basic care and prevention services. Millions of children are missing parents, siblings, schooling, health care, basic protection and many of the other fundamentals of childhood...(UNICEF: 2006).

The HIV and AIDS pandemic does not discriminate between newborn babies and elderly people. Today children are becoming more vulnerable due to this tragic situation. Globally, in 2003, more than 15 million children under the age of 18 had lost one or both parents to AIDS. As a result of this tragic disease children have undergone grief and abandonment; they have of necessity carried out family responsibilities beyond their own capability, and some have resorted to the streets for survival. Support for these children is lacking and for that reason they become very vulnerable (USAID 2005).

The challenge and impact of HIV and AIDS is a global phenomenon. It is a multifaceted problem. The challenges go beyond technology and science, beyond philosophy and politics, and beyond social sciences. The problem of HIV and AIDS is becoming more complex; the impacts go beyond social, traditional, and cultural norms, beyond science and philosophy. There have been different discussions on the relationships between HIV and AIDS on the economy (poverty), health (other opportunistic diseases), ethics, human sexuality, gender, politics, faith, and science. Further the World Council of Churches (further: WCC) reports the impact of HIV

and AIDS is beyond statistics. HIV and AIDS has caused people to be poor, they have even been affected psychologically and spiritually. It is pointed out that,

Many who suffer do so in rejection and isolation. In a striking way HIV/AIDS has become a “spotlight” revealing many iniquitous conditions in our personal and community lives, revealing our inhumanity to one another, our broken relationships and unjust structures. It reveals the tragic consequences of personal actions which directly harm others, or of negligence which opens people to additional risk (WCC 2004:97).

The UNAIDS Executive Director, Peter Piot noted that *every minute*:

- a child dies of an AIDS-related illness
- a child becomes infected with HIV
- four young people aged 15-24 become infected with HIV.

In addition, an estimated 15 million children have lost at least one parent because of AIDS. Yet less than 10% of children orphaned and made vulnerable by AIDS receive public support or services. In sub-Saharan Africa, where the impact is greatest, coping systems are stretched to the limit. Secretary General K Annan says, “Nearly 25 years into the pandemic, help is reaching less than 10% of the children affected by HIV/AIDS, leaving too many children to grow up alone, grow up too fast or not grow up at all.” He stressed that, “AIDS is wreaking havoc on childhood” (UNICEF 2006).

Veneman also pointed out that in some of the most suffering countries, particularly in sub-Saharan Africa, the AIDS pandemic is “unravelling years of progress for children.” She asserts that concrete steps to address the impact of AIDS on children are essential to meet the Millennium Development Goals. Veneman says again, “A whole generation has never known a world free of HIV and AIDS, yet the magnitude of the problem dwarfs the scale of the response so far” (UNICEF 2006). Therefore it is the goal of the whole world to take appropriate steps for children in particular, fulfilling the mission to which we have been called.

The document from UNICEF (2006), points out that the aims of the global campaign are as follows:

Prevention of mother-to-child transmission: The vast majority of the half-million children under the age of 15 who die from AIDS-related illnesses every year contract HIV through mother-to-child transmission. The campaign aims by 2010 to provide 80 per cent of women in need with access to services to prevent transmission of HIV to their babies. Currently less than 10 per cent of women have access to these services.

Pediatric treatment: Less than 5 per cent of HIV-positive children in need of AIDS treatment are receiving it, and only 1 per cent of children born to HIV-infected mothers have access to cotrimoxazole, a low-cost antibiotic that can nearly halve child deaths from AIDS by fighting off deadly infections. The campaign aims by 2010 to provide antiretroviral treatment and/or cotrimoxazole to 80% of children in need.

Prevention: Adolescents and young people aged 15-24 account for roughly half of all new HIV infections, but the vast majority of young people have no access to the information, skills and services needed to protect themselves from HIV. The campaign aims by 2010 to reduce the percentage of young people living with HIV by 25 per cent, in line with agreed international goals.

Protection and support of children affected by AIDS: By 2010, it is estimated that there will be 18 million children who have lost at least one parent to AIDS in sub-Saharan Africa alone. Well before parents die, children – especially girls – have to take on adult tasks such as caring for the sick, looking after younger siblings, generating income to pay for health costs, or producing food. Often they must drop out of school. The campaign aims by 2010 to reach 80 per cent of children most in need of public support and services...UNAIDS Executive Director Peter Piot says,

AIDS continues to tear apart families and communities, leaving behind 15 million orphans and robbing countries of their future... If countries are to develop, we must put children first. Children must therefore be a major priority when it comes to the way we allocate and use resources.

These goals need to be taken seriously by the church and society as a whole. They should be utilized properly and be responded to actively by all sectors in our communities. In particular the children should be protected and helped to be able to cope with the needs and problems they are facing in the midst of HIV and AIDS.

The impact of HIV and AIDS in Mbeya, Tanzania in particular, needs not to be ignored. The above alarming statistics and all the challenges of HIV and AIDS have also spurred me on to examine and find ways on how pastoral counselors and the church as a whole needs to respond to this issue. The church and the society as a whole need to face these challenges squarely. What is needed even more is for the church and the society to be more open to the true knowledge which reflects Christ's love and compassion in the ministry to which Christ has called us. The church has been called to be a vigilant church in all circumstances. The pandemic calls the church to be alert about its effects on society, instead of being prejudiced, ignorant or uninformed about the impacts of HIV and AIDS.

Strategic and effective ways are needed to help the children especially, who have become more vulnerable because of the pandemic. By exploring different ways or approaches in the midst of HIV and AIDS, I have seen that a narrative approach can make a significant contribution in pastoral counseling with OVC in Mbeya, Tanzania.

1.1.4 The importance of the study

This study explores and looks at the contribution of a narrative approach in the pastoral counseling context in response to the HIV and AIDS pandemic, especially to OVC in Tanzania. A narrative approach in the pastoral counseling context invites pastoral counselors to look at the challenges of the HIV and AIDS pandemic and other issues related to this disease (ie human sexuality, poverty and gender issues) as a serious crisis which calls the church to exploration, response, stewardship and faith-seeking understanding. Theologically, a narrative approach through metaphors, stories, proverbs, play and art is the way to resilience for OVC. Through a narrative approach the OVC can build coping mechanisms, faith and hope, and live a life of wholeness, which is the salvation through Christ. The study explores the life of children and their experiences as they are trying to live a life of worthiness, self-esteem, and self-control.

1.1.5 Why the children?

The reality of the problem leads the researcher to explore, examine and to evaluate a narrative approach in pastoral counseling with OVC. Children have for much of the time been rejected and neglected. They are one of the groups that are vulnerable and at risk (Sisemore 2003: 117 cf Atkinson & Field 1995: 225). It has been indicated that, “the pastoral care and counseling of children has only *recently* received specialized attention” (Florell 1990: 143 emphasis mine). This is what also drew me to explore how we can offer counseling to OVC in Tanzania. Benjamini Kiriswa calls for urgent pastoral ministry when he writes,

There is a need to establish pastoral policies and structures of implementation for effective ministry and service to the sick with special reference to persons living with HIV/AIDS. These include instituting guidelines for the protection and rights of the poor, marginalized and socially disadvantaged or vulnerable groups, especially *orphaned children*, widows and widowers (Kiriswa 2004: 97 emphasis mine).

In our pastoral ministry children should not be neglected or forgotten. They are part of the larger context of the church of Jesus Christ. Children are as important as the older ones. Jesus Christ paid attention to children when he told His disciples to let the children come to Him for of such

is the kingdom of God (Mark 10:14). Children therefore have as many rights as the adults in our churches and societies.

1.1.6 Pastoral counseling to children

Doing pastoral counseling with OVC, most of whom have been affected by and are even living with HIV and AIDS, is a difficult and sensitive challenge. The author has found that very little research or none at all has been done on pastoral counseling to children, especially those who have been infected with and affected by HIV and AIDS in the Tanzanian context in particular. Perhaps a good place to start is to explore how other people have tried to respond to the issue of children and HIV and AIDS in general.

This brings me to what I have learnt from the Circle of Concerned African Women Theologians, particularly on how they have responded to the issue of HIV and AIDS in Africa (Phiri, Haddad and Masenya eds 2003). The challenges and suggestions which the book, *African women, HIV and AIDS and faith communities* offers can help in my research for various reasons. The first reason is because the problem of HIV and AIDS is a worldwide one. Second, it is because children (mainly little girls) have been included as part of the problems that women as a whole are facing. Third, the technique, skills or art of pastoral ministry with women living with HIV and AIDS can assist in an approach with children. The affected and infected people with HIV and AIDS experience some common problems and needs.

As we work with OVC we need to be very sensitive and attentive. Louw (1990) validates the necessity of being sensitive in ministering to people with AIDS. He speaks about the “unconditional love, understanding, acceptance, listening to the person’s feelings and emotions, showing compassion and being sensitive to the person as a human being” (1990: 45). In the same way as Louw insists on sensitive listening, so does Kirkpatrick (1988). He quotes from K Wendler, who calls for the openness to listen carefully in order that the people receive the good and hopeful news in the depth of their hearts. Listening is an important skill for a pastoral counsellor, which helps a person (a counselee) to recognize that “I am acceptable”, because of the time, effort, energy and love that a counselor has given up for someone important (Louw 1990: 46).

For Ward (2001: 252) there are five challenges that are important in working with people who are dying: caring, comfort, company, uncovering coping mechanisms and giving a sense of control. All these show love and concern to OVC. Love is not just a theory; it is love, which means acceptance, listening, and understanding. It is unconditional love, which extends the grace of God in comfort, empathy, hope and healing in the midst of problems. Love opens the door to such change and opportunity. The church has been called to offer a holistic ministry in the midst of crises. Therefore, love brings about and opens doors for the coping and healing phenomenon for OVC.

The study of pastoral counseling has been very well addressed through various theorists and years of research. It is through scholarly studies and research that in the following chapters I will explore some of the work relevant to the subject.

1.2 Background of the research

As an introduction the following sub-sections deal briefly with some challenges in pastoral counseling in general, narrative approach, and HIV/AIDS. More details of these subjects or topics will be dealt with in Chapter Three where the literature review is studied in detail. Therefore, let me briefly give the background of this research.

1.2.1 The challenge of pastoral counseling in general

Pastoral counseling has been challenged from its emphasis in employing secular approaches of psychology and social sciences more than theological approaches. Whether these challenges are unfair or good is debatable, but all in all challenges and constructive criticism are enriching for practical theology as a whole. We need to look into additional and effective approaches that will benefit pastoral counseling now and in the future, as Capps points out (1990: 1-2).

It is obvious that pastoral counseling needs to expand its horizon of its approaches and methods. Some scholars such as Charles Gerkin, Daniel J Louw, Howard Clinebell, Emanuel Lartey and Donald Capps have tried to suggest some of the methods that can be applied by pastoral counselors in the ministry of the church. Capps says that, “it is true that many pastoral

counseling specialists have been using a variety of methods, including some not addressed in either edition of Clinebell's textbook" (1990: 2).

Clinebell also sees the challenges facing pastoral counselors. In his revised version of *Basic types of pastoral care and counseling: Resources for the ministry of healing and growth*, Clinebell recognizes the limitedness of methods in pastoral counseling by saying that,

It gradually became clear to me that the relatively passive, long-term model of psychotherapy that I had learned was not particularly effective with many persons who came for pastoral counseling. Gradually, my conviction grew stronger – that pastoral counseling must broaden its conceptual base and revise its working model in order to flourish more fully (1984: 9).

The invitation here is to always be creative and inspired for our ministry to make pastoral counseling more holistic in its methods.

I concur with Clinebell who admits that the church needs to be more creative and innovative in her approach to her people who are being afflicted with many problems and challenges of life. The church should find and look for ways that will help the pastoral ministry to be more holistic than it was before. The ministry of care, healing, and growth must be relevant to the people concerned in their own context and needs. The church nowadays should look for models and methods of pastoral counseling that would be more integrative, broad and holistic in their approach (1984: 16).

Challenges facing pastoral counselors in the ministry of the church have resulted in the increase of a wider perspective in the field of practical theology. Several approaches and methods which have been employed from disciplines of psychology, sociology and others have been enriching to practical theology, despite the challenges it faces. Louw is of the opinion that practical theology should look for a model that will be based on the central message of the Gospel, which is salvation, which is also understood in the context of our human relationships. The important thing here is how to communicate the good news of Christ to people, taking their context into account. This requires skill and knowledge of translating the Gospel in what Louw calls "hermeneutical mode" (1998: 1).

Louw (1998, 2003) continues to argue that the basic task of practical theology is to integrate the theological ethics and the social sciences so that the life of a person and its existence can be effective and applicable in meaningful ways. He says that “pastoral theology, as well as practical theology, need theological ethics” (1998: 11). These integrative models or methods are the way to go if we want our pastoral ministry of care and counseling to be more holistic to people we serve.

1.2.2 The challenge of narrative approach

The word “narrative” has been used by different disciplines in the academic arena. It has been used mostly by social sciences and humanities. Narrative has been used by sociologists, psychologists, philosophers, and theologians (in Herman, Jahn & Ryan 2005). In this paper I will use a narrative approach as a way to pastoral counseling with OVC. This involves life stories, stories, metaphors, proverbs, riddles, songs, play, art and other sayings that we hear and tell about our lives and experiences. I will use a narrative approach particularly for the sake of the focus of this study, which is practical theology in pastoral counseling. But generally I concur with the following definition of narrative which says, “Narratives (stories) in the human sciences should be defined provisionally as discourses with a clear sequential order that connect events in a meaningful way for a definite audience and thus offer insights about the world and/or people’s experiences of it” (Elliott 2005: 3). This means that narratives are stories or conversations which people tell or listen to inspired by their own lives, others, and all the events and experiences of life. Through the stories people try to interpret, explain, and comment to find meaning for their lives.

On the narrative approach Louw describes Capps’s understanding by pointing out that “the task of pastoral care is helping people to locate ‘their personal stories within the framework of the Christian story’” (1998: 15). This narrative approach helps people, including children, to find purpose and meaning for their lives.

Gerkin (1986) describes the ministry of pastoral counseling as interpreting the life of a person through the narrative approach. The narrative approach means a way of knowing a person’s story, an account, or a description of a person’s life. Pastoral counselors need to understand a person as God’s creation who has been created in the form of a story that needs to be interpreted

through understanding, relationship and being open to God's revelation. This hermeneutical approach tries to interpret a person's life experience to give it purpose and meaning (1986: 100-101).

Therefore, it is clear that a narrative approach can also be used within the field of practical theology as has been pointed out above. Despite the wider perspective and usage of a narrative approach in various fields of study, the approach can well be used in practical theology and particularly in pastoral counseling in the context of Mbeya with OVC.

1.3 Problem statement

There have been little or no effective ways of working with OVC in Mbeya.⁵ The researcher is exploring and investigating pastoral ways through a narrative approach that can be better or effective in responding to the prevalence of OVC in Mbeya. The church and pastoral counselors need to find other alternative or broadening ways which can be effective in the ministry of working with these children. The number of orphans is increasing every day and there have not been enough ways to help these children. Some children end up on the streets and even those who live with their relatives, don't have enough support. This research explores one alternative to help such children who have been affected with HIV and AIDS.

It is my assumption that a narrative approach can be a better way in pastoral counseling with OVC affected with HIV and AIDS. That approach helps these children in the process of resilience (ie coping and healing phenomenon). This approach is especially applicable in the African context (ie Tanzanian context) for the approach is more of a cultural practice than a skill or technique to them. A narrative approach with the use of story-telling, metaphors, proverbs, riddles, symbols, rituals, play and songs is the way of expressing daily experiences of life in times of peace or difficulties in an African context.

⁵ Interview with Rev Sadock Simwanza at Jacaranda, Mbeya on 13 January 2007. (He is the chairperson of the MCTSWP)

The Tanzanian cultural environment is different from other countries particularly of the West, where most of the African people are affected with HIV and AIDS. As Tanzanian people deal with their problems and difficulties, they always reflect their own environment and culture so that they deal appropriately with those challenges. Practical theology must also bear in mind this attitude of the contextualization of its practice. It must fit the context of the people where they are at a particular time and place, and this is what we really call “practical theology”, a theology of action and experience (Heitink 1999).

However, the world is becoming more of a village where the people have become closer and knowledge has become a worldwide network (ie globalization). Networking and sharing of knowledge is very important in postmodern times. People learn and experience from each other, expanding their horizon of knowledge and experience.

Still, people live according to their context and background, to where they belong. People will need to find their own ways and means to solve problems and challenges of life. This research is part of that struggle, of looking for appropriate and adequate ways which are better and effective in dealing with difficulties in the Tanzanian context, especially with the HIV and AIDS pandemic.

1.4 The thesis statement

The thesis statement of this study is, therefore, to make the assumption that the use of stories and metaphors in pastoral counseling is an effective way of responding to different issues surrounding the OVC affected with HIV and AIDS in Mbeya, Tanzania. A narrative approach through stories and metaphors helps children in the process of the coping and healing phenomenon where they finally find peace and harmony for their lives (wholeness). This resilience phenomenon is very important for these children for it helps them to come to terms with the challenges of HIV and AIDS.

It is my hope that in the long run the thesis statement will be explored and confirmed as the result of the research in the field, where different theories, methods, and themes or ideas will be used for exploration and analysis.

1.5 Purpose of the study

This study explores the problems which have been identified above. This serves the objectives, which are also discussed below, in this thesis.

The purpose of the study is to explore and examine in detail the adequate and effective ways of ministering to OVC. The church and its ministry (pastoral counseling) must look for ways that will be helpful for children's resilience in the midst of HIV and AIDS. A narrative approach through stories and metaphors allows children to express their issues in ways that are very natural for them. It is the method that leads children in the coping-healing process. This aims at helping children to know themselves and others much better for the well-being of their lives.

The thesis is not so much about a therapeutic approach or methods, but it is more about detailed exploration to find a thick description of children's experience of pain and suffering resulting from the HIV and AIDS pandemic. The thick descriptions of children's experiences are explored in detail using a narrative approach to discover ways which are better and effective in responding to issues of OVC in Mbeya, Tanzania.

Therefore, this narrative approach is basically a method from underground in the grassroots, from the regular people in our societies. The approach is also applying the theology from below. The children are the primary resources and are important, just like the grown ups. They have every right to enjoy and experience the fullness of life. Despite all the challenges and difficulties the children face in the midst of HIV and AIDS, they need to be respected, helped and served like other human beings with dignity which in Kiswahili we call *utu*. A narrative approach tries to respect all people despite the differences they might have.

1.6 Objectives of the study

The objectives of this study point to the thesis statement that has been put forward. The study is intended to achieve the following objectives.

The objectives are to identify the ways that can be most helpful to reach OVC in Tanzania. Pastoral (theology) counseling employs interdisciplinary methods such as psychology and sociology. Examples of these methods are family systems theory, psychoanalysis, client-centred approach and others. Narrative as an interdisciplinary approach in counseling is the method which brings about the well-being of a person as the result of telling and listening to stories in a pastoral context.

The study also intends to investigate and examine the challenges of HIV and AIDS in Tanzania. There are several challenges which have evolved since the spread of HIV and AIDS, such as new perspectives on ethical, political, religious, economical, health, social, and cultural issues such as poverty, human sexuality, gender, death and grief. These issues will also be analyzed and studied in brief as we proceed with this thesis.

This study will also investigate and provide an adequate model for pastoral counseling and for practical theology as a whole in working with children in an African context. It is my assumption that a narrative approach can be incorporated in practical theology as a pastoral approach.

Furthermore, the researcher will examine and provide adequate approaches for pastoral counseling using narrative methods for the well-being of the OVC in Mbeya, Tanzania. Pastoral counseling is being challenged every day for a good theological, psychological and ethical foundation. Pastoral counseling is seeking different ways to enrich itself so that it can reach out to people of different backgrounds. In this way pastoral counseling will be in a position to respond appropriately to the needs of people in different ways, which are more inclusive and divertive, relying on the richness of Christian traditions and social sciences methods. When it comes to OVC in particular, pastoral counseling is trying to be very sensitive to their language and needs. With the help of appropriate methods, pastoral counseling is able to meet the needs of these children.

It is anticipated that these objectives and results of the study will enable the researcher to find possible solutions and make suggestions for pastoral counseling and the church as a whole.

These objectives are related to each other and they cannot be separated. Therefore they must be integrated to make the ministry more effective.

1.7 Research questions

Several questions need to be asked about this research topic. The research questions based on the above objectives are as follows:

- Why is a narrative approach using stories and metaphors appropriate in pastoral counseling with OVC in the context of HIV and AIDS in Mbeya, Tanzania?
- In what ways will a narrative approach with OVC in a pastoral counseling context improve the quality of life of the OVC?
- How will this research project impact the wider pastoral ministry and society as whole?

1.8 Scope and limitation of the study

The study was confined to Mbeya city area in Tanzania. From several organizations which deal with orphaned children, the researcher decided to chose only one organization to do a field research in the city of Mbeya. This centre is known as *Amani* orphanage. The organization is a FBO, which is located at Uyole ward in Mbeya urban district. Other organizations will be mentioned or used for further elaboration, examples, or for any intended reasons which will be cited in the process of the thesis.

I worked with children from the age of 5 to 19 years old, but in this study I will only deal with children who are 12 to 17 years old of both sexes (ie boys and girls). These are referred to as children according to several constitutions. The total number of children the researcher worked with was more than eighty. For the research purposes, I will limit the study to only twenty-four children with their case studies recorded in detail.

The studies of narrative theories are broad and wide subjects. Narrative is a postmodern⁶ approach and already many scholars have been writing about it in different fields, especially in social science subjects (Speedy 2008). Therefore it is not the researcher's intention to go into historical details of psychological and sociological research, methods, and techniques in this study. I will employ the narrative methods generally, which will enable the researcher to integrate them in pastoral counseling with OVC. My main emphasis is applying a narrative approach in practical theology. I will also use several scholars from the field of practical theology whose subjects relate to the study of the research.

The study on HIV and AIDS will also focus only on the objectives of the study which have been stated above. Therefore, the study on HIV and AIDS will not go into historical and scientific details of the problems and challenges of HIV and AIDS. The study will only point out those basic and important issues about HIV and AIDS which are relevant to the study undertaken.

All the biblical text used in this thesis will be taken from the *Holy Bible* (Bible Explorer 2007) called New Living Translation, second edition, CD Rom, unless stated differently.

1.9 Definition of key terms

Some of the technical and important terms need to be explained here to clarify how they are going to be used in this particular study. But the detailed definitions and theories of crucial terms will be discussed in Chapter Three that deals with literature reviews. Other terms will be discussed in the process of the thesis.

1.9.1 Pastoral care

Pastoral care is a ministry which is offered by Christian believers. It is the ministry which uses resources from the background of Christian traditions and social science theories. Pastoral care as one aspect of pastoral theology is generally described as the “cure of souls”, which is used “to describe the consoling effect which God’s empowering and transforming presence has in the

⁶ The theory and philosophy of postmodernism is a 21st century phenomenon. It came as a result and a challenge of modernism, which emphasized rationalism (reason), objective truth or knowledge, individualism, facts, and the quest for absolute truth. Postmodernism on the other hand does not emphasize the above assertion. Postmodernism goes beyond reasoning. Postmodernism explores the plurality and diversity of the world. For more discussion on modernism and postmodernism see Finucane 2009:113-150; cf Speedy 2008:11ff.

world” (Louw 1998: 4). Pastoral care includes support, advocacy, comfort, guiding, healing, sustaining, and reconciling (Ramsay 2004: 3-4). Lebacqz and Driskill define pastoral care as, the broad term used by mainline Protestants to encompass any caring action performed by pastors and other recognized religious leaders who minister by virtue of their ordination or office on behalf of a community of faith (2000: 61).

1.9.2 Pastoral counseling

Pastoral counseling is a ministry within a larger context of pastoral care done by a person who is accountable to a certain type of religious organization or community. It is a professional ministry done by a person who is well informed in Christian traditions and skills in social sciences processes and methods (Ramsay 2004: 4).

Lebacqz and Driskill (2000: 63) quoting from J Patton (in Hunter ed. 1990) define pastoral counseling as “a specialized type of pastoral care offered in response to individuals, couples, or families who are experiencing and able to articulate the pain in their lives and willing to seek pastoral help in order to deal with it.”

Louw asserts that, “pastoral counseling indicates the procedures, attitudes and responses which are introduced during the course of the pastoral conversation so that a helping relationship, with its objectives of healing and growth, can be established” (Louw 1998: 4).

Pastoral counseling is not mutually exclusive from pastoral care but part of it. It is very difficult to make a clear distinction between them. Clinebell says, “pastoral care and counseling involve the utilization by persons in ministry of one-to-one or small group relationships to enable healing, empowerment and growth to take place within individuals and their relationships” (1984: 25-26).

The goal of pastoral counseling is to help people to grow into fullness of life. Pastoral counseling is aimed to heal, sustain, comfort, guide, reconcile, and nurture. As OVC pass through different passages of loss and grief, they need what pastoral counselors can offer. Children are people like any others who need to grow into their fullness of life even in the midst of the HIV and AIDS pandemic. These children need to be listened to for the stories they tell.

They need to know themselves as people who are able to do things on their own, and who need to be respected. Children can find their own way of coping and healing if they are given guidance and an opportunity to share their stories in a sacred space or safe environment.

Pastoral counseling, in addition to other psychological methods and skills, helps pastoral counselors to be better equipped in counseling people. Pastoral counseling is done in the context of the ministry of the church, where the Gospel is proclaimed in words and deeds, in worship, prayer, and sacraments. These instruments of faith help people to live a life of well-being through different approaches used by pastoral counselors.

1.9.3 Practical theology

Practical theology is a branch in theology which includes Christian practices such as Christian education, homiletics, worship, liturgy, pastoral care, administration and church polity. It is the theology of experience and action which applies the “contemporary situations and realms of individual and social action” (Farley 1990: 934). Practical theology is “concerned with the whole of the church’s life in the world, not the functions of clergy alone as was the case with most traditional pastoral theology” (Burck & Hunter 1990: 867). Practical theology is applied in a wider sense depending on the context of where it is being used. At times practical theology and pastoral theology are used simultaneously, but in the actual reality pastoral theology is part of a big umbrella of practical theology. Therefore, the two terms are complementary to each other, despite the differences they might have.

1.9.4 Pastoral theology

Pastoral theology bases its knowledge on the ministry of care by ordained pastors where the contextual and biblical theology is applied and integrated with social sciences approaches in promoting healing and transformation (wholeness) (Ramsay 2004: 5-6). Pastoral theology uses “biblical and theological resources to inform a faithful use of secular psychological wisdom. The behavioural sciences are integrated into the practice of care in ways that preserve the integrity of a particular theological or biblical perspective” (Ramsay 2004: 6). It is further quoted that,

Pastoral theology is that branch of theology that constructs theories and practices of personal and corporate care, and contributes to the constructive theological task and to the common good by identifying, evaluating, and modifying the technical practices, core meaning systems, and

normative value structures operating within and between all of the efforts of care brought to bear upon individuals and groups within our common life. To accomplish its task, pastoral theology develops for public debate and policy interpretations of our common life, norms by which this life will be lived, and practical strategies for healing, sustaining, guiding, and liberating individuals, cultures, and the natural order (Ramsay 2004:15).

In this thesis both terms “pastoral theology” and “practical theology” will be used. It should be understood that these terms are different but related to each other.

The new edition of *Dictionary of pastoral care and counseling* (Hunter ed. 2007) defines pastoral theology as “the branch of theology which formulates the practical principles, theories and procedures for ordained ministry in all of its functions (though in the nineteenth century often excluding homiletics).” It is also defined as,

The practical theological discipline concerned with the theory and practice of pastoral care and counseling. In addition to a study of methods of helping and healing, this includes studies of moral and religious life and development, personality theory, interpersonal and family relationships, and specific problems like illness, grief, and guilt.

The dictionary continues to define pastoral theology as,

A form of theological reflection in which pastoral experience serves as a context for the critical development of classic theological understanding. Pastoral theology in this sense generally focuses on topics like illness, death, sexuality, family, and personhood, though in principle any theology topic may be considered from a pastoral perspective – faith, hope, love, salvation, and God, for example. Here pastoral theology is not a theology of or about pastoral care but a type of contextual theology, a way of doing theology pastorally. Pastoral theology in this sense is complementary, not competitive...

1.9.5 Ministry

Ministry in general is a service offered by Christian believers in the church and community, which includes feeding, healing, preaching, comforting, guiding, caring, counseling, reconciling, and shepherding. But the ministry also includes the Eucharist, baptism, prayer and worship. These are referred to as the ministry of care. It is the ministry of all people of God (Hinson 1990: 737).

1.9.6 Narrative

Narrative (life story) is a story which communicates something (life experience) about the teller or the listener. It is interactive conversation. About narrative in social research Elliot quoting Hinchman and Hinchman (1997: xvi) defines narrative as follows,

Narrative (stories) in the human sciences should be defined provisionally as discourses with a clear sequential order that connect events in a meaningful way for a definite audience and thus offer insights about the world and/or experiences of it (Elliot 2005: 3).

In this thesis the term narrative will be widely explored and used to fit into the African (Tanzanian) context of the study. Narrative will not only deal with life stories, but I will also go further in using metaphors, stories (fiction and non-fiction), proverbs, allegories, riddles, symbols, images, play, songs, poems, and drama which come as a way of expressing things or experiences of people's lives. I agree with Speedy who says that narrative is a way of using the language which makes sense of things. It is not only about narrative used as a literary or academic term, but also as a "story" which is used on a daily basis (2008: 45-46). In this thesis you might find sometimes that these terms overlap from one term to another despite the distinction or differences which I respect, which will be discussed in the third chapter. Children are more interested in such methods in integration with pastoral counseling when used appropriately with their own condition of coping and understanding. Therefore, a narrative approach in pastoral counseling is an appropriate method with OVC.

1.9.7 Metaphor

The word metaphor is derived from the Greek word *metapherein* which means to transfer or to carry something across. It is the figurative language where a word or phrase is being used to refer to something else. It is a "word or group of words used to give particular emphasis to an idea or sentiment" (*Microsoft Encarta Encyclopedia Standard* 2006: CD Rom). The *Concise Oxford Dictionary* defines it as "a figure of speech in which a word or phrase is applied to something to which it is not literally applicable" (2001: CD Rom). Metaphors can be found in our daily use of language such as in narratives and other sayings. In the Christian context as well as in the African context metaphors are used. For example, the Gospels tell us the story of Jesus as the "lamb of God" (John 1:29 cf Rev 5:6), a "good shepherd" (John 10:1 cf Ps 23:1), or the "lion of Judah" (Rev 5:5). Jesus also called himself the "bread of life" which came from heaven (John 48, 51). In Tanzania we also have this figurative language, for example one might

say, *Mchumia juani ulia kivulini*, which means that the one who gathers in the sun will eat in the shade. It is a proverb which teaches people to be patient and work hard in life where at the end it is expected to reap what he/she sows.

1.9.8 Story

The *Concise Oxford Dictionary* defines story as “an account of imaginary or real people and events told for entertainment.” It is an “account of past events, experiences, etcetera” (2001: CD Rom). A story can be fiction or non-fiction. A story as it can be used in everyday conversation is about life and the way we experience life. We are surrounded by stories everywhere, within and without. There are different kinds of stories such as “folk stories, virtual stories, latent stories and untold stories”, and “narrative” as in the telling of stories. “Story is something that is delivered by narrative but seems to pre-exist it”, whereas “narrative always seems to come after, to be a representation” (Speedy 2008: 46). In the distinction of a “story” and “narrative” one points out that,

A fundamental element that makes a distinction between story and narrative possible is one of intentionality, in the sense that a story is communicated intentionally and is governed by certain formal rules of structure and content. ...Narrative, on the other hand, can be viewed as being embedded within the conversation or interaction between people and is not formalised in the sense that a story is and not necessarily experienced as a story by the listener (Cattanach 2002: 49).

There is an overlap between the terms “story” and “narrative” despite the differences of the terms. And in these two terms most of the times metaphors are being used and applied in daily conversation. Narratives can come in the form of stories (life story), stories (fiction and non-fiction), metaphors, riddles, songs, poems, proverbs, images and symbols.

1.9.9 Church

The church refers to the Christian community who believe in the life and death of Jesus Christ. It is the community of believers who follow the teachings of Jesus Christ. It is the community of fellowship which has agreed to live a life of sharing, caring for the well-being of individuals (ie members) (Burck 1990: 202). In this thesis, the service of the church goes beyond its boundaries when it comes to the services in the community. Most of the FBOs in Mbeya, Tanzania are not

restricted to the service of their own people of the same faith, but they go beyond their denominations and faiths. When it comes to community service it involves all people of all faiths, Christians, Moslems, and others.

1.9.10 Orphans

Orphans are children under the age of 18 who have lost one or both parents (UNICEF 2006). Most of the children's parents die from AIDS-related diseases, but others die from other causes. These children have also been vulnerable to or infected with and affected by HIV and AIDS (UNICEF 2006).

1.9.11 Vulnerable children

These are children who become vulnerable because of the different circumstances in life in the community they live in. They become vulnerable because of their parents' death, diseases, and poverty. These are the children who are at great risk of being abused, displaced, infected and affected with the sexually transmitted diseases. Someone who is vulnerable is dependent and he/she is looking for support, approval, for security for his/her life (Sullender 1990: 273).

1.9.12 Resilience

Resilience refers to the capacity for successful adaptation despite challenging or threatening circumstances (Bauman & Germann 2005: 107). It is the ability to cope well with difficult situations in life. In the case of children, resilience is the ability for children to cope with their parents' illnesses and deaths, with loss and grief. Children find coping skills when they are supported by adults to know and tell stories about their families.

1.9.13 Coping

Coping is the ability to adapt to circumstances that can be challenging or difficult. It is the way of being firm, strong, and flexible to unexpected or shocking situations. It is a defence mechanism with which every person has been created. A person tries to adapt and maintain or preserve what he/she thinks and believes is his/her right (Pattison 1990: 267-269). Here in this research thesis coping will be used with the OVC in dealing with issues related to their needs and problems.

1.9.14 Healing

Healing is a very wide term, which originates from a Greek word “*therapeuo*”. It is the word which signifies more than a physical well-being of a person. It comprises peace and harmony in a person’s life. It also denotes calmness and wholeness. Pastoral care involves healing and caring “*cura animarum*”, cure of souls. Healing also involves spiritual and psychological growth (Lebacqz & Driskill 2000: 62).

1.9.15 Wholeness

Wholeness is the process of becoming whole, becoming mature both spiritually and physically. It is the word which is associated with what the Bible calls “salvation”, which means harmony and peace with oneself, with other people, with creation, and with God. It is the relationship of a human web in creation. Carl Gustav Jung calls it the process of individuation, where a person comes to terms with his/her inner being, the psyche (Moseley 1990: 36-37).

1.10 Outline of the thesis

This thesis comprises seven chapters. Chapter One is an introduction, which gives the rationale and the background of the research. The problem and the thesis statement are also discussed in this chapter. The research question and objectives of the study, scope and limitation of the study, and the definition of key terms are explained here in the introduction.

Chapter Two looks at the context of the study in general. The background of the area studied, and the general overview of several issues related to the study are discussed. From the context of the region of Mbeya, the issues related to HIV and AIDS and sexuality, OVC in Mbeya, and the pastoral ministry to children in Mbeya are discussed in this chapter.

Chapter Three surveys the relevance of literature in the study of different theories and approaches as they have been used and applied by different scholars in this context of the study.

Chapter Four employs the methods of the research (ie empirical research). The methodological part deals with how the research of the study has been conducted. The population of the study,

data collection, instruments used, data analysis and presentation, validity and reliability of the methods are discussed in detail.

Chapter Five discusses the results and analysis of the research findings. In this chapter the researcher will discuss in detail all that happened in the research field from what was seen and observed, the interaction and interviews, recorded and written documents, the focus group and case studies results. The analysis of the data will also be discussed in detail and interpreted to fit the objectives which have been laid down in this thesis. The data collected will be analyzed, explored, and interpreted to understand the OVC and how they can be helped. This will help the researcher to see if the method has been effective and reached the intended objectives that have been set.

Chapter Six will deal with my own creative model that can be helpful and applied in pastoral counseling with the OVC. The model comes as a result of the study in the field research to find any other effective and workable alternative approach in the field of pastoral theology. The goal of this model is to come up with a model which will be more integrative in its approach. This is the model which will be applied in practical theology and particularly with pastoral counseling. The model is known as integrative narrative cycle for pastoral counseling with OVC. This chapter will also deal with the outcome of the result from the research findings and analysis. It is seen that the model developed has a good connection between pastoral theology and the narrative approach in pastoral counseling in particular. The integration of a narrative approach in practical theology is applicable in working with OVC in an African context.

Chapter Seven is the conclusion, where the summary of the research is given, but also the challenges, recommendations, and suggestions for further research are discussed in a conclusive way.

CHAPTER TWO

2.0 CONTEXT OF THE STUDY

This chapter will survey the background of the study. The study will give the reader an understanding of the context of the study where the research was undertaken. The context of the study is Mbeya region. Why Mbeya region? Mbeya region is one of the regions in Tanzania which is most affected with HIV and AIDS, and that is where the research was undertaken.

The study will also survey some issues surrounding the area of the study. These issues or questions which need to be addressed are: How much have HIV and AIDS affected the region of Mbeya and Tanzania in general? What challenges have been brought to the church and the society of Tanzania as a whole since the HIV and AIDS pandemic came into existence? These challenges include the increase of orphans and other vulnerable children, the poverty in those communities, ignorance and stigma in the church and in those societies.

Finally, this chapter will look at what the response of the church should be and how a pastoral counseling ministry should be exercised as part of the pastoral ministry in the society, especially with OVC in Mbeya. Therefore, this chapter will establish the background and the context of the study following the questions which have been posed above.

2.1 An overview of the geographical area studied

Tanzania, officially known as The United Republic of Tanzania, is a country on the coast of the eastern part of the African continent. The countries which border Tanzania are Kenya and Uganda to the north, Burundi, Rwanda and the Democratic Republic of Congo to the west, and Malawi; and on the south are Zambia, Mozambique and Malawi. The Indian Ocean is on the east side of Tanzania. The country was named after Tanganyika got independence from being a British colony in 1961. Tanzania is a result of the union between the mainland Tanganyika and

Zanzibar, the islands in the Indian Ocean, which happened after independence in 1964 (Wikipedia 2008).

Politically, since independence in 1961 the country has been dominated by the right wing of the socialist system of one ruling party. Since 1985 the politics of Tanzania have changed towards the democratic systems of multi-parties.

Tanzania has 26 regions with about 120 tribes of different ethnic groups and languages, but only two official languages, Kiswahili and English. Kiswahili is widely used and spoken by almost everyone, but English is a foreign language learned in schools and used in official matters (Wikipedia 2008).

Tanzania has a population of about 38,000,000 and the growth rate per year is about 2.61%. It is one of the poorest countries in the world with a US\$ 320 GNI per capita (UNICEF 2006). Its economy is mainly dependent on agriculture. It is not advanced technologically; the hand hoe is still being used by most of the people. This is also a factor which makes this part of Africa more vulnerable to HIV and AIDS and its effects.

Tanzania has three main religious groups, 40% of the population is Christian, 30% are Moslems, and 30% are traditional religions. Surprisingly in the islands of Zanzibar the population is largely Moslem who occupy about 99% of the islands. This is because Zanzibar was dominated by the Arabs in the 18th and 19th centuries and even before that, while the mainland Tanganyika at that time was under the protectorate of Germany and then the British (cf Online *Microsoft Encarta Encyclopedia Standard* 2006: Tanzania).

Most of the people are educated on the primary and secondary level, but not on the college or university level. This and other factors which have been discussed above contribute to the problems in Africa, and particularly in Tanzania. Tanzania as well as other countries in Africa have been affected socially, politically, economically and religiously because of the various factors which are the result of colonial legacy. Relief, foreign aid, corruption, abuse of power, drought, overpopulation, violence, poverty, HIV and AIDS, civil and ethnic conflicts are the factors which have contributed to the many problems in Africa (cf Kimilike 2006: 67-70).

I believe that through African resources and initiatives such as using our African heritage of African wisdom of using a narrative approach such as proverbs and other techniques we can overcome our many problems. A narrative approach provides creativity in a person, which eventually brings about knowledge and change. A narrative approach teaches the importance and dignity of a human being. The Swahili people would say, *utu*, the humanness. It is all about the holistic growth of a person who needs to grow into a fullness of life in the midst of other beings. The real growth starts from below and not from above (ie people who are elite and are in authority) (cf Kimilike 2006: 120 -121).

2.2 The HIV and AIDS pandemic in Tanzania

In sub-Saharan Africa it has been estimated that by the end of 2001 the number of children who have lost one or both parents to AIDS had reached over 11 million. By 2010 that number is expected to increase to 20 million. It is said, “about 5.7% of all children in sub-Saharan Africa will be orphaned by AIDS by 2010” (Foster et al 2005: 5). Many orphans range in age between six and seventeen years (Levine, Foster & Williamson 2005: 5).

HIV and AIDS in Tanzania was reported since the early 1980's in the Kagera region, the northern part of Tanzania which is neighbours on Uganda, Rwanda and Burundi. Since then the pandemic has spread throughout the country, making her one of the most affected countries in the southern part of the Sahara. It is estimated that there are about 1,300,000 reported cases of HIV and AIDS. The prevalence rate of HIV and AIDS infection is about 8.8% of the population among those aged 15-49 years. Children orphaned by AIDS are estimated to be 980,000 (2003 estimation). Mbeya region leads with the highest number of AIDS cases, while Rukwa region has the lowest (WCC 2004 on CD Rom).

Tanzania has a population of about 38 million and almost half of the population are children under the age of 14 years, which is 43% of the general population. The life expectancy at birth is only 46 years (2000–2005 estimation). The reduction in life expectancy due to AIDS is 12 years. People living with HIV and AIDS (further: PLWHA) (15+ years) in Tanzania in 2005

were estimated to be 1.3 million. Children living with HIV and AIDS in 2005 under 14 years were estimated to be 110,000. By 2005 AIDS death was estimated to be 140,000 (UNICEF 2006).

For Tanzania, UNICEF (2006) estimated the number of orphans by AIDS under the age of 17 years to reach 980,000 by 2003. The orphans under the same age, but due to all causes, were estimated to be 2,500,000, while the population in 2004 of the children under 18 years old was estimated to be 18,833,000. It is almost the half of the entire population of the whole country of Tanzania, which is about 38 million. This study was undertaken in 2008, which means that from the year 2004 to 2008 the above figures have probably increased.

In Tanzania it has been estimated that the people living with HIV/AIDS are 1.4 to 1.6 million (2003 estimation). And the people who have died due to AIDS are estimated to be between 140,000 and 180,000. Children under the age of 14 years who are living with HIV and AIDS are estimated to be 110,000 to 210,000. The orphans due to AIDS under the age of 17 years were estimated to be between 1.1 million to 1.2 million (UNAIDS 2004). In one of the speeches of the Tanzanian President, Jakaya Mrisho Kikwete, he showed that the total number of all orphans in Tanzania was estimated to be 2 million (Mwendapole 2006).

Mbeya is the most affected region in Tanzania. Mbeya city, which has 36 wards, has about 30,000 children who are most vulnerable. The population of Mbeya urban district was 266,422 (2002 Tanzania National census). This number of most vulnerable children is about 10% of all the children in the city of Mbeya. These children include the orphans, street children, disabled children, and children who come from poor families (TACAIDS 2008).

Mbeya⁷ is one of Tanzania's 26 administrative regions. The regional capital is Mbeya. It is bordered to the northwest by Tabora region, to the northeast by the Singida region, to the east by the Iringa region, to the south by Zambia and Malawi and to the west by the Rukwa region. Mbeya region is occupied by several different ethnic groups, including the Nyakyusa, Ndali, Lambya, Nyiha, Nyamwanga, Safwa, Malila, Wanji, Bungu, Sangu, Wanda, and Sichela.

⁷ The information in this subsection was adapted from the document entitled *Mbeya Region Socio-Economic profile*, in joint publication by the Planning Commission Dar es Salaam and Regional Commissioner's Office, Mbeya, April 1997.

Mbeya urban is one of the 8 districts of the Mbeya region of Tanzania and comprises the area of Mbeya town. It is bordered to the north by the Mbeya rural district, to the east by the Rungwe district, to the south by the Ileje district and to the west by the Mbozi district. The Mbeya region is rich in agricultural food and cash crops such as bananas, coffee, maize, beans, tea, cocoa, tomato, groundnuts, and pyrethrum.

Mbeya is one of the biggest cities in Tanzania after Dar es Salaam, Mwanza, and Arusha. It is the region through which the Great North road passes (ie Cairo to Cape Town). Also it is one of the main roads in Tanzania, which begins from Dar es Salaam to Tunduma (the city in Mbeya region which borders Zambia). It is on the busy road with many truck cargoes which go through the region to Malawi, Zambia, and the Democratic Republic of Congo. This has been one of the reasons why Mbeya has been the most affected region in Tanzania for HIV and AIDS and other sexually transmitted diseases because of these routes and the business of truck drivers.

UNICEF (2006) reports that by 2005 the number of orphans was 2.4 million, which is about 12% of all the children in Tanzania. But the AIDS orphans were about 1.1 million, which is 44% of these children. By 2006 the number of orphans in Tanzania has been approximated to reach 2,500,000 (*Tanzania Daima* 2006: 6).

Many people have been infected with HIV but without seeing the symptoms for years. It is good to recognize that HIV and AIDS are not the disease or infection of “bad people” or “sinners”. Anybody can be infected with these. Negative attitudes and prejudices towards some people, we might label them as “sinners”, should be eliminated in our minds (WCC 1997:6). This pandemic of HIV and AIDS has affected both men and women, heterosexuals and homosexuals, children and adults, black and white, poor and rich, lay people and pastors, believers and unbelievers, and every type of person on earth.

Let me again purposely point out how HIV and AIDS have affected this part of the world statistically. I have already pointed out statistically in Chapter Two how HIV and AIDS have affected the sub-Saharan countries. These statistics will probably make the church and society

as a whole be more alert and sensitive to listen and realise the extent of the problem, and then find ways that will be proper, effective, and applicable in response to all the challenges that HIV and AIDS have brought to this world.

2.3 The impact of HIV and AIDS in Tanzania

HIV and AIDS in Tanzania have affected the development of all sectors of the country. The disease has affected the people who have potential for the growth and development of the country. HIV and AIDS have affected both women and men, young and old. Death has left many children orphans, and has left grief and suffering among the people. HIV and AIDS have caused a lot of other psychosocial problems, including poverty and the increase of mortality rate. This pandemic has become a great enemy and threat to the society as whole. There is no cure for AIDS. It is a reality with shocking truth that everybody remains affected (Tanzania Prime Minister's office National Policy on HIV/AIDS: 2001)

2.4 HIV/AIDS in relation to human sexuality

The study of human sexuality cannot be ignored if we want to understand clearly the issue of HIV and AIDS, especially in Tanzania. Human sexuality is all about who we are as human beings and how we relate to each other. Human sexuality is a very complex subject, often treated in a simplistic way by faith communities and society as a whole. Sexuality is a God given gift, it is the way God has created us as persons with feelings, intellect, emotions, and sexual feelings. People are sexual beings who have been created as female or male, it is the way we are as people. Sexuality "is an integral part of human identity" (WCC 2004: 30).

Sexuality is not only a physical phenomenon, but also something which is directly related to our spirituality. Sexuality and spirituality go hand in hand, they should not be separated. If a person wants to know about his/her spiritual life with God he/she must also know her/his own sexual life. The Bible clearly shows that the body is the temple of the Holy Spirit (1 Cor 6:19-20; cf 2 Cor 6: 16). The body, which includes sexual organs, needs to be a place where God can be worshipped and honoured.

By understanding the complexity of sexuality in a human's life and its potential, one needs to be aware of how human relationships work. Misunderstandings and ignorance of our sexual relationships bring about negligence and abuse of health relationships among people. Myths, taboos and some cultural practices surrounding human sexuality are some of the factors contributing to the spread of HIV and AIDS in Tanzania. The misuse of our sexual relationships can result in the increase of vulnerability to HIV infection. Personal responsibility needs to be recognized to prevent the misuse of our sexual relationships.

Directly related to sexuality is the issue of gender, which is not the same as sex. Gender is what society defines about people of who is a male or female. Gender inequality is another factor contributing to the spread of HIV infection among people of Mbeya, Tanzania. Education and empowering of people particularly girls/women among Tanzanian people should be advocated strongly if the church and the society as a whole want to break the vicious spread of HIV infection. Negative cultural beliefs and some wrong value systems, which tend to suppress women and condone loose sexual life among people, should be challenged and criticized. Data shows that girls tend to be more vulnerable and infected by HIV at an earlier age than boys (Gruskin & Tarantola 2005: 149-150). The way girls and boys are treated in society in Tanzania should be considered and challenged for discrimination against girls in particular.

In Tanzania 90% of the transmission of HIV infection is through heterosexual relations (TACAIDS 2008). In Mbeya and Tanzania in general people refuse to talk about sex, AIDS and issues relating to sexual health education. As I observed and listened to various people, I saw that many people believe that if you allow people to talk openly about sexuality issues it will result in promiscuous behavior. Hence, it is the responsibility of the church to minimize or break the silence among the people and be open to speak out on sexual health relationships. The church needs to empower people for sound moral decisions about sex education.

2.5 Challenges of HIV and AIDS in Mbeya, Tanzania

Mbeya region is estimated to have 2 million people. The first case of HIV in the Mbeya region was diagnosed in 1986. In the past five years or more Mbeya was the second worst hit region in

the country after Dar es Salaam. From 2004, Mbeya has become the worst hit region in the country by 15.9%, while Dar es Salaam is 10.9% (TACAIDS 2008). Dr Siyame of the Prime Minister President's office for Disaster and HIV/AIDS desk said that not all people who are infected by HIV are known, but for the whole country the prevalence rate of HIV infection is approximated to be between 15 to 20% (*Tanzania Daima* 2006: 6).

In 2002 Mbeya urban district had a population of 266,422. In 2006 this was approximated to be more than 300,000. The HIV prevalence in the urban area is 14%. The number of orphans is estimated to be about 32,400. Mbeya urban has 36 wards; only six wards have been surveyed, which have been reported to have 5,888 OVC under 18 years of age (Mlozi⁸ 2006, and Lazaro⁹ 2006).

Since 1999, AIDS has been the main cause of death among adults between 15 and 59 years of age in the country. It is reported that,

The social, economic and human impact of AIDS already has severe consequences for the entire region and the country as a whole. It affects economic productivity and disrupts families and communities, leaving thousands of orphans. It is also reflected in development indicators such as school enrolment, infant and child mortality and life expectancy at birth (Deutsche Gesellschaft fur Technische Zusammenarbeit. Further: GTZ. 2003).

This means that AIDS has affected all aspects of human life, but the most affected are dependent children who face great risks in life. These children have been damaged psychologically and socially and they cannot develop and grow well. In other words the effects of AIDS are too great in our societies. AIDS has affected many sectors of life in the region, and the economy of the people individually and of the region is not growing at the pace it should. The pandemic has caused many negative consequences to the communities in Mbeya region, which will be detailed later in this chapter.

⁸ Marietha Mlozi is a Project Focal Person of the Step Forward Project Initiative Global initiative for OVC working with the Axios Foundation in Mbeya City, Tanzania. She works under the office of Mbeya City Council. Interviewed at Mbeya on 10 January 2006.

⁹ Dr Samwel Lazaro is a city medical officer of health in Mbeya City council. Interviewed at Mbeya on 11 January 2006.

2.6 Children living with HIV and AIDS in Mbeya

The children living with HIV and AIDS in Mbeya urban are not distinctly tested and recorded as HIV positive or having AIDS. The number which is usually offered is only an estimation by the researchers according to those few who are tested and where records are being taken in some of the health care centres (TACAIDS 2008). This is also true of the children at *Amani* centre where the author has been working.

Generally speaking the number of children who have been infected with or even affected by HIV and AIDS at Mbeya urban and especially the Uyole area is extremely high. The data which is available is just an approximation from the few people who have gone for counseling and testing.

2.7 Orphans in Mbeya

As the result of the increased adult deaths in Mbeya region, the number of orphans is also increasing rapidly. Orphans are the result of one or both parents' death from different causes, including accidents and sickness such as AIDS. The number of orphans in Mbeya urban is also increasing tremendously. They bring challenges to the ministry of the church and the community as a whole. Accommodating and meeting the needs of all the orphans in Mbeya is very challenging. The exact figures of these orphans in Mbeya urban are not known, but the magnitude of the number of these children in Mbeya is the reality which needs to be acknowledged by every individual. The squatter camps and streets of Mbeya town are full of these children and some of them do not even have a place to sleep or eat, and beg and sleep in sewage tunnels or at bus stands.¹⁰

2.8 HIV/AIDS and poverty in Mbeya

As has been discussed above, one of the impacts of AIDS is the stagnation of economic growth, which finally brings about poverty in the society. The increase of poverty in Tanzania has been

¹⁰ Interview with Marietha Mlozi and Samweli Lazaro, Mbeya on 10 February 2007.

caused by the death of many young people as a result of AIDS (TACAIDS 2008). These young people have potential for the growth of economy in the country. As the result of poverty in Mbeya, Tanzania the children have become more vulnerable to other problems, such as becoming more at risk to diseases and other sicknesses, to abuse and risk behaviour. Poverty in the society has also influenced the rapid spread of HIV. Poverty increases the risk of becoming more vulnerable to HIV infection due to malnutrition and little or no access to health social services. Poverty causes death for many people who are very dependent in the society. When strong people die, the people who remain are the orphans and old people who suffer from being overburdened with all sorts of difficult situations. It is also further stressed that,

Where poverty and HIV coexist, children and households are at risk of great deprivation. The effects – often combined – of decreased income, increased expenses and higher dependency ratios can generate impoverishment in affected families. As the AIDS epidemic takes its toll on communities, there are some indications that orphaned children can end up in poorer households, perhaps because households able to care for an additional child are becoming saturated (UNICEF 2006).

According to the statement above, poverty is one of the factors which makes the children more vulnerable and at great risk for various problems such as HIV, abuse, and other illnesses. Therefore, the impact of AIDS and poverty has to be dealt with simultaneously.

2.9 The fight against HIV and AIDS in Tanzania

Despite all the suffering and the impact of HIV and AIDS in Tanzania, the government and the whole society, including the church, have not remained silent about the issue. It is the responsibility of these institutions to educate and respond to the issues brought by HIV and AIDS. These include issues of human sexuality, gender, poverty, stigma, health, social and other cultural issues which influence the spread of HIV and AIDS in the country. All these institutions try their best to fight against HIV and AIDS. They all need to stand together to fight this pandemic. All the institutions need to find different ways that they think could be helpful to fight against the HIV infections. For example the issue of using the condom as one of the ways to prevent the HIV infections has been dividing the people of Tanzania. The institutions need to determine what their position is on aspects such as this so that the people of Tanzania are not confused with mixed messages (TACAIDS 2008).

2.10 Organizations involved

There are several organizations in Mbeya urban which belong to different institutions, such as government institutions, church institutions, private and community institutions. They are commonly known as governmental organizations, non-governmental organizations (further: NGOs), FBOs, or community based organizations (further: CBOs).

Most of these organizations rely on donations and charity from within and outside the region and even from outside the country. Still the finances of these organizations are very limited. It is very difficult for them to meet the basic needs of these orphans. There are several FBOs in Mbeya urban. The researcher only did the field work in one of the FBOs. This is known as *Amani* orphanage centre, which belongs to the Moravian Church in Tanzania, the South West Province (further: MCTSWP). It is located at the urban area in Mbeya which is known as Uyole ward.

***Amani* orphanage centre¹¹**

Amani centre is a FBO which is located at Nsalaga, Uyole in the Mbeya urban district of Mbeya region. *Amani* centre is located at the main road which comes from Dar es Salaam to Tunduma, Mbeya (a border between Tanzania and Zambia). Uyole, where *Amani* is located, is about 12 kilometres before you enter the city of Mbeya. Uyole is also a junction to the road which goes to Malawi. Uyole is a business town with many activities and with different kinds of ethnic groups of Tanzania.

Amani centre belongs to the MCTSWP. It is under the Department of Women and Children. The church has appointed Rev Tulinagwe Kibona as its director. *Amani* centre has three teachers who are volunteering to help these children.

In the beginning the aim of the centre was to help those children who were in difficult circumstances such as poverty, abuse, broken marriages, teenage pregnancy, and AIDS orphans.

¹¹ Interview with Rev Tulinagwe Kibona at Uyole, Mbeya on 5 January 2007. She is the director of the *Amani* orphanage centre. Some of the information on this section was taken from the report on the history of the centre given by the director of the centre.

The centre was established in difficult circumstances. The church as a whole under the Department of Women and Children did not have enough buildings and funds to run the centre. The department did not have a specific budget for the centre. They have depended on voluntary contributions of funds, clothing, food and other necessities from different people and groups.

Through the help and support of the ten cell leaders and ward executive officers the centre receives children from different life circumstances. These orphans are those whose mother or father or both parents have died from any cause. But the leadership of *Amani* also needs to follow up to see if the children who come to the centre are the kind of children who really need help from the centre. The numbers of children have been increasing rapidly. At the opening of the centre there were only twenty-one children, but presently the centre or the department as a whole takes care of more than 200 children who come from different areas such as Mbozi district, Mbeya rural district, and the streets of Mbeya city, but the majority are from Uyole area. It is not possible to care for this number of children, especially if there is not any strategic plan or a planned budget to finance the centre.

There are about four people or instructors who are directly involved with these children. Only one person is employed by the church, the director of the centre. This is Rev Tulinagwe Kibona. The other three instructors work as volunteers and they have been taken because of their experience of teaching in a Sunday school in their congregation. These teachers try to help these children in their own specific circumstances. They are only helped with transport fares from their homes to the centre.

The children are sometimes visited by these teachers at their homes. Most of the children are being reared by their caregivers, such as their grandparents and aunts, but some of them have a single parent, and some do not have anyone to take care of them, they depend on themselves.

At *Amani* centre, the children meet with their teachers every Saturday from 11:00 to 15:00. They do several activities. They play different games, especially football and netball, which are more familiar games to these children. They also assist in maintaining the environment of the centre. They clean the rooms, sweep the grounds, water the trees, and wash dishes. They cook

food for their lunchtime every Saturday. They learn the Bible, songs, and other skills such as painting and drawing. But they also learn health and ethical issues related to their daily life. Sometimes the teachers also follow up on their home and school progress and ask them some questions to understand their progress at school and at home.

The Department of Women and Children has several objectives for the *Amani* centre. These are briefly as follows:

- Rearing children holistically (ie physically, psychologically, and spiritually).
- Educating children by providing them with the opportunities of going to school, buying uniforms, exercise books, and school fees.
- Counseling and teaching children different and various skills of life such as physical exercises, games, health, agriculture, environmental care, and spiritual life.

With these objectives, the future plan of the Department is to erect some more buildings to be able to accommodate all these children and their needs. The Department is also planning to become a hostel where some children can voluntarily eat and sleep at the centre.

The second plan of the Department is to establish a school from a nursery level to a secondary education level, where these children will have the privilege to study in such a school by means of the support of the church and society as whole.

The third plan is to create income-generating projects for the centre. The vision of the Department is a project of animal husbandry, such as cattle, pigs and chicken, but also a small garden around the centre for vegetables and fruits, which could be very helpful.

Despite all the progress that the Department has made, there are obviously several obstacles and challenges to face as they continue to try to reach their goals and objectives. One of these obstacles is the lack of enough funds to take care of all these needy children, meeting their home and school needs (ie food, clothing, school fees, medicine expenses, etc) The Department also needs some more teachers and counselors who are trained in working with OVC. The

teachers they have at present are not trained and are not educated to a level where we think they could be of more help to such children. Therefore, funds are also needed to educate and train the teachers and counselors who take care of them. Also funds are needed for educational materials such as books, pictures, boards, and etcetera. The Department also needs to have some projects which will help the centre to meet some of its needs. It is hoped that these projects will generate sufficient income to help the centre to become more self-reliant.

With all the problems and challenges the church is facing we pray that the vision of the church regarding these children will come to fruition. That the church finally will be able to help the needy children, especially the OVC, as much as they can, to meet all their needs and the problems they face physically and spiritually.

2.11 Pastoral ministry (counseling) to children in Mbeya¹²

The church has been called to be a healing community within the society. The Christian ministry of Jesus Christ is the model for the church today. That means the church needs to follow the good example of Jesus Christ in his ministry while on earth. Jesus showed love to the people who were downtrodden, the lepers, and sinners; but also to women and children (Luke 4:18-19). The AIDS pandemic calls the church to think about her ministry and respond to the people of God on earth who have been affected by this pandemic. The ministry of the church is the ministry of love and compassion towards all people, regardless of their gender, background, race, sexuality, and faith.

The majority of the inhabitants of Mbeya urban are Christians. Mbeya is also a region with a great number of faith communities in the country. But the most recognized churches are Roman Catholic and Protestants, followed by Pentecostal churches. They are all in one way or another involved with the pastoral ministry of care and counseling in the communities, congregations, streets, schools, hospitals, prisons, and other organizations.

Most of the ministry which is being done by the Moravian church in Mbeya, Tanzania and other protestant churches in particular has been visitation to the sick people in the hospitals, visiting

¹² This subsection is the result of my own experience and observation as a pastor in the area, but I also relied on the interviews with my church leaders such as Rev S Simwanza, 24th May 2007, Mbeya.

the prisoners, visiting the orphans in the orphanage centres, and visiting the homes of people¹³. This assertion is also supported by the leadership of the church.¹⁴ Other ministries include some pastoral care of prayers to different kinds of people in the society, who have been afflicted by the power of evil and darkness, the power of Satan. The ministries of anointing, comforting bereaved people, counseling people who are planning to get married, expecting a child, and other issues of work, finance, and life in general have also been practiced.

It is pointed out that, for voluntary organizations, the churches have a large percentage of the curative health care system in the Mbeya region (GTZ). Almost every district and many wards have opened health centres for voluntary counseling and testing (further: VCT). These centres have helped the people to be more cautious about their health. These organizations or institutions include the faith-based ones, such as the churches. As far as speaking and researching for member churches of the Christian Council of Churches in Mbeya, Tanzania (further: CCT) are concerned, the pastoral ministry for children is mostly practiced in different ways. The churches are called to serve people for their moral, spiritual, and physical needs, not only within their own communities, but also in the larger society about issues raised by the HIV and AIDS pandemic (WCC 2004: 77).

The church needs to expand its horizon of ministry to orphaned children in the region. Pastoral care and counseling should be broadened to reach such children at risk, to be more responsible to make sure that these children are not forgotten and denied. Different strategies need to be sought for effective ministry in the church and society as a whole.

New revelation and more skills are needed for the church and society as a whole to cope with the challenges of globalization and other forces that are in the world that are so destructive, the work of evil, the work that is contrary to the good work of God, who intends good for humanity and His creation.

¹³ Interview with Rev W Mwakyoma on 23 May 2007, Mbeya. He is the hospital/prison chaplain in Mbeya city under the MCTSWP.

¹⁴ Interview with Rev S Simwanza on 23 May 2007, Mbeya. He is the Chairperson of the MCTSWP.

Theologically and biblically speaking, the responsibility of the church towards the orphans and widows has been there for centuries. The Bible clearly speaks of the Christians' responsibility care for the orphans and widows (Deut 10:17-18; 14:28-29; Ps 82:3-4; Prov 23:10-11; James 1:27). The Gospel continues to emphasize how we should treat the children when it says, "When Jesus saw what was happening, He was angry with His disciples. He said to them, 'Let the children come to me. Don't stop them! For the Kingdom of God belongs to those who are like these children. I tell you the truth, anyone who doesn't receive the Kingdom of God like a child will never enter it'" (Mark 10:14-15).

2.12 Summary of the chapter

Chapter Two, together with Chapter One, tried to lay the basis of the whole thesis. The historical background of the research title is such an important part of the thesis, because it opens the eyes of the reader to know where, what, why, how, and what needs to be known before going further with other information. Again this chapter tried to lay the foundation of the subjects or topics which will be dealt with in detail in the following chapter. The next chapter will go into detail of what other scholars have tried to do in relation to this particular study. It is about the literature review on the subjects related to the chosen title of my research. This literature review will help a reader to see what other scholars have done or used in their approach, (ie theories, models and methods in different fields of study).

CHAPTER THREE

3.0 LITERATURE REVIEW ON NARRATIVE APPROACHES AND PRACTICAL THEOLOGY

Literature reviews are “studies that provide an overview of scholarship in a certain discipline through an analysis of trends and debates” (Mouton 2001: 179). It is also noted that literature review “involves the identification and analysis of information resources and/or literature related to one’s research project” (Kaniki 2006:19).

This chapter reviews different literatures, which are relevant to the study. It is the study which has been done in this field of study by other scholars. Different theories are explored and examined for the sake of building up the thesis statement and objectives which have been set up in this research. It is the researcher’s aim to be well structured and systematic in presenting this literature review as it has been asserted that, “a literature review should be organized around a particular theme, and is written from the perspective or standpoint of the reviewer” (Kaniki 2006: 21).

This research will limit itself to the theories which different scholars in psychology, sociology and theology have discussed in detail in other research. This particular study will only discuss these theories for the focus of the researcher’s objectives. All in all this study will answer the proposed questions on what some of the theories are which other scholars have been using in such a particular study. What models have they been following in developing their theories? From the background which has been laid down in the preceding chapter, this chapter will also survey different and various literatures which are necessary and relevant to this study on a narrative approach in pastoral counseling with OVC in Mbeya, Tanzania.

Therefore, it is my aim in this particular chapter to survey different theories on narratives and other related subjects from various fields, especially within the subjects under human sciences such as sociology, psychology, and theology. Ultimately this literature survey is hopefully to be integrated and applied specifically in pastoral counseling in the practical theology area in Tanzania to fit with the objectives under this study.

3.1 Historical perspectives on the study

Thus far there are no direct parallel works in this area, especially as it concerns the narrative approach integrated with pastoral counseling for OVC in the context of Mbeya, Tanzania. I have also found that there is relatively little written on pastoral counseling to OVC in the African context and even less written in the Tanzanian context in particular. But there is some research on pastoral counseling and HIV and AIDS in which OVC are mentioned at times.

On the study of a narrative approach in pastoral counseling with OVC in the context of Mbeya in Tanzania, there is no particular literature that has written on it. It is my aim to use different literatures on a narrative approach and integrate them to prove my thesis statement which examines and analyses the narratives in pastoral counseling with OVC in Mbeya, Tanzania. I will also use literature from the field of pastoral theology, particularly on counselling, which is my field, to make a case on a narrative approach in working with OVC in Tanzania.

The study below will extensively show the background and development of a narrative approach in pastoral counseling and its application theologically. General understandings of theories and themes under study will also be explored in detail.

3.2 Prominent theories, definitions, and challenges to theories and approach

There have been prominent theorists in theology, psychology, sociology, philosophy and other fields which sometimes differ in theory, definition, approach and use of technical terms used in counseling. These challenges and approaches will be examined in the following subtitles. All these subjects or subtitles are relevant and very crucial to the research topic which the author is

going to examine for the objectives laid down. Therefore, the following subtitles need to be taken into careful consideration.

3.2.1 Practical theology and/or pastoral theology

Theology as a discipline has several branches. Practical theology is one of these branches. The term itself has been a complex of subjects for many years till now. It is not my intention to go into details of its historical development. There are several scholars who use the term “practical theology” as synonymous with the term “pastoral theology”, but some scholars differentiate between them (see Swinton & Mowat 2006; also in Ramsay ed 2004).

What is practical theology? What is the difference between practical theology and pastoral theology? Let us look in general at the essence of practical theology and its place in this study. Practical theology is a theology of faith in action through reading, understanding, and applying the Gospel of Jesus Christ. This should not mislead others to understand the term “practical” in opposition to the term “theoretical”. Practical theology deals with matters of life that are applicable, practiced, acted and performed. In agreement with the statement above, it is noted that, “practical theology deals with God’s activity through the ministry of human beings” (Heitink 1999: 7). Heitink understands practical theology as a theological theory of action (ie theory and praxis) (1999: 151-154).

Practical theology has been defined, translated, and used or applied in a wider sense than ever before. When it comes to the term “pastoral theology”, some have preferred to use the term as “contextual theology” or “public theology”, which comes with its style of common or public interest (ie resisting, empowering, and liberating) (Miller-McLemore 2004: 62; Ramsay 2004: 157). This is because pastoral theology deals with people’s lives and their daily challenges and experiences in the community. Pastoral theology is thus defined as follows,

Pastoral theology as other theologies such as systematic theology, biblical theology, and others, is one of the branches in the field of theology. Pastoral theology deals with theories and practices in the life of individual people and the church as a whole for the betterment of theology and its tasks. Pastoral theology is not static but it is dynamic whereby it can be renamed, changed, analyzed, criticized, modified, and recreated. Pastoral theology looks for what is best and beneficial for individuals as well as for groups. Pastoral theology looks for the life of the people in the ways that are more practical and real, the life that can be lived for the common good of the

society and the whole universe. The goal of pastoral theology is to heal, sustain, guide, comfort, and liberate for the purpose of living the life that is whole in the universe (cf Ramsay 2004: 15).

Practical theology means that the theology is practical as well as theoretical in its content and intent. This is the theology which is done in practice. The theory of practical theology relies more on its practices which include pastoral care and counseling, visitation of the sick and other disabled people and prisoners and all other individuals or groups who are in need and are suffering from different challenges of life.

Practical theology and pastoral theology relate to each other. Practical theology takes a bigger and wider view than pastoral theology. We can say that pastoral theology is within the practical theology realm. Pastoral theology is more specific and limited in its application than practical theology. Practical theology does not limit itself to pastoral issues in church context alone, it is more than that. It involves other activities that can be done even by lay people in different contexts and backgrounds. These two terms are sometimes very difficult to differentiate, they can be used alternatively.¹⁵

Practical theology as contextual is the theology from below, from the people at grassroots level. This is the theology which needs to be applied in the context where we are doing theology and pastoral counseling, in the African context, the context of marginalized people, and to the people who are falling under the great risk of poverty, homelessness, sicknesses, and other social factors. I concur with Bosch in Morkel (2002) who summarizes the epistemology that informs contextual theology as follows a suspicion that western science, philosophy and theology were designed to serve the interest of the west;

- a refusal to endorse the world as static, as something that only has to be explained, but rather as something that has to be changed;
- a commitment as the first act of theology and then specifically commitment to the poor and marginalized;
- the notion that theology can only be done *with* those who suffer;

¹⁵ For further definition of these two terms of practical theology and pastoral theology see the definition of terms in the first chapter of this thesis.

- an emphasis on doing theology since doing is more important than knowing or speaking (hermeneutics of the deed), and
- the notion that hermeneutic circulation starts with praxis or experience, and shifts to reflection on theory with an inter-subjective relationship between the two (Morkel 2002: 26-27).

From the above description of practical theology Osmer (2008) states that the task of practical theology is to interpret and respond to issues happening in people's lives. Osmer (2008: 4) gives the four core tasks of practical theological interpretation:

- *The descriptive-empirical task.* Gathering information that helps us discern patterns and dynamics in particular episodes, situations, or contexts.
- *The interpretive task.* Drawing on theories of the arts and sciences to better understand and explain why these patterns and dynamics are occurring.
- *The normative task.* Using theological concepts to interpret particular episodes, situations, or contexts, constructing ethical norms to guide our responses, and learning from "good practice."
- *The pragmatic task.* Determining strategies of action that will influence situations in ways that are desirable and entering into a reflective conversation with the "talk back" emerging when they are enacted.

This understanding and interpretation of practical theology explains how much it is integrated in its approach. The process of interpretation is integrative, broader, interconnected, contextual, open and dynamic. Practical theology is pluralistic and integral with other fields such as arts and social sciences. "It is not self-enclosed" (Osmer 2008: 240).

The Gospel of Jesus Christ must be understood and applied to our daily living, critically, practically and contextually. That means we will understand the Gospel and the Christian tradition much better if we apply it to our African traditions and customs, which are our daily living experiences. It is the way we live as human beings in relation to what we always have and all that God reveals to us, sometimes in ways we cannot even imagine. This is what is known as

the “faith seeking understanding” where people ought to be questioning, challenging, and seeking new things they cannot understand at the time, especially when it comes to the stories people read from the gospels and other biblical stories.

In this thesis my approach to practical theology will be more narrative hermeneutical as has been explained by theologians such as Charles Gerkin in his books, *The living human document* (1984) and *Widening the horizons* (1986) and Daniel Louw in his book *A pastoral hermeneutics of care and encounter: A theological design for a basic theory, anthropology, method and therapy* (1998, 2003). People live in a story, but in relationship with the story of God. These stories are interpreted and reflected to find an alternative story that will bring meaning through the process of pastoral hermeneutics. Hermeneutics is the way of understanding and interpreting a human being. These hermeneutics must transcend to understand human beings in the particular context of the person and his/her cultural surroundings.

3.2.2 African Christian theology

All these definitions and explanations of theology and practical theology in particular are primarily based on a western kind of understanding. As an African theologian I am obliged to ensure that we use and apply this knowledge to fit in our own context of Africa. What we object to in western theology as Setiloane (1986:49) says is “the accretion of western civilization and culture which have come to be considered as inseparably part and parcel of Christianity” as it has been elaborated by All African Council of Churches Assembly (further: AACC) that, “by African theology we mean a theology which is based on the biblical faith and speaks to the African’s soul ... It is expressed in the categories of thought which arise out of the philosophy and worldview of Africans” (Setiloane 1986: 49).

Our faith should be moulded in our own way of living through the Gospel of Jesus Christ. African theology should be rooted in the life and experience of Africans’ way of living (ie norms, culture, customs and traditions). The African theology bases its theory in the concept of *utu* in Kiswahili or *ubuntu* in Zulu. It is the concept which in English lacks a good translation, which is defined as “humanity”. But in Kiswahili or Zulu language, *utu* is more than just humanity, it is dignity. The African worldview of a human person lies not in individuation but

in relatedness. The human person lives in the community of hospitality and relationships, and this is the African view of a “person” (Magesa 2004: 177-180).

The African perspective on theology bases its understanding on how people live with God, with each other, and with all the creation in the world (cosmos). Most of the African theological scholars and Christians emphasize in their theology health, healing, (Ma Mpolo 1990: 12-13, cf Magesa 2004: 94) and liberation (Mugambi 1995 cf Mugambi 2003: 61-67). From an African perspective life is both sacred and secular, that is why in African context you find no contradictions or separation between the two (Kunene 1992 cf Mbiti 1989). In African perspective relationship with the whole cosmos is more important than anything else. Harmony with the forces in the cosmos is the crucial thing. The holistic life is the goal of humanity in the community where every human being is seen to belong to the society where all people belong and value each other. From this kind of relationship and life, healing happens in the society.

This study is all about practical theology in the African context (ie contextual approach). This is the core and the field of my specialization in this department of practical theology. A narrative approach is integrated with practical theology so as to bring this study to the aims and objectives which have been intended. Within narrative approaches we find valuable essence that if translated and applied properly, can enrich the ministry of pastoral care and counseling with its focus or base in practical theology. As we observe and interpret our daily Christian living and experiences, we try to live the life that God has intended for every one of us, the life of hope and wholeness.

The next subtopic goes much deeper into an understanding of the theology of narrative theology in the African context.

3.2.3 African contextual narrative theology

African narrative theology is the term which goes deep into the African ways of understanding the Bible in their own background and context. It is what many African theologians have called the “contextualization or inculturation” of the African theology (Magesa 2004, Mugambi 2003).

The continent of Africa and its people have passed the journey of life with many difficulties and problems. It is the continent which has experienced and gone through the slave trade, colonialism, neo-colonialism, imperialism, civil and ethnic wars. It is the continent which has been exploited with its resources. Economically, Africa is the poorest continent and which has been most stricken with the HIV and AIDS pandemic and with other diseases such as malaria. It is the continent where most of its leaders are corrupt and have no direction for their country and people. It is the continent which needs to liberate itself from the economical, political, social, and religious problems.

The church has the responsibility to make sure that its people are being freed from all those problems that Africa is facing. They need to address issues related to all aspects of life. It is in this oppression and the brokenness of Africans where the theologians need to find their own means of acquiring true freedom in political, social, economical, and religious life.

Africans, and especially Christians, need to liberate themselves from those bondages they have experienced in history and are still experiencing in other forms. The first place to start with is understanding themselves, who they are and recognizing the real problems they are facing. Liberation theology is trying to help African Christians (the church) and others who experience the same kind of bondage to come to true freedom in all aspects of life. Liberation is one of the ways of making the Gospel at home in Africa, it is the method of inculturation or the theology of inculturation. Mugambi quoting from Joseph Healey and Donald Sybertz who cite from Justin Ukpong observes that,

The theologian's task consists in re-thinking and re-expressing the original Christian message in an African cultural milieu. It is the task of confronting the Christian faith and African culture. In this process there is interpretation of both... There is integration of faith and culture and from it is born a new theological expression that is African and Christian (Mugambi 2003: 73).

In the minds of African people it is very difficult to separate in life between the sacred and the secular. They are connected to each other; there must be an interaction between the two. This is not syncretism; it is a relationship that is very important in the African theology of inculturation. It is the way the African mind works as a cyclical mode of life, which is the holistic life. For the Africans secular life is also a sacred life. As one has pointed out that, "African religion and culture contain seeds of God's Word" (Healey & Sybertz 2005: 50). That means African traditions and gospels can relate to each other. It is further pointed out that God's grace cannot

be limited to human understanding. Whether it is religion or culture, God's grace can be seen and manifested. But what is also required is the new understanding of the Gospel of Jesus Christ, which comes with new light and understanding God's grace apart from our preconceived ideas and theories, this is God's work alone (Healey & Sybertz 2005: 51).

Inculturation and contextualization are the way of understanding the Bible in our African context and through the resources (ie symbols, images, traditions) that are within our means. African Christian theologians imply several terms that are really the ways to true freedom. These terms are such as liberation theology, reconstruction theology, black theology and narrative theology. All these theologies try to make the Christian theology at home in Africa.

In this section I will describe narrative theology in general. This will guide us to see its importance in practical theology and particularly in the process of pastoral counseling with OVC.

African narrative theology involves cultural practices and experiences which are mostly passed through orally, such as stories, proverbs, myths, songs, play, riddles and cultural symbols. African narrative theology is one of the ways to inculturation in which the Gospel is being translated and understood in its cultural context. It is pointed out that,

One type of inculturation theology is an African narrative theology of inculturation. The starting point is African culture, but specifically African oral literature and the wide range of narrative and oral forms: proverbs, sayings, riddles, stories, myths, plays and songs explained in their historical and cultural contexts. Anne Nasimiyu-Wasike states: "The oral literature of the African people is their unwritten Bible. This religious wisdom is found in African idioms, wise sayings, legends, myths, stories, proverbs and oral history" (Healey & Sybertz 2005: 28).

Proverbs, riddles, metaphors and sayings are very common in everyday speech in Tanzania and in Africa in general. There is a great potential in using African proverbs in our teaching, preaching, and in counseling for the followers of Christ. Addo says, "proverbs express the time-tried wisdom of the elders and contain the traditions of the elders" (Addo 2006).

In summary about narrative theology according to the book of Healey and Sybertz, I must say and emphasize, that a narrative approach is one of the ways to understand people's lives

according to their context. African narrative theology with all its components helps people to grow in physical and spiritual maturity. A narrative approach speaks to the lives of people they are living in every day. It is all about relationships among people, as some Kiswahili proverbs say, *Asiyekula na wenzake ni mchawi* (who does not eat with his/her friends is a witch), and *Kidole kimoja hakivunji chawa* (one finger does not kill a louse). All these proverbs speak of relationships and unity among the community. Narrative approach is one of the ways to make the African theology more at home; it is what people call the theology of inculturation. Therefore, narrative approach finds a home in the African soil. The theology of inculturation becomes very effective in helping people to move from different kinds of problems and challenges of life. A narrative approach eventually helps people to become more mature and live a life that is more meaningful, the life that leads to wholeness.

In this research thesis the author is trying to examine the problem of HIV and AIDS in Tanzanian context and its impact on the society. Through a narrative approach I hope that the OVC will be helped to cope with their problems. Narrative methods have some good Christian potential resources that are very helpful in making children resilient. A narrative approach is what they can call an African theology from below, from African local people (known within practical theology as contextual approach). It is a theology from the grassroots. Therefore, what I will be doing in this thesis is to theologize or do theology that is based on African narratives. This is a praxis theology, a practical theology which the people have really experienced in their daily lives and they continue telling their narratives from one generation to another.

Since I am doing my field research concerning the children it is also important to understand the theology of children, or more specifically, the children's spirituality. In the next subtopic I am going to discuss the ways in which children understand God and their surroundings. In general, suffice to say that every child in his/her inner being in one way or another brings the story which he/she connects to the Higher Being, God. Therefore, it is assumed that every child has a spiritual story in him/her regardless of the background.

3.2.4 Children's theology (spirituality) and counseling

The language of children and the way they relate to the world is different from the world of adults. In order to understand the children well, it is important to explore their developmental

stages. In this particular research the children I am going to explore here are between the ages of 12 and 17. Children of this age are known as adolescents. It is the time between puberty and before entering the adult stage. These are children who are still dependent on their parents. Erik H Erikson (1968) describes that at that age a child tries to understand who he/she is. A child is struggling to find his/her own identity. It is the age where a child if not guided well, ends up in what he calls role confusion, which means a child cannot understand who he/she is. The basic question of the adolescent is, "Who am I?" Understanding the developmental issues and changes in a child will help pastoral counselors to meet the needs of these adolescents.

At this stage adolescents start experiencing sexual urges. Boys and girls will respond and feel differently to these. Girls and boys are starting to feel attracted to each other. The challenging issue here for adolescents is to understand sexuality in relation to love. Intellectual, social development and the moral issues also come into play at this stage. It is the stage where the adolescents develop a personal value system or belief system; they develop rules with which they can identify. Most of the children at this stage are looking for belongingness, someone they can socialize with, trust and believe in. At this stage their thinking is mostly abstract in the way they try to relate to the world and God. Because of the egocentrism and idealism in them it is hard to accept the responsibilities of what they think they can master and have control over. The adolescents are facing negative pressures that force them to make bad decisions. This is when the adults need to come in and help adolescents for companionship, support, and compassion so that they can develop and grow into maturity that is meaningful and healthy. Otherwise the adolescents start feeling anxious, afraid, ashamed, guilty and embarrassed. Adults need to understand their adolescents so that they can understand how to take care of them. Adults must look for ways that will allow the adolescents to participate in decision-making and choose wisely and take responsibility for the consequences that can be the result of their choice (Shoemaker 1990: 9 cf Van Dyk 2005: 163-166).

Adolescents' language is abstract and idealistic. In order to understand these children, adults need to understand their language. Some ways of understanding children are through metaphors, diary keeping, writing letters, songs, drawing, poems and stories. All these ways are important to understand themselves in relation to others, and God. The way they understand

themselves is the way they will understand the world and God. Children's identities help them to know who they are in relation to the universe. But this identity must be developed through good relationships with people around them (Grossoehme 1999: 17-20). It is at this stage that these children need to develop self-esteem and self-identity so they will be able to have a good image of God and therefore grow in a faith that is more practical and stable.

Pastoral care and counseling to children has been neglected or even marginalized. Despite all the challenges these children are going through such as anxiety, fear, shame, guilt, grief and other traumas of life people have not paid enough attention to them. Lester (1985) understood this situation and some have started paying attention to them. He made several points that show how much children have been neglected. First of all is the misunderstanding of children's language, as I have pointed above. For example the way they express grief, or communicate their crises that they have experienced in life is very different to the way adults do. Most adults think that children do not understand or cannot feel the pain of crises in life as adults do. Second, it is about the cultural issues, especially the patriarchal societies where most of the time the one who takes care of a child is a mother and not a father. Children are thought to be unproductive and who cannot contribute anything. Third, it is about fear of making mistakes or misunderstanding the children which can result in more trauma in a child's life. The lack of resources and proper training about children's counseling is also contributing to this neglect (Lester 1985: 23-35; 1987: 11-12 cf Shim 1995: 9-10). Children also go through crises and hardships in life just as adults do. They need care and counseling just as adults do (Lester 1985:36). The work of pastoral care and counseling must be taken seriously and the children must be treated with dignity as equally independent human beings.

A narrative approach in pastoral care and counseling is one of the ways that can help adults to work with adolescents in non-threatening ways. It is an approach that is neither authoritarian nor *laissez-faire*, but it is a democratic style that suits the developmental stage of the adolescents. This stance will help these children and adolescents to master and control many challenges they are facing at that stage and instead they will be able to develop a good identity of trust that will be meaningful and purposeful.

After understanding children's spirituality and how to communicate with children using a narrative approach, it is good to survey the general understanding of pastoral counseling, its approach, theories and philosophy behind it. This will help to see how and what others have done and used, so as to come up with other alternative or integrated methods which will be more applicable in the context of the study which the researcher is trying to examine and explore.

3.2.5 Understanding pastoral counseling in general

In general counseling is defined as a skill and principle that is being used in creating a relationship that aims in developing a self-knowledge, emotional acceptance, growth and personal resources. The goal is to make sure that the life is much better, that the problems are solved, crises are coped with, and that the life becomes at ease, in the state of becoming whole, even in the midst of conflicts, problems, sickness and all the challenges of life (Mutie & Ndambuki 1999: 114).

Pastoral counseling on the other hand is different from other types of counseling. The *Dictionary of pastoral care and counseling* defines pastoral counseling as "a specialized type of pastoral care offered in response to individuals, couples, or families who are experiencing and able to articulate the pain in their lives and willing to seek pastoral help in order to deal with it" (Patton 1990: 849). It is obvious from this definition that there are several people involved in a pastoral counseling context. A pastoral counselor, a client or counselee, are involved, but also in the Christian kind of counseling we believe that in addition the Holy Spirit is involved in pastoral ministry or counseling.

Pastoral counseling can be done in different kinds of contexts. It can be done in the parish or congregational context, in the homes, prisons, hospitals, armies, orphanage centres, schools, and in private or public places. What is most important in the pastoral counseling context is the relationships. It is being accountable and responsible to create good relationship according to the Christian ministry of our Lord Jesus Christ. It is the ministry of reconciliation for an individual or people who need this specialized ministry of pastoral counseling.

This ministry of pastoral counseling is a pastoral ministry, which means that a pastoral counselor must be a person who is responsible to make sure that he or she creates an atmosphere which is conducive to both parties (ie good relationship). A pastoral counselor is the one who is like a shepherd who knows how to take care of his/her flock of sheep, especially those who are lost or are in great need.

Pastoral counseling is different from other types of counseling because of its mission of a pastoral relationship. This relationship is seen in the role, accountability, understanding and expression of a pastoral counselor . A pastoral counselor focuses his/her relationship towards the meanings of life in connection with the faith found in Jesus Christ. A pastoral counselor is surrounded with the Christian faith and tradition, with his/her role, function, identity as a pastor, but also with all that surrounds him/her in the community in which he/she is responsible to (Patton 1990: 850).

This term of pastoral counseling has been used differently in different times and contexts. Other terms that have been used are such as biblical counseling, Christian counseling and pastoral psychotherapy. The emphasis or approach of these has been also different. For example, some will insist on using or applying the secular approach in counseling (ie psychology) and some will insist on using the Bible alone as an approach to counseling. Pastoral counseling implies different approaches. It is not my intention to go deeper into discussion about these in this research. These approaches are such as client-centred approach, family (system) therapy, brief therapy, cognitive, Gestalt, Jungian, Ericksonian, text-focused therapy, and psychoanalytic.

Pastoral counseling in this study uses both psychological and theological resources to strengthen its understanding of the pastoral relationship. This means that a pastoral counselor must know how to do the “intake and referral” (Patton 1990: 852) in a professional manner. This is an important stage in creating a conducive relationship with a client. To organize and plan is an important step in counseling. It is a step where a pastoral professional will really know his/her client’s needs or problems, whether he/she really needs his/her help or not, or if he/she needs a referral. But the most important work of a pastoral counselor is making sure that a pastoral relationship is built. That means that a pastoral counselor will be trusted, be honest in his/her caring as a human being.

In this study the pastoral counseling process is the way we hear and tell our stories of life (ie narratives). Further we understand and interpret the stories in ways we like or choose. A pastoral counselor enters into the play by trying to hear and tell or retell the story in different ways, to interpret the new story in the Christian light to bring meaning that is acceptable and healthy (Patton 1990: 853). Therefore, a pastoral counselor tries to assist the counselee to experience and interpret new possibilities of being the person God intends him/her to be.

In the article “Toward envisioning the future of pastoral counseling and AAPC” Clinebell points out some very crucial points in the field of pastoral counseling. He urges that pastoral counselors must be aware of the new revolutions in the world. To see the world in different views globally and not only concentrating on the western culture and using one-sided brain methods (left brain) of healing and growth. Integration of methods globally and widening the horizons or visions of pastoral counseling is especially needed now. Clinebell calls for spiritual and ethical revival in our society, to go back to the values and beliefs that have been neglected and looked down on in this pluralistic society. He calls the church to be more creative in its methods, which are more integrated with our biblical resources, and psychotherapeutic methods contextually. All these efforts aim for the search for wholeness through holistic pastoral counseling. The integrative methods will ultimately strengthen the practice of spiritual healing and pastoral counseling (Clinebell 2004).

One of the ways to be creative and widen the vision of pastoral counseling is applying what Clinebell calls the right brain methods of healing, which involves story-telling (narratives), imaging, symbols, intuitive, metaphoric and others (Clinebell 2004: 193). Healing and growth involves this integration between the right and left brain methods. I find that in a narrative approach there is the essence of what we can call the Christian or theological themes or concepts. Applying a narrative approach in the life of people through pastoral counseling brings meaning, hope and wholeness in the light of theological terms, or Christian faith.

3.2.6 Human sexuality and pastoral care

One of the subjects in practical theology in the African context that needs not to be ignored is the study or doctrine of human sexuality. It is crucial to study and understand the doctrine of the church concerning our human sexuality. The study of human sexuality is important because it involves the whole being of a person (Carroll & Wolpe 1996).

Understanding human sexuality gives an opportunity for a person to relate to and experience the world in more responsible ways. In this time, especially, where Africa and Tanzania in particular are struggling with the problem of HIV and AIDS and its consequences of poverty, deaths and orphans, this study of sexuality should not be ignored. Human sexuality is the study which relates to who we are as human beings. This subsection will study how this is such an important subject and how it relates to the whole research.

The devastating and scourge effects of HIV and AIDS have brought many challenges and questions about our humanity, which have never received attention before. HIV and AIDS have brought many questions about our sexuality. In Africa, especially the sub Saharan area, many of the HIV transmissions have been through heterosexual relationships (Stine 2010: 290). Therefore, as the church and society as a whole, we need to understand our sexuality much better than before, otherwise this pandemic of HIV and AIDS will continue to devour us and torment the world. Then what has sexuality to do with HIV and AIDS or is HIV and AIDS largely a human sexuality issue? Therefore, what is human sexuality? What is the importance or advantage of understanding or learning about our sexuality?

The *Dictionary of pastoral care and counseling* says, “sexuality includes but is not limited to genital expressions and procreative capacities.” It further defines sexuality as

...the human way of being in the world as female or male persons, including varied experiences and understandings of sex roles, sexual-affectional orientations, perceptions of one’s own embodiedness and that of others, and capacities for sensuousness, emotional depth, and interpersonal intimacy (Nelson 1990: 1154).

The study of human sexuality is one of the controversial subjects in human history. It has separated people and their religious or denominational affiliations. It is one of the complex subjects in Christian theology, philosophy, psychology, sociology and in ethics. As a Christian I need to understand this study of human sexuality in the light of Christian faith and tradition as

we interpret the Scripture with our faith and experiences of our daily life as we try to relate to each other, to God and with the whole creation.

Human sexuality is an issue of the whole world, it is not an issue of the Africans themselves or of an individual alone. Every individual needs to look at the issue of sexuality and to be open about it. Human sexuality must be understood from theological, sociological, psychological, philosophical, biological and ethical points of view.

Human sexuality is not limited to sex or to genitals only, it is more than that. Sexuality involves emotions and feelings (Carroll & Wolpe 1996: 2). It is our role to learn and understand the way we are as human beings, how God has created us and how God wants us to know about ourselves? It is in the light of what He reveals to us through revelation found in Christian tradition and our daily cultural and traditional experiences. Through these experiences of the Scripture and our daily experiences, it is hoped that the Christian faith is being built and strengthened. Body theology explains “our human capacity as whole persons to enter into love-giving, life-giving union in and through the body in ways that are appropriate. It is basically the power to share self. Sharing involves giving and receiving and not giving and getting” (Musopole 2006: 21).

Suffice to say that sexuality is a good gift that God has given human beings. It is not a sin, as those who believed in dualistic ideas say. All human beings are sexual beings; it is how we have been created. No matter what the person is, married or single, or any other differences people may have, all persons are sexual beings (Nelson 1990: 1155). The issue of sexuality should not be separated from spirituality. They should be integrated, and this is the way or the process which will help human beings to become whole. This is the way to our true identity of being a person (Nelson 1978: 17). In the integration of spirituality and sexuality Arthur Freeman says,

At times Christians have disassociated their spiritual life from their bodily life, allowing their bodily life its expression without integration with their spirituality, a different sort of dualism. The church’s exploration of flesh and sexuality must also reflect upon the nature of the authority of our traditional anthropological and psychological views and the role of the Spirit as a guide to new understandings of human existence beyond the traditions (Freeman 1999: 2).

According to Freeman (1999: 2), with whom I agree, especially in the African philosophy, both the physical and the spiritual life are very important. They should be honoured and respected. The doctrine of dualism which favoured the spiritual life should be neglected. Physical life (body) and spiritual life (spirit) are all about a whole human being. In other words sexuality and spirituality are all that we are as human beings and they should not be separated. Misunderstanding one of them brings disharmony in one's life. Denying or suppressing one of them would bring about disintegration of life.

James Polling goes further by elaborating the issue of sexuality not as an issue or threat, but as a sacramental issue. This means that it is a very big issue and crucial in pastoral ministry. He quotes Boisen who writes that,

Instead of reducing religion to the level of the sexual, a correct understanding requires that the sexual be raised to the level of the religious.... What true love wants is union with the idealized other-than-self, which is also what religion wants. Sex love thus seeks not just the finite love object but the infinite, and when it ceases to do so it is no longer love.... These positive values are to be found first of all in the home. This might involve a rediscovery of the sacramental character of marriage.... It would set up the ideal of a self-mastery and consecration of will on the part of the individuals concerned which would enable them to practice self control and to reserve the act of intercourse to such times and such occasions as would have for them a truly sacramental value and serve as the outward and visible symbol of communion, not merely with each other but with God (in Couture & Hunter eds 1995: 117).

I must also say that the issue of sexuality is very religious. At the heart of religion love is so central. In Christianity love is all about God Himself and we as human beings are just reflecting God's love. Therefore love must be found in every corner of our lives. Love lies at the centre of both sexuality and spirituality. This is what has been referred to as a sacramental issue in the life of humans.

In the African perspectives, sexuality has been part and parcel of the African culture even before colonialism and the missionaries' era. It is the African understanding that sexuality is good, but also very powerful, needing a lot of control and discipline. That is why in Africa, especially in Tanzania, young men and women were given special training to understand who they were and their role in the society. It was the time they were entering adulthood where they were expected to act as men and women. Respect and honour were expected from both genders. Appropriate relationships were expected from both sexes. This training was known in Kiswahili as *Jando na Unyago* (initiation process).

When the missionaries came and after colonialism, our culture and tradition were destroyed and the things we did such as initiation ceremonies for boys and girls were seen as barbaric and primitive (Mbiti 1989 cf Mwenisongole 2002). The Africans were introduced to new and strange western traditions and culture. The Bible which came through the hand of missionaries also focused on the western packages of their culture and traditions. As Africans we need to reframe our theology, especially on sexuality. The African perspective should move away from western tradition or civilization on issues related to sexuality. The silence of sexuality within the church in Africa is the result of the influence of the western culture and it is not a biblical message. The Bible is very specific when it talks about our sexuality because it says all that God created for the human being was very good. The church's responsibility is to come back to a new understanding of human sexuality. It is time for the church to enjoy what God has created for us. The church should understand, accept and enjoy her sexuality which is one of the ways to make her healthier and whole, especially in this challenging time of HIV and AIDS (cf Phiri in Ammicht-Quinn & Hacker 2007: 43-44).

Therefore, you find that the Africans are faced with great contradictions and misunderstandings of what they should believe or know. There are many myths and taboos related to sexuality in African culture because of the western influence. I don't want to say that the African culture was pure by itself. I also don't mean that everything brought by missionaries was wrong or bad. On the contrary, what I can say is that all cultures have some weaknesses and strengths. We all have some myths and taboos in our cultural practices. I concur with Agrippa Khathide who warns us by saying that,

there is a tendency for African theological students to have to concentrate on past problems of the European church. They have not been made to study how to resolve pressing problems facing the African continent. Because of this heavy Eurocentric slant in our theology, African problems are treated as if they were unimportant (Dube 2003b: 3).

The ministry of the church must be sensitive to the context of the people. The Gospel of Christ must be contextualized to fit the needs of the people. Christian theology and African culture must stay in conversation to make it more applicable and effective. Culture and Christ must live in the same ground through a good understanding of contextual theology. The goal of contextual

theology is to look for the relevance and identity where a person feels at home, but at the same time he/she finds wholeness in life. Therefore, the culture that does not promote this end of valuing the life and the identity of Christ and the people is doomed to failure. The Christian ministry is accountable to value the daily life of the people and apply Christian theology for the purpose of restoration and wholeness in the life of people (cf Eide et al 2008: 95-107).

What I am developing here is a new understanding that will promote our knowledge of sexuality and provide a theological base. This understanding hopefully will integrate our Christian faith with our African experience in culture and experience. This is known as African Christian theology. This kind of theology is being interpreted and understood in the perspectives and contexts of the African people. This theology is interpreted in the light of the Holy Scripture and the Christian traditions. It is the theology that fits the African people in their particular context. The problem of HIV and AIDS with all its effects and challenges should be treated in the perspectives of the African church and the society in general.

Nelson calls for the reunification of sexuality and spirituality, where the church should understand herself as a sexual community that needs a relationship. It is a relationship that regards sexuality as part of our being in God's image, to see sexuality as personal and public. Sexuality is also about sexual salvation where people must be saved from the sin of sexual alienation. Sexuality is all about love and relationship, which is the central point of our Christianity (Nelson 1987: 187-190).

Nelson in his title *A continuing sexual revolution*, urges the church to move away from a patriarchal understanding of sexual dualism and recognizing the gospel as the **Word** which became flesh (the incarnational theology). He alerts the church saying,

Joining vigorously in the fight against AIDS and in compassionate ministries to all affected by this scourge is crucial. As the AIDS worsens, it has the capacity to bring on an antisex hysteria. Beyond anything we have ever known, AIDS has linked in our consciousness the two greatest fears in our society – sex and death. For the church to allow the fear of death to govern its sexual ethics would be an unholy capitulation. We need to help our children to understand and feel good about their sexuality, even in a time when sex seems almost synonymous with fear and death (Nelson 1988: 563).

He continues to say that sexuality is always much more than genital expression and he urges us to reconstruct our sexual theology. Nelson explains that in order to understand the creation of

God it is better to first understand our sexuality. Human beings have been created with both components of spirituality and sexuality and they all relate to each other in a very harmonious relationship and not in isolated ways (Nelson 1988: 563).

The centre of spirituality and sexuality is love. It is a force which guides and joins one coin with these two sides. Our culture today needs to have a better understanding of sexuality so that people can enlighten others about it. This kind of control will help to reduce the risks of HIV and AIDS and all the myths or taboos we have about human sexuality. Musopole (2006: 26-29) analyses several points which I think are very helpful if we want to manage our sexuality in responsible ways. These are paraphrased in my own understanding and interpretation as follows:

- Understanding the theology of human sexuality. The relationship that exists between the human body and the spirit, or sexuality and spirituality in the light of the theology of creation.
- Emphasis on sex education from the church level to secular education. All the myths and taboos related to sexuality and the whole human body should be taught properly in our churches and schools. The youth should understand who they are in the society and be ready to face different challenges in life such as marriage.
- The church should plan and establish educational and recreational camps for the youth to teach some important issues related to moral issues and sexuality in general. These should be like the initiation process we used to have in the African societies.
- The church needs to change its teaching from dualistic traditional doctrines on spirituality and sexuality. Sexuality and spirituality are two things, but of the same coin. Sexuality and spirituality relate to each other and they should not be separated from each other.
- Love should be understood as the centre or source of our spirituality and sexuality. Love is what God is, and God is love. Love is the very nature of God. We as human beings are His creation and through Him and in Him we become the partakers of His love. The love we

have is the reflection of God's love. The doctrine of love is so central to all the doctrines in theology and particularly in practical theology. Love should always be understandable in God's perspectives. Love is so broad and love is a process. Love is not a simple theory and empty words or statements, it needs to be learned and acted upon, and it is an action. Love should be practiced and lived by.

- Human sexuality and all its relationships are like communion or partnership in the life of people. Therefore, it should be understood in the light of Holy Communion or a sacrament. This kind of sexual relationship is a mutual relationship between people and God. It is a self-offering relationship to one another from the example of Christ himself as self-offered on the cross to build a bridge that was broken between God and his people. The act of sexual intercourse is the act of self-offering to one another. It is the act of communion, transparency and openness to one another. When this kind of relationship is not open and transparent then there is no true love, but hatred and fear. True love involves freedom and justice.
- God created male and female. He created them for partnership, to share and help each other. As male and female we have been created in partnership with God in His creation activities. People have been placed here on earth to continue what God has started to create and recreate in the universe. Male and female alike should respect each other so as to fulfill God's command. All of us can be the initiators of sexual activity and this should be respected and praised.
- Sexual expression is both public and private and this should be respected. Sexual relationships and the way we do things differ from one culture to another. In the African context we emphasize the issue of sexual activity to be a private and not a public expression. Even in Africa we can differ in what we mean by public and private, but we need to use our African heritage and customs on issues of sexuality. How we judge these different issues on sexuality is a difficult question to answer! But the important thing is how we teach our children and youth on such issues.

- Exercise is very important for both women and men, for the physical body and even for spiritual health. Lack of exercise can cause many problems for our spiritual and physical life. Exercise also helps in the process of sexual activity between men and women. Exercise helps to discipline the whole system of the human body. Exercise helps to prolong the life of a person. Generally, exercise is good for the life of a human being.
- There are many challenges which will not be dealt with here in detail, such as homosexuality, masturbation, pornography, and others, but suffice to say that the issue or doctrine of human sexuality is very important in this study in order for us to understand as much as we can.

Musopole (2006) explores human sexuality comprehensively in his context (ie Malawian) and he seems to be very aware of what is going on in other parts of the world. He seems to be cautious of other controversial issues because he fails to discuss in detail the challenges of homosexuality, masturbation, pornography and the use of condoms in the African context. The emphasis of his discussion, with which the researcher agrees, is on the general view of sexuality in the African context, despite the challenges the society faces.

Khathide urges the African church to view human sexuality critically and positively as they try to fight against HIV and AIDS. The light of Scripture allows us to see openly the challenges of our daily lives despite the negatives, myths, and taboos we might have in our traditional beliefs about our sexuality. God has given us the fruit of self-control, love, openness and sensitivity in order to live as God intends us to, with our true humanity or *utu* (Dube 2003: 6).

We need to be open with our sexuality because it is a good gift that God has given us to enjoy and use properly, because some have misused it and have not shown any responsibility towards each other as human beings with *utu*. Gender inequality, rape, incest and other sexual misconduct have been widely practiced in our societies. Good theological training is needed, where the Africans will learn to appreciate what they have in their own hands, the resources in the African mind and their cultures that will promote a life full of love; theological training so that the church and the society as a whole will learn to talk freely and openly about sex.

Khathide invites us (ministers) “to be human beings and act as vulnerable creatures before our students (people), for them to be able to identify with us and with people ravaged by sexual frustrations and HIV/AIDS” (Dube 2003: 8).

Human sexuality is a wide subject as we have seen above. We have to understand sexuality in our African context and theology. We are human beings with *utu*, we are not animals. We have been created in the image of God. We have even been created with love within us. To love people, God and ourselves is the life to which we have been called. Love stays at the core or the centre of our spirituality and sexuality. The African philosophy believes in our relationship that is why we have the saying, “I am because we are, and since we are, therefore, I am.” We as human beings are vulnerable; therefore, we need to care for each other, and together we stay stronger. In Kiswahili we have the proverb, *Umoja ni nguvu na utengano ni udhaifu*, which means that unity is strength and disunity is weakness. The Bible says that it is in weakness that we become stronger (2 Cor 12:9-10). A human being is a vulnerable being. Without the help of God, humans are weak and vulnerable. It is in Him that we can be strong. Human beings are supposed to be humble under God’s guidance.

3.2.7 HIV/AIDS and pastoral care

This subsection will not go into details of the scientific and historical development of HIV and AIDS, or its origin, but it will go deeper into some important issues which are more relevant to this particular study. The following questions will guide us to see some of the important issues which need to be reviewed.

What is HIV and AIDS? What are the effects and challenges of HIV and AIDS to the church and the society as whole, but in this study to children in particular? Who are more vulnerable or at great risk from this pandemic disease? What is the church’s response to the effects and challenges of this pandemic?

HIV is a virus that deteriorates or infects the blood cells that are important in fighting against any strange guests in the body. It infects the immune system of the body so that it cannot fight against the diseases that enter the body. The body remains weak and defenceless to other

diseases. AIDS is a “disease that cripples the body’s defence against infection” (Sunderland 1990: 16).

Unfortunately no vaccines or cure have been found for the disease, despite all the efforts of researchers and scientists. The complexities of the HIV virus have made the scientists’ research more difficult and even impossible to have a vaccine or cure. What have been developed so far are the anti-retroviral drugs to maintain and prolong the life of the people who have been infected with AIDS. But the struggle of fighting against HIV and AIDS must continue. The governments, politicians, scientists, and religious people must continue to fight against it and be responsible in dealing with the whole issue of HIV and AIDS. In all sectors of life the problem of HIV and AIDS must be addressed openly and properly.

3.2.7.1 HIV transmission

HIV is transmitted in different ways, such as fluids from the body of one infected person to another. One asserts that “worldwide the predominant mode of transmission of HIV is through exposure of mucosal surfaces of the vagina, vulva, penis, rectum, or mouth to infected sexual fluids (semen, cervical/vagina, rectal) and during birth” (Stine 2010: 179). That means the virus can enter the body through internal linings of organs such as the vagina, rectum, urethra in the penis, or mouth, or through the openings in the skin as cuts or sores. The body fluids are such as blood, semen and vaginal fluids. But the virus can also be transmitted prenatally and through breastfeeding. (See Stine 2010: 179-180).

Therefore, it is good to understand the ways in which HIV is transmitted so that we take care not to take risks of contamination, but also that we should not avoid infected people in other ways. Casual contacts with infected people are not dangerous at all. HIV cannot be transmitted through eating together, through swimming pools, sharing toilets, sharing utensils, telephones and clothing.

Despite the magnitude of effects of HIV and AIDS, HIV infection can be preventable, especially by individuals paying attention to the mode of transmission. To minimize the risks of being infected with HIV one needs to avoid the risk factors that facilitate the transmission of

infection, such as sexual activities and contact with infected blood or body fluids. Good and proper information, education, and communication in matters of human sexuality, health, and HIV and AIDS play a vital role in preventing HIV and AIDS. Understanding our sexuality, gender relation, reducing discrimination, and other issues in our cultural and traditional systems can help to further prevent the spread of HIV and AIDS (WCC 1997: 11-13).

3.2.7.2 The impact and challenges of HIV and AIDS on children

Many people have become infected with HIV and AIDS. People have become sick and many have died from this pandemic disease and have left the children helpless. This disease has brought many questions and challenges in all sectors of life, in economical, political, health, sociological, and religious sectors. For example, the rise of HIV and AIDS has raised many challenges because it is associated with sexual activities. It has released strong negative attitudes such as prejudice, homophobia, and racism towards people. It is a crisis that needs to be addressed and implemented by the church, but also in all sectors of life.

UNICEF had this to say,

Neither words nor statistics can adequately capture the human tragedy of children grieving for dying or dead parents, stigmatized by society through association with HIV/AIDS, plunged into economic crisis and insecurity by their parents' death, and struggling without services or support systems in impoverished communities (in Van Dyk 2005: 269).

AIDS has caused many challenges in the society. The illness and death of parents have caused many problems to children who have been left behind. These unspeakable problems have caused fear, anxiety, depression, dropping out from school, resentment and sadness to the children. The children grow up facing great risks of HIV, other infections (ie sexual), abuse and exploitation (UNICEF, UNAIDS, and PEPFAR 2006).

This pandemic has brought many factors in the lives of people who are positive such as fear, stigma, ostracism, poverty, grief, uncertainty, isolation, low self-esteem, anxiety and death. These factors come as a result of the way the society has misunderstood the whole issue of sexuality. It is because AIDS is basically a sexually transmitted disease. The myths, taboos and some negative cultural beliefs have not judged rightly on the whole issue of HIV and AIDS. Drug use, homosexuality, sin, poverty, blacks (Africans), women and prostitution have been judged to be the cause of the disease, without knowing that there are other ways such as

heterosexual contacts and blood transfusions which can also infect anybody (Sunderland 1990: 17 cf Shelp, Du Bose & Sunderland 1990: 1136).

In the statement of the WCC central committee, the WCC wrote on the impact of HIV/AIDS and how the churches should respond to the issue. One of the statements which stresses the impact of HIV/AIDS reads,

The pandemic is also having profound consequences for family and community life. In addition to causing the illness and death of members of the most productive age groups, it severely restricts the opportunities for those – for the most part, women and girls – who care for persons suffering from the disease. In some societies whole communities are weakened by the pain and disruption HIV/AIDS bring to families and other basic social units. Grandparents find themselves caring for their sick children or orphaned grandchildren, and children and young people are forced to become the breadwinners for others (WCC 1997: 98).

The whole society should take the issue of HIV and AIDS seriously, because it is a great threat and a crisis that needs to be dealt with. The church and counselors need to remember their responsibilities according to what the Scripture has called them to do in this world. It is the time for the church and society as a whole to break the silence and begin telling the stories of life and hope. But also the story that is open to issues of sexuality, gender and other cultural beliefs that are not good. It is the time of telling the stories that empower people who are downtrodden in the society. The church needs to open doors for all people to come in for love, acceptance and affirmation of who they are.

In sub-Saharan Africa and particularly in Tanzania, many women and children have been infected with and affected by HIV and AIDS. The infection is higher in women than in men. What is the problem? It is because of what I have pointed above on the issues of gender inequality, cultural myths and taboos in our society. Women have no freedom over many issues in the society, especially over their sexual lives. Something must be done to help the women and young children in educating them about HIV sex-related risks and encourage safe sex practices (Kelly 2001: 514).

The WCC warns on the impact of HIV infection that the society is facing. Some of these impacts are the increase of child and maternal mortality, life expectancy and economic growth

and other effects. These effects are found in all levels in the society, from high government level to local community level, from one sector to another sector, from individual people and households to the villages and towns. All these are a challenge and a responsibility of the church and society as a whole to take care of those who have been infected and affected to preserve and keep the generation of tomorrow of young people and children from premature illness and death (WCC 1997: 10).

HIV and AIDS has infected, affected and made children vulnerable because of the contexts they are living in. The impacts of HIV and AIDS to children have been increasing in our societies. Our communities have become more fragile despite the technological and scientific development and the globalization system we have and value above everything, without consideration of their social and ethical impact. The world has not become a better place to live in because of the health and relationship issues in this cosmos. Global warming, wars, discrimination and poverty have affected human beings and especially our children and the generations to come.

Children who live with and are affected with HIV and AIDS, and children who are vulnerable to HIV and AIDS, have suffered from discrimination, stigma and other psychosocial problems. Their rights to equal access to health care, treatment, education and other social services have been neglected. These children also suffer from trauma, anxiety and isolation. They also are at great risk of becoming sexually active and therefore, risk HIV exposure. Poverty should not be overlooked. Poverty also increases the risk of children becoming more vulnerable to the HIV infection (Gruskin & Tarantola 2005: 137-139).

The consequences of the lack of psychosocial support for children affected by AIDS can lead to these secondary social problems such as child labour, child prostitution, child sexual abuse, stigmatization, discrimination, segregation, violence, teenage pregnancy and children in the street. These also lead to family disintegration, corrosion of culture, lack of parenting skills and mentors, destroyed social networks and lack of intergenerational mentoring and transfer of life skills. The result of this is a dysfunctional society, which means the instability of economics, politics, (religion), and civil society (Bauman & Germann 2005: 116).

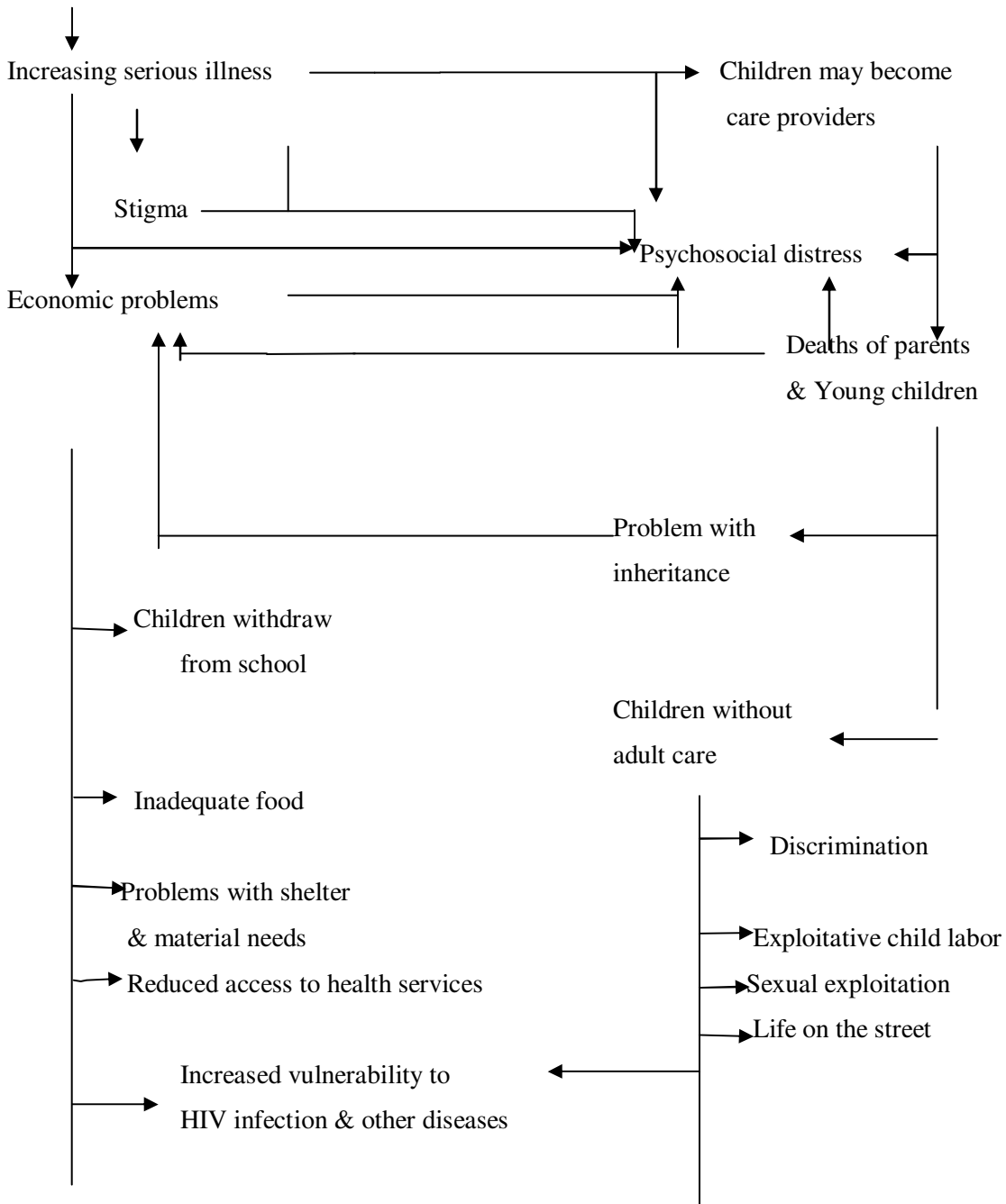
The church's responses to the whole issue of sexuality and particularly to HIV and AIDS have been very slow and not in ways that are open and transparent. The church has been far from open in teaching the people about sexuality and health issues that would have prevented the further spread of the AIDS pandemic. The church has been called "a silent church = death" (Mageto 2005). Mageto puts it well when he says that the church should look for the courage of not staying silent on issues of HIV and AIDS. It is very difficult and challenging to speak about issues surrounding HIV and AIDS within the church because of all the myths and taboos around it. The church should look for every opportunity to prevent and take care of all who are vulnerable and at great risk of this pandemic disease. The church should also be open and transparent in discussing all issues related to human sexuality (Mageto 2005: 292).

The WCC has also responded on the issue saying to churches that it is the responsibility of the church not to remain silent because this fear of remaining silent is more dangerous than the HIV itself. The church is supposed to be a place where we can get good information related to life and all its challenges. It is the place where doors should be left open for discussion and debate on all issues related to human sexuality. The church must get away from all kinds of prejudices and stigmatization, thinking that HIV and AIDS is only for certain kinds of people (WCC 1997: 5)

The church's ministry is a compassionate one. It should be remembered that Christ invited and touched even those who were lepers and segregated or isolated in the society. One asserts that, "the pastoral function relates to the church's role as a mediating and reconciling agency in the community" (Sunderland 1990: 17). The church should see herself as a wounded one which has been affected and infected with HIV and AIDS, and therefore should seek ways of responding to it in a responsible way. The church must stand together in solidarity to support one another in the fight against the enemy.

The impact of HIV and AIDS on children

HIV infection



(The figure is taken from Foster, Levine, and Williamson eds. 2005: 7, which show the cascading impacts of HIV/AIDS on children).

3.2.8 Pastoral care of OVC

Despite the paradoxes, dilemmas and complexities of languages and definitions of the terms used with different people in different areas about who is a child, orphans, AIDS orphans, vulnerable children and other words or phrases, it is good that in this particular study, we remain consistent with what I intend to use, and that is OVC. But I also recognize the differences that other fields or organizations might be using.

Therefore, in this study OVC will mean those children under 18 years old who have been infected with or affected by HIV and AIDS and have lost one or both parents. These children are also most vulnerable to AIDS, which means that they are at great risk of being infected and affected by AIDS. The orphans are among the people who suffer most in our society, they are very vulnerable and at great risk to HIV and other ill treatment, as it is pointed out that, “they suffer the trauma of seeing their parents die of AIDS, often become ‘orphaned’ several times over as new caretakers also become infected, fall victim to malnutrition and stunting, and risk becoming street children” (The World Bank 2002: 16).

The most important thing in this study with OVC is that we try to avoid any sense of misunderstanding of labelling them as stigmatized or victimized, which is unacceptable. Not all OVC are HIV infected, but some are vulnerable to HIV and AIDS; they might be at greater risk of being affected by and even infected with HIV and AIDS.

Why the children? It is because

Children are generally powerless in society and have no political voice. But the silence about HIV/AIDS has now broken, and the number of orphans is too massive to ignore. It is essential to understand that loss of parents is only the most obvious impact of the epidemic on children, and that other vulnerabilities must be recognized and addressed as well (Levine, Foster & Williamson 2005: 2).

According to the statement above, the children are understood to be vulnerable and powerless in many incidences in our societies, they have been treated as half human beings. But it is essential now to understand that children are fully human beings and must be treated equally with respect and dignity and according to their rights and needs.

Worldwide the AIDS pandemic has created more than 15 million orphans. These are the children who are under 18 years and have lost one or both parents to AIDS. Sub-Saharan Africa alone is estimated to have 12 million orphans, and the number is still increasing very rapidly (Van Dyk 2005: 269).

Children have the right to life, survival, equal treatment, respect, protection, participation and development. Children's needs which should be met are daily subsistence, protection, affection, understanding, participation, leisure, recreation, identity, freedom and transcendence (Van Dyk 2005: 270-272).

In Tanzania the number of orphans is estimated to be more than 2 million and this number is growing every day. Eleven (11) per cent of children under the age of 18 have lost one or both parents due to AIDS. It is being reported that if there are no changes in behaviour and interventions the number of orphans will continue to grow every day.

The number of OVC is alarming in Tanzania and Mbeya region in particular. The government, churches, and other organizations need to take serious action on how to respond to the problem of these children. The foremost response all people must have is to show these people who are affected by and infected with HIV and AIDS unconditional love. The Tanzanian president Jakaya Mrisho Kikwete says, "*mtu akiugua anahitaji upendo wa hali ya juu na akitembelewa anapata faraja kubwa, hivyo tunapaswa kuwatembelea na kushirikiana nao*" (Mwendapole 2006). It means that persons who are sick with HIV and AIDS need a greater love, and if they are visited they are comforted, therefore we are obliged to visit them and commiserate with them.

The response that is also very important is first to understand the psychological and emotional needs of OVC in our context. These psychological and emotional needs are important as well as the physical needs such as food, clothing, health and education. The WHO/UNICEF points out that "more guidance is needed to better understand and address the psychological and emotional needs of children orphaned by AIDS in culturally appropriate ways" (Cook, Fritz & Mwonya 2003: 86).

Grief and loss in children is one of the factors which need to be understood. They are issues that might affect the children if they are not responded to appropriately. Children grow up with the sense of belongingness, but when a loss happens they feel lonely, anxious and life seems to be unfair for them. A proper bereavement process must take place for children who are suffering from grief and loss. This bereavement intervention helps to create a proper growth that will allow the child to cope with life and its developmental stages. The ministry to the children who are going through loss and grief must be available. Children must be helped to cope with grief (Lester 1987: 90-92). Some of the ways the pastoral counselors may minister to children in crisis, especially in times of loss and grief, are using stories, journals, play and art (Lester 1985).

Children if given an open and non-threatening place are capable of telling what they feel and can ask questions. They are able to show their true feelings and their needs through play and stories. Children are capable of expressing themselves whatever they feel, their sadness, anger, desperation, acting out, and they can know how to control their emotions and feelings if they are given such opportunities and if we are available to support them (in Singhal & Howard 2003: 8-89).

In Tanzania it is very common to find out that the children who have been affected by or infected with HIV and AIDS are overloaded with many responsibilities. They are the ones who begin to take care of their ill parent/s. Also the older children are the ones who take care of the younger ones.

For more emphasis let me say this again, all these factors of what the children are going through need serious attention by the church and the society as whole. The church is responsible to make sure the children are being taken care of in meeting their physical, spiritual, psychological and emotional needs. These children need to find ways that will help them to grow and mature to their fullness of life, the life God has intended for them. The children will need spiritual food, psychological needs, physical needs such as food, money and clothing; they will also need to socialize with other people and particularly children in school, in games, in church and in the society. All these ways of dealing with the issues in their life such as grief, loss, anger, fear, and playing up are what we call the coping mechanisms or resilience.

These coping mechanisms come as the result of a personal awareness of understanding the life situation and how to live or interact with it. As it is pointed out that, “the individual showing resilience is not one who has a stable ‘resilient’ trait, but one who demonstrates a positive outcome within a particular set of circumstances at a given time” (Cook, Fritz & Mwonya 2003:93).

In Singhal and Howard on resilience it is pointed out that,

Resilient children exhibit flexibility, communication skills, an ability to be reflective, a sense of independence and mastery, and a sense of purpose and future. The development of such skills is predictive of adaptation to later stressors. Resilience can be fostered by reducing risk factors, intervening to stop the occurrence of cumulative risk, and providing new opportunities for mastery (Cook, Fritz & Mwonya 2003: 94).

Resilience therefore is a way of living a life of wholeness. It is a way of salvation from all the difficulties and challenges of life. It is not a way of running away from problems, but a way of dealing with issues in a way which is more creative, with more awareness, and in a more responsible way. Facing life squarely is a way of being open and transparent to issues of life (in Denis ed 2005).

In this research thesis I have decided to use a narrative approach as one of the ways that can help children in finding out the skills to solve the problem they are facing in their own context. These skills or interventions lead the children to cope with the issues they are facing as OVC. There are some good resources that can empower the children in the narrative approach if the church will use them appropriately. Resilience in children can be found in applying narratives theologically. Therefore, it is the responsibility of the church to be creative in opening up to using a narrative approach such as stories, metaphors, journals, memory books, symbols, play, music and art with OVC in Mbeya, Tanzania. Hopefully, these will help the children to grow up into the fullness of life, the life of wholeness.

3.2.9 Narrative theories (approaches)

The term “narrative” is a word that has now become popular with a wide range of understanding. It is a word or subject which is very wide and complex because different kinds of people in their various fields use it. From philosophy to psychology, from theology to sociology, from linguistics to anthropologists, and from the historians to counselors, they all use the term, “narrative” (McLeod 1998).

Prominent theorists and founders in this field of narrative are Michael White and David Epston (1990), Jill Freedman and Gene Combs (1996), Gerald Monk (1997) and Alice Morgan (2000). The literatures that will be used mostly in this subsection are from the social constructionists in the human science subjects.

I agree with White and Epston (1990:12) who speaking about narratives, say that people through their story can organize and give meaning to their experience. The story of a person explains some aspects of the person's life. Therefore, the story is part of what people are and how they relate to each other or to the universe. A person is a relational being who lives in relationship with the world and not in isolation, especially in the African philosophy and context.

It is argued that there are two ways of understanding the world. One of these ways is narrative knowing. This is a way of understanding the world through stories. Every corner of our life has been filled with stories. We all like to hear and tell our stories. McLeod continues to say that, "We structure, store and communicate our experiences through stories. We live in a culture that is saturated with stories: myths, novels, TV soaps, office gossip, family histories and so on (1998: 144).

The theory or idea of these social constructionists or social scientist of "narratives" is summarized by McLeod. This is also what I will follow throughout this thesis to be applied in pastoral counseling. Therefore, it is crucial to summarize and understand narratives in the following points:

- People live their lives within the dominant narratives or knowledges of their culture and family.
- Sometimes there can be a significant mismatch between the dominant narrative and the actual life experience of the person, or the dominant narrative can construct a life that is impoverished or subjugated.
- One of the main tasks of a therapist is to help the client to *externalize* the problem, to see it as a story that exists outside of them.
- The therapist also works at *deconstructing* the dominant narrative, reducing its hold over the person.

- Another therapist task involves helping clients to identify *unique outcomes* or “sparkling moments” – times when they have escaped the clutches of the dominant narrative.
- The therapist adopts a *not-knowing* stance in relation to the client: the client is the expert on his or her story and how to change it ... at the completion of therapy the client is invited back as a “consultant”, to share knowledge for the benefit of future clients.
- A central aim of therapy is to assist people to *re-author* their story and to perform this new story within their community.
- Another aim of therapy is to help the person to complete important life transitions.
- Although much of the therapy is based on conversation and dialogue, written or *literary* communications such as letters and certificates are used because they give the client a permanent and “authoritative” version of the new story.
- Where possible, cultural resources, such as support groups or family networks, are enlisted to help a person consolidate and live a re-authored story, and to provide supportive audiences (McLeod 1998: 153-154).

“Narrative” is a postmodern¹⁶ phenomenon used in academic diversity by several different theorists. It is a subject which is very complex and confusing at times. For example, you will find that scholars from different fields define the term in different ways. As McLeod has pointed out that, “the concept of narrative has been used in quite different ways by representatives of competing theoretical approaches in counseling and psychotherapy” (1998: 146). This also means that there is richness on how to use the approach in a freer way as long as it works in the particular context.

Further, this study on the term “narratives” will be used as children’s daily experiences and their stories. A narrative approach through children’s experiences will explain their life experience in different forms of metaphor and story such as myths, dreams, fantasy, parables, proverbs, sayings, pictures, symbols, images, poetry, drawings and so on. Narrative is more than telling the stories; it is about life’s experience, it is about people and their feelings; their dreams, and how they see and understand the world (Speedy 2008: 6-7). Life stories (ie narratives) are different from folk stories, virtual stories, latent stories and untold stories. But life stories can be accompanied and aided by other metaphors or imagery language such as poems, proverbs, riddles, songs and drawings.¹⁷

¹⁶For further discussion on postmodernism see Finucane 2009:185. See also Panier 2005: 375.

¹⁷ The distinction between a “story” and “narrative” should be taken into a consideration. For further discussion on the differences on these terms see Kistner 2005, cf Speedy 2008: 44-47.

For the purpose of this study, the narrative (story) will be used as a term which is mainly used by counselors in human social sciences subjects. Later in the study, the term will be applied particularly in the pastoral counseling context within the field of practical theology. In this thesis I will not go into all the technical details and methods of the narratives.

It has been pointed out above that the term “narrative” has been used in different fields in the study of humanities particularly in postmodern times (Ryan 2005). *Routledge Encyclopedia of Narrative*, expands the description of narrative by pointing out that,

Narrative is a particular mode of thinking, the mode that relates to the concrete and particular as opposed to the abstract and general ...; narrative creates and transmits cultural traditions, and builds the values and beliefs that define cultural identities; narrative is a vehicle of dominant ideologies and an instrument of power...; ... narrative is an instrument of self-creation; narrative is a repository of practical knowledge, especially in oral cultures ...; narrative is a mould in which we shape and preserve memories; narrative, in its fictional form, widens our mental universe beyond the actual and the familiar and provides a playfield for thought experiments (Schaeffer); narrative is an inexhaustible and varied source of education and entertainment; narrative is a mirror in which we discover what it means to be human.

Furthermore, narrative is defined as “a fundamental way of organizing human experience and a tool for constructing models of reality” (Ryan 2005: 345). Quoting from Paul Ricoeur the *Routledge Encyclopedia of Narrative Theory* points out that, “narrative allows human beings to come to terms with the temporality of their existence” (Ryan 2005: 345).

In a simple explanation the term “narrative” implies listening to and telling or retelling stories about people, events, experiences, and the problems in their lives. People in nature are narrative beings who live as a story to be told and being retold. People are always surrounded by stories. The way people communicate their experiences is through stories. We find narratives wherever we go, on the TV, in novels and newspapers, myths, family stories, work stories and so on, it is all about stories. In other words stories are everywhere. Let me summarize and interpret Daigneault’s (1999) four assumptions on narrative therapy, which are worth noting.

- Narrative therapy is all about social construction whereby people can learn and experience life through the influence of the culture they live in.

- Narrative therapy is all about stories which make meaning in people’s lives. Life itself is a story to tell and hear about how we relate to each other and the universe as a whole. Stories make us the way we are and the way we live.
- Narrative therapy is about stories that are life long processes. We always make stories through experiences. We try to create stories according to what we experience in life to bring about purpose and meaning in life.
- People are not static beings; they can change their life according to the time and situation they are living in. The story of yesterday will not be the story of tomorrow. A human being is a creative being who lives in discovering and creating new and different things in life. All this is part of what is narrative in the life of a person.

Speaking on the influence of Milton Erickson, Freedman and Combs point out that “...his delight in and respect for people, his belief that we can constantly re-author our lives, his belief in multiple possible realities, and his emphasis on the constitutive power of language” (1996: 12). This is true since human beings are not static. People are sometimes influenced by their cultural and social environment, by time and space. All these make people who they are. Narratives (stories) and metaphors give room for a person to celebrate the freedom of suggestions, but also the power of communicating in metaphors, which then results in change.

Freedman and Combs quoting from Mair (1988) write that “stories inform life. They hold us together and keep us apart. We inhabit great stories of our culture. We live through stories. We are lived by the stories of our race and place” (1996: 32). In the same way as others have mentioned before, Winslade and Monk assert that, “we live our lives according to the stories we tell ourselves and the stories that others tell about us” (1999: 2).

All these theories are connected and must be integrated to make them more applicable in whatever method one uses in helping people with their daily problems and challenges of life. My emphasis on all these theories from different scholars is accepting their theories and trying to integrate all of what I have pointed out above to make them more viable and reliable in

practical theology and more particularly in a pastoral counseling context. For more details of these integrated theories refer to Chapter Six of my thesis.

For narrative theorists the motto which most scholars share and emphasize about narrative therapy is, “the problem is the problem, the person is not the problem.” Morgan on this motto of narrative therapy points out that narrative therapy is a non-threatening method. It looks on the value of a person and not as a blank person who does not know anything. It separates between a person and a problem. A person is an intelligent being who cannot be overcome by the external pressure; therefore, a person is able to live a victorious life (2000: 2).

Morgan sees a human being as a “living human document” that holds a meaningful story. I concur with her as she says, human beings must be interpreted because of the way they see and experience their life and events. All these are being done by a person to find a purpose and meaning in life. The stories are being made through all these events and experiences in life. These stories are what make a person who they are. The stories look for a life of an individual or society that is meaningful and has a purpose as she continues to say, “we give meanings to our experiences constantly as we live our lives” (2000: 5).

Using a narrative method counselors try to know people through their stories, how they organize, convey and how, when and what they tell. As they try to understand people’s lives through the eye of narrative methods they should help people to break from the known dominant story to a new alternative story for good relationships and a better hoped-future (McLeod 2002: 158-159 cf. Morgan 2000: 15).

McLeod in *Qualitative Research in Counseling and Psychotherapy* points out that, “the key idea in narrative analysis is that people largely make sense of their experience, and communicate their experience to others, in the form of stories.” He continues to elaborate that, “the central idea in narrative analysis is that the stories told by informants or research participants can be treated as a primary source of data” (2002: 104). Finally, he points out that, “narrative analysis is therefore an approach which combines a discursive emphasis on the construction of meaning through talk and language, alongside a humanistic image of the person

as self-aware agent striving to achieve meaning, control and fulfillment in life” (McLeod 2002: 106).

The aim of narrative therapy is “to participate in a conversation that continually loosens and opens up, rather than constricts and closes down. Through therapeutic conversation, fixed meanings and behaviour...are given room, broadened, shifted, and changed” (Feedman & Combs 1996: 44).

Boje says, “Narrative therapy places a great deal of importance on finding ways in which an audience can be invited to play a part in authenticating and strengthening the preferred stories that are emerging in therapy” (Boje 2005). Boje continues to say that it is the work of a narrative therapist to help an individual to deconstruct the dominating story and find a way of reconstructing a new alternative story that would bring about change and new meaning in that person’s life. The individual is empowered by re-authoring the preferred story which ultimately will lead a person to a life of wholeness (Boje 2005).

From the above theories and approaches on narratives, it is seen that “narrative” is a broad term which needs careful consideration and analysis. But for this thesis it will suffice to summarize that narrative is a way of communication whereby people live to understand each other whether it individually or in groups. Narrative is about language on how to relate to each other as people. Narrative is a process of understanding human beings in the way people relate to each other through life’s events and experiences.

Therefore, a narrative approach is an effective way of understanding people and helping them with their daily problems and challenges. A narrative approach is the process for coping mechanisms and resilient; and for healing and wholeness. A narrative approach within the context of pastoral counseling is hoped to bring about purpose and meaning in people’s lives.

3.2.10 The use of metaphors in narrative approach

Metaphor is defined as “a figure of speech in which a word or phrase is applied to something to which it is not literally applicable” (*Concise Oxford Dictionary* 2001). The *Microsoft Encarta Encyclopedia Standard* (2006) defines it as a “word or group of words used to give particular

emphasis to an idea or sentiment.” The word “metaphor” originates from the Greek word *metapherein* which means “to transfer”. It is pointed out that, “Metaphor is thus a form of language, a means of communication, that is expressive, creative, perhaps challenging, and powerful” (Burns 2007: 4).

The use of proper language is very important in working with children in crisis. Communicating with children takes different paths to reach the expected goals. One of the ways to communicate with children is through metaphors. Metaphors come in different forms such as stories, narratives, tales, fables, myths, play, art, riddles, proverbs, poems, songs and images. Metaphors are present in all these forms of art. Pearce said, “a metaphor is a story that allows people to bridge the gap between what is and what should be” (1996: xiii). Metaphor is a very important tool for communication in this world, as has been discussed in the previous section with narrative. There is a connection between narrative and metaphor because they all talk about stories which come as a metaphor to an individual person who experiences and confronts problems and issues of life (Pearce 1996: 1).

One of the prominent figures in the use of metaphor in therapy is Milton Erickson (Haley 1986). Ericksonian therapy goes further than the psychoanalytical model, with more emphasis on the uniqueness of an individual in therapy (ie strategic therapy). He looked at the person’s life in the present and the future and not in the past. For him metaphor “is seen as an agent of change to propel the patient into the future, one that does not compel him to linger in the past” (Pearce 1996: 31). Erickson understood and believed that every person, even a child, is born with the capability and creativity to change their own lives. McFague says,

From the time we are infants we construct our world through metaphor; that is, just as young children learn the meaning of the color red by finding the thread of similarity through many dissimilar objects (red ball, red apple, red cheeks), so we constantly ask when we do not know how to think about something, “what is it like?” ...metaphor is ordinary language. It is the way we think (McFague 1982: 15 cf Finucane 2009: 216).

Metaphor opens doors for communication that is more understandable, creative and non-threatening. Metaphor is expected to be a way for understanding, healing, coping, and even creating room for a change in behaviour (ie transformative) (Pearce 1996: 3). Metaphors create room for the relationship that is not threatening and its goal is to “challenge, shock and surprise

to produce rapid change” (1996:8). Narrative and metaphor open a door for the inner story to come out, where dreams, wishes, fears, struggles, memories and expectations are hidden (Morgan 2000: 5-6).

Children’s life stories are full of metaphors. The biblical narratives are full of metaphors. The parables and allegories in the Gospels are full of metaphors. Life and the surroundings are also full of metaphors. You cannot go anywhere without seeing the concept of metaphor in the lives of people. We are surrounded with narratives that are full of metaphors. Most of the time people use the language of imagery and symbols. Metaphors open doors for deeper vision and creativity. It is noted that,

A narrative approach, appreciating the dynamics of metaphor, can rediscover the enchantment, awe and wonder, which is so much needed for a pastoral care ministry. Metaphors empower meaning to be alive at the affective experiential level and also long after the “facts” are forgotten (Finucane 2009: 222).

Metaphors in therapy with children in particular open doors for new ideas and possibilities. Metaphors are communicable or interactive, interesting and attractive. Metaphors open doors for imagination, for new opportunities, and possibilities for decision making and change (Burns 2007: 4-7). It is pointed out that “the use of story (story-telling metaphors) is a richer way of learning, permeates more the processes of thinking and remembering and empowers the listener to find his or her own conclusions” (Burns 2007: 8).

Ericksonian methodology¹⁸ depended on clients’ inner resources. He respected the clients’ ability to change using the inner resources a person has (Pearce 1996: 32). The therapeutic method or technique that is implied or used with metaphor in narrative approach has been summarized as follows:

- Identification of the client’s problem, its repetitive and self-defeating nature, and the focus on the expected result
- The choice of visual, auditory, or kinesthetic modality for the delivery of the metaphor
- The delivery of the metaphor, with special attention to cadence, tone, pauses, and details
- Interspersal of focused words for the delivery of individualized symbolism
- Embedded commands to focus the client’s attention

¹⁸ It is not my goal to go deeper into the methodology of Ericksonian therapy in this thesis, but one can read more on Ericksonian methods in Pearce 1996.

- Embedding additional metaphoric material for multiple-level communications
- Emphasis on delivery without explanation (Pearce 1996: 65).

The ultimate goal of using metaphor is to understand human beings' motives and experiences, which bring about healing, hope, and transformation in a person's life. Despite the techniques some have explored in their therapy, we should understand that there are limitations of these techniques. Narratives and metaphors invite counselors to a more open, free, and wider perspective in their approach. Metaphor opens doors for deeper meaning for how we experience life.

3.2.11 The use of play and art in a narrative approach with pastoral counseling

Narratives and play approaches go hand in hand, especially with children who have been traumatized. Children can easily tell their stories through play. In other words, these two approaches are compatible with one another. They are two different approaches, but they can be used together in pastoral counseling with children in particular, as I found in my field research. That is why in this section I will deal with these two approaches in pastoral counseling. It is also noted that, "all of play therapy is metaphorical work" (Linden 2007: 45).

This particular study examines the narrative approach in pastoral counseling context. But it is obvious that when people talk about narratives they are talking about stories which also can be played about. A narrative approach involves several factors or activities such as proverbs, stories, songs, and other things including games, activities and play. Play becomes very important when combined in the narratives activities, especially with children. Children like to tell their stories through play. Telling stories of children who are vulnerable is very difficult, but through other media such as art and play, it becomes the means to speak out their feelings and emotions. Therefore, let us look at some theories regarding play.

This section will deal with play theory in general. Later in the research, narrative and play theories will be placed in a firmly Tanzanian context as they are being applied practically.

Play theorists assert the assumption of play that human beings are social beings and have been created in belongingness and connectedness with the universe. It is the assumption that points out that a human being lives, thinks, values, feels and behaves in certain lifestyles for a purpose (Axiline 1989; In Webb 2007).

Schaefer and O'Connor quoting EH Erikson (1950) discuss the function of play as "a function of the ego, an attempt to synchronize the bodily and social processes with the self" (1983: 2). This implies that a person is always looking for a meaningful life that will bring about harmony and peace in the soul. Play usually plays that role in person's life. It tries to find a balance in the whole being of a person.

McMahon says, "play is not a mindless filling of time or a rest from work. It is a spontaneous and active process in which thinking, feeling and doing can flourish since they are separated from the fear of failure or disastrous consequences. The player is freed to be inventive and creative. Play is a way of assimilating new information and making it part of ourselves..." (1992: 1). This is a good broad understanding of play which will lead people to appreciate the place of play in people's lives.

When it comes to children in particular, play becomes very important. Schaefer and O'Connor point out that "through play, children are assisted to expose and subsequently resolve their disturbing emotions, conflicts, or traumas" (1983: 4). McMahon asserts that "play is children's means of assimilating the world, making sense of their experience in order to make it part of themselves" (1992: 2). He continues to say that, "by re-enacting and repeating events, often in a symbolic form, and by playing out their own feelings and phantasies, children come to terms with them and achieve a sense of mastery" (1992: 2-3). Therefore, it is obvious that play and activity are very important for children, and they are natural media of communication. If play can be one of the media in communication, then this kind of communication can be done through narratives that are the story-telling of our lives.

It is pointed out that "play helps children make sense of their worlds and helps them to give 'expression to their inner worlds'. Play is used symbolically by children to change 'what may be unmanageable in reality to manageable situations' " (Daigneault 1999). Playful metaphors are a

way to help children cope and heal from difficult issues in their lives. Play is metaphoric in itself. Through play a child can relate to what troubles him/her in the outside world. Play is a way of expression to what a child feels inside (Linden 2007: 49).

Dyregrov provides ways of how children understand death and how adults can help them cope with the grief of death. He adds that, “play gives children the opportunity to express themselves through action rather than words... at the same time a child is allowed to express aggressive fantasies (thought of revenge), guilt feelings, or other feelings that are difficult to put into words” (1991: 106-107). Play therapy is a method of helping children help themselves, it is “based upon the fact that play is the child’s natural medium of self-expression” (Axline 1989: 8).

Theorists like D Winnicott, A Freud, M Klein and V Axline are the pioneers of this play therapy, especially with children (Schaefer & O’Connor 1983: 5-7). Children’s language and communication can be different from what pastoral counselors offer. Klein emphasizes the power of playing for children indicating that, “play is the child’s most important medium of expression” (1963: 30). She continues to point out that, “by means of play analysis we gain access to the child’s most deeply repressed experiences and fixations and are thus able to exert a radical influence on its development” (1963: 38). Therefore, listening to their language and communication will open ways of understanding and healing. One significant way of reaching that end for children is through the narrative play process, where even words themselves cannot express the depths of our inner being and its complexity.

Axline (1989) sets out eight principles for non-directive play therapy:

- The therapist must develop a warm, friendly relationship with a child, in which a good rapport is established as soon as possible
- The therapist accepts the child exactly as he/she is
- Permissiveness in the relationship, that means there should be a freedom of expression
- Recognizing the feelings of the child expressed is important
- Deep respect for the child’s ability to solve his own problems, that means giving a child an opportunity to show his/her strengths

- Don't direct the child's actions or conversations. A child should lead the way.
- Don't hurry with a child, but be gradual
- Establish limitations that are necessary (in McMahon 1992: 29)

The use of media and activities in play therapy is important. The goals of using play are therefore to:

- help children to tell their story
- enable the child to project and express repressed feelings
- enable the child to recognize repressed issues
- enable the child to experience success and satisfaction
- enable the child to gain a sense of mastery
- enable the child to feel good about him/herself

Involving play in counseling children helps children to communicate in ways that are non-threatening. Play facilitates communication that is not so traumatizing to a child, but builds up a good relationship with a child. Children like to use play to communicate their inner feelings and ideas. Counselors must keep in mind that the basis for a coping and healing phenomenon to a child is not in the skills or techniques, but in the trusting relationship. It is said that, "play therapy is a counseling relationship in which a child is allowed to communicate through toys and play" (Coetsee 2005: 128).

In pastoral counseling with children the maturity or growth of a child must be looked at holistically. As I have pointed out above the basic need in the healing and growth of a person or a child is to have a good relationship. First of all a child must have a good relationship with him/herself. That is how a child sees, feels, expresses, hopes about him/herself. Second is how a child is relating to others. The question is how does a child see and think about others? Third is the relationship with the whole surrounding or environment. The question here is how does a child see and respond to issues around him/her? The fourth is about a child's relationship with God. The question is how does a child understand, trust, believe and value God? (Coetsee 2005: 133-135).

Pastoral counseling must pay attention to all of these characteristics of relationships in order to build a strong resilience, self-identity, and self-esteem in a child who has been traumatized. This trusting relationship comes as a result of proper use of play therapy and narrative approach in pastoral counseling.

From the above understanding of play theory, the researcher can generalize by saying that play comes in a variety of forms. It is a very general term which refers to games, music, art, rituals, images and symbols, drawings and paintings; it even goes beyond what is physical, or what can be seen with the naked eye. Play is a kind of media which helps a person to communicate with the universe and its environment. Play is part of what we are. Our body mechanisms are always in activity and play. Therefore, playing is a natural reaction with which a human being has been created.

As discussed above on play, using art with children in counseling is very similar. Art comes naturally to children as a way of communication as we have seen with play. Art is the way of expression Art involves drawing, painting, singing, making images and symbols. Lester points out that, “Children are natural-born ‘artists’, as any parent can confirm” (1985: 97). Children are creative beings who can express themselves more freely in art with what is going on in the inner world, what they feel and experience. Children can tell their stories freely through art and play. All these methods of play and art are very important in pastoral care with children.

Play and art in a narrative approach in combination become applicable in the process of this study. Therefore pastoral counseling looks, explores and examines approaches that are more applicable and are holistic in nature. This study looks at a new model that will contribute to the field of practical theology and particularly to pastoral counseling with OVC in the African context.

3.2.12 Definition of terms that encompasses narratives

The following definitions of the terms that will be used in this research are hereby explained according to the *Cambridge Advanced Learner’s Dictionary* (2008). This will highlight what is

meant with the terms, and how they are going to be used in this research thesis. Suffice to say that these definitions are introducing the terms that have been used in this research thesis.

- **Stories:** A story is “a description, either true or imagined, of a connected series of events,” in other words a story is an account or report of some events. Everyone has a story, and we are the story because our life and experience is a story by itself to tell and hear. Children also have stories and they love stories, whether fiction or non-fiction.
- **Proverbs:** a proverb is “a short sentence, etc, usually known by many people, stating something commonly experienced or giving advice.” It is a short clever and wise saying, or catchphrase. The synonyms of proverbs are such as aphorism, epigram, idiom, and saying. The *Microsoft Encarta Encyclopedia Standard 2006* writes on proverb as a “concise statement, in general use, expressing commonly held beliefs and received ideas. Most proverbs are rooted in folklore and have been preserved by oral tradition.” For example, the Bible has several proverbs such as, “An eye for an eye and a tooth for a tooth.” In Tanzanian context, proverbs are being spoken and taught from home to school. Children learn proverbs from their grandparents, parents and their colleagues. Proverbs in Tanzania are part of the way of life.
- **Riddles:** a riddle is “a type of question which describes something in a difficult and confusing way, and which has a clever or amusing answer, often asked as a game.” In Tanzania riddles go hand in hand with proverbs. They are also being spoken or learned from childhood. They teach children to be creative and thinkers about life.
- **Metaphors:** a metaphor is “an expression which describes a person or object in a literary way by referring to something that is considered to possess similar characteristics to the person or object you are trying to describe.” For example, “the mind is an ocean”, or “the city is a jungle”. Metaphor and simile are figures of speech which are used everyday and by all people regardless of the age. Metaphors can be in the form of symbols, allusions, figuratively, idioms, and imagery (cf. *Microsoft Encarta Encyclopedia Standard 2006: CD Rom*; *The Concise Oxford Dictionary 2001: CD Rom*).
- **Sayings:** a saying is “a well-known and wise statement, which often has a meaning that is different from the simple meanings of the words it contains.” Synonyms of sayings are aphorism, adage, and proverbs.
- **Poems:** a poem is “a piece of writing in which the words are arranged in separate lines, often ending in rhyme, and are chosen for their sound and for the images and ideas they suggest.” The

Microsoft Encarta Encyclopedia Standard 2006 defines poetry as a “form of imaginative literary expression that makes its effect by the sound and imagery of its language. Poetry is essentially rhythmic and usually metrical, and it frequently has a stanzaic structure. It is in these characteristics that the differences between poetry and other kinds of imaginative writing can be discerned.”

- **Songs:** a song is “usually a short piece of music with words which are sung.”
- **Symbols:** a symbol is “a sign, shape or object which is used to represent something else.” For example, the heart symbolizes love, or water symbolizes life. It is “something that is used to represent a quality or idea.” Symbols can be objects, words, colours or patterns. They stand for something other than their basic idea.
- **Images:** an image (mental picture) is “a picture in your mind or an idea of how someone or something is.” It is “the way that something or someone is thought of by other people.”
- **Play:** play is an “activity that is not serious but done for enjoyment, especially when children enjoy themselves with toys and games.”
- **Art:** an art is “the making of objects, images, music, etc that are beautiful or that express feelings.”
- **Games:** a game is “an entertaining activity or sport, especially one played by children, or the equipment needed for such an activity.” For example, the indoor games (ie board games, playing cards, computer games, etc). The outdoor games (ie football, hide-and-seek, netball, playing with marbles or baked clay, etc). The *Microsoft Encarta Encyclopedia Standard 2006* adds on children’s games saying that “play is thus a learning process and a means of adapting to or coping with life situations”.

All these terms are very common in the African context. As one says it is their “unwritten Bible” (Healey & Sybertz 2005: 28). They are very common in everyday speech. It is the way of conversation and communication. It is the ways that are respectful to the African tradition and culture. It is the wisdom the foreparents left for people and must be continued from one generation to another.

A narrative approach uses different kinds of language and various terminologies or definitions. This broad understanding of narratives helps a person to be more equipped with the richness of

vocabulary and terminologies that will help a person to understand narratives broadly. Narrative is a general term in which these above terms are included or used. These terms help a person to use them in presenting his/her experience and how he/she understands the world. They are the ways of telling the stories in different ways and it is therefore important to understand them in terms of such of general definitions.

3.2.13 Why is narrative important in this particular research?

Narratives (stories) give a sense of direction for life. Stories give hope and identity. People live, are formed and guided by stories. It is the way they communicate with God and their neighbours. The biblical stories and especially the Gospel stories give a new direction as they integrate them practically with their own stories and life experiences. Narrative pastoral counsellors try to participate in creating and interacting with telling and listening to stories of life. It is pointed out that, “story-telling is the natural focus for theological reflection in Africa. It is a theological method that comes from below” (Shorter 1998, cf Healey & Sybertz 2005: 22).

Narrative theorists assume that children can tell their stories more freely, directly or indirectly through play. A good story is one which can be narrated and acted well. Geldard points out that “one very important way for the counselor to help the child change their view of themselves and find ‘exceptions’ is through the use of metaphor combined with some creative media such as art or clay” (2002: 115). McMahon stresses that “play techniques, especially drawing and painting, and the use of stories and fantasies...help children to express their feelings, of profound anger as well as of sadness, and to begin to accept the irreversibility of death” (1992: 143).

When people tell their stories it is natural that their imaginations create a picture of the time and events. Stories are narrated in a form of play, symbols or images. Our stories are not empty narratives with blank pictures. It is here where the researcher finds a connection of narrative approach with other therapeutic methods, such as family systems, psychoanalysis, and play theories in counseling.

With suitable media and activities, “we believe that the most important part of any counseling process with a child is to help the child to tell their story” (Geldard & Geldard 2002: 42).

Methods of observation, active listening, good questions, good relationships and appropriate media are most important in working with children. These are the ways in which the children will find it easier to talk and tell their stories. Counselors need to find that kind of relationship where the situation of a child becomes easy for him/her to tell the story no matter how hard and hurtful the story is (Geldard & Geldard 2002: 100).

Counselors need to find ways and skills that will make it easy for children to tell their stories and accompany them in their journey of exploration by using proper media as has been suggested above, such as play or any other type of arts (Geldard & Geldard 2002: 49). Theologically this means that narratives are the raw material for a healthy relationship with ourselves, others, the environment and God. It is noted that a “story gives identity” (Robertson 1990: 41-43).

In summary I can conclude that the narrative approach is the way people live through their stories. A narrative approach helps us to listen to the stories of people in their struggling journey through life. Therefore, stories of our lives (narratives) are very important in understanding who we are, how we relate to each other, and how we relate to the whole creation and to God.

3.2.14 Narrative approaches to/in pastoral counseling

For theological literature on narratives some of the prominent figures who have influenced my research are C Gerkin, (1984), D Capps, (1998), DJ Louw, (1998), BD Dinkins (2005) and J Healey, and D Sybertz (2005). But there are others whose contributions I also respect and I will discuss their views in pastoral counseling.

A narrative approach as it has been expounded above can also be applied in pastoral counseling. Pastoral theology borrows some of the technique from narrative theology and in this case African narrative theology, but more specifically African narratives in pastoral counseling. It is a kind of theology which uses the basic knowledge of people in their daily lives. The traditional cultural life of African people bases their way of life in stories, dreams, proverbs, riddles, myths, symbols, images and songs. Therefore pastoral theology needs to apply the “theology

from below” to respect the African narrative way of living; for “story-telling is the natural focus for theological reflection in Africa” (Shorter 2004: 63-64).

Recently, theologians have also used the concept of narratives in analyzing the biblical theology. There have been several discussions and arguments on how narratives are relevant to theology. Therefore, the term “narrative theology” has been in argument for some time now, whether it is relevant or not. It is pointed out that, “narrative theology is a current movement in theology gaining widespread attention” (Robertson 1990: 33). Still narratives have been seen to be an important aspect in theology despite its criticism by other scholars who say that the phrase “narrative theology” is a contradiction because in one aspect it is known that the story is “the raw material for theology” (Robertson 1990: 34). It is then my understanding that narrative theology with its components is very important in order to understand God and ourselves. In the same way that narrative therapy can be used in psychology, it can be used in practical theology too.

Caution is needed when people use the term “narrative” in theology or in pastoral theology. The theology of story is very important for the pastoral counselors and is a valuable resource for counselors, but it must be borne in mind that stories are not beyond criticism. Stories can be painful, sometimes people cannot know where to begin and where to end, and also stories can be deceitful. A narrative approach can sometimes be limited or deceived and that is why a practice of a “hermeneutics of suspicion” should be applied (Robertson 1990: 41). A narrative approach is not just a matter of listening to stories, but also how to listen. It is commented that, “stories are told not just through straight narratives of events, but also through dreams, associations, pictures, or even fictional stories told about pictures” (Robertson 1990: 35).

The narratives (life stories) are important as they are an appropriate medium which shows human self, identity and experience. It is the way human beings discover the self and God. Discussing the nature of revelation where God reveals His self, it is further noted that history and memory are such important elements in the community or any society. History and memory make people who they are, whether in Christianity as Christians or in the African culture as Africans. That becomes our identity as Christians or Africans (Robertson 1990: 37).

A narrative approach seeks to understand people in a non-judgmental respectful conversation as it is being played in various stages of life. The stories should not be repressed; they are an important step in the growth of a person. “Therefore, to tell one’s story may be an important step on the way towards the resolution of the problem, and the growth of the person beyond (or out of) the story” as Robertson puts it (1990:38). It is the way of transformation or wholeness of a person. It is what God intends for His created beings of becoming whole psychologically and in health. It is the will of God.

It is the responsibility of a pastoral counselor to be a curious listener and not as an expert or someone who knows things ahead of a client. A counselor and a client are both becoming “archeologists of hope” who try to reveal the stories that are untold. As Walker-Jones says,

Narrative work takes a position of relentless optimism, believing there is always another story that may disclose God’s work and invitation. When a person or a group expresses pain or hopelessness, the minister’s challenge is to listen for shards of alternative stories, stories that can be assembled into narratives of hope and the realization of God’s dream (www.divinity.duke.edu).

Pastoral counseling as in other fields in counseling, face challenges in its practices. Pastoral counseling is not static in its theory and practices; it is necessary to find more ways and means of developing it into a full suitable wholeness as God leads His church and her ministry in the changing world of different cultures and backgrounds.

One of the pioneers in the struggles of the pastoral counseling profession is Charles Gerkin (1984). He points out some of the challenges in pastoral care and counseling that have lost its identity of Christian faith. He calls for more spirituality in what he calls new interpretation and meaning of human life. This is the model of hermeneutics in “the living human document,” which brings about healing and wholeness (1984). The above assumptions mean that the life of a person is a story in itself. It is the art or skill that every person has been born with, that all people have a story and they always bring it out in different ways as they commune and contact other people and the universe. People can tell their stories in so many different ways, through images, symbols, pictures, and play, through verbal and non-verbal ways and action.

In his book, *The living human document: Re-visioning pastoral counseling in a hermeneutical mode*, Gerkin points out that,

From very early in life, even as early as infancy, the developing self is presented with the necessity of making interpretations of what is experienced. Even before there is language this is the case. The “story” of an individual life begins with the earliest experience of being a self separate from other selves. Drawing upon the images and language of culture as transmitted by parents and other significant figures, the self slowly develops a myth or story by which all experience is interpreted. From that mythic story new experience is anticipated and given meaning (1984: 20).

The story of self or of an individual is what Gerkin calls the “hermeneutical theory” of self, where the pastoral counselor stands as an interpreter of the human life and experience in the light of Christian tradition. A pastoral counselor does all these with all the humility and respect towards an individual’s narratives (Gerkin 1984: 20). “Each of us has a story that is ‘the story of my life’” (1984: 112). This notion implies that a person is a story him/herself. People live in stories where Gerkin quoting S Hauerwas asserts that, “a story as other narratives tries to connect and reconnect with all the events and experiences people go through. Narratives give special intervention with our daily life’s problems and challenges. It is a way that enriches our minds and our humanity to live a life that is more meaningful” (1984: 112).

In general a story is divided and developed into four categories: setting or atmosphere, which “include not only time and place boundaries, but also the givenness of certain values or expected behaviors, violation of which may be expected to bring guilt or blame” (Gerkin 1984: 113). Plot is “that embodies a sense of beginnings, a continuing story line, and a more or less problematic ending” (1984: 114). Character, this “refers both to the individual’s own self-characterization and the characterizations assigned to significant persons in the life story. Characterization is the product of both imagination and behavioral profile” (1984: 114). And tone which “suggests the quality of stance or standpoint from which the narrative is related” (1984: 115). It is important to comment that the pastoral counselor to life stories must give close attention to all four aspects of a story in the course of counseling.

When people hear or tell stories, they discover who they are. The stories hold us and mould us. Stories are part of what people are, our wisdom, virtue, hope and meaning are the result of how they tell or hear and understand our stories. Wallace clarifies the point by saying,

We live the life of faith in and through stories that testify that God is real, that growth is possible, that hope has meaning, that none of our suffering and none of our failures will ever finally destroy us, that nothing can separate us from the love of God (Wallace 1999).

Stories make the meaning of our lives, but also stories show what they value and honour in our communities or in our lives. Stories are the joining factor from one person to another, or from one community to another, but also from past to present life. Stories create the identity of a person or who they are as a community. Furthermore, stories bring about healing, meaning, hope, love, peace and harmony in our communities (Wallace 1999).

In this case a pastoral counselor is responsible for understanding and interpreting what is going on in a person's life. Conversations and dialogue are pastoral tools that help a pastoral ministry to find meaning and purpose in someone's life. Therefore, listening carefully is an important factor for pastoral counselors, it is an act of will, being aware and sensitive to patient's needs such as values, trust, and other rights help the process to healing and wholeness (Boyd 2003: 347).

A pastor is looked on as an interpreter of someone's life experience (Gerkin 1984: 34). Gerkin continues to highlight that pastoral counseling is about understanding a person with what is going on in their life and trying to find proper ways of conversing with the person in the light of the Gospel of Jesus Christ. Communication in all directions of our life is such an important tool in making life more meaningful (1984: 57). Finally, Gerkin, with whom I concur, hopes that an individual or self should act,

As interpreter of its own experience and of the life of the soul as that arena in which the self's interpretive process must find whatever resolution is possible to the force/meaning dynamics of human existence in the context of its life in God (1984:116).

Capps (1998) in line with Gerkin, argues that pastoral care and counseling in congregational context must be done in the awareness and sensitivity of a person's life story for the goal of developing a new alternative story of hope and healing. These stories have been in people's lives for many years and up to the present. The stories are the same as people read in the biblical narratives, especially in the Gospel accounts. Capps is emphasizing using art that will facilitate

the power of suggestion, listening and understanding, identifying, and using a positive communication that will bring about new understanding and a healthy relationship.

Daniel J Louw (2003) in his book, *A Pastoral Hermeneutics of Care and Encounter: A Theological Design for a Basic Theory, Anthropology, Method and Therapy* speaks about models which can help pastoral care to explain the meaning of life experience according to the Gospel. Louw is aware of the present challenges facing pastoral theology. The quest for spirituality and meaning of life in post modernism has filled people's minds. Postmodern concept is a worldwide phenomenon which comes as a consequence of globalization, even within the ministry of the church in Tanzania. The longingness of people in Tanzania in general can be looked at holistically to suit the needs of people in times of crises.

Louw (2003) therefore challenges pastoral ministry to change for the better. He looks at different models which have been used for a period of time for counseling in pastoral ministry and the church to widen the horizon of its ministry. It is from that dimension that he fills the gap which he thinks is missing in the present time in ministry. Louw looks for a better interpretation of the Gospel which will suit peoples longingness and yearning in their social and cultural context of life meaning (2003: 1-12). It is in this understanding of Louw that the church can better work with OVC, where these children will ultimately find ways of healing and coping.

One of the models Louw (2003: 15) is using is "interpretative story-telling, listening and assessing." It is the model which is more suitable for children and adolescents. It is a model which involves play in which a counselor can hear the story of a client. It is the model which can help children to tell their stories through playing. In playing children find ways to tell their repressed memories in a free and open space. The repressed feelings come out in consciousness and through play media, children are able to talk and speak out their needs and feelings freely. The story-telling becomes a way for healing and coping.

I agree with Clinebell (2004) who also calls for transformation of pastoral counseling by challenging pastoral ministry "to develop and test new theotherapeutic methods which use the symbols, stories, archetypal images and other resources of our biblical, historical and liturgical

heritage directly in counseling and growth facilitation” (2004: 183), which are so relevant to the model to which I refer.

When it comes to the African view of pastoral counseling people need to move away from the western worldview of individualism (client-centred) and liberalism in their approach to Gospel and therapy so that it fits our African context. Kiriswa adapts and integrates two models of therapy in counseling PLWHA, the client-centred approach¹⁹ and cognitive approach²⁰ to suit his context (Kiriswa 2004: 89-91). Berinyuu also sees that African psychotherapy can be integrated with the western therapy despite the differences that might be present (Berinyuu 2002: 20). Therefore, this is the approach (ie integration of models) the pastoral counselors can adapt to make the pastoral counseling ministry effective according to the context of the people.

When it comes to story-telling, Mucherera provides five issues in an African context of pastoral care, one of which is narratives. He writes, “narratives (stories) come naturally to most Africans...In some cases, the narratives may be presented in the form of a traditional fairy tale, story, or sometimes...proverbs or sayings” (2001: 172). People are the compilation of stories, the stories that make us humans. People are all directed and guided with stories and they live in a world full of stories, music, art, symbols and play. Through narratives people can communicate to each other and to God. God created human beings in the form of a story and our entire environment is surrounded by stories. Stories are the means of communication with the universe (Dinkins 2005: 14-16). Dinkins quotes saying, “we dream in narrative, daydream in narrative, remember, anticipate, hope, despair, believe, doubt, plan, revise, criticize, construct, gossip, learn, hate and love by narrative” (2005: 17).

¹⁹ Client-centred approach is that, “individuals have within themselves vast resources for self-understanding and for altering their self-concepts, behaviour and attitudes towards others” (Kiriswa 2004: 89-90). The founder of this client-centred psychological model was Carl Rogers.

²⁰ Cognitive approach according to psychologist Ellis contends that a human being has the power to control his/her destiny by disputing his/her irrational beliefs (Kiriswa 2004: 90).

Dinkins challenges the pastoral counselors to engage in narrative conversations in their ministry. He sees that there is great connection between biblical narratives and narrative counseling. Dinkins points out that,

the role of the narrative pastoral counselor is to create an environment in which people can tell their stories, feel their pain and their joy, and then discover their competencies and their faith in God who is the author and finisher of all our stories (2005: 39).

Developing good relationship is vital in narrative counseling. Good relationship will promote dialogue that will create good story, new meanings and new alternatives (2005: 33).

In summary we have seen that a narrative approach is practicable in pastoral counseling as an effective way in the pastoral ministry. But the challenge is that, will these scholarships help the researcher to apply it in his own context of OVC in Mbeya, Tanzania? What will this new research contribute to the existing scholarship field, especially in practical theology? Is it about the new model/s, theories, instruments, or data which have been discovered?

3.2.15 Narrative approach in pastoral counseling with OVC

The method of narrative approach in pastoral counseling with OVC is closely related to an African understanding of sickness and healing. The method is very effective for it is very close to the African way of living. The African way of living is built upon stories, images and symbols. People live in groups as communities or in villages; they work together when there is a meeting, farm work or any crises in the village.

Bate sees the need of inculturation in the whole process of healing in different cultural contexts. He says, “healing and illness are always affected by culture” (Bate 2004: 72-73). He continues to say that, “In African traditional culture, healing is always about the restoring of human life” (2004 :73). In the case of HIV and AIDS people should understand that this problem needs a solution, probably of not curing it, but of healing and coping with it. Most of the problems of HIV and AIDS are not about the disease, but about social stigma, condemnation, and prejudices in our societies. This kind of attitude towards people living with HIV and AIDS (PLWHA) has created more problems such as hopelessness, desperation, shame, guilt, fear and anxiety. These are the main problems that need to be addressed and dealt with. Healing of these problems is

more important than the disease itself. Healing is concerned with the whole totality of human health and his/her being, but cure is only dealt with scientifically (Bate 2004: 78).

When it comes to healing, the African worldview should also be put in perspective. Healing and health are not just physical, they also have to do with mental, physical, spiritual, social and environmental harmony. A person is expected to be at peace with the whole creation and this is what is known as wholeness in a person (Mwaura 2004: 66). Mwaura agrees that, healing in the African context must be taken seriously otherwise there is no any progress and the wellbeing of the society (:67). Therefore is emphasized that,

Pastoral care must liberate itself from its dominant middle-class, white, male orientation and become more inclusive in its understanding, concern and methods. It must become transcultural in its perspective, open to learning new ways of caring from and for the poor and powerless, ethnic minorities, women, and those in non-western cultures. On a shrinking planet, our circle of consciousness, and caring must become global (2001: 17).

The above quotation emphasizes the importance of every cultural heritage in this postmodern time. The church and particularly the theologians should do away with prejudiced minds. The church should work together in order to destroy the common enemy which is devouring the world, HIV and AIDS. As Africans or Westerners, people should all be transcultural in their perspectives on how to deal with different issues they have been facing. People can only eliminate or at least minimizes the risks of HIV if they work together as one world, despite the differences they may have. One of the unifying instruments or objects for the whole world has been the WCC which has been upfront regarding many worldwide issues, such as fighting against injustices, wars, racism and HIV/AIDS.

The WCC has been highlighting the HIV and AIDS issues since the 1980s. This ecumenical movement has been in the forefront in responding to the issue of HIV and AIDS in different ways. Several publications have been launched to help different communities and people in responding to the pandemic of HIV and AIDS. The WCC established the *Ecumenical HIV/AIDS Initiative in Africa* (EHAIA), which works with the churches in sub-Saharan Africa to fight AIDS. They have also launched a CD Rom, which offers resource material for churches and communities.

In response to the challenges of HIV and AIDS it is also important to notice the impact of deaths, which leaves many children suffering from psychosocial problems. One of these problems is grief from the loss of their parent/s. In this time of grieving it is important for the church or pastoral counselors to respond in proper ways in order not to further harm or hurt the children. Therefore, a proper process of grieving for children must be carefully considered.

The grieving process in the situation of OVC is very important. Several works have dealt with issues of grief in children, which must be consulted in the process (eg Switzer 1974, Jackson 1985, Williams & Starzl 1990). Switzer says that, “the whole family, including the children, must be led in grief counseling to a realignment of roles as a necessary adjustment to loss” (1974: 154). This is an important step and process as we work with children who have been affected with and by HIV and AIDS. Due to the death of their parents, the children have been experiencing great loss and grief and the church or society as a whole should look at ways to work with such children and their psychosocial problems.

The WCC is upfront in the struggle of making sure that the church is a safe place for all people who are affected with and by HIV and AIDS. This includes children living with HIV and AIDS and orphans in particular. The WCC has published several documents and other media to affirm that the church responds to the challenges of HIV and AIDS. The church has been called to be a healing community for every person. In one of the documents it particularly stresses that, “we ask the churches to give particular attention to the conditions of infants and children affected by the HIV/AIDS pandemic and to seek ways to build a supportive environment” (WCC 1997: 94).

It is pointed out in *Facing AIDS* that the church or society as a whole should create “safe spaces” for people, and in this study particularly the children, to be able to tell their own stories in their families and where they belong in the church and society. This openness and freedom of people telling their own stories according to the events and experiences opens the door to healing and resilience for an individual and the communities as whole. The church has been called to bring such stories of good news (the Gospel) to all people who face different kinds of

problems and challenges of life. The Gospel is about faith, hope and love to all people who have been desperate and tired of this life in this world. The Gospel should open the door to the alternative stories that are empowering (Osborne 2005: 3).

Another aspect of the WCC is its contribution to pastoral care and counseling with PLWHA. The WCC emphasizes the issue of education so that every person gets proper information on HIV and AIDS, including human sexuality and gender issues.

The WCC indicates the goal of AIDS counseling as twofold: “to help infected persons come to terms with their situation; and to promote coping strategies for the infected and the affected, including preventing or reducing HIV-transmission” (WCC 1997: 85). This is a way forward in this particular thesis. I am trying to look for ways and models that can accomplish this goal and be more effective in this ministry of pastoral counseling with OVC.

3.2.16 Narrative pastoral counseling to/with OVC: the way to resilience

It is the responsibility of the church to make sure all the OVC are being taken care of for all their needs and problems. The church needs to find ways to help such children with many problems. The children are overburdened with many things in their life, for which they need support from the church and the society as whole.

The loss of their parent/s, grief, fear, anxiety, despair, anger and playing up are just some of their burdens. Shelter, food, medicine, clothing and school fees add to their psychological and emotional problems. When a child misses school because of the school fees or clothing, the child gets angry and begins playing up. Therefore, it is good for the church to make sure that the response is both psychological and spiritual, but also physical. Then what does the church need to do? They need to find some concrete strategies on how they should help the OVC holistically.

Children are people just as adults are. Whenever they experience a loss, they must be given a chance to grieve and the loss they are experiencing needs to be acknowledged. The process of grieving differs from one child to another. Some grieve through writing, some through singing, or talking to themselves. Some of the children grieve through playing games, art, or through singing, but also some older children can express their feelings orally by telling stories. All these ways help a child to stay in control over the life events (Cook, Fritz & Mwonya 2003: 96-97).

As has been pointed out, OVC are people just like all the others. Children if given an opportunity and freedom to express their feelings and emotions, can tell their stories and reveal their needs. One of the ways which I have found working with the OVC is the narrative approach. A narrative approach gives the children an opportunity to express their problems and needs in a non-threatening situation; it gives them an opportunity to see themselves as people who have their own identity and self-esteem. They find themselves to be respected by the society, and therefore, healing and growth happens as a result of finding ways of coping with the entire situation they are facing in life. Narratives become the “means of communication for those people whose voices are not often heard” (Cattanach 2002: 7), such as children, especially the OVC.

A narrative approach by means of stories, proverbs, riddles, metaphors, play and images are natural ways of life and experience to most African children, because they have been part of their life from generation to generation because their elders passed their cultural practices orally to their children. Narratives work very well with African children from their early childhood. There is great wisdom in telling stories, where people are being directed to be responsible and to understand the ways of life and in dealing with life issues, whether there is a crisis, disaster, calamity, illness, or any problem in the society.

Children know how to tell their stories of their life, the background of their families, and their life in general. These children can tell the stories in many ways, sometimes they tell them orally, but also through writing or drawing and painting, and sometimes through playing games. Through these media the counselors must learn how to counsel children about HIV and AIDS, understanding the context of the children. A counselor must understand the basic

communication skills on how to interview the counselee who has been affected by and infected with HIV and AIDS. Moreover, the counselor must also understand how to counsel a child to cope in time of crisis, such as loss, grief, guilt, shame, anxiety, low self-esteem, anger, denial, severe depression and suicidal attempts. The basic skills a counselor must have when counseling children are good interventions which will ultimately build trust and good relationship. Sensitivity in attending to a child is also crucial in understanding a child. Respecting a child as a person, direct eye contact with a child, and closeness to a child are other important skills a counselor should have. Active listening and asking good questions open up a way of deeper understanding of a child. Empathy, openness, and sincerity are also very important in helping a child in building up resilience, hope, and balance in life.²¹

Children who have been infected with and affected by HIV and AIDS in various ways need to be helped by a counselor in different ways. First of all a counselor needs to keep in mind the child's age and developmental stage. Most of the children are not good at expressing their emotions and feelings by talking. Children need good guidance, leadership, and special ways of understanding and communicating with them. I concur with Van Dyk who gives us eleven creative ways to communicate with children. In short these are story-telling from a child, mutual story-telling where both a client tells a story and also a counselor tells a story which is a positive or an alternative story. Bibliotherapy is another way where a child is given a book to read and explore the meaning he/she got from it. Dreams, "what if" questions, three wishes, rating game, word association game, sentence completion, pros and cons, and non-verbal techniques are also good ways for a child to express his/her feelings (See Van Dyk 2005: 233).

There is social alienation and stigmatisation of OVC in the society of Tanzania. Story-telling is one of the ways or interventions that is very important in working or counseling the OVC. The pastoral counselors or the church need to encourage the OVC and all who are involved with them to see the problems as outside of the child (the process of externalization). The AIDS orphans need to "experience their own identities and their problems as separate entities, rather

²¹ To read more on HIV/AIDS counseling, which is not my main concentration here in this thesis, I recommend a good book by Alta van Van Dyk, *HIV/AIDS care and counseling: A multidisciplinary approach*. Third edition. Cape Town: Pearson Education South Africa, 2005.

than seeing their alienation and ostracism as being the result of characteristics inherent in their personalities” (Pillay 2003: 111).

The church and society as a whole need to open doors for the OVC so that they continue to feel that they are belonging somewhere, despite the loss they are experiencing. The children would like to see a strong bond between them and the church. They would like to see that they are connected, remembered, respected and comforted in all their stages of life as they grow into maturity. By the way of memory book or memory box (See Cook, Fritz & Mwonya 2003:98. Also see in Denis ed 2005) where they can put some photos, family trees, history, and other information like stories or favourite things, the children’s identity and self-esteem will reassure them of their belongingness with their family members who have passed away. It is a way of enhancing resilience in children’s lives.

Theologically the narrative approach gives a sense of worthiness, forgiveness, grace, love, identity and hope for the children. When the children tell their stories in different forms such as through play, proverbs, songs, drawings, images, and symbols they find themselves engaging in life that empowers, strengthens and revives them. Narratives are the medium that joins children’s souls with the higher being, God. Dinkins says narratives “are the primary means of communicating the Christian faith” (2005: 14).

In another way we can say that narratives are one of the spiritual and psychological interventions for OVC. Whenever children tell their stories, or sing, they are expressing their deep feelings and their needs. These interventions help the children to stay away from playing up, from anger, fear, sadness, low self-esteem, and other negative behaviours. Story-telling, songs, proverbs, games, and other arts are the ways of intervention for children, which in Tanzania come naturally and they do not need any professionals to teach them. Moreover it is the intervention which is easy and a resource that is cheap to use in our African context. As one has correctly put it saying that,

One has to only examine the centuries-old African tradition of story-telling, a frequently used method of healing for the people of the African diaspora and one that could help the continent’s children orphaned by AIDS cope with their grief and other psychological challenges (Pillay 2003:108).

Denis points out that, “in traditional African societies, story-telling was an established practice. The children heard family stories from the mouths of their grandparents” (in Denis ed 2005: 52). In Singhal and Howard it continues to say that, “story-telling occupies a natural role in many African cultures and is therefore a potentially appropriate intervention strategy for AIDS orphans” (Cook, Fritz & Mwonya 2003:109). This means that stories are important in the healing and coping mechanism for an individual or a group. Narratives are therefore one of the intervention ways for OVC (cf Cook, Fritz & Mwonya 2003: 109).

A narrative approach through story-telling, metaphors, proverbs, music, and art is an intervention which I have found to be non-threatening, respectful, and in which the children find themselves free and open to tell their stories. Stigma and social isolation, guilt, fear and anger can be intervened through this approach. The approach allows a child the freedom to see that they are accepted, respected, and identified as normal people, who do not need to be alienated, isolated and discriminated. The Bible clearly speaks about love and compassion to children and those who are separated or rejected or looked down on in society. Jesus held children in very high esteem, in one instance he told his disciples,

Truly, I say to you, unless you turn and become like children, you will never enter the kingdom of heaven, whoever humbles himself like this child, he is the greatest in the kingdom of heaven. Whoever receives one such child in my name receives me; but whoever causes one of these little ones who believe in me to sin, it would be better for him to have a great millstone fastened round his neck and to be drowned in the depth of the sea (Matt 18:3-6 cf Matt19: 14; 21: 16 See also James 1: 27).

A narrative approach is a two-way traffic; it is done in collaboration and relationship between the child and the counselor. It is in this relationship where the healing happens. The approach or strategy itself cannot be meaningful if the love and good relationship is missing between the child and a counselor. It is in this relationship where God the Holy Spirit stands in between as a mediator, a counselor, and a reconciler. When we hear and tell and retell the stories, we re-author and find the alternative story, the story that brings purpose and meaning to the lives of people.

3.2.17 Skills and methods of narrative approach in pastoral counseling with OVC

Different skills and methods of narrative approach can be applied in pastoral counseling. As it has been noted above, the methods are not as important as relationship and understanding. All methods in narrative approach should lead people to an alternative story of a hopeful future and wholeness, no matter which way people take to reach there.

An open and sacred space is vital for fruitful conversation with children. This method will allow a space for good relationship. This method invites the presence of the Holy Spirit to be between the counselor and the client. The power and guidance of the Holy Spirit will allow time for both counselor and client to feel comfortable to tell and listen to the stories freely. The questioning will be at a suitable time and place. Both the counselor and client will be able to play their stories on safe ground.

Methods like observation, active listening, good questions, good relationships and appropriate media should be taken into consideration as pastoral counselors for children. A narrative approach is more than logical analysis where you analyze things step by step. A narrative approach is “expect the unexpected” entering in a conversation with children with a “not knowing” attitude. A pastoral counselor in this uncertain conversation uses open-ended questions to find more of the story told and retold for a hopeful alternative future story.

Observing, listening and telling the stories require skills of attention, empathy and non-judgmental attitude.

The process of a narrative approach in pastoral counseling is not so much with the techniques or formulas of some series of “ABC” methods. The most important steps in working with OVC in pastoral counseling using narrative approach is the space that is open to positive relationship and communication. In summary, the narrative process (Dinkins 2005 and Elliot 2005) should include the following things:

- Building a good relationship
- Telling and listening to stories
- Asking good questions (ie when, how and what)
- Active and creative listening

- Using proper media (ie games, play, and art methods, etc)
- Having the “not-knowing” mindset or approach
- Externalizing the problem
- Naming the problem
- Deconstructive listening
- Reconstructive conversations
- Re-storying
- Closure or referral
- Confidentiality (ethics) and boundaries

The narrative process has also been summarized in what others have called the “MEET” process. MEET stands for **M**apping, **E**xternalizing, **E**mpowering, and **T**hickening an alternative story. MEET is explained in the following process:

1. **M**apping: the counselor and patient map the latter’s problem-saturated story
2. **E**xternalizing: the counselor follows the patient in externalizing the problem
3. **E**mpowering: the counselor and patient empower each other to deconstruct the problem
4. **T**hickening an alternative story: the counselor and patient become co-authors in recreating the patient’s story of hope and thickening this story with inside and outside witnesses (Landman 2007: 119).

I agree with this process of MEET, but it should not be taken as a formula for doing narrative counseling with children. The process is not an ABC formula. One needs to work through this in a natural way as it flows from a child and being reflected in a counselor. One just needs to be attentive and sensitive to see what is going on and not take the process in a rigid way, otherwise it might harm the positive relationship.

McLeod in *Qualitative Research in Counseling and Psychotherapy* points out that, “the key idea in narrative research is that people largely make sense of their experience, and communicate their experience to others, in the form of stories” He continues to elaborate that, “the central idea in narrative analysis is that the stories told by informants or research

participants can be treated as a primary source of data” (2002: 104). Finally, on the matter of narrative analysis, it is a way which stresses the way of making meaning through language or conversation we always have in life (cf McLeod 2002: 106).

The book, *Research in practice: applied methods for the social sciences*, points out that narrative analysis methods “are based on the assumption that all people construct and live a narrative for their lives” (Lindegger 2006: 464). The aim of the narrative approach is “to participate in a conversation that continually loosens and opens up, rather than constricts and closes down. Through therapeutic conversation, fixed meanings and behavior...are given room, broadened, shifted, and changed” (Feedman & Combs 1996: 44).

The narrative methods are used by several scholars because of their power for healing in counseling. The narrative theory shows that “people make meaning in their lives through the stories that they construct and the stories that they tell” (Daigneault 1999: 299). Through narrative theory the growth of the whole being is assumed and hopefully met.

Narrative is a way of understanding the way people think and live their lives. This kind of thinking and the way people experience life and other events depends on different situations and the environment or culture they live in. This environment or culture is what creates the values and belief system of every individual or society. Narrative is a method or an instrument in which people can know themselves and others. Self-identity and self-awareness can all be created in the realm of narratives. Therefore, narrative is a way to know each other in more meaningful ways as human beings with *utu*. Narratives direct to what is empowering and healing in a human’s relationship (Ryan 2005).

In a simple explanation the term narrative implies listening to and telling or retelling stories about people and the problems in their lives. People in nature are narrative beings who live as a story to be told and being retold. In the same way as others have mentioned before, Winslade and Monk assert well when they say that, “we live our lives according to the stories we tell ourselves and the stories that others tell about us” (1999: 2).

For narrative theorists the motto which most scholars share and emphasize about narrative therapy is, “the problem is the problem, the person is not the problem.” Morgan (2000:2) on this motto of narrative therapy points out that what is more important with narrative therapy is because it is not judgmental and it considers the importance of humanity (*utu*), it sees a person as worthy, creative, intelligent, and competent with his/her belief systems that can help a person to live a life of freedom and be victorious over the challenges of life.

In summary we can conclude that narrative theory is a way people live through their stories to find purpose and meaning for their lives. The strategies of inquiry with narrative approach can be summarized as follows:

- Life history research: personal life story, communal life story and God’s story.
- Case study research: detailed study of a person or group.
- Ethnographic research: scientific description of the different races of human beings
- Grounded theory: natural research

3.3 An adequate model of pastoral counseling with OVC

A model that the researcher is proposing to be an adequate model is a holistic one. It is a model which will incorporate the whole person as a narrative being. The model is holistic to work with OVC. It is first of all a comprehensive model which has taken several techniques from other models, such as family systems theory, psychoanalysis, narrative therapy, and play therapy (see Wimberly 1999:29). The model has integrated these different approaches and theories to fit in pastoral counselling, particularly in this postmodern time. The integrated model of narrative approach will be discussed in detail in Chapter Six on the new model which I hope will be an adequate model for pastoral counseling with OVC in Mbeya. This will come as the result of research findings and the data collected, but also after the data has been analyzed and interpreted.

3.4 Summary of the chapter

The chapter has tried to review different literatures that surround the study on a narrative approach to/in pastoral counseling with OVC in Mbeya, Tanzania. Different studies have been done to see what other scholars have found and written on the matter. Different theories on narratives from different fields were discussed and analyzed to accommodate the objectives which have been laid down. Different subjects related to this study such as theologies (different types of theology), narratives, human sexuality, HIV/AIDS, and OVC in a particular context were also discussed and analyzed. All these are aimed at finding effective and applicable methods and models for OVC in pastoral counseling. After going through different theories and approaches, I am suggesting the integrative models that are more effective in pastoral counseling with OVC. Therefore, it is hoped that this study will enrich the academic field, particularly in the practical theology department on how and what should be more effective in ministering or working with OVC in the African context.

CHAPTER FOUR

4.0 EMPIRICAL RESEARCH

This chapter is about the experimental methods which I have used for data collection and gathering in the research field. It is the chapter which helps the reader and I as the author to see the ways in which the objectives of the research will be met, collected and analyzed. Methodology is all about how to use different scientific instruments and procedures in collecting and analyzing the data. Therefore, this chapter is like a road map or the direction in which I will go about gathering the data and analyzing it to fulfill the research objectives. This particular research will rely on qualitative research. The methodology I have used is particularly important to this type of research and the objectives which I have mentioned previously. The methodology used in this thesis fits well within the field of practical theology in pastoral counseling with OVC in the African context of Tanzania.

This particular study is an integral one, because I am using different research designs or methodologies, but which are similar as in the process they are supporting one another. These methodologies are ethnographic research (case studies), participant research (PAR), and life history methodology (See Mouton 2001: 149 -152, 172 cf Mouton 2010). For this type of research one needs to be a participant (insider), because my conduct of research was broad in its approach.

4.1 Research design

The research design is defined as “a plan or blueprint of how you intend conducting the research” (Mouton 2001: 55). The design of the research in this thesis is an empirical study which “aims to provide an in-depth description of a small number (less than 50) of cases” (Mouton 2001: 149). The type of study in this research thesis is “exploratory” through case studies. According to Durrheim (2006: 44) with whom I concur, the exploratory research tries to

investigate an area in which there has been no other research. This is a free investigation which is more open and adaptable.

Case studies try to investigate particular individuals or groups in detail. It is the method which studies individuals or groups intensively through description and information about those individuals who have been chosen (Lindegger 2006: 460-461). This kind of investigation uses observation where the thesis statement is made with the assumptions already in mind. It is a kind of research where detailed investigation is being done for collecting the data and other clues to information along the way. This research design or type shows my way to and tries to answer my research objectives and questions.

Heitink (1999) also observes well when he says that explorative research is about forming of an idea or assumption which later becomes a hypothesis (1999: 230), or rather a “thesis statement”. Whether this hypothesis is tested or not, it is not necessary or important in this process or this kind of research. Explorative research emphasizes the explanation and interpretation of themes, concepts and ideas that emerge out of the interaction between the counselor and the counselee. Hopefully, explorative research will result in developing or creating hypotheses and models that are applicable in practical theology in particular.

It is pointed out that, “qualitative research can be used not only for exploratory purposes, but also to formulate rich descriptions and explanations of human phenomena” (Durrheim 2006: 45). Some of the characteristics of qualitative research are its flexibility in its open approach, especially when it comes to interviews and observations. There is a freedom of descriptions and interpretations of themes that emerges in the process of counseling or communication between the researcher and the participants. Qualitative research emphasizes the importance of the context in which the research is undertaken and the process is rather exploratory in nature and the whole process is wider than single events, as is the case in quantitative research (Dreyer 2007).

The theoretical approach the researcher uses is a social construction where a human being becomes an interpretive being using phenomenological and ethnographic methods such as case

studies. The mode of reasoning in this type of empirical research is more “inductive” where narrative methods are found, explained and evaluated (Mouton 2001: 149-150). Key ideas, concepts or principles of narrative method are used, which I then describe or interpret as issues surrounding OVC in the pastoral counseling context. As I work with OVC in Mbeya these concepts and ideas emerge in the process of interaction, interviews, observation and other processes used in the research field. Then these ideas and themes will be discussed and interpreted for the purpose of reaching the research objectives of the study.

As I am discussing the theoretical framework of my study, I agree with Kotzé and Kotzé (2001: viii) who state that,

We are committed to research that will not only contribute to the transformation of our society through care with the marginalized and disadvantaged, but also address cultural discourses and societal practices that promote injustices.

Commenting on the above statement, it is true to me that we must be part of the change we desire for our society particularly, to bring justice to the downtrodden ones. I am working with children who are marginalized and are at great risk of becoming vulnerable to HIV and AIDS, poverty, and other sicknesses. The African context should promote a theology which looks to liberate and empower such people. It is a theology that begins from bottom up (ie contextual theology).

As researchers, co-researchers, research participants, and all the people we work with, (ie academicians, pastors, leaders in different sectors, social workers, teachers, caregivers, children, parents etc), should work together for the benefit of individuals and the community as a whole. This is what the social scientists have called the participatory action research (PAR) in “which therapists collaborate with people in challenging oppressive discourses and negotiating ways of living in an ethical and ecologically accountable way” (Kotzé & Kotzé 2001: 8). My promoter, Prof CJ Hugo²² of UNISA, used to tell me the story of a chicken and a pig, where the chicken

²² Conversation with Dr CJ Hugo of UNISA, Pretoria, 6 April 2010

contributed the eggs and the pig itself was involved by giving its meat by being killed. In this kind of research we need to be involved and not just contribute.

Participatory action research (further: PAR) “aims to produce knowledge in an active partnership with those affected by that knowledge, for the express purpose of improving their social, educational, and material conditions” (Bhana 2006: 430). The authors continue to elaborate that PAR aims at empowering and establishing good relationships with people with whom we work. Furthermore, PAR attempts to make a social change and bring about transformation. It is all about open relationships with participants that will facilitate the improvement on individuals and the community as a whole (2006: 437-439).

The logic of a study in this research design (ie case study) falls into three categories as explained by Mouton (2010). The first logic in this study is the logic of contextualization where the cases are explored in great depth instead of generalizing. The mode of reasoning in contextualization (individuation) bases on the uniqueness and specificness of the case study. The second logic of reasoning in this study is discovery versus validation. Discovery (exploratory case studies) aims at explaining and interpreting the thesis statement and the objectives of the research. The third logic of a study is synchronic versus diachronic. The mode of reason on synchronic study is over a period of time. The study is interested in looking at a person in the way change occurs over a period of time, not just at a given period of time. It is a process of historical development over a period of time, life histories (Mouton 2010).

4.2 Methods of the research

The research methodology is qualitative research, which “tends to keep field notes as they participate in the field work” (Mouton 2001: 107). Qualitative research looks for ways to understand people in very natural ways. It is a way which tries to describe and analyze how people live from their natural habitations. It emphasizes how to do things through mostly the use of language instead of numbers or quantity. This is about the quality of how people live. This kind of research looks at the ideas, theories, themes, concepts and other ways to understand people for better improvement of their life (Mouton 2001: 161). In this kind of research you

become an insider. Therefore, the methodological approach in this qualitative social research as I relate to the world is being an insider.²³

In the book *Research in practice*, it is pointed out that, “qualitative researchers collect data in the form of written or spoken language, or in the form of observations that are recorded in language, and analyse the data by identifying and categorizing themes” (Durrheim 2006: 47). They continue to say that, “qualitative methods allow the researcher to study selected issues in depth, openness, and detail as they identify and attempt to understand the categories of information that emerge from the data” (2006: 47).

Mouton explains four domains of the research methods: Methods of selection cases, methods of measurement, methods of data-collection and methods of data analysis (2010). These are what are going to be explained below (such as interviews, observations, and sampling).

Qualitative research using interviews is very important in the use of narratives as Elliot says quoting from Weiss, because,

Interviewing can inform us about the nature of social life. We can learn about the work of occupations and how people fashion careers, about cultures and the values they sponsor, and about the challenges people confront as they live their lives. We can learn the meanings to them of their relationships, their families their work, and their selves. We can learn about all the experiences, from joy through grief, that together constitute the human condition (2005:19).

It is my aim that the case studies will generate and test the thesis statement which has been set out earlier. The information from individuals and groups was taken using audio tapes and note taking. These tapes and notes were then finally thematically analyzed as we will see in the following chapter.

²³ The concepts or instances of being an outsider, insider or the participant in research methodology are elaborated in one of the lectures of Mouton. For further reading see Mouton 2010.

In this thesis some case studies of children, about twenty-four (24), will be recorded in detail as they told their stories and as I observed them as a participant observer. In-depth descriptions of the cases will be explored and described. These cases were taken from the conversation counseling sessions, either one on one sessions, or sometimes in groups. I will also use the audio tapes and notes to write all that they thought and said to be helpful and interesting to them, and what I saw to be helpful in the course of our interaction and conversation. These cases will be used to verify the objectives and thesis statement, which have been set out by the researcher.

Another method I used is the focus group interviews, where ten or fewer children are chosen randomly for discussion on themes which emerged during case studies, interviews, or as I observed issues surrounding the children with their caregivers, volunteers and teachers at home, school and at the *Amani* centre. Themes or issues were picked up, explored, discussed and interpreted to find alternative meaning and purpose for the better development of a child physically and spiritually.

4.3 Population of the study (sampling techniques)

Sampling is defined as “the selection of research participants from an entire population, and involves decisions about which people, settings, events, behaviours, and/or social processes to observe” (Durrheim 2006: 49). By sampling we mean the representatives of some particular people from whom the researcher aims to draw a conclusion. How one chooses the representatives depends on the focus of the aim of the research question/s. The sampling may be randomly or non-randomly chosen. Specifically the sampling can be conveniently, randomly, and purposively chosen (Durrheim 2006: 50). The number will also depend on the nature of the research itself or if the aims have been reached and satisfied. This will also depend on the researcher’s access to time and money.

Sampling should make sure that the intended goal and objectives of the research are reached. Qualitative research is concerned mainly with the in-depth analysis and less so with statistical accuracy. Qualitative research aims at understanding things in naturalistic settings or contexts, even in the minimal selection of the representatives as a sample population.

In this research thesis, the population consists of children of age 12 to 17. I worked with more than 50 children in the FBO known as *Amani* centre. The children of both genders of that age were randomly chosen. Much of the data was collected during personal contact with each child. The number of children and their ages were chosen randomly to obtain a sample which is more manageable for the types of qualitative work I did, and for the depth of interview information I obtained. I knew that during the fieldwork the numbers of children in the sampling would eventually decrease due to life circumstances.

The type of children at *Amani* centre are known as orphans and most vulnerable children. The orphans are the children who have lost either one parent or both. Most of these children very rarely have support from their other family members. These children may become orphans because of their parent/s' death from HIV and AIDS, or they are orphans from other causes such as accidents, sicknesses and other natural deaths.

The most vulnerable children are the children who are at great risk of becoming vulnerable to other circumstances of life such as the risk of becoming infected with or affected by HIV and AIDS, becoming street children, becoming child labourers, and becoming the victims of rape and abuse. The other vulnerable situations facing these children are poverty and disease.

The children come from different ethnic groups such as Nyakyusa, Safwa, Kinga, and Wanji. They are also from different Christian denominations (ie Roman Catholics, Lutherans, Moravians, Tanzania Assemblies of God and others). *Amani* centre does not segregate the needy children because of their ethnic or religious backgrounds.

4.4 Data collection instruments and procedures

It is said that, "data is the basic material with which researchers work" (Durrheim 2006: 51). In this research thesis the data will be collected through observations and in-depth interviews. The analysis and interpretation of the data collection should verify the researcher's aims. Therefore,

the data should be valid and reliable despite the difficulties or differences and challenges that sometimes may arise out of these methods.

This thesis takes the profile of each child, which is kept from the beginning of the research to the end of the research, paying attention to their family history circumstances, school development, age and gender.

Interviews with the adults, caregivers/guardians and pastors took place in the centre's office or at child's home. These are intended to find the historical background of the organizations, the child, family history, success and failures of the ministry in the organizations. On interviewing, it is pointed out that interviews "give us an opportunity to get to know people quite intimately, so that we can really understand how they think and feel" (Kelly 2006: 297).

It is important to make sure that good planning ensures that the interviews are conducted in a manner that is ethically acceptable. That means the questions and arguments must be vetted before you embark on interviewing the children, especially the most vulnerable ones. Good planning for the interviews is crucial for several reasons, including timing and privacy, what to ask and what not to ask, when to speak and when not to speak, and other considerations. During interviews it is good to keep notes as you continue observing and conversing, these notes are known as "process notes" (Kelly 2006: 299-300).

Eighteen (18) in-depth case studies of 24 individual children²⁴ are used in the process of this thesis to verify the applicability of the narrative approach in pastoral counseling. McLeod asserts that narrative case studies rely on the use of qualitative techniques to elicit and analyze descriptive accounts. Ultimately, narrative case studies are concerned with making sense of the stories people tell about aspects of their experience (2003: 101). It is also described as "an in-depth description of a small number (less than 50) of cases" (Mouton 2001: 149). Kothari points out that, "case study is essentially an intensive investigation of the particular unit under consideration" (2004: 113). Therefore, the researcher is carefully observing and analyzing the case histories of OVC to find out the assumptions that have been made.

²⁴ In these 18 cases some of the children came from one family. They were siblings in one household. I put these children who came from the same family as one case study.

Extensive use of written and oral testimony is used throughout the study of the children's lives. The written testimony will be obtained from the stories they choose to write, letters, proverbs, sayings, songs, poems, symbols, images and drawings they want to draw or paint. These works were done in their own time at home and then shared with me during sessions.

The stories and all the works done by the children were documented by taking notes of sessions. I used their memory books and storybooks to gather all the information I needed, but with their own or their guardian's permission. Other documents such as letters, journals and other kinds of metaphors, art and games were used for the goal of understanding their resilience stage and to find out the meaning systems of their life. All these activities were done out of the religious or faith context to see the applicability of narratives in the context of church or faith communities in Mbeya, Tanzania.

The vastness of the oral testimony was collected in a series of life history interviews with each child, with caregivers/guardians, and other related adults like pastors who are involved with children. The aims of this are to:

- establish a basic chronology of significant episodes in the life of a child
- supplement and cross-check the child's own account
- elaborate in-depth about the people, places, and events of child's life

Open-ended interviews with children generally vary using different subjects on daily life experiences to make a child more comfortable and easily able to talk. These were done with individual children and in focus group interviews. These topics were about domestic duties and chores, games, leisure-time activities, church activities and school activities. The unstructured open-ended questions for interviews, which are characterized by their flexibility and freedom of questioning, (Kothari 2004: 98 cf Bless & Higson-Smith 2000: 105) are used (See Appendix A Section 2, Part One).

Much of the time was also spent in participant observations of the children (Bless & Higson-Smith 2000: 104) in their activities and interaction with friends, caregivers, and other related adults in different circumstances or contexts, which also must be noted and recorded for a fair judgment and interpretation. Notes were also taken throughout, for which I had permission (See Appendix B to F for ethical consent forms).

4.5 Methods of data analysis and presentation

In the book, *Research in practice: applied methods for the social sciences*, it is pointed out that “qualitative researchers want to make sense of feelings, experiences, social situations, or phenomena as they occur in the real world, and therefore want to study them in their natural setting” (Kelly 2006: 287). The aim of the qualitative research points to the contextual interpretation so as to understand human beings in their natural settings. For this conception of knowledge (epistemology) one needs to be inside and not outside of the field research (Mouton 2010). Qualitative research looks at how to collect the data in context, that is, to look at the situation of OVC in Mbeya, Tanzania. Collecting the data in this context is very important for the research to remain very naturalistic in its setting.

For data analysis careful consideration should be emphasized when designing a study. The aim of data analysis “is to transform information (data) into an answer to the original research question” (Durrheim 2006: 52). This particular study is concerned with the qualitative techniques as I consider the data analysis. The themes, concepts and ideas will be identified for the process of analyzing and interpreting. Data analysis helps us to understand different components of data that is collected in the sphere of personal relationships. This data can be measured in different ways to see whether it is reliable and viable in the particular study. Then the data again must be analyzed and interpreted to find out the result from the thesis statement or objectives which were made to find the right relationship. Interpretation of the data is a way of relating the results of the data to the existing premises or methods which have been laid down in the thesis. The interpretation will also support the data which has been gathered with the theory of narrative I have suggested. Data results and interpretation will help to see if the methods used were viable or reliable (Mouton 2001: 108-109).

Good records of pastoral counseling sessions, with special emphasis on a narrative approach in pastoral counselling, context were kept. The interviews with children were conducted in the centre's office, or sometimes outdoors when the weather was fine.

To evaluate the narrative approach in pastoral counseling, I will depend on the feedback from the caregivers and pastors, if there have been changes or any impact in the life of children as we engaged in conversation and interaction with each other. I also used my own observation to see whether we can use the narrative approach in the context of the church situated centre. Theologically, I will analyze the contribution and the impact of narratives in the life of OVC in Tanzania. The open-ended questions in Appendix A, Section 2, Part 2 will be used for that purpose. The researcher analyzed and interpreted the data collected. By data analysis through qualitative analytical methods and content analysis of the key themes or concepts, the researcher examined the results from the interviews.

To evaluate the effectiveness of a narrative approach in pastoral counseling context, I also depended on the feedback from the children themselves if there had been changes or any impacts on their life. I adopted the measuring resilience table from Denis and Mafu (2005: 31, See also Appendix A, Section 2, Part 2). The interviews and content analysis were examined to analyse and interpret themes that verified the children's resilience for their situation of who they are. The researcher used content analysis to assess and interpret the data and results of the interviews.

4.6 Validity and reliability of the methods

By validity, it means "that the measure should provide a good degree of fit between the conceptual and operational definitions of the construct, and the instrument should be usable for the particular purposes for which it was designed" (Durrheim & Painter 2006:147). By validity we also mean the reflection on the credibility to measure the objectives and ideas that have been set by a researcher.

Reliability “refers to the dependability of a measurement instrument; that is, the extent to which the instrument yields the same results on repeated trials” (Durrheim & Painter 2006: 152). It is my belief that this research finding will be stable.

In this thesis the methods used are more contextual rather than general. The research was focused in a specific geographic area with a small range of children and age.

4.7 Ethics in research

It is crucial to consider the ethical guidelines as we embark on a field research, especially with children who are most vulnerable. With this in mind in our research we will be able to work in the manner that is acceptable, respectful, benefitable, justifiable, sensitive, non-threatening, and without harming or hurting anyone in the course of the research. Research ethics are there to protect the research participants. As some have pointed out research ethics “should be a fundamental concern of all social science researchers in planning, designing, implementing, and reporting research with human participants” (Wassenaar 2006:61).

Confidentiality of the centre and the children in particular was considered as part of the agreement. It is good to treat other’s information in a manner that is respectful. Confidentiality was encouraged, especially in the focus group sessions, but even with particular individuals. The taped interviews and other documents were securely locked in a cabinet and they will finally be completely destroyed after the completion of the research.

I used all the instruments with the permission of those involved with the children and the centre as a whole for the kind of work I was doing. The purpose of the research was clearly explained to the participants so that they understood the goal of the research.

Therefore, in this research thesis I have secured all the necessary documents that give me permission to conduct the research in the area I have chosen. I asked permission to use the materials I had obtained during the field research and counseling with the informed consent of the counselees and their caregivers or other related adults.

4.8 Summary of the chapter

This chapter was about the empirical research, research design, methodology, and methods that will be used in the process of this thesis for explaining the process, collecting the data, analyzing, and interpreting them. This is a road map of the whole thesis in which it will show the ways, process, and direction of the thesis. The research is hoped to be scientifically valid and reliable. Furthermore, the research will use the methods that are applicable to this study in the area of practical theology. Proper and careful consideration of the methods have been important in order to make this thesis scientific and applicable in various fields in the human sciences subjects, especially to those who use the qualitative kind of research.

This chapter on the methodology takes us to the next chapter, which is about the results of the data collected, the analysis of the data, and the interpretation of the data. All these methods will ultimately prove or disprove the objectives and the thesis statement.

CHAPTER FIVE

5.0 RESEARCH RESULTS, ANALYSIS AND INTERPRETATION

This chapter will discuss the results of the research which was undertaken in the field of my research in Mbeya, Tanzania. The data was collected through the qualitative methods which are semi-structured interviews, unstructured interviews, and the focus group interviews. All these were collected through notetaking or what they call “process notes” (Kelly 2006: 302). The data and results will then be analyzed and interpreted in order to fulfill the objectives and aims of the research study. All these steps were done following proper procedures of obtaining the required ethical documents, such as the consent forms.

In the following sections or subtitles I will use an interview schedule result with case studies, where I will discuss the personal life stories of children. I will also observe and interpret therapeutically to see what is going on or what they have been doing in sessions (ie using metaphors, playing games, telling stories, writing in their memory book, drawing and painting) with the children. As a PAR, I will use their stories they have heard or learned and which are related to their lives. Telling and hearing stories is by itself a healing phenomenon. But furthermore, I will explore and assess therapeutically the stories and metaphors the children hear or tell themselves. This is my therapeutic involvement²⁵ with children on how I assist the children to find relationships that will ultimately help them to grow into maturity and holistically. At the end I will give my own reflection and general assessment. Finally I will conclude and give a short summary of the chapter.

5.1 Interview schedule results

Interviewing is one of the methods which is used to gather the data in qualitative research. The method gives an opportunity for people to interact in a more naturalistic way. As is pointed out,

²⁵In addition to being a researcher and a pastor in the field, I also worked as a pastoral counselor in the organization (*Amani* orphanage centre) which is a FBO under the MCTSWP.

“it (interviews) gives us an opportunity to get to know people quite intimately, so that we can really understand how they think and feel” (Kelly 2006:297).

An interview schedule is planned as it gives us the opportunity to understand intimately what the children think and feel. It is a two-way traffic where the researcher and the participants collaborate in the field to build the relationship that will result in getting to know one another better. Interviews are the conversations in which we tell each other who we are. The open-ended questions are the ways to the conversation. This kind of conversation is free, easy and non-threatening.

In the following pages the interviews and observations are analyzed and interpreted in the following in-depth case studies of twenty-four children. These eighteen case studies will cover different and various themes or issues (ie sexual, physical and verbal abuse, child labour, sickness, domestic violence, poverty, segregation, homelessness, loss, grief, shame and guilt) related to children’s experiences of feelings and other circumstances with all people who are involved with them such as caregivers.

The themes and issues related to OVC will illustrate the importance of narratives in a pastoral counseling context for the well-being and resilience of the children. It will be seen from the children’s cases that the narratives make a big contribution, in practical theology in particular. Some of the theological themes or concepts that will emerge from the cases of children are hope, sin, forgiveness, grace, love, reconciliation, salvation, spirituality and many more.

The case studies will illustrate and point out the significance of narrative approach in practical theology and particular in pastoral counseling. The children’s biographical information will be detailed, elaborated; the children’s feelings, life circumstances, stories, metaphors, and other experiences will be discussed and analyzed in detail. All these details will prove the effectiveness of narrative approach with OVC as a means which the church or FBOs and society

in general can apply for the betterment of OVC from their issues of life and how to cope with them. Through stories, metaphors, art and games children will be able to find resilient life and cope with the difficulties of life. They will be able to grow into fullness of life, the life of wholeness.

The following case studies and all the information given below of children's biographies, stories, metaphors, memory books, pictures and drawings were reached through different methods. The process of collecting data and intervention with children in the research took me more than one year. The methods I used are such as notetaking (process notes) during the observation, interviews and counseling sessions. I was guided with semi-structured or rather unstructured open-ended questions. I also used tape recordings of their stories, gave them homework, visited homes, did some group discussions, individual conversations, and small classes where they would be given topic/s to write, discuss, play (drama), act, draw or paint. They would sometimes use their memory book after being guided on how to use them. This was done under careful supervision and guidance, taking into consideration the ethical procedures and norms.

Case Number 1

Raphael

Raphael was born at Babati in Manyara region, the northern part of Tanzania. Raphael has four brothers and two sisters. He is 17 years old. Their mothertongue is Bena from Njombe district in Iringa region.

Raphael's mother, Anna, died mysteriously soon after his birth and the cause of her death is unknown to them, especially to Raphael and Emmanuel (19 years old), his brother. Raphael stays with Emmanuel. In 2001 Raphael's father also died from great pain and bleeding from his chest following a car accident. Raphael's father was working in small industries here and there.

Raphael's parents left behind seven children. Raphael is the last-born child in his family. At the moment he is in Form One at Itezi Secondary School. Some of his brothers and sisters have been scattered around the country. He and Emmanuel live together in the house. But sometimes,

very occasionally, their sister Secilia aged 27, helps to take care of them in small ways whenever she is available and for whatever she can afford. Secilia also does not have a stable job to earn some income to support her brothers.

My observation and interpretation

Most of the time, Raphael and his brother Emmanuel are there at home by themselves. They mainly get some support from the church for food, clothing and school fees. Most of their support comes from the MCTSWP, under the Department of Women and Children, especially through the *Amani* centre. Economically, life is very difficult for them. Their elder brothers seem to have abandoned them, and are not concerned about them!

Raphael likes to play a lot, especially football. But he also likes to study and draw pictures. His school development is good, according to his teachers at school and volunteers at the organization.

The living environment and condition of Raphael and his brother Emmanuel is not good. When the author visited the children in the area where they, he found that they did not even have enough space for sleeping, sitting and cooking. The house they live in was left by their deceased parents. The house in itself is not that bad, but it is very small for them and the other three children with whom they live. These other children belong to Raphael's sisters. Raphael says that sometimes they sleep without having any food to eat.

I also observed that Raphael is usually happy when he is out playing with his friends or when he is at the centre, but when he is at home alone with his brother, you can see how he is feeling. He looks sad. He stays quiet and very calm and cold. He seldom speaks and whenever he speaks it is about his problems of not having enough food or clothing.

Raphael has a good dream for his future. He is very optimistic about his future life. He hopes that after getting enough education, he will finally want to work in the traffic police. This is one of his positive strengths. This story was very clear in his memory book.

Raphael belongs to the Lutheran church at Uyole, and two of the things he likes to draw are his church building and the pastor of his church. Raphael believes in Christianity, but is also influenced by traditional beliefs, especially of traditional healers and witchcraft or witches. All these show that Raphael has fear and hope in his life. He believes in communion with God and trusts in God's grace to provide him with their needs and problems. Despite the hope and faith he has, Raphael is also uncertain about his future life. Worry and fear surround him. Let us look at one of his stories he has written in his memory book.

Raphael's story

Once upon a time there was a grandmother who was a witch. There was another person by the name of Mboza who had a friend named Amina.

One day Mboza and Amina went to a well to fetch some water. While fetching water, Mboza's necklace fell in the water of the well and they could not get it out and they decided to leave.

On the way, Mboza asked Amina to escort her to look for a necklace at the well, but Amina did not agree. Mboza went back alone, and when she was at the well she found her necklace above the water and she tried to take it out, but suddenly she found the hand of the grandmother holding her. The old woman grabbed her and pulled her down in the well and Mboza was drawn.

Then the old woman took Mboza and put her in the drum and she began going through the streets in the village saying, "I am a singer" and the people were telling her "then sing for us", and she commanded Mboza in the drum saying to her "sing" and Mboza began singing, "I am a child Mboza, my necklace fell and I also fell in the well waah!."

Then Mboza's mother heard about that old woman and began to ask herself about her. One day Mboza's mother called the old woman and told her that "let us go and sing for me at home". The old woman agreed and went with her at home and she was invited for food to eat. Mboza's mother asked the old woman to take her drum and put it inside the house in a different room and she also agreed.

Later on, Mboza's mother decided to snick inside the room where the drum has been put. She entered into that room and decided to open the drum to see what was inside the drum. When she opened the drum, she found that she was her daughter Mboza, who was lost several weeks ago. Then Mboza's mother took Mboza out of the drum and in return she put back some bees inside of that drum.

When the time came for that old woman to leave, she also asked about her drum to be given back to her so that she doesn't forget to go with it. So the old woman left with her drum which was full of bees inside. On her way back she met other people and as usual she invited people saying "you know I am a singer" and the people would say "good then sing for us and we will give you some nice local beer to drink to the full." Then she began to sing saying to the drum, "Mboza sing," but it was quiet, again she said, "Mboza sing," but it was quiet again. In anger the old woman tore out the drum and the bees came out furiously and they began stinging the old woman and the people who were around. The old woman was bitten until she died.

At the end Raphael writes that the story teaches us that we should not be wicked and be like the witches who always want to harm others.

Raphael's memory book

In Raphael's memory book he writes his autobiography. He writes about his family, about his mother and father and his brothers and sisters. He also writes of the pains and struggles he has gone through. He describes that his life in his family has been very troublesome as he puts in Kiswahili metaphor, *balaa tupu!* which means it is all about trouble after trouble. This happened when his father decided to marry another woman after the death of Raphael's mother. Raphael explains that his stepmother became very rude the children, especially when their father was away for his job.

One of the sad true stories he writes about is when his stepmother was quarrelling with his sister. Raphael explains that for no reason the stepmother did not like his sister and her baby. She was rude even to the baby who did not know a thing about the family. She even dared to say, "even if your child dies I will not cry at all". Raphael says that this incident was very

painful for him and one which he will not forget! Raphael continues to write that the next day after the quarrel between his stepmother and his sister about the baby, the baby died. And the stepmother said, “My dream has been fulfilled”.

Raphael continues to tell his story that after the funeral they had more problems. The stepmother began refusing to give them food, especially when their father was away.

Raphael writes that one day when the father was away, the stepmother sent Raphael to the meat market she was left alone. When he returned he found that his stepmother was gone. When his father came back he found that she was gone taking all her clothing, the licence of the car, and the money. Then Raphael’s father decided to sell the house and buy the other one at Uyole. Later in the following years Raphael’s father traveled and stayed away from his children for a long time. When he came back in 2001 he stayed with them for a while. He was very weak and finally he died.

Concerning his stepmother, Raphael seems to be very angry with her and at the same time very sad to be without any parents. He complains that they have all left him. To his stepmother he writes that she should not dare to come back for she will see the fire and she will explain what made the snake to come out of its pit. In Kiswahili sayings he writes, *Cha moto atakiona* and *Ataeleza kilichomtoa nyoka pangoni*.

Other things which Raphael has included in his memory book are his favourite proverbs, other stories, and his dreams for his future. He has drawn some pictures²⁶ such as a picture of a policeman, which is his dream. He has also drawn some motor vehicles, in which he seems to be interested.

Among his favourite proverbs, which I think relate to his stories and his background, is the proverb which says, *Akupendaye kwa dhiki ndiye rafiki wa kweli*, which means that the one who loves you when you are experiencing hardship is a friend indeed. Another one which is also in his memory book goes like this, *Kikulacho kinguoni mwako*, which means that the thing which

²⁶ For children’s pictures see Appendix N. These are just some of the pictures they have been drawing which are used for the healing processes.

devours you is in your clothing. This proverb means that most of the time the people who are your enemies are not far from you. The enemies are usually around or close to us.

Therapeutic intervention

Raphael's life story and his general stories and other metaphors about his surroundings present the issues or problems he experiences. The issue of his parents' separation and their deaths is one of the big problems he is facing. There is loss and grief surrounding his stories. Fear and uncertainty of life are also a problem for Raphael. As a result of these problems, Raphael is struggling with his life. He has lost a sense of direction, because there is no parent figure to guide him. Life for Raphael is uncertain, full of anger and fear, because of the unnatural life he has been living in which there is no one around him to care, protect, support and guide him. Sadness and fear of being alone without parents is an issue. There is very little support for him and his brother.

Talking about his family for Raphael was very difficult, especially at the beginning of our counseling sessions. It took time until he felt free to talk openly without any persuasion, but through his own initiatives and with my positive attitude towards him of not being judgmental and harsh, Raphael's feelings were opened through different media such as through his memory book, pictures, his stories and proverbs.

One of the most important skills in this kind of intervention with children is building up a good relationship. This good relationship by itself is a healing phenomenon for children who are affected by so many things that are happening in their lives. Playing, metaphors and using things a child likes to do is such a good place to start in building a good relationship. These are things children like. I believe that we as researchers must be involved with children's activities and not only participating or volunteering.

One of the methods I used to work with them, but especially with Raphael, is picking up on what interests him, which I thought was most helpful for his resilience and healing. These were the stories, music and pictures he liked to draw. I gave him the freedom and opportunity to do

whatever he liked, but with a little bit of guidance, so that I could find the way to help him to cope with his situation of fear and sadness.

At another point he drew a picture of a person showing his feelings of happiness. This came as a result of the narrative approach which I am using with them. Children like to draw pictures and then they can be free to talk about their drawings. For Raphael happiness is the result of love and the ability of loving one another whereby people can be able to work together in unity and solidarity. The symbol of love and happiness for him is the heart. Raphael explains that if people will love each other then they will be happy. Being happy for Raphael is something more precious than material things and riches. We explored more on his proverb which he wrote saying *Akupendaye kwa dhiki, ndiye rafiki wa kweli*, which means that the one who loves you when you are experiencing hardship is a friend indeed.

Together we tried to externalize the problem of sadness, anger, fear, uncertainty and low self-esteem through picturing and telling stories. One of the good examples I used with Raphael to gain an alternative story was about the proverb which he used. Raphael knew that there are some people who seem to be friends only when everything is going well. But when you face difficulties and trouble the same people who seemed to be friends start running away from you. They keep their distance as if they don't know you. This is hypocrisy and is not true love or friendship. Raphael experienced in his life that friends, even his own relatives, deserted him, especially in the time of need they were going through. From that proverb I picked up something to share with him. I used the Gospel story which will ultimately help Raphael to accept who he is and continue to live a life which is focused, the life of faith and hope. The goal is to live a life which is full hope, joy and good dreams for the future. The story goes like this:

Once upon a time there was a wise old man who lived longer than anyone ever had. This wise man saw and experienced many things in his life, but he continued to hold onto a dream he had since his childhood. He experienced hardships and every kind of problem in his life. Many of his people rejected him. But he knew that there was only one person who will always love him. He continued to live a life that was focused. This wise man had some friends who liked him and tried to follow him. Despite the problems they had, the wise man loved his friends and he wanted them to live out their dreams until they had fulfilled the mission which they had been

given. He assured his friends that they should always live in hope, joy and have goals. Despite all the problems they might experience in life, they should not despair.

The story is my interpretation from the Gospel of John 16:33, where the wise teacher, Jesus, is encouraging his disciples to remain firm in worldly troubles. Jesus Himself was a model for His disciples to follow in the life to come.

The gospels explain clearly that in this world there are different kinds of hardship, even for the followers of Christ. Abandonment can even come from those people who are very close, such as relatives and friends. But Jesus promises that he will always direct us, guide us, protect us and He will always be on our side even in the midst of hardships (John 16:33).

By way of being open to tell and share our stories and by using the African proverbs and riddles we were able to empower Raphael by thickening his stories of fear and sadness. Together we became the co-authors in making the sad or fearful stories more hopeful with the faith in Christ Jesus, who is the source of all power and good things He has stored up for all His people. The story Raphael wrote above seems to be full of fear of the wicked things which happen in people's lives. But through a positive relationship that came up as the result of the positive alternative stories, Raphael was able to find peace, courage, and to continue to live a life full of hope and dreams for his future.

Raphael has shown faith and hope through his future dreams and proverbs. He says, *Mvumilivu hula mbivu*, which means that the person who endures hardships will eat ripe fruits. This is a very positive outcome, which calls the people to be patient with the hardships of life, no matter what. As the Bible says, the one who will endure to the end will be saved and eat of the tree of life (Matt 24:13 cf Rev 2:7b). There are benefits in being patient, working hard and persevering in life.

Even without comment or explanation it is obvious that Raphael knows the way forward for him. That is why he took the wisdom of the people by writing in his memory book, *Mvumilivu*

hula mbivu. Raphael knows that to be patient and persevering in life even in times of hardships will ultimately fulfill his dreams and goals of becoming who he wants to be.

Case Number 2

Bertha and Sylvia

Bertha is 14 years old. Her family is originally from their Iringa region. Their home language is Wanji. Bertha's parents had seven children, three of whom died while very young, one died when he was only two years old, the other two children died at birth. Only four children have been left. Bertha is the sixth child and she has her little sister, the last one in the family whom I am also seeing. Her name is Sylvia and she is 12 years old.

At the moment, they are four children in their family. Bertha is the third child and her little sister Sylvia is the lastborn child. Their sister Veronica is married and their brother Shukrani is also away living independently. Therefore, it is only Bertha and Sylvia who live with their mother Monika.

Bertha was born physically very well and she grew up without any major health problems.

Bertha's mother is Monika Nkuja. Her father died in 2000 after being sick for about three months or more, as they do not remember very well how long it took.

Monika is not very well physically and is sick most of the time. She works as a small businesswoman in the Uyole market where she sells firewood, but she is also involved with small cultivation during the rainy season. She is the only support for these two children, Bertha and Sylvia.

Bertha's family's condition is not very good due to Monika's poverty. Sometimes they do not even get food to eat. To skip a meal is just a regular routine for this family. They sometimes have to ask for food or money so that they can buy things or be able to go to the hospital when they are sick. Sometimes they don't even have the money to pay for opening the hospital's file. Although Bertha's family has some relatives, they have only enough to support their own families and can only assist in small ways.

Bertha's family goes to church. They belong to the Apostolic Church at Uyole, where they are involved in different activities of the congregation.

Bertha told the author that her prayers and dreams for the future are that she gets a good education and passes her exams well and goes to university or college where she can study and eventually join the traffic police. In this way then she can live a good life and help others and be happy. Sylvia dreams of becoming a nurse after getting a good education.

Some of Bertha's interests are memorizing biblical verses, playing with her friends, doing house chores, and doing physical exercise. Some of the biblical verses she has in her memory book are, "Honour your father and mother. Then you will live a long, full life in the land the Lord your God is giving you" (Ex 20:12) and "The Lord is my shepherd; I have all that I need" (Ps 23:1).

My observation and interpretation

The verses she wrote seem to be important to her because they show her that it is good to continue honouring her mother no matter what circumstances they are going through. The hope is found in the next verse which shows that God is their guide and their sustainer who will not forsake them and who will always provide something for them (Ps 23:1). These children seem to live their life in the hope they find as Christians, and they stand up for the biblical promises they read and memorize, hoping that God will be faithful to his promises for the dreams they have in life.

Bertha would like to have both parents, but unfortunately she only has her mother and she looks worried and uneasy. Bertha told the author that she likes to be close to her mother so that she can be able to help her whenever she has the need or faces any problems. She has learned from school and from the *Amani* centre that, *Asiyesikia la mkuu, huvunjika guu*, which means that the one who does not listen to his/her elders will break his/her leg, that is, he/she will be destroyed.

She also has written this proverb in her memory book, *Asiyefunzwa na mamaye, hufunzwa na ulimwengu*, which means that the world will teach the one who is not being taught by his/her mother.

In this story of hers, Bertha seems to be very close to her mother. Both Bertha and Sylvia like to help their mother with different activities such as house chores, but even sometimes whenever they have the time they help their mother selling firewood at the market, fetching water and firewood in the mountains.

For various reasons Bertha and Sylvia do not do very well in school. This would be because of their mother's frequent illnesses and many chores at home so that they don't have enough time to study and do their homework. They are facing economic problems which restrain them from going to extra lesson in the evenings and furthermore, as they don't have electricity in their house they cannot study at night, although sometimes they go to their friends in the neighbourhood who have electricity. But generally, Bertha and Sylvia are intelligent and they can do much better if they have good support and have a conducive environment and facilities for their education.

At home and at the *Amani* centre Bertha seemed to be very quiet, unlike her little sister Sylvia. Bertha is not very talkative and naughty like Sylvia. Most of the time Bertha likes to tell her stories by writing them down in her memory book, but not in public. She is good at writing down her stories but not in speaking, especially in front of people.

Bertha's story

Bertha wrote this story in her memory book, which I think teaches her something in her life. The story goes like this:

Long time ago there was a mother, father, and a child. One day the father got angry and went to hit the mother, and the mother got angry too and decided to bit a child. The child also got angry and went to hit the dog, and the dog got angry and went to beat the cat, and the cat got angry and went out to hit the rat, and the rat got angry and went out to eat the maize in the store.

Then the whole family got into trouble because they did not have any food to eat, because the rat ate everything in the store.

What does this story teach Bertha? Bertha said that we should not hold on to anger for a long time!

Therapeutic Intervention

The problem of Bertha or Sylvia is not themselves. As we mapped together what the problem is, we found that the problem is anger, sadness and loneliness. It is anger because life seemed to be unfair to their family and especially to their parents. Loneliness because there seemed to be no one to help and support them with their daily problems, especially when their mother gets sick, and they are only children who cannot afford to help with her problems, especially when it comes to financial needs.

As I continued to visit Monika's house I came to realize that she is HIV positive. She has been troubled frequently with other diseases related to HIV and AIDS. Afterwards she became very free and open to talk with me about different issues and stories about her family. All these stories make Bertha and Sylvia sad, angry and lonely. They need psychosocial support in order to cope with all these difficulties and problems they are facing in their life. Visiting is one of the healing phenomena which is encouraged with all people who are HIV positive and all who have been affected with HIV and AIDS.

Visiting Bertha and Sylvia, but also their mother, was so empowering for them. I noticed that the children's self-esteem grew as the result of frequent visits to their house and talking about different things related to life, both spiritual and physical. The loneliness became an issue which can be dealt with through story-telling and keeping themselves busy with homework and other home activities. Keeping themselves busy is another way of reducing the unnecessary anger and sadness. Bertha and her sister Sylvia have good relationships with their friends in the neighbourhood. They like to play different games at home, but also at the *Amani* centre at

Nsalaga. All these activities are being encouraged by the centre, especially in this approach of narrative counseling with children. Those activities helped the children to cope with their problems and keep them focused on their future dreams of success and prosperity, but more importantly, their life of content, of wholeness, and of making them what God wants them to be.

Bertha's mother is very connected to their Apostolic church at Uyole. This seems to be very helpful to them. The faith and hope they have is because of the connectedness they have through this local church. Bertha and Sylvia are also very interested in studying the Bible and following its precepts so that they remain good Christian girls. They try to memorize the biblical verses, which seems to them to be an important part in their spiritual life.

The connectedness is very important to Bertha and Sylvia. Loneliness and low self-esteem can be defeated through the connection with God and good people and the community as a whole around them. Friendship and relationship is very important for them. In one of her poems Bertha writes:

Urafiki kitu bora, ninyi ndugu sikilizeni
Tudumishe ubora, na uzalendo nchini
Daima tu watu wa ubora,
Tudumishe urafiki, ni kitu adimu.

This poem explains that friendship is something precious, we should keep it, and we should be precious too, let us keep the friendship, it is so scarce. As the Kiswahili proverb says, *Urafiki ni bora kuliko marijani*, which means that friendship is better than precious jewels, or friendship is better than anything good we possess such as material things.

The researcher's intervention through Bertha's story tried to further explore the issue of anger as it has been expressed in her story. The Swahili people tend to say, *Hasira ni hasara*, which means anger is a loss, or with another meaning it is that anger does not profit anything. In anger we cannot do anything constructive or profitable. Bertha and her sister live in the principle of love. They try their level best to love one another and they try to do their best not to get angry or to anger anyone else. How do they do that? It is through skills they learn through the centre and through stories. Building positive relationship among themselves will come as the result of being able to play together, telling and listening to each other's stories.

There is also a verse in the Bible which says, “Don’t let the sun go down while you are still angry” (Eph 4:26). We should deal with our anger wisely. Anger is part of our human emotions, but the anger should not control us. In anger we should not lose our sense of humanity and our self-worth. In anger we should remember self-control. Children should always remember what Christ taught.

Telling our stories is a healing phenomenon by itself. Some of the issues in the family are very difficult to talk about, such as the issues of sex and AIDS. The problem can be recognized by everyone in the family, but there will be no one to talk about it. Shame, guilt, ignorance, *Unyanyapaa* (stigma), and taboo can be one of the reasons for people’s silence. A narrative approach welcomes people with simple and easy skills, freedom and non-threatening skills to open up for positive stories that empower and heal the broken relationships between ourselves and God, but also between ourselves and our surroundings.

Case Number 3

Emmy

Emmy is 17 years old, studying at Pankumbi Secondary School in Form One. She is the secondborn child of four of Mahenge’s family, but the first child died when she was two years old. Therefore, Emmy is now the oldest in her family and only three children have been left. Emmy lives with her little sister, Happy, at Uyole in the house of their grandmother who takes care of them. Her father died in 2002 after being sick for a short time. The cause of his death is not known. Her mother is still living and she is involved with selling charcoal and other small businesses.

Emmy’s grandmother takes care of three other children of Emmy’s young father (uncle). She also lives with her son whose wife also died. Emmy’s grandmother is a farmer, which enables her to support her family. These are the circumstances where Emmy is living with her grandmother.

My observation and interpretation

Generally, Emmy's life is not as bad as other children at the *Amani* centre. But she also needs a lot of support psychologically and for other physical needs because her family is too big to care for all in the family, especially when it comes to school tuition fees. The loss of her father and her grandfather has affected her in the way she feels about herself and the way she understands the world.

Emmy grew up in a good background with a lot of relatives and friends around her. She had some minor problems in her childhood, such as a leg injury while playing in school in Standard Five. She also had some skin infections with a bad headache while in Standard Four. Emmy still remembers all these events, incidents and experiences. Furthermore, Emmy tells her story as a girl who likes to help her relatives to do some chores in the house. She explains her family as good, peaceful, and who understand each other.

At school, Emmy is a school leader who likes her teachers and students, especially good students. Emmy is a social person who likes to talk with different people. She has several friends at school and at home. For Emmy, friends are those people who are close to her and who are willing to help each other, comfort, and respect each other, especially in the time of need or problems.

Emmy has different talents and hobbies in her life. She likes to read books, do physical exercise, play different games, watch and listen to church choirs, draw pictures, read the Bible and study further to the point where her dream is to become a school teacher. She hopes and prays that her dream will come true.

One of Emmy's favourite verses in the Bible is from the book of Ephesians 6:1-3, which says, "Children, obey your parents because you belong to the Lord, for this is the right thing to do". "Honour your father and mother." This is the first commandment with a promise. If you honour your father and mother, "things will go well for you, and you will have a long life on the earth."

Emmy likes to live a decent life according to her wishes. She likes to learn more about the spiritual life, a life with good knowledge on how to live well, knowledge about HIV and AIDS, sexuality, and a life of success and prosperity.

Emmy is longing for and is so passionate about having good relationships with people, especially those who are close and important to her. These are people such as her grandmother with whom she lives, her aunt who is a teacher at Chimala area, and her mother who needs a lot of support from Emmy, not only for physical needs but also for psychosocial needs.

Therapeutic intervention

As I continued to visit and talk to Emmy I observed that she needs some guidance for her life. Desperately, Emmy seems to be confused about her moral life. She has started troubling her relatives such as her grandmother. According to her friends and her relatives, Emmy seems to have been involved with young men and even some adults in sexual relationships. She sometimes comes back home very late. Emmy needs more support and counselling to deal with her confusion and insecurity. When I asked her about her knowledge about HIV and AIDS, she admitted that she knew very little about it.

Emmy had been closer to her grandparents than to her parents. She began living with her grandparents since she was in Standard Two. Her father died when she was just in Standard Four. Her grandfather died when she was in Standard Six. It seems that she is closer to her grandparents than to her parents. Even when I asked her about the feelings she gets most of the time, she said it is sorrow and sadness about her late grandfather who died while she was in Standard Six. It is the one she remembers most, but not much about her father. Also when I asked about the person who is very close and important in her life, Emmy mentioned that it was her grandmother with whom she has been living since her childhood.

I have been working with Emmy for almost a year trying to help her tell her stories and write her memory book, which by itself is a healing process to wholeness. The researcher has been a companion on her journey trying to be interested and to understand the story of a person by asking good questions for affirming the life's story of a person.

Emmy is an intelligent girl, she likes school and she likes to study. She also has good connection with a lot of people, including her relatives. She is a social person. That personality has helped her to cope with her situation of sadness, especially after the death of her father and her grandfather, whom she liked a lot.

I have been working with Emmy so that together we may learn to deal with her life situation. Some of the things we discussed together is about the knowledge of HIV and AIDS and also issues related to sexuality. This was not easy at the beginning, but as time went by, Emmy became more open and free to talk about different issues related to her family and friends. In her memory book she wrote about her family history and about herself. She wrote what she liked and what she did not like in her life.

We also learned further about the basics of HIV and AIDS so that we know our responsibility of what to do and what not to do. At the end of our counseling sessions Emmy was able to mention how the HIV virus can be transmitted and how to protect herself from getting the viruses.

The process of our pastoral counseling using narratives is through stories, metaphors, and pictures or images have helped Emmy to be happy no matter what the circumstances. Despite her loss and grief, Emmy learned to be happy through laughing. Laughing has been very helpful to her when she is with her friends. She likes to laugh. And she laughs with a good reason and with a good heart and intention. And she is careful when she is laughing not to hurt others. This means that Emmy has accepted the reality of the loss that has taken place in her life.

Emmy and I found that the Bible is full of narratives about laughter and being happy. Laughing is good medicine for the heart that is sorrowful and sad. The Bible says, “Always be full of joy in the Lord. I say it again - rejoice!” (Phil 4:4). In the book of Proverbs we also read that, “A cheerful heart is good medicine, but a broken spirit saps a person’s strength” (Prov 17:22). The biblical texts were used to reinforce the stories or themes which the children themselves liked. They were very helpful because they were said in the context which was similar to the Tanzanian context.

Now Emmy can know how to separate between herself and sadness, she understands that she is not the problem. She knows to respect herself as a person and a girl who is good and intelligent and who can control her feelings in whatever circumstances she may be in. Through narratives, stories, and images or art she can cope with different situations of her life. Her eyes look to the Lord Jesus to guide her in the new ways and new opportunities for her life. She looks to the stories of hope and faith and not to the stories that are destructive and not empowering.

Emmy's journey as she explains her grief process has been a positive experience in which at the end of the journey she finds meaning out of these tragic experiences. Understanding death is always a mystery for a human being. But life must continue and remain as God intended it to be. A grieving person must maintain a life of integrity and reassurance. Emmy accepted the Kiswahili saying, *Maisha ni safari ndefu, yaliyojaa taabu*, which means that life is a long journey full of trouble.

Case number 4

Gideon family (Ipyana, Agnes, Neema and Nuru)

In the Gideon family four children are being seen. These are Ipyana (14 years old), Agnes (16 years old), Nuru (16 years old) and Neema (12 years old). Nuru Paulo is a cousin. She has been living with her aunt, Agnes, Ipyana and Neema's mother, since 2003.

Nuru's father died in 2003 from an unknown sickness. He was suffering from leg problems but no-one knew what the real problem was. According to Nuru's story her mother seems to have deserted her and gone to Dar es Salaam where it is thought she lives. Nuru says she does not know much about her mother and what she is doing in Dar es Salaam. Her aunt Veronica is the only person she knows and to whom she can run for help for anything she might need.

In this family of Gideon, the mother Veronica Ndenuka is the one who takes care of all these four children. She is involved in small businesses in the market at Uyole, such as selling bananas. Veronica's husband died on 6 July 1999. According to their story his death was sudden and the cause is not known. The total number of children in the Gideon family, including Nuru,

is seven. But the older ones are not living with their mother, they are grown up and they live independently. Therefore, only these four children live with their mother and they are all being helped by the *Amani* centre.

Agnes, Ipyana and Neema belong to the Moravian Church at Uyole. Nuru belongs to the Tanzania Assemblies of God at Uyole. This family came originally from the Rungwe district of Mbeya region. They belong to a Nyakyusa ethnic group.

Ipyana went to Itezi Primary School. He has finished Standard Seven this year (2007).

Agnes, who is 17 years old, is in Form One at Hayombo Secondary School. She describes herself as a quiet girl and that she has been very close to her relatives such as her grandmother, aunt, uncle and her brothers and sisters. Agnes began her primary education in 2000 at Mabonde Primary School in the Rungwe district. Then she moved to Uyole in Mbeya urban district where she continued with her primary education at Itezi Primary School located at Uyole.

Neema is 12 years old and she was baptized when she was one year old. She grew up in Kyela district and was strong physically. She began her primary education in 2002 at Nsalaga Primary School in Uyole. She likes to study and attend church services regularly. She likes to sing in Sunday school and being a choir conductor. Neema has several friends at home and at school. She also misses her father and other close relatives who passed away such as her grandparents, her uncle, and her aunt.

My observation and interpretation

Veronica's condition is not very stable. She gets sick frequently. At the same time she has been taking care of her mother who has been mentally ill for a long time, but recently in November 2007 the grandmother of these children passed away. The life of this family is not very good because of their extreme poverty. Veronica's business is not very promising due to instability of the market and other hurdles of life, such as her frequent illnesses. The family can only afford some food to survive and other minor expenses of the family. When it comes to school fees for the children and medical expenses, they cannot afford to pay for all of them.

Ipyana is physically strong and healthy. He is very talkative and sometimes very delinquent, but he tries to keep this hidden. He does not want people, especially those older than him, to know what he is doing, but with his peers he can do whatever he likes. As you observe him, Ipyana seems to be very shy and very embarrassed. He also likes to sing, play, and act in drama especially at his church in Sunday school, but he also does not want to show his talents very openly. When asked about his feelings about his father's death and his openness talking about his father, it was obvious that he is not willing to talk about his father's death. At the same time, which is very positive for him, he has a good connection and relationship with other people around him, especially his friends, who he can talk to and they are able to support him and assist with psychosocial needs.

Agnes is physically well and her health seems to be good. Her school progress is also good. She likes to study and do other activities at home and at school. She also likes to do physical exercise and play different games. Agnes also likes to sing and belongs to a youth choir at her church. Agnes is a decent girl who is quiet and does not like quarreling with other people. She has several friends who are very close to her. She also likes to help her mother with her small businesses such as selling whatever her mother has at the market.

Agnes still has remembers her father who passed away and all the troubles she had in her primary education because of their difficult situation, especially financially. They could not even afford to buy small things for school or pay school fees. She also remembers her grandparents who also passed away. These memories sometimes make her sad.

Agnes has some good hopes and dreams for her future life. This hope is of ultimately joining the traffic police. In this case she wants to study hard up to a university level where she can then specialize in studying internal affairs, safety, and traffic rules so that she can join the traffic police. In one of her writings in her memory book, especially her proverbs she writes, *Mtaka cha uvunguni, sharti ainame*, which means that the one who desires something which is underneath, she/he must bend down. This means that Agnes is willing to work hard to fulfill her dreams, no matter what.

Neema is a charming girl, very talkative, unlike her sister Agnes. She is a God fearing girl who is well disciplined and who tries to honour all people.

Physically, Neema has skin problems. This problem began when she was still very little, but it became worse when she was staying with her sister at Uyole. These rashes and scars on her body itch a lot and end in sores, which make her uncomfortable. The centre is trying to take care of her by taking her to some skin specialists at the hospitals in the city of Mbeya. We hope she will recover soon, and be a healthier girl. Despite the problem Neema has, she still likes school.

Neema has great expectations and hopes for her future life. When she grows up and when she has a good education, she says that her dream is to become a lawyer. In one of her proverbs she says, *Mchumia juani, hulia kivulini*, which means that the one who harvests in the sun, will eventually eat in the shade. From this proverb, Neema understands that a good life must be earned with hardships.

Neema understands the life condition of her and of her family. She knows that she needs to work hard, which is the only way to success. She likes to know how her mother conducts her businesses and she also sometimes goes to the market to help her mother sell some bananas and tomatoes. Another favourite proverb she has goes like this, *Asiyefunzwa na mamaye, hufunzwa na ulimwengu*, which means that the world will teach the one who is not taught by his/her mother. She explains that respect for her mother allows her to learn a lot of things from her, otherwise she says that she will learn from other people, which is not expected of her. The world gives different expectations and perspectives of life.

Despite all the difficulties Neema is going through, she still holds onto hope for the future. Her faith and love in Jesus is what holds her up. Her favourite drawings are flowers. In one of her flowers, underneath it, she writes the verse from Psalm 23:1, which says, “The Lord is my shepherd; I have all that I need”. It is the verse which brings her hope and comfort in times of need and difficulties.

Agnes' story

Once upon a time there was a child who was going to his sister. On the way he met the hyena, and the hyena desired the clothing of that child. The hyena told the child, "let me try your clothing" and the child gave the hyena the clothing to try. The hyena told him that I will give them back to you just after a little walk. When they reached the place where the hyena promised to return the clothing, the hyena told the child again that he will give him just ahead after a little walk, and they continued to walk until they reached the place the hyena promised to return the clothing and he could not return them.

The child reached to his sister and his sister did not receive him and instead she received the hyena because he wore good clothing of that child. The child remained silent and quiet and he was left in the place where chicken were kept and the food he was given was not good for him, but the hyena was received with good food and a better place to stay and sleep. The other day they were told to go in the farm to chase the birds when eating the rice in the farm. The child was chasing the birds, but the hyena was not, he was just eating and not working. And the hyena was telling the child, eat there and I will be eating here. They were chasing the birds until when the sun went down, the time they were going back to eat and sleep. The child's sister continued to serve the hyena very well but the child was treated very poorly eating and sleeping in the chicken cage.

One day, the husband of the child's sister noticed that the one who was treated poorly was her real brother in law. The child's sister did not agree and accept it, and she told her husband that he wants to chase away her little brother. Her husband replied to her saying that if you want to believe me, tomorrow when they go to the farm we should also follow them behind without them noticing us. The other day as it was usually they went to the rice farm to watch for the birds. The child's sister and her husband followed them behind. When they reached at the farm they found that the hyena was eating the rice instead of chasing the birds, but the one who was denied to be her little brother was busy chasing the birds away. The child's sister believed that she was wrong.

Then they returned home and she prepared a good food for that child in the chicken cage, and then she dug a deep pit and on top of that hole, she put a mattress and gave the hyena food on that place. When the hyena was eating on that mattress, he suddenly fell down in the pit. While falling down the hyena proudly said that it is good that he had tortured their relative.

This story teaches us that we should think before we act, as one of the Swahili sayings says, *Fikiri kabla ya kutenda*. This means that we should not treat or judge people by the way they look. We must first carefully consider other people for who they are.

Neema's Story

Once upon a time there were three friends, the hare, hyena, and a wild dog. They were very good friends. They were all good hunters. When they were hunting, they would all share the food.

One day all the three friends decided to kill their mothers and they all agreed to do so. So the wild dog and the hyena went and killed their mothers. The hare also went home but he did not kill his mother. The hare just smeared the sword with blood so that his friends would know that he has killed his mother, and his friends believed. The hare hid his mother in the room and whenever they went out for hunting he would deceive his friends that he was going to relieve himself at home, but it was a lie, the hare was taking some portion of the food to his mother in the hiding room.

This was his routine every day he would deceive his friends that he was going to the toilet to relieve himself, but it was not true, but he was going to give his mother some food to eat. Whenever he went to the hiding room he would knock and sing to his mother saying "open, open, it is Kavunje vunje, vunjenje, kavunje vunje and his mother would say who are you, and the hare would say again, Kavunje vunje, vunjenje, kavunje then his mother will open the door and eat the food brought by the hare. And this continued for a while until the hare's friends got suspicious of him.

One day after getting some hunting, the hare did the same thing kidding his friends that he was going to toilet. When he was going to give some food to his mother, they decided to follow him behind and looked to see what the hare was doing.

Another day the hyena went to the hiding place where hare's mother was hiding. The hyena tried to imitate what the hare was doing, knocking the door and singing like the hare. The hare's mother opened the door thinking that it was her son hare. The hyena jumped in and killed the hare's mother and run out and closed the door behind.

When the time for the hare to go to the house to give the food to his mother, the hare did the same, but he found that it was quiet, he knocked for a while but still it was quiet. His mother was already dead, killed by the hyena. The hare broke the door and went in and found that his mother was dead; the head has been cut off. The hare cried, cried, and cried a lot but without no one to comfort him.

And that was the end of their good friendship.

Neema writes in her memory book that this story teaches her and others that we should not be liars like the hare. As the Swahili people say, *Siku za mwongo fupi*, which means that the days of a liar are short.

Therapeutic intervention

This Gideon family seems to have good relationships with each other. Despite the problems they are facing, they are together and not separated. They all work as a team and help each other as they can, no matter how hard their economic situation. Despite the vulnerabilities of the children, they still know how to cope with all the difficulties.

What we did together as a family and individually is to help them to be open about who they are. Guilt and shame have been part of the family problem. This seems to originate from their roots in their family background. There also seemed to have been some belief in witchcraft

because of the mysterious death of their father and other relatives, the illnesses in the family and other problems. They would think that there must be a cause for all these problems. This is the mapping process we did, to find out where the problem was with these children and the family as a whole.

Ipyana was so open at the beginning to talk about his family problems, but the others were not until later in the process of counseling through narratives, stories, metaphors and memory book in which they were more open to tell their stories and the stories of their family. Frequent visits were also very important to this family; it became a healing process itself. Because through visits they were assured of who they are, as important, loved, and respected. In this way they would be able to cope with bad thoughts of witchcraft, of fear, and sometimes of anger and sadness.

The belief of witchcraft is dominating our culture, especially in this side of Tanzania. Because of envy, jealousy and other unreasonable things, the witches like to torture others through their evil deeds of magic and so on. Neema in one of her proverbs writes, *Mkuki kwa nguruwe, kwa binadamu mchungu*, which means that an arrow to the pig seems to be all right, but to the human being it is so painful. Neema explains that there are people who like to torture others without any reason, but when it comes to themselves, they seem to be hurting more. This Kiswahili proverb is similar to the golden rule which is found in the Bible which says, “Do to others whatever you would like them to do to you. This is the essence of all that is taught in the law and the prophets” (Matt 7:12). The text was used to strengthen the story she told me to create room for an alternative story of hope and encouragement for her healing and coping.

Things that have been so empowering for these children have been writing the memory book and drawing pictures which were obviously showing hope, love and peace in their future life. Singing Christian songs have been also very empowering for them. The assurance of forgiveness and the victory which they have showed is something which we tried to cement together, forgetting the dominating stories which are negative and depressing. The focus of the narratives was on those stories and metaphors or things that would bring about alternative stories, the stories of hope, faith, love and success.

Case number 5

Augustino

Augustino is 13 years old in Standard Four at Chemchemi Primary School located at Uyole. He is a Kinga by tribe, originally from the neighbouring region of Iringa. He is the lastborn child of five children in his family. Augustino is a member of a Lutheran church at Uyole.

Augustino lives with his sister-in-law, Atupele Sanga, who is involved in small businesses such as selling tomatoes at the Uyole market. She is married to Kyachi, Augustino's brother.

Augustino's mother died in 2005 after being sick for a couple of months. Then his father also died in 2006. According to Augustino's story, which he got from his relatives, it is believed that his father was bewitched by Augustino's grandfather.

My observation and interpretation

Augustino tells the sad story about his very difficult life because of his sister who illtreats him a lot. According to Augustino's story, his sister beats him and sometimes denies him food and she also refuses to buy clothing for him even if she has money for this.

The house Augustino stays in is very poor. It is very tiny and dirty. There are lots of rats inside the house and the house is very shabby. During the rainy season the house gets wet. The floor is muddy and dirty. The clothes are not clean as if nobody takes care of household matters. The house looks as if it has been deserted for a long time. Generally, the house environment is very poor for the people to live in.

The author has visited Augustino more than twice, but unfortunately, there has been no chance of meeting his sister who takes care of him and his little sisters (nieces), who are his sister's children. I got the entire story from Augustino's neighbours. Augustino's sister does not care much about what the children have to eat and even if they are sick, she does not care. Augustino and his little sisters suffer from malnutrition and other sicknesses most of the time. They are also suffering from physical abuse, which disturbs their thinking capability, emotionally, and psychologically. At the first meeting with these children I found that the youngest especially

was very sick because of malnutrition and skin diseases. According to the neighbour who lives in the same compound, the baby was actually dying and her mother did not care much about her baby. These children need a lot of support with food, health and all psychosocial needs.

Therapeutic intervention

Augustino is very weak and sad because of the situation he is living in. He has been affected physically and psychologically. He cannot even concentrate at school. He is overburdened with the work at home, since he is the oldest child. He has a lot of things to take care of, actually far too many. At the same time they miss the basic necessities of life. Augustino's brother and sister-in-law, who are the caregivers, do not actually stay at home. The support these children get is from the neighbours and friends.

My visits to this family were very important and helpful. It was so sad to see these children living in that condition, which was very poor and abusive for the children. Further intervention and support is needed to help the children to get out of the situation they are living in. Otherwise, there will be no school or psychosocial progress and instead the children will be weak and psychologically damaged.

To help these children I tried to be very friendly and close to them. Building positive relationships with children is the basis for healing and wholeness. Good relationship opened the door for them to tell me the stories about their life more freely. Augustino's little sister, Happy, became very friendly to me and she was very open to tell me a lot of things about their life and the difficulties they are facing. Through their daily activities at home I also found the way of talking to them in different stories that would empower them and would change the attitude of who they are and how they feel about life, the life of weaknesses and sadness. We tried together to show that they are very important children in the society, no matter what they are going through. We tried to help them to keep a distance from the problems they are facing, because they are not the problems. The problems are the problems, not the children. In reality the problems will always be out there and the problems are not them. This is the process known as externalization in the narrative approach.

I tried to find out the things they are familiar with, so that they could try to cope with the difficulties of life and be happy. For example, the house is full of rats that have been very troublesome, even to the point of chewing their feet at night. Through these rats we found the story that the rats could be overcome. The rats are not something to be scared of, they are foolish and they cannot win over people. People are more important and cleverer than the rats. This story of a rat and a rabbit goes like this:

Once upon a time there were two friends, a rat and a rabbit. The rabbit was very clever and intelligent, but the rat was delinquent and foolish. One day they decided to cross the river to go and visit their friend in the neighbouring village. When they reached the river they decided to take the boat to cross over. The boat was made by using cassava roots.

The journey was very long and they started to feel hungry. In the middle of the river while crossing the river, the rat began complaining about his hunger. He told his friend that he was starving. Then he noticed that the boat was made of cassava. Secretly he decided to start chewing the cassava roots little by little until the boat got some holes in it. The rabbit noticed this and he became very angry with the rat and told him, "Don't you know that if you continue eating our boat it will sink and we will drown?" But the rat did not pay any attention to the words of the rabbit, and secretly continued to chew the boat and water began to fill the boat. The rabbit tried to talk to the rat but without any success, he tried to warn about the danger that would happen if he continued to eat the boat, but still he would not listen.

What happened next is that the boat began to sink because of the water which was filling it. Then the rabbit told the rat that they should jump out of the boat and start swimming across to the bank of the river because they would drown if they stayed in the boat. The rat did not take the advice of the rabbit. The rabbit jumped into the water and began swimming until he reached the bank of the river. Then the boat began to sink and the rat tried to hold on to it, but the boat continued to sink, and the rat began swimming, but he could not because the rat did not know how to swim like the rabbit. The rabbit tried his best to talk to the rat that he should swim hard to the bank of the river but still he could not. The rat got tired because he did not know how to

swim and he finally drowned in the river. And that was the end of the story, the rat died foolishly because of his stupidity and his delinquency.

This story teaches us that we should be clever and intelligent like the rabbit and not foolish like the rat. We should listen to the advice of other people who understand life, perhaps more than what we think we know. In Kiswahili we have the saying, *Asiyesikia la mkuu huvunjika guu*, which means that the one who does not listen to the advice of grown people will break his/her leg, in other words this means that the person who does not listen to their elders say will be destroyed.

For Augustino and his sisters this story helped them to see themselves as a rabbit which is clever and intelligent but not foolish like the rats. The rabbit became a hero for them to identify with. From that day they decided to deal with the rats by destroying them by being clean and looking for a cat that would chase the rats away. Also they found rat poison that would ultimately kill the rats, which were even destroying their own clothing and undermining their health. Now the rats are no longer a threat to them. Augustino and his little sister were no longer afraid of the rats, and they were courageous enough to fight against them. The story empowered them to fight the rats. Again they accepted the saying, *Asiyesikia la mkuu, huvunjika guu*.

Augustino and his sisters are facing other difficulties for which they also need support and help. *Amani* centre and other people are trying to help them in continuing counseling and supplying their physical needs like clothing, food, medicine, and some money for small needs at home and for their school needs. It is our hope that these children will ultimately cope with their life and be able to live a life that is worthwhile and a life that will be empowering physically, spiritually, and academically.

As an active participant the most important thing I tried to do with them was to build a healthy relationship. Pastoral counseling is not only about using tough and complicated skills that are too clinical; it is also about positive relationship. This good relationship can be gained through simple and easy skills, especially when we work with children. This good relationship is such as being able to be with them, walking with them, listening carefully, playing with them. Coetsee

(2005) shows that if we want to help a child who is emotionally wounded, it is very important *to walk with* a wounded child for healing and wholeness.

Case Number 6

Tumaini P

Tumaini is 14 years old in Standard Six at Nsalaga Primary School. She is a Nyakyusa by tribe. She is a Christian attending the Tanzania Assemblies of God, but recently she has decided to join the Lutheran church at Uyole because of the company she has found there.

Tumaini's parents died. Her mother, Selina Edison, died in 2001 and her father, Patrick Salim, died in 1997. The causes of their death are known publicly, but it is believed that they were bewitched. Tumaini's guardian, who is her uncle (young father), Bruno Salim, told the author that their relatives had cast a curse on their family because of greed about inheritance of property. Bruno's grandfather cast a curse on the children by bewitching them and one after another the children in Salim's family have been dying ever since then. Tumaini's father is also one of the children who have died because of the family's belief in witchcraft.

Tumaini grew up at Usangu in Mbeya rural district and some of her relatives still live there, such as her two sisters who live with their uncle and grandmother. Tumaini was reared in Usangu with her uncle Gaina until in 2006 when she was in Standard Five she moved in at Uyole to live with her uncle, Bruno Salim.

Bruno is a farmer but also a builder/contractor, who is married, but they are now separated and he now lives with another woman. Bruno is trying to support Tumaini in every possible way, but he also needs support from the *Amani* centre. Tumaini also benefits from the centre in various ways.

My observation and interpretation

Tumaini's life with Bruno's family has sometimes been very difficult for her. Coping with a new environment, a new family and a new school have been a big change for her. At one time

Tumaini tried to run away from her uncle Bruno to go back to Usangu where she grew up, but she later returned. The problem was because she stole some rice from a neighbour and she was afraid of being beaten by her uncle and being scolded by people and friends.

Tumaini's life circumstances have been very difficult. Her performance at school has been deteriorating. At home she works a lot and she does not even get a chance to study and play with her friends. She is always fetching water or cutting grass for the cows, or taking care of Bruno's little children such as bathing and feeding them. Tumaini's story is difficult to comprehend. According to the stories the author got from the neighbours, Tumaini's life is very critical. It is said that Tumaini's uncle frequently ill treats her, such as giving her work too hard for her age. He also uses physical and verbal abuse against her whenever she fails doing what he has commanded her to do. Through these circumstances Tumaini has lost a sense of direction and self-esteem.

Physically, Tumaini has been a strong and energetic child. When she is with her friends at the centre she is very playful and charming. But when she is at home or alone, she seems to look sad, uncomfortable, worried, insecure and lacking confidence.

In her memory book Tumaini wrote a poem which she calls, "A Sad Song." It goes like this:

*Where did I lost my parents
I have lost my mother then my father
Yes, they all have left me
Alone am I left
My relatives also have left me
My aunt and my uncle have left me
My grandparents have left me!*

It is the poem which shows her sadness and her concern about her life.

She also wrote:

*This child goes to school
He's very sad
Because he has no one to educate her/him*

If he goes to secondary school

Who will educate her/him?

She/he does not get any real answer!

This poem also indicates sadness in her soul, because there is no one to take care of her education when she wants to further her education. With this poem she also drew a picture of this sad girl who is going to school without any hope for the future of her education.

Another poem she wrote goes like this:

This child is very sad

I don't know why?

Because she has climbed on top of the bus

And she does not have a bus fare to pay

The owner of the bus, have told her to climb on top of the bus

The owner of the bus, does not care

The owner of the bus says it is up to you if you fall down!

This poem also indicates how Tumaini has been longing to visit her relatives at Usangu. She sometimes goes to board a bus without money to pay for the fare. So she writes out of her own experience. It shows how some poor people like her suffer when they are mistreated by people who own the buses when they fail to pay the busfare. Tumaini is very sad with the kind of life she lives.

Therapeutic intervention

Tumaini is an intelligent girl. She is very energetic and determined. As you look at Tumaini, she is very healthy physically. She likes school and she is socially active, she likes to play with her friends.

But sometimes Tumaini is very shy, which is normal for her age. Tumaini's life has been difficult. She has changed the people she has been living with, the school, friends and the

environment. These transitions have contributed to deterioration of her school progress, but also of her relationships with her relatives and friends.

Tumaini has also been feeling sad because of what has been happening in her life, the death of her parents, and the general situation she has been through, such as difficulties in meeting her daily needs and other psychological problems. For example, her uncle has filled Tumaini's mind with stories, especially about the curses and witchcraft in their family. This has sometimes made her feel fearful and anxious. Some of Tumaini's feelings have been expressed clearly in the above poems.

Together we spent some time discussing and telling the stories about life. Tumaini is very open to talk about her life with me. Therefore, it was easy for me to create other alternative stories that will help her to cope with the situation from which she was fleeing. The stories of success and hope were emphasized. For example, we sometimes decided to imagine a future life of success and joy. So what we did together is to think of positive things. We thought of the Bible stories which they usually study at the centre, and one of the memory verses they learned and we talked about was from the book of Jeremiah 29:11 which says, "For I know the plans I have for you," says the Lord. "They are plans for good and not for disaster, to give you a future and a hope." The story of a young Jeremiah became a real mirror for Tumaini who was questioning her life and her future life. The story of Jeremiah became like her life's story and she wanted the story to be her map for her life.

The problems of sadness, fear and uncertainty were identified and talked about separately with Tumaini. These problems were analyzed to see what influence or impact they had on her. All these processes had the goal of externalizing the problems in order to move toward relationships that will be healing, empowering and finding meaning in the face of the problems. The question comes how to move on or how to reach that goal. This can be done through finding where a person is strong and what he or she can have control over, looking for skills or qualities and support a person must have. For example, Tumaini was good at writing poems, she is also good at telling stories and she is a social person. Therefore, we talked about her issues or problems focusing on her strengths.

Tumaini learnt that life is a struggle which sometimes can seem to be unfair and full of wickedness. But she learned that God is in control of every situation and regardless of the circumstances, God has good plans for her. Tumaini then started trusting God no matter what she was going through. She continued to live with hope and dreaming of success for her future life. In this case she promised me she would study hard and do all that is necessary and pleasing to God so that she ultimately fulfills her dream of one day becoming a successful businesswoman. These new stories and dreams became positive alternative stories for her life and they became a roadmap to follow for her life.

Case Number 7

Kenny

Kenny is 12 years old, soon he will be 13 years, and he is in Standard Five at Nsalaga Primary School. He is a Safwa by tribe and he is a Christian believer of a Tanzania Assemblies of God church at Uyole.

Kenny's parents died a tragic death. His father, Charles Dickson, died in 2000 from a fire which was caused by fuel inside the house. His mother, Sabina Dickson, died in 2003 from skin infections which in Kiswahili are known as "*Mkanda wa Jeshi*," which literally means the "army belt." Sometimes the symptoms of that disease are related to the HIV infections.

Since Kenny's parents' death, his paternal grandparents, Anthony Paulo Ndangali and Tabia Anthony, have been rearing and taking care of him. Kenny is the only child in his family. His younger sister died. Most of Kenny's support is from his grandparents, but he also gets some support from his relatives such as his aunt, Fatuma Dickson, and his uncle, Michael Dickson.

According to the stories of his grandmother Tabia, she complains that the relatives from Kenny's maternal side have rejected and deserted him by not taking care of him, not even providing any support and some of his basic needs. They even don't want to visit him since the death of his parents.

My observation and interpretation

Kenny's school progress is very good. Most of the time he holds a good position in his class; he is also very intelligent and smart. He likes to study and he is very creative and inquisitive. He likes to listen and learn from his older ones. Generally, Kenny is a disciplined child.

One of the dreams Kenny has for his life is getting a good education where finally he hopes to work as an accountant in the bank, but he would also like to be a civil engineer. All these jobs have attracted Kenny because he has seen people around him working at them and he thinks they are good jobs.

Kenny is very close to his grandmother. He can talk to her about anything he has in his mind. She is the one Kenny can go to and express his feelings, needs, hurts, and for support at home. It seems that they are very close to each other.

Kenny's life condition is generally good. The house environment is good and clean. He gets the basic needs for his life from his grandparents and other relatives. He has a good place to sleep; he gets enough food and clothing.

His health condition is generally good, but sometimes he suffers from stomachache, the cause of which has not yet been found. This is the physical problem he has most of the time.

The other thing he suffers from is his feeling about the death of his parents and his young sister Anastazia. The coping mechanisms for him have been difficult. But at the same time, Kenny has been trying to forget about his relatives' deaths.

Kenny's interests and hobbies are playing different games like football, reading books and working in the garden. He is also interested in Bible stories and memorizing its verses, and listening to and telling stories. The following is one of the stories he has in his memory book.

Kenny's story

Once upon a time there were two hunters who went for hunting in the village they did not know. They asked one old man to take them to the forest for hunting. When they reached at the forest

they succeeded to shot the buffalo and they decided to give the head of the buffalo to the old man.

The other day they succeeded to kill the elephant and they did not give the old man the head instead they changed their rules and decided to give the old man the whole meat. But the old man refused to receive the whole meat, because he knew that the head of the elephant is worth than the whole meat.

The old man decided to open the case to the chief of that village. The chief said to the hunters you were mistakenly from the beginning when you gave the old man the head of the buffalo, so now you have to give him the same thing, the head of the elephant. The old man was so happy for the decision of the chief and through getting that head of the elephant, he managed to build a good house which was made of gold and he became very rich.

This story, Kenny says, teaches us perseverance, and the Kiswahili proverb says that, *Mvumilivu hula mbivu* which means the person who endures in life will eat ripe fruits. He also wrote that a human being wants to live in a way he/she has been used to. In Kiswahili they have the saying, *Mazoea hujenga tabia*, which means that behaviour is being built by what we tend to do daily, or watch your habits or they become character. When things change it becomes a challenge to many people. Change is always difficult and sometimes people must be ready for any risks.

Therapeutic intervention

Kenny is a boy with great expectations and good dreams for his future life. Despite all the difficulties of life that he is facing, he knows and believes that one day those troubles of his sickness and grief over his parents will be over and he will be able to cope with life in a responsible way and live a prosperous life.

Kenny also believes in a life that is decent and disciplined. He tries to follow what his caregivers teach and what he learns from the Bible as the good guide for his life. Obeying God and his caregivers is very important in his life and it is something on which he places great store.

Sadness, grief, and sorrow for Kenny are not something to be denied or repressed, but rather dealing with them openly and finding ways of coping with them. He has a Swahili proverb which says that, *Mfichaficha maladhi, kilio kitamfichua* which means that the one who hides his/her illnesses and sicknesses, the mourning will show him/her up. Kenny through conversation and stories came to understand that talking the issues over openly is one of the best ways of healing from all the bad feeling in life, it is a way of getting over things and starting afresh with the life that God intends for every individual.

Finding alternative stories, the stories of hope, is the work of narratives. The dominating stories of sadness, grief and sorrow are translated and recreated to the stories that empower and finally bring healing and wholeness in the life of a person. Working with Kenny was not so difficult since he was so open to talk about his stories; therefore, the work of mapping the saturated problem was easy. Through his memory book and his stories of life we were able together to thicken the alternative stories with different ways the narratives use, such as proverbs, biblical stories, and other folk stories.

For example, one of the things which was making Kenny sad and feel lonely was the death of his relatives. He thought the good way of not feeling that way is by forgetting about them, but this way was not easy for him, he kept remembering them. The more he tried to forget them, the more he kept remembering them. Therefore, together we tried to look for another alternative ways of dealing with the problem. Forgetting was not a solution for him. Then we tried to change the dominating story of forgetting the death of his relatives to an alternative story of trying to remember them positively. To remember people who have passed away is not a bad thing. First of all we started talking about his relatives who have died and the good things he might remember about them. Through his memory book, he also wrote some of the history about the family. I also encouraged Kenny to keep the memory through images, pictures or photos they had of their deceased relatives. This way will help Kenny to honour and remember his deceased relatives in positive ways. Kenny kept a good memory of his parents and his sister.

The story of the two hunters Kenny talked about was used to indentify his worries about life. That story gave Kenny a lesson of being patient with life and being courageous with all the

challenges he was facing. Kenny was able to identify with that man in the story who was patient and had the courage to wait for the right time to get what was right for him.

Kenny promises himself to keep his hopes and dreams working and in fulfilling his passion. He no longer wants to concentrate on negative thoughts and things that could ruin his dreams of being a successful man. Kenny's dream was to become someone with good knowledge of life before God and the society as a whole so that he can serve them responsibly and well.

Case Number 8

Eva

Eva is 12 years old. She is in Standard Four at Nsalaga Primary School. She is a Wanji by tribe. She is a Christian in the Lutheran church at Uyole.

Eva lives with her young mother, Eliza Mbilinyi. Her parents died when she was only six months old. They both died in 1996 some months apart. Eva does not remember them as she was still a baby. They both died a sudden death from stomachache.

Eva's guardian mother is married and the life condition of the family is poor, but not that bad.

My observation and interpretation

Eva still needs support for physical, academic, social and psychological needs and problems. She has sometimes shown signs of sadness and worry. The author has visited her at home several times to see her progress and the life she lives with her caregivers.

The positive side of Eva is that she is upfront in volunteering for several things at her church and at the *Amani* centre. She is open to learn and do different activities when asked by her teachers or counselors. She is also upfront in singing or leading prayers and also in expressing or addressing people on behalf of other children, such as thanking people who have come with gifts for the children and for all who come to visit the *Amani* centre. Generally, she is not a shy girl. She is courageous and bold enough even to stand up in front of the people.

Eva is a charming girl generally whenever she is in a good mood. She likes to talk, play, sing and act in drama. These have become some of the ways for resilience whenever she feels down. Her coping mechanism for her situation of being an orphan is to be socially associated with her friends and other close relatives who are a good support for her psychologically and physically.

Eva's story

Once upon a time there was a certain hunter and an old man. One day the hunter decided to go in the forest for hunting. In the forest he succeeded to shoot an antelope but unfortunately he did not have a knife for skinning the antelope. The hunter decided to go to see an old man and borrow a knife from him, and he promised to share some meat with the old man if he will give him the knife. When he got the knife from the old man he skinned the antelope and he returned the knife to the old man.

*At the end he did not want to share the meat with an old man. He told the old man that the meat is only enough for him and his family. The old man told the hunter that *Ahadi ni deni* which means that the promise is a debt.*

The hunter continued to insist that the meat is only enough for him and his family only. The old man told the hunter once again that the promise is a debt. If you don't want to share with me then you will remember me! When the hunter decided to go away carrying his hunting, he heard a voice from behind saying "you will remember me," when he looked back to see who was saying he could not see anything. When he reached home, he heard again the voice saying, "You will remember me." The hunter took the calabash of the honey to go to see the old man so that he could ask him for forgiveness. At the end he understood his mistakes he has done to the old man, and the honey in the calabash was something precious and important for a real and true repentance. In that way the old man was able to forgive him. But the forgiveness became more costly than the meat he could have given him instead of the honey.

From the above story we learn from the Kiswahili proverb *Ahadi ni deni*, which means that the promise is the debt. This means that when we promise anything to someone we should keep our promise. And when we discover that we have not kept the promise we should quickly find a

solution, instead of keeping quiet otherwise a curse and other bad things can occur. And this is very costly.

The lessons of the story are very important to children as it was to Eva in the way she lives with her relatives and friends. She understood the importance of our words in our life and the power they might have now and in the future. We also learned from the Scripture that it teaches us the same thing. The Bible says, we should not be quick to speak, but quick listen, that we should avoid empty words which are meaningless (James 1:19).

Therapeutic intervention

Eva is a social child. She is not shy, and she is upfront in different things and activities such as in taking part in different activities in the *Amani* centre. She is upfront in discussion and in Bible study. She is upfront in answering and volunteering with questions and homework given by her facilitators, volunteers, and teachers when asked to do so.

Eva is respectful to her caregivers. She is a girl who wants to please her caregivers. In the family of her caregivers she is the oldest. Therefore, she is responsible for many things in the family. Sometimes these activities have become a burden for her. Her caregivers are sometimes out from early in the morning and they come back home very late in the evening. Eva is the one who must make sure that the young children at home get their food and they are clean, and she must make sure she does all the house chores.

The consequence of her having so much work is that her school progress has not been very good. She sometimes misses doing her homework. Also according to her age the work has been too much for her. She does not even get enough time to play with her friends. The amount of work she does has also made her feel sad. Eva knows about her feelings and she says that she does not have any choice. Her life has been like that since her childhood and her caregivers have been like her biological parents. She is trying her level best to please them and to fulfill all that will make the caregivers happy with her.

As we met and talked together about her dreams and plans about her future life we tried to change the story of her sadness and worry to a story of joy and a successful life. In order to help Eva improve her school performance and her life in general I also talked with her caregivers to find ways that will give Eva the chance to study and do her school homework well. The caregivers agreed to shift the work between themselves to make sure that one of them is at home at lunchtime, so that Eva does not have to cook for her two cousins. This has worked well and Eva has since then improved and has been finishing her homework and her health has changed.

According to her story, Eva wants to be a successful woman when she grows up. She wants to be a nurse who will be able to help other people, especially children who become sick. We talked about the good promises, the positive promises that will change her story of worry and sadness. We promised each other to stand in the promise which says that *Ukitaka cha uvunguni, sharti uiname*, which means that if you want something which is underneath, you must bend down. Working hard is the way to a successful life. There is no short cut to success, it needs perseverance and hard work as another Kiswahili proverb which says, *Mchumia juani ulia kivulini*, which also means that the one who works out in the sun will finally eat in the shade.

Another healing which we found working with Eva is through playing. In playing we found that the body keeps itself busy, and also you find enjoyment and laughter, but you also find other related stories from the friends which keep help them. Playing keeps a person more creative because the mind becomes active and refreshes the whole body. Playing is not only about making a person strong and active, but playing makes a person happier and joyous. The Bible also recognizes the power of healing through joy and happiness. Proverbs 17:22 says, “A cheerful heart is good medicine, but a broken spirit saps a person’s strength.” Therefore, in our conversation we found that laughing, playing and enjoying ourselves makes us healthier and whole.

The narrative approach has helped her to develop different ways of resilience. Resilience from sadness and worry of her life has been through the stories and her writing and remembering in her memory book. As an actress too, in the dramas they perform at the church or at the centre, she has learned to act in a way that she is able to dismiss the bad inner feelings which could be

destructive and hurtful to her life. The centre encourages those activities which keep a child from thinking too much about his/her family problems.

Drama and stories have helped her to create the positive imagination of who she longs to be. Through those dramas and stories she can act in a way that her self-esteem, boldness and peace of mind are recreated and thickened in her mindset. For example, one of the dramas in which she acted was about the story of Esther in the Bible. Esther, who was a foreigner in a land where they were taken as captives, did not reject her background and her people, although she was promoted to a position where she became a queen. Esther was in a position where she could get anything and where she could be safe and live a life she liked. But Esther after hearing about the doom which her people, the Jews, were facing, was able to stand up for her rights. Despite all the opposition and risks she was facing, Esther was not afraid of claiming her rights or speaking for her people and even being open about who she was and her faith in her God. Esther stood for her rights and she spoke what was true in her heart (Esther 7-9).

Eva takes the story of Ester as her model, where she will be able to stand up for her people and for her rights as a girl. Despite all the struggles and conflicts she might experience, or the opposition she might face, she will continue trusting the God who helped Esther to rescue her people from destruction. Eva believes that one day her dreams and wishes will ultimately be fulfilled and come true.

Case Number 9

Lucy and Joshua

Lucy is 15 years old. Her childhood was good and healthy. She began primary education at Sinda Primary School in Mbeya urban district. In 2005 they moved to Uyole where she continued with her primary education at Nsalaga.

Lucy remembers a time when she got sick from a bad wound which did not heal for a long time. She says that she was very close to death and everybody in her family was confused. She

continued to explain that after getting well from that wound, she again got sick from lung problems.

Lucy's parents died not long ago. Her mother died in December 2006 when she was only 31 years old. Her father passed away in March 2007 at the age of 42. The causes of their death are not known. Lucy's parents were blessed with six children, but unfortunately only two children are left, Lucy and her young brother Joshua (14 years old), who is also being seen by the author. Lucy is the firstborn child and Joshua is the secondborn child. All the other children died while they were still very young.

At present Lucy's condition and her progress is very good. Her health is good and her school progress is also good. Lucy and her young brother Joshua presently live with their maternal grandmother, who is their guardian, and a very close relative who supports them in whatever needs they have.

Lucy's grandmother is a hard worker. She can work on a farm and she also keeps some animals such as chicken and pigs.

My observation and interpretation

Lucy likes different things in her life. She likes to play different games. She also likes some domestic work like cookery and animal husbandry. She likes to study and be a good child towards her relatives and other people. She also likes to know and follow her clan traditions and customs.

Lucy has learned in her life that wherever there is goal or a need there is a way out. In Kiswahili proverbs Lucy writes in her memory book that, *Penye nia, pana njia*, which means that wherever there is a goal, then there is a way. She also writes, *Mtoto umleavyo, ndivyo akuavyo*, which means that the way you rear the child is the way she/he will grow up. These two proverbs in particular and others direct people to be responsible and pursue what is good in life.

Lucy's dreams and her passion after getting good education and skills of life are to pursue something that will enable her to join the traffic police.

Lucy's feelings about her parents' death are still disturbing. It has been very difficult for her to talk about them. When asked what she does about her parents' death in order to cope or let go of her grief, she says that being with her friends, playing, singing and talking to her grandmother helps her to forget or let go of her feelings of pain, sadness and grief.

Lucy has also learned to focus on her dreams for the future. These are the dreams of becoming a successful woman in business, which will help her and her relatives to live a life of joy and happiness. Focusing thoughts on what is positive and empowering is the narrative approach in pastoral counselling, especially with children. The children who have lost their parents lose their identity and their self-esteem. Such children need to be helped to gain new and empowering alternative stories that will increase their confidence and hope for a life that is worth living.

Therapeutic intervention

Lucy and her young brother Joshua have been unexpectedly left behind without their parents. They are going through difficult psychological emotions. The story and the history of their parents' death are unclear to them. It seems that they have lost a sense of direction and are uncertain about life. Concerning their parents' death, there is a lot of suspicion and rumours are going around. They hear different stories from people that their parents have died from AIDS, but others say that they were bewitched, and still others say that it has been a curse from their past generations because of breaking customs and traditions in the society.

The children were brought to the *Amani* centre by their father shortly before he passed away. It seems that he knew that he would die soon because it was only one week after he brought the children to the centre when he died. Fortunately the children were accepted at the centre and they have been living with their grandmother since then four kilometres from where they were living before.

Using narrative approach in helping these two children for their psychological and social problems, we had to use stories that they have been hearing from people about their parents' death, as mentioned above. Their social and school development were not very good at times

because of all the feelings they have been going through because of moving and grief over their parents' deaths. Visiting the children and talking with them was one of the therapeutic interventions we used for their resilience. At the centre we also continued working with them through stories that would empower them, that would dismiss the hopeless stories they have been hearing from people, that is the fear of the curse in their family and witchcraft.

We tried to empower the children through singing hymns that would encourage them to remain strong in Christ no matter what the circumstances are. We played and drew pictures and images that would keep us focusing on what is joyous, hopeful and successful. This was the way of thickening the alternative stories that would be different from their depressing thoughts. One of the songs they used to sing is as follows:

Baba na mama waweza kuniacha (Father and mother can leave me)
Lakini Yesu hawezi kuniacha. (But Jesus will never leave me)
Ndugu, rafiki waweza kuniacha (Relatives and friends may leave me)
Lakini Yesu hawezi kuniacha! (But Jesus will never leave me!)

Another song goes like this:

Orphans, have neither mother and mother, nor clothing and food
Where shall they go, where shall they eat, oh orphans.
God the father help the orphans
They should come out of streets and garbage
They should come out of tunnels!
They should come out of cruelty.
Orphans should be helped to get food, clothing and live a decent life
They should get out of abuse and maltreatment.
Oh God the father help those orphans
*God the father help those who are orphans*²⁷

These songs and stories became coping strategies which lead them to personal insight of who they are before God, who will never leave them nor forsake them. They remembered some of

²⁷ This song is translated from Kiswahili.

the heroic people in the Bible who were not scared of curses and witchcraft, such as Paul who was a Pharisee, but disregarded his background because of Christ whom he knew. He was not afraid of being bewitched and being discriminated against as a Jew, because of mingling with Gentiles.

Lucy and Joshua have learned that life is difficult, but if you have a goal in life you can focus on it and struggle to reach it. The story of Joseph in the Bible has been a good example for them to follow. Joseph had dreams that pictured the success of his life in the future, despite all the difficulties he went through. Joseph was almost the youngest child in his family of Jacob. No one paid attention to him. He was like a useless boy. But deep inside him he had big dreams which God gave him. Despite all the challenges from his brothers and parents, he kept on dreaming and telling them about his dreams. Joseph passed through difficulties even to the point of death, but at the end we see his victory in the midst of difficulties. His dreams became something to hold on to and not to despair, and at the end of all the struggles he went through he became a successful man, not only in Pharaoh's kingdom in Egypt, but also to his family (Gen 37).

Case Number 10

Gregory

Gregory is 15 years old. He was born at Uyole. In 2007 he finished Standard Seven at Nyigamba Primary School. He is a Safwa by tribe. He belongs to the Roman Catholic Church.

In his family there are five children and Gregory is the lastborn. His three older brothers are independent. Gregory and his older brother Oswald live by themselves in the house which their parents left when they died. Their mother died in 2003 from what in Kiswahili is known as "*chembe ya moyo*", which is like a heart problem. She was ill for a very short time. In the year after their mother's death, their father was also ill for a very short time and in 2004 died from diabetes. Since then Gregory and his brother Oswald have lived by themselves, and they do not depend on anyone, except for minor support for the rooms they have rented and also from the *Amani* centre.

My observation and interpretation

Gregory's progress at home, school and at *Amani* centre is quite satisfactory. He does well at home, school and at *Amani* centre. He and his brother understand their situation and the condition they are in. They do not complain much or get sad whenever they miss anything. I have sometimes found that they don't even have money for grinding maize to get flour for food, which only costs 500 Tanzanian shillings.

It seems that Gregory's way of dealing with issues surrounding him is to know that there are people and the community as a whole around him for care, support and comfort. These seem to be the good ways of letting go of all the problems he and his brother Oswald have.

Oswald, Gregory's brother is troubled by the disease which is known in Kiswahili as "*kifafa*," (ie epilepsy). This makes him feel he is being shocked by something, and he trembles and shakes and finally falls down, which has caused him to have a lot of sores on his head. Oswald and his brother Gregory do not know the origin of his sickness, but he is using some medicine which the doctors have recommended. According to his brother Gregory, the medicines do not help much. At least once a month he falls down and his face gets hurt. This sickness has caused him to lag behind, especially when it comes to his school progress. Therefore, Gregory has been a person who most of the time helps or takes care of his brother.

During counseling sessions, the author observed that Gregory is talented with listening and showing compassion to the people, especially those who are also like him, that is, those children who are in difficult situations. He is very attentive and sensitive to issues that are troubling people such as sicknesses, poverty and injustices. The narrative approach has helped Gregory to acquire the skills of knowing how to listen and tell the stories and the memories we have in life. Sharing memories and stories have become a healing process for Gregory and other children at *Amani* centre. Gregory recalls the story which his grandmother used to tell them. She told them that respect for people starts when you also know how to be attentive and to listen to other people's needs and their stories. His grandmother used to tell him that people need to heed what we hear from our relatives who are older than us. His grandmother also used to tell the story of Martha and her sister Mary that is found in the Bible in which Mary chose to spend a great deal

of time sitting down and listening to the words of Jesus. Jesus commends Mary that she chose to listen to Him rather than getting busy with other things. There are things that are more important than physical needs and these are spiritual needs (Luke 10:38-42).

Therapeutic intervention

Fortunately it has been very easy doing pastoral counselling with Gregory and Oswald. The problem with Oswald is his illness because the epilepsy has affected his speech and he cannot speak very well. But generally, these two children have been very open to talk about their issues with their teachers and counselors. They have been very cooperative. One of the approaches that was very easy for them to work with was through drawings and talking about the drawings. They liked drawing pictures and images that were to them what they wished for in life. I also discovered that talking to the child is as important as listening to the child. Talking together we would look at new ways of thinking and behaving, so that the person might grow healthy. It is always good to remember that most of the time a child talks through play and listens through stories (Coetsee 2005: 151). Play and art can be a good way for a child to tell the story.

For example, on one occasion Gregory drew an image of the moon in which he also drew some trees, people and other creatures such as insects and animals. The image for him meant a life he wished for and that was a life full of justice and harmony. As we shared his story Gregory was tired of life, which in the society he lived in was full of illnesses, criminals, poverty, injustice and other misfortunes in life. One of the dreams Gregory has is to become a lawyer who will be involved in helping his society to live the life for which he wishes, the life of peace, harmony and prosperity. He would like to become a person who will fight for peace and justice in society.

Together with Gregory we entered and created a world of imagination through play and drawings. For Gregory grief was not a big deal for him, but the future of his life and his brother's was. Gregory's imagination was seen in his play and drawings in which we clearly saw his intention and goals for the future. On another occasion he was able to create a world of

fantasy in which he hopes and prays that God will be able to help him to become a person with a bright future, a person who people honour because of his service to society, especially in helping to bring peace and justice in the world.

One of the stories Gregory likes is the one of King David and Nathan, the prophet, concerning the issue of Uriah and his wife Bathsheba (1 Sam 11 and 12). It is clear that David did not do what was right before God, Uriah and society. From this story Gregory learnt that it is good to do what is right and just. The verse which was transforming to David, which also became a memory verse for Gregory is, "I will instruct you and teach you the ways you should go; I will counsel you with my eye upon you" (Ps 32:8). Gregory sees Nathan the prophet as a hero and model of the kind of person, especially those in government positions, to follow. Nathan was not afraid to confront the king; he was able to tell the truth in a very simple way, so that the message could be understood. Nathan used a story to deliver the message to the king in which it would be easy for the King to know what he did and to be responsible for his action.

We have also learned from a Kiswahili proverb, *Uzuri wa mkakasi, ndani kipande cha mti*, which means inside the sweetness of a pineapple is a piece of log. This proverb has many implications. David sleeping with Bathsheba was so sweet at the beginning, but the end of it was so bitter. His family felt the consequences of his action and the entire society felt the bitterness of his actions. The proverb was a means of healing for Gregory because its message is so real, clear and simple.

When we talked about the issue of sexuality and AIDS, the children learned that people tend to look at things on the surface instead of looking deeper to see the ins and outs of the things young people have been doing. Sex before marriage for young people has become something which people like to do without taking any precautions or understanding the consequences. They have unprotected sex and the result of it is teenage pregnancy, sexually transmitted diseases and HIV infections. But they should learn from what the Swahili people are saying, *Uzuri wa mkakasi, ndani kipande cha mti* and also, *Fikiri kabla ya kutenda* which means think before you act, because as Swahili people say, *Majuto ni mjukuu*, which means that you will start mourning when it is too late! All these sayings and proverbs have become very important

in teaching and counseling children of this age (teenagers between 13 to 17 years old). The wisdom of the proverbs has helped them to live a life of reality and not of taboos and other destructive customs and traditions, particularly related to the issues of sexuality).

Case Number 11

Devotha

Devotha is 14 years old and she is the lastborn of four children. The Simba family originated from the Iringa region. They are of the Kinga tribe, which comes from the Makete district in Iringa region. Devotha's parents died in the same year just two months apart from each other. Devotha's father, Simba Leza, died in June 1998 from bad stomachache (*vichomi* in Kiswahili). Her mother, Mwinga Katano, died in August 1998 due to birth complications. The Simba family had been blessed with four children, Suzana, Sheyo, Tobias and Devotha. They all belong to the Roman Catholic Church at Uyole.

The four children from the Simba family live together at the house their parents left when they died. These children do not depend on anyone but themselves. They struggle by themselves to make sure they survive in the midst of life's challenges and difficulties. These children, especially the two elder ones, Suzana and Sheyo, did not get an opportunity to continue with their secondary education. Suzana (21 years old) is involved with small vegetable farms. The family has a small farm which they cultivate with maize for food. During the dry season Devotha's brother, Sheyo (19 years old), in addition to the farm work, works to collect stones to sell to the house building contractors. This work helps him and his relatives to buy some of their house needs. Tobias (16 years old) has just finished his primary education in 2007. His sister Suzana explains to the author that they are worrying that they will not be able to support Tobias to go to a secondary school, whether he passes the national examination or not.

Devotha is in Standard Six at Nsalaga Primary School. She likes to go to school and study hard. She also likes to play different games such as netball.

My observation and interpretation

Devotha is very close to her grandmother, who lives far away from their house. Devotha regularly goes to visit her grandmother, especially on weekends, where she also helps her to do some chores and other work she might have. This seems to help Devotha a lot with her psychosocial needs and problems she might have. Generally, her behaviour and personality are good. She feels happy and joyous, but she still needs some more support, comfort and encouragement from the society. The environment she is living in has very many temptations and she is very vulnerable, especially when it comes to the issues of sexuality. Devotha needs guidance and support in order to resist these temptations.

Therapeutic intervention

It was through good relationships, conversation and the stories we shared that helped Devotha to live a life of hope and love despite the difficulties they have in their family. Their situation is very poor and they have very little support from outside. Physical needs have to be met first in order that their life might be more comfortable. The *Amani* centre has tried its best to provide children like this with all the daily necessities. *Amani* centre has helped these children by providing clothing, food, school materials and other small needs.

Talking about issues relating to her parents' death was difficult for her. The question in the author's mind was, how I can help the child to develop a new and healthy values system? How can I help her to be free and talk and listen? Writing and drawing in her memory book helped me to find ways of talking to her. The fear and grief from her parents' death was clearly expressed in songs and poems she wrote in her memory book. At one point she wrote and sang:

Baba na mama waweza kuniacha (Father and mother may leave me)

Kaka na dada waweza kuniacha (Brother and sister may leave me)

Lakini Yesu hawezi kuniacha x2 (But Jesus will never leave me)

Ndugu, rafiki waweza kuniacha (Relatives, friends may leave me)

Na wote pia waweza kuniacha (And all may also leave me)

Lakini Yesu hawezi kuniacha x2 (But Jesus will never leave me)

From this song it was obvious that Devotha understood that life is difficult and painful and that all people may desert her, but it is only Jesus Christ who never leaves her alone. He is someone

she can put her trust in. In Hebrews 13:5–6, the Scripture says, “I will never fail you. I will never abandon you.” The Bible continues to say that, “The Lord is my helper, so I will have no fear. What can mere people do to me?”

As we talked together it was apparent that these verses have been very encouraging and empowering to Devotha. She has memorized them and took these verses into her heart as her motto for her life.

In order to help her, we tried to make several visits at her house. We talked about different issues relating to life, especially concerning her future dreams. Devotha wants to be a prosperous woman after getting a good education. She wants to become a businesswoman. We talked about issues which she wrote in her memory book, but especially concerning the feelings and emotions she was going through, the feelings of sadness and worry about her future. As we talked she seemed to be very receptive and willing to cope with her difficult situation.

One of the ways she did is through stories which were so empowering for her. The stories she learnt from her grandmother, but also from her friends, have helped her to feel more secure and to belong in the society. She has learned from a Swahili saying, *Kutokuwa na rafiki ni kuwa maskini kweli* which means that to be without a friend is to be poor indeed. We also tried to share the biblical stories which became a way of defeating some of the bad feelings and emotions she was going through. Devotha now is a social person, she likes to be with people and talk to them. She likes to share her stories and sing different songs with her friends, which are very encouraging to her and her friends.

Devotha also needs support and help for her vulnerable life. She needs to be advised to be cautious about peer pressure from her friends. She also needs support in understanding her sexuality so that she does not give in to peer pressure and end up in sexual relationships at that early age. Being open to issues relating to sexuality is very important at this time. Talking about issues openly and in non-threatening ways helped the children to understand their responsibility to stay away from every kind of bad behaviour. Through narratives, the stories that relate to

sexuality issues, will be helpful for children such as Devotha. Stories and metaphors do help children to talk about sexuality issues in non-judgmental, friendly and understandable ways.

Case Number 12

Scola and Secilia

Scola is 15 years old and she was born at Uyole. She is now in Standard Seven at Nsalaga Primary School. She likes to study and play different games when she gets the chance.

In her family of Lingo, there are three children. Scola is the firstborn and Secilia (12 years old) is the secondborn child and I did not get the name of the lastborn child. In the *Amani* centre Scola and Secilia are two of the children the author has been seeing.

Scola tells that she likes to read and sing in the church. They belong to the Tanzania Assemblies of God at Uyole. Scola and Secilia lost their father in 2004. They live with their mother and she is the one who takes care of them. She does small businesses at Uyole market. Sometimes Scola helps her mother with this, such as selling bananas and tomatoes.

Other interests Scola has are drawing and playing games such as netball. In her drawing she inserts some religious words, which give her some comfort and hope for her life. In one of her drawings in which she drew a flower she writes, *Yesu ni jibu la maisha yangu*, which means, Jesus is the answer for my life.

Scola's story

One of her stories she wrote in her memory book goes like this:

Long time ago, there was a man who had two wives. The first wife bore a human son and the second wife bore a snake son. One day when the time came for the registration for the pre school education, the first wife took her son to school, but the second wife did not. The snake son asked his mother that he also wanted to go to school like his brother, the son of the first wife. His mother told him that you are a snake son; I don't think the teachers will accept you! But the snake son insisted to go to school for the registration hoping that he will be accepted. Finally, the mother agreed to go to school with his snake son.

When they reached at school, the mother introduced her son and expressed her need for her son to be registered at the school. The teachers did not accept him saying that the son was not a human being but a snake! The teachers expressed their fears to accept him because of the way he was, that he might even bite them. The mother and her son went back home very disappointed! When they reached at home the mother told her son, did I not tell you that you are a snake and that they will not accept you! When the father of that son heard about that, he chased them out of the house.

The snake son and his mother went out looking for a place to stay, and when they were going they reached in the interior of the forest. Then the snake son climbed up on the tree without being seen with his mother; his mother started looking for him and she started to cry. The snake son heard her cry and saw his mother crying and he called her saying, “mother, come, I have already built a house to stay.”

In that village a great famine happened and the father of that snake son began looking for a job and he came to the house which his second wife and his snake son built. He began asking for a job to a snake son, and the snake son asked him that are you not the father you chased us out of your house? The father began asking and begging for the forgiveness for all what he did for them.

Scola finishes her story with what she has learned from it saying that we should not disregard or look down on our children no matter what they are or how they look; they have great potential in them for building up the family, the church and the nation as a whole.

Therapeutic intervention

Scola and her sister Secilia who live with their mother do not have much difficulty in life compared with other children at the *Amani* centre. The support they need is mostly for material needs, but not to the same extent with psychosocial needs. As we talked and listened to the stories we found that the major thing these two children need is finding a good network of friends, getting connected with other children at home, school and at the centre. This will help

them to feel more comfortable and more acceptable in the society. Games and telling stories would be good ways they can be connected and feel more secure. The best way the author used for intervention with Scola and Secialia was establishing and building healthy relationships, which ultimately will bring healing and wholeness (shalom ie peace) in their life. These have been implemented and have been seen to be the best way in helping them cope with their life situation.

A healthy relationship is central to the ministry of healing. God the Holy Spirit is the one who ministers healing through a healthy community. This healing community must experience the healthy relationships that will ultimately bring healing to a wounded and broken child (Coetsee 2005: 26). I am in line with Coetsee who says, “healing is the ministry of the Holy Spirit to bring restoration (‘peace’) to wounded and broken children in caring relationships with a compassionate community of believers” (2005:26).

OVC should be regarded for the church and society as an opportunity for her to grow into maturity and they should not be regarded as troublesome or a misfortune for the society. The OVC do not cause the problems of illness, poverty and other difficulties. They should not be despised and looked down upon because of their situation. They are people like any other people who are physically and materially well.

The feelings of sadness of these orphans because of who they are in the society should be dealt with in order to make them feel more comfortable, acceptable and respected. From the story of Scola and her little sister Secilia it was obvious that they sometimes felt that they were the worst in society, that they were rejected and despised. But as we continued visiting and talking with them, this problem-saturated story was being transformed to a story that will empower them to live a life of hope, faith and success. Secilia discovered that it is in Jesus alone where there is a true answer for her life problems and struggles. She is now trusting God to fulfill her dreams and for that reason she is aiming to study hard and be strong. She is trying to break all the bondage of shame and guilt of thinking that they are the worst people in the world. She has also learned that a person who is wise will not despise his/her friend, as is said in Proverbs 11:12.

We once also shared the Gospel narrative which was so empowering for Scola and Secilia. The story was about the rich person and Lazarus (Luke 16:19-31). As we talked together the emphasis of this story was on how we should know to respect others no matter who they are, like the lesson in the story above. We should know how to talk and listen to all people despite their differences. Our life should be a good model for a disciplined life, so that we cannot find excuses and stay irresponsible. There is a Kiswahili proverb, *Majuto ni mjukuu*, which means that you will start mourning when it is too late if you don't take precautions and act responsibly. Act responsibly and there will be no regret. The memory verse we learned to remind us of the story of the rich person and Lazarus says, "Let me hear of your unfailing love each morning, for I am trusting you. Show me where to walk, for I give myself to you" (Ps 143:8).

This is what is being reflected in the story above where Scola wrote about two children, one of whom was rejected and despised in society. There is a Kiswahili saying, *Mpanda ngazi, hushuka* which means that the one who climbs the ladder will obviously come down again. So whenever you feel you are superior to others, one day you will also come down. Let us not despise others who are not like us. There is another proverb which goes like this, *Mdharau mwiba, umchoma* which means that the one who despises the thorn will be pierced by it.

Case Number 13

Paschal

Paschal is 15 years old, born in Sumbawanga, Rukwa region. He began his primary education at Katandala in Sumbawanga. He belongs to the Roman Catholic Church.

Paschal explained that he began suffering from life after the death of his mother, Anastazia Marko, even when his father was still alive. Paschal moved from Sumbawanga, Rukwa region to Mbeya region after the death of his father.

In Paschal's family they were three children, one of them by the name of Esther, who died in 2002. The two children who are left are Paschal and his young brother, Daudi. Paschal's mother

died in 2002 and then his father died in 2005. Paschal now lives with his grandfather and he goes to Itezi Primary School at Uyole where he began with Standard Five.

According to Paschal's story, he is healthy and has not had any serious illnesses. Paschal says that he likes to study hard, but at the same time he likes to play football and other games too. He also likes to live a decent and moral life, being obedient to all people and to live a godly life without being involved with any kind of drugs and smoking, or anything in life that can be considered as sin before God and before people.

My observation and interpretation

Apart from his grandfather's support, Paschal has some good networks with his relatives such as his aunt, uncle, and his grandfather. But still Paschal needs some extra support from the *Amani* centre for his psychosocial needs and his progress in general, because his life is still very hard economically, socially and psychologically.

Paschal is a hard working boy who does not wait to be told to do something. He volunteers to do different activities for his grandparents such as going to the fields (*shamba*), cleaning the house, doing chores in and around the house.

In his memory book, Paschal wrote a will which his father left for him and his brother. This will is about them that they must love and respect each other, and that they should work hard and not lust after other people's things. They should stay together in unity with the bond of love.

One of the family customs and traditions Paschal remembers from his parents is that they are forbidden to marry more than one wife. They are also forbidden to believe in witchcraft.

Therapeutic intervention

Building good and healthy relationships by visiting and talking with Paschal was a very important step in his developmental stage. Despite all the difficulties he has, he was able to talk freely about his issues. For example, the issues of his parents' death and about witchcraft are not very easy to talk about, but for Paschal it was easy to share his stories with his counselors.

Being able to talk about the issues which were so troubling was itself the healing process for Paschal.

Paschal is good at writing in the memory book or letters which would describe his emotions and feelings of what he was going through. It was through his stories and letters that we could find the issues to talk about. Talking through his stories and memories became a healing process. Paschal's feelings of fear and grief about his parents' death were the big issues, but through visiting and talking about them through his own writings it was easy to find alternative stories that would be empowering and positive.

Paschal's religious background is also fairly strong; he does not want to concentrate on believing about witchcraft. He likes to think of God, who is love, and stronger than all the witches. The Bible stories he has learned at *Amani* centre have helped him to hold on to something which is godly and he has the memory verse which he holds on to in his writings in his memory book and in his mind. The Bible verse which he likes says, "If God is for us, who can ever be against us?" (Rom 8:31).

Case Number 14

Tumaini M

Tumaini is 15 years old. His childhood, his health and his educational progress were not very good due to his parent's economical difficulties.

Tumaini explains his childhood story in very sad ways. He says that when he was about one year old he was walking with his stomach! His parents took him to the traditional doctors who advised them to look for the skin of a snake to tie on the child's waist. Tumaini continues to tell his story that after following the advice of that traditional doctor he began to walk with his knees and after six months he began to stand up and walk slowly, but stumbling. At this stage he says he was very fat.

Tumaini was baptized in his church in Chunya district, Mbeya region. Unfortunately, Tumaini did not continue with his primary education as his parents were not able to support him.

Another childhood story Tumaini has is about a certain time when he explains that he was nearly eaten by a hyena at night which was troubling his parents. In his memory book, Tumaini says, *Maisha ni safari ndefu*, which means life is a long journey. Through those difficulties in life, Tumaini still seems to show some courage and hope in God. He also has this to write in his memory book, *Mungu ni kiboko cha Shetani*, which means God lashes Satan.

Tumaini says that whenever his mother prepares traditional alcohol she must put it at the corner of the house. This was an example of the customs and traditions which Tumaini's parents believed in for their welfare. Tumaini's family is strongly influenced by the African culture, customs and traditions. They are also influenced by some beliefs and taboos which make Tumaini worried and fearful, such as witchcraft and sorcery. Let us consider one of his stories he has written in his memory book, which shows how he understands himself and the world around him.

Tumaini's story

Once upon a time, there was an old woman in a certain village, her name was Simya. She was a very good person who liked to visit people in their houses around the village. The village had several people who were practicing witches. The people in that village lived in fear and uncertainty of their life and the progress was not that good. The old woman who came in that village was sometimes visiting the houses looking for the witches. Fortunately, she found twenty two witches in that village. In those house she found human's flesh of people who had died and also found cats who were stealing people's food and she also found little children who had died (or lost) in their homes. She also got big cats in their houses.

The old woman took all these things and burned them, destroying all the evil works of the witches. From that day people got their deep sleep and nothing bad got on their way in that village again. The people thanked the old woman and gave her gifts to take with her at home. If a person got sick or had been bewitched they would take him/her to that old woman to be healed. When people came to that old woman, she would ask who had done such a thing and

what has he/she has done? The one who had done this could have gone to the ten cell leader of the village instead of doing such evil thing.

When the old woman died many people were very sorry for her death. People cried a lot in her funeral. Many people said different things about her. Some people said that she saved us from all our afflictions and sufferings which we got from the witches, but the witches themselves were very happy and rejoiced at her death because they said that the old woman took off their witches. So these witches went back to their bad practices of witchcrafts.

One month passed from that day when the old woman died. That village began to get worse again, bad things were happening. One day, when children went for swimming in the stream of a river they found that one of them was drowning and he finally lost in the river therefore, the others decided to run away going back to their houses. The mother of the boy who lost began asking where your friend is. They answered; he has drowned in the river. The mother began calling the villagers and they came out to the river where the child has been drowned. The villagers began looking for the boy who has been lost in the river. Finally, they found a child lying beside the river already dead. And this is the end of a story.

Therapeutic intervention

Tumaini's story and his life in general are full of fear and anxiety, as we have seen above in his story. His life and surroundings were confronted with witches and with some customs, myths and taboos.

Using narratives was a way of helping Tumaini to cope with his feelings of fear and anxiety. The stories of fear were discarded through the stories of hope and faith. Tumaini looks for ways which will help him to be a better person. One of the ways he has found to be helpful for his spiritual life is through obedience to his people, which he thinks will be a way of succeeding in life here on earth and in heaven.

The struggle between good and evil, between the good people and bad people, is one of Tumaini's concerns. He dreams that in the future he will continue fighting against what is evil

and bad, whether it is poverty or illness. Tumaini believes in the miracles of life where he hopes and prays that all should be treated with dignity. The alternative story of Tumaini was no longer filled with sadness, fear and worry, but with hope and faith in God who will ultimately prevail against all the evil things such as witchcraft. Good always prevails against evil.

Two of the biblical narratives which are in line with this concept of good versus evil are about King Saul and David in the Old Testament (1 Sam 18ff) where King Saul was so envious of the success of the young boy David, or the story of Peter and John with the magician, Simon, in the book of Acts 8:9-24. These biblical stories were used for the purpose of discarding unreasonable fears and building up a good relationship, which is filled up with hope, faith, and love. Tumaini finally understood the mighty power of God over Satan and his evil deeds. He has a quote which he likes which says, "Don't play with God!"

He remembers his own life as it was very difficult during his childhood, but he survived and he is still persevering. His dream is that one day he will be able to help other children who are facing similar situations, especially the orphaned children. That is why he remembers and honours what the Swahili people are saying concerning life that, *Maisha ni safari ndefu* which means life is a long journey that needs perseverance. Tumaini came to understand that the way we treat each other now, is the way life will treat us in the future.

Despite his difficulties, Tumaini likes to study and continue with his education. His aim and dream for his future is to be a pastor who will be involved with orphans and other children who come from a difficult environment. He hopes to be helpful to them and that God will give him the opportunity of doing so.

Case Number 15

Israel

Israel is 12 years old. He is in Standard Five at Itezi Primary School. His mother, Lydia, died in October 2001. His father, Albert, ran away after his mother's death. Israel met his father six years after he left him. When Israel met him, his father was sick. At this time he was living at Iwambi, outside Mbeya town, about 15 kilometres from where he is living at present. According to Israel's story about his father, he says that his father could not be cured of his sickness though

he had been hospitalized several times. Albert had been sick for a long time though the nature of his illness was not clear. In April 2007 Israel's father passed away.

Since Israel's mother died, Israel has been living with his maternal grandparents at Uyole. They have been like parents to him as he lived with them since he was a little boy. They have been supporting him in all his needs, but he also gets some support from other relatives such as his Aunt who has a small business, and also from his uncle who is not very far from where they live.

Israel is the firstborn of his family. His second brother, Kevin, died while he was still a baby, and the third child is Tulinagwe, who lives at Iwambi with her paternal grandmother.

Israel's story

Once upon a time there was a rabbit and a man.

A man had three children. One day a rabbit went to a shamba which had been planted with groundnuts, and he started stealing the groundnuts.

The man for a long time had been frequently troubled with the stealing behaviour of the rabbit. Then a man decided to put a sculpture of a person in that shamba. On that sculpture he put some strong glue so that the rabbit can be trapped.

One day as usual the rabbit went to steal the groundnuts in the man's field. The rabbit saw that sculpture and said to it, "forgive me...forgive me" but he could not get any reply. Then the rabbit said, "Why don't you reply me?" So the rabbit went close to the sculpture and touched it and the rabbit saw that he was caught by the sculpture and he began screaming and shouting very loudly. The noise was heard by the owner of that groundnuts shamba and he went to the shamba and caught the rabbit. At finally, despite of rabbit's craftiness and cleverness, he was caught and he could not do anything.

This story teaches us that we should not be stealing other people's things. No matter how we think of ourselves as intelligent, clever and wise, we should not try to show off what we can do

without considering other people. The Swahili people have the proverb which says, *Za mwizi arobaini*, which means the thief has forty days only, because after that he/she will be caught.

My observation and interpretation

Israel's grandparents are a good support and comfort to Israel. They are not very old. They have energy and passion for life. They engage themselves in various activities such as cultivation and tailoring. In this way they can support themselves and Israel.

They are good caregivers to Israel, because as I observed them, they rear him in a disciplined Christian life. Israel himself is a good singer, actor and attends church and Sunday school regularly. Israel likes to play football, he likes to sing and act in dramas, especially in the church. They all belong to the Moravian church at Uyole.

Israel also likes school, but at the same time he likes to play too much. I can say that he is very naughty, mischievous and sometimes delinquent. In this way he cannot concentrate well on his studies and therefore does not pass well at school. He is an average student, although if he played less, he might be a very good and bright student.

When I talk with Israel about his parents' death, he does not feel good talking about them. He fails to explain himself about them and stays quiet. When I asked him where he goes for help or to talk to when he has something in his heart, he told me he goes to his aunt and his young father (uncle) and not to his grandfather with whom he stays. It is obvious that Israel does not feel very free and open to talk with his grandparents who take care of him.

His grandparents did not have a good relationship with Israel's parents, as I noticed in the stories we had about the family. Israel's grandparents do not want to talk about Israel's parents to him. That is why he sometimes goes to his aunt or his young father who can listen to him. There is a kind of hatred in the two families where Israel came from, from his father's family and his mother's family.

Therapeutic intervention

Israel is a very charming boy, very active and very busy playing different games with his friends. His parents' death is one of the things which distract him with his school progress. But the hatred of the two families from his mother's and father's sides affects him as well. These problems have caused Israel's poor performance at school and his delinquency.

The visits and the narrative activities such as stories and proverbs and other activities at the centre have helped Israeli in trying to cope with his life situation. *Amani* centre has become a healing community to most of the children who attend there. Building good relationships, and talking the issues over and helping Israel to write some of the good memories about his life's background in his memory book have been very helpful for his healing.

We provided different things which Israel could use to tell his stories, such as paper and exercise books, in which he was able to draw or paint some pictures and write some of his memories in his book. Through these things Israel was able to talk more about his family, but without them it was very difficult for him to tell his stories.

As I observed Israel playing with his friends, especially soccer, I could see clearly in his mood that it was more relaxed, happy and friendly. After the game I took some time to talk to him about it. I could ask him "how did you feel playing the game with your friends"? The answer was very obvious that he was glad. This was another alternative for Israel to find a way which would help him not to concentrate so much on the problems he was facing in his family.

Painting and drawing pictures and images have also been a way of coping with his difficulties. The stories which have been created out of these pictures have been a healing process for Israel's psychological and social development. The pictures which seem to portray a negative message were then transformed to make the pictures look more positive and hopeful. Sometimes his anger and sadness towards his family was being portrayed with his violent pictures or images, but through talking about them Israel was able to draw other images and pictures that would portray positive messages of friendship and peace, faith and hope. He would draw a family that is united and sometimes eating food together, or the family sitting together

and talking. The hatred which was observed in their grandparents towards other relatives, especially from Israel's father's side, was openly discussed so that they could get them out of their minds, and especially that of their grandson, Israel. The biblical stories became a good guide for them to understand about love and faith that no matter how life may treat them, they have to forget, forgive and move forward so that are acceptable to all people and God.

For his delinquent behaviour we used the following story:

In a certain village there were two dogs. One of the dogs was very naughty, but the other one was very cool. One day these two dogs went to look for food in the forest and they decided to help each other. The one who first got the meat must make a noise and call the other one so that they could share the meat because they were friends. When they reached the forest they reminded themselves of the rules of the game on how to hunt and what not to do. They agreed and started hunting for some animals for their food. The first dog to get the meat was the cool dog. So he decided to call his friend so that they could share together. He shouted once, twice and a third time, but the naughty dog did not want to respond. As naughty as he was he came making a lot of noise, jumping happily, and running here and there, backwards and forwards because of the meat. The cool dog said, "hey don't make a lot of noise otherwise other animals will come and take our share because of your playing up". The naughty dog did not want to listen. He kept on making nonsense noises until he saw a lot of other animals coming towards the cool dog who was holding the meat. These animals were hyenas, lions and other animals which were stronger than them. The cool dog decided to run away leaving the meat behind. The naughty dog tried to rescue the meat from those hyenas, but without success and he ended up being wounded by the hyenas in the fight. The naughty dog lost the food because of his bad behaviour by being so mischievous, naughty and noisy.

When I asked Israel what he learned from the story he was able to understand what the wise people of Tanzania will say in the proverb, *Debe tupu lina makelele mengi*, which means that the empty thing can make a lot of noise. This means that people who talk too much thinking that they know many things, are actually nothing, they are empty like a can. It is better to be cool, but in the end people will see your richness and success. By being noisy and showing off you

will end up like the naughty dog in the story. It is better to be cool, while being creative and clever just like the cool dog.

Another Swahili wisdom saying goes like this, *Kunguru mwoga uishi miaka mingi*, which means that the scared crow will live many years. Because whenever he sees danger or even if you try to scare the crow with an empty thing in your hand, it will just run away. In that way he lives many years. But those who think they are clever and bold will not live long. In one day they can get snatched. Our only trust should be in the Lord Jesus Christ who knows our lives better than ourselves. The Bible says, “Trust in the Lord with all your heart; do not depend on your own understanding. Seek his will in all you do, and he will show you which path to take” (Prov. 3:5-6).

We also shared some of the biblical stories which tell us that the one who thinks he is stable must make sure that he doesn't stumble and fall (1 Cor 10: 12). Also that the one who is bold and proud of him/herself must not be bold because of who he/she is, but because of the one who is greater than him/her, that is, God the almighty whom he/she knows as his/her Lord (Jer. 9: 23-24).

Case Number 16

Juliana

Juliana is 15 years old. Both of her parents died. She is now being reared by her grandmother. Juliana is the lastborn of three children in their family. She has two older brothers of 18 and 21 years.

Juliana goes to school and is in Standard Seven. She belongs to the Nyakyusa ethnic group. She also belongs to the Moravian church at Uyole.

Most of Juliana's support comes from her grandmother. She is still strong and healthy, though she is old and does not have any dependable means of generating income for the family needs of the children living with her. Juliana's grandmother depends on other family members such as

Juliana's uncle, and her aunt who live not far from Uyole area, to support her family. Apart from Juliana and her two brothers, Juliana's grandmother also takes care of two other children, the daughter from her uncle and the other one from her young mother. So all together in this family there are six people.

The cause of Juliana parents' deaths is not clearly understood. Juliana's mother died after a short illness in 1993 just one year after her birth. Her father died in June 2003. Since then she has been living with her grandmother.

Apart from Juliana's grandmother, Juliana also gets support from *Amani* centre, which provides most of her school needs like uniforms, exercise books, soap and even some clothing.

Juliana's story

Once upon a time there was a king. The king had a daughter. The daughter was living in the twelve storey of a big flat. In her room no one was entering in. All the supplies were being sent to her inside her room.

One day the thieves broke the house and entered her room where she was staying in. And they told her to take everything that was hers and not to scream. Then they took her into another flat in another storey of the flat. In that flat there was a servant by the name of John Best Kuku. In the room, where the King's daughter was living, no one was allowed to enter. If the food was needed she just rang the bell and the food was brought in.

One day, the King's daughter heard someone chopping firewood and she decided to look at the window and she saw a young boy named John Best Kuku. The King's daughter called him and told him to open the door for her. John went up and opened the door. The king's daughter went out, and John fell down three times as he saw the beauty of that King's daughter. When John woke up, the king's daughter told him that the thieves kidnapped her from her room, so she told him, let us run and go out of here. Therefore, they run away and took the thieves car which they left out and drove away.

When they reached somewhere far the car broke down and they came out of the car. When they were looking around for help they saw seven people and they were those thieves. The king's daughter said let us borrow a spanner number 12 so that we can fix the car quickly and continue with our journey. But those people did not give them the spanner. The king's daughter then had to ask for a place to sleep and those seven people allowed them to sleep where they were. It happened that, those seven people fell in love with the King's daughter, because of her beauty. Therefore, they decided to separate them with the rooms they are going to sleep. Therefore, John slept room number six and the king's daughter slept room number seven. Then John said to her how should they separate us while we have come together? The intention of those seven people was to kill John at night and then take the King's daughter away. Then those seven people went away, and John told the king's daughter let us escape from here and in our beds we should put on the pigs to sleep over the beds. Then they run away taking the thieves car again. Those seven thieves who kidnapped the king's daughter began chasing them, when they reached to those thieves; they began to ask people if they have seen a beautiful daughter and a young man. They told them that they have gone away just now.

Then those seven people and those seven thieves joined together and became fourteen and together began looking for John and the King's daughter. John and the King's daughter decided to speed up the car until they reached to the harbour where they found the ship and quickly boarded on it, and the ship sailed away and they could not be caught again. When the thieves reached there at the harbour they found that the ship had gone already with John and the King's daughter.

It happened that when the king could not find her daughter in the room she was, he announced and proclaimed to all people that whoever sees his daughter will be rewarded greatly. In that ship there were some people who saw the king's daughter and they decided to throw John in the sea so that they could easily take the king's daughter. John in the sea was swallowed by the hippo and then the hippo vomited out John in the dry land. When John woke up, he found himself hungry and he began looking for a food and he found a restaurant and he asked for a job and the owner of the restaurant asked him the kind of job he liked to do. He asked him

whether he can cook or to sell in the restaurant. John chose to cook, so he began eating and then working.

The king's daughter was taken to her place to the king with those people who drowned John in the sea.

One day the king told those people, but each one to prepare a tea and a bread and write a name on it, and the tea which will be good than the others, that person who had made it will be given the king's daughter for a hand of marriage and he will also be rewarded for a portion of the kingdom's inheritance. Therefore, all went to prepare the tea. When they were ready the king's daughter began to taste the tea, when she tasted the tea which John Best prepared, she saw that it was the best tea she had, and when he looked what was the name of the person who prepared it, she saw that it was John's tea. She asked her father to call a person who has prepared that tea.

Those people who throw John in the sea went and called the person who employed John and took him to the king. Then the king asked them who had prepared that good tea. John's boss replied that it was his servant and he commanded to be brought in the king's presence. When John was brought there, his daughter said, father let those people who brought John be killed because this man saved my life without him, I would have been dead by now. Therefore, John was given the King's daughter to marry her and also he was given a portion of the kingdom to inherit and they both lived happily after.

My observation, interpretation and intervention

This story teaches us not to harm other people, but we should try to do good to every person we meet. There is a Kiswahili proverb, *Tenda wema nenda zako, usingoje shukrani*, which means do good and go away and don't wait for approval. Or *Usimtende neno baya jirani yako*, which means don't do bad things to your neighbour. One should strive to do good things to all people and if possible to live in peace with all people. The Scripture says in Romans 12:16-21,

Live in harmony with each other. Don't be too proud to enjoy the company of ordinary people. And don't think you know it all! Never pay back evil with more evil. Do things in such a way that everyone can see you are honourable. Do all that you can to live in peace with everyone. Dear friends, never take

revenge. Leave that to the righteous anger of God. For the Scriptures say, “I will take revenge; I will pay them back,” says the Lord. Instead, “If your enemies are hungry, feed them. If they are thirsty, give them something to drink. In doing this, you will heap burning coals of shame on their heads.” Don’t let evil conquer you, but conquer evil by doing good.

The story shows the real intention of Juliana. She is a good girl who wants to do what is right and good in society. The story shows how the people are struggling between good and evil. As the story shows, all the people who try to do their best and what is right always win the fight, but the bad people will eventually fail, even if at the beginning they seem to be succeeding in life.

Juliana’s story is very helpful to her since she knows that her difficult life will eventually end. She knows that even in the midst of difficulties we are called to act justly. Her favourite biblical story related to this issue is the story of Job. Bad things may happen in life and all people may seem to be against you, but the most important thing is to stand up for what is right and what is just and true to God and to your conscience. Good things will always prevail against the bad!

Therefore, it is obvious that Juliana’s story had something to do with her life. It was a model of where she wished to be and what she wished to do. Juliana is seeking good relationships which will benefit her and not ruin her life. Despite the troubles of life, Juliana learned to do good things and not do evil things to her neighbours.

Juliana is a disciplined girl. She respects her grandmother and her relatives, but she also respects her teachers, counselors, volunteers and other people in her society. In general she is also doing well in her studies at school. Soon she will be finishing her primary school education. She is very eager to go to a secondary school if she passes the exams.

Juliana likes to draw pictures, especially different kinds of flowers. To her they are an inspiration for her life. But she also likes to play netball, cook, sing and read books. She has a good circle of friends around her. In her own words she says, “When I don’t meet in a day with

even one of my friends, I feel weak and sick.” Therefore, to me this seems to be one of the healing processes for her, whatever her circumstances.

My observation of Juliana regarding the loss of her parents is that it seems to be very hard for her even to talk about them. Therefore, it took time to talk through the issues of her parents’ deaths. Fortunately, through different narrative means we were able to find a way that allowed her to cope with her feelings and emotions of sadness and worry. For example, Juliana is a social person, she is cool and quiet, but when she is with her friends she talks a lot. One of the ways she could cope with the life of grief, sadness and loneliness was to be with people she loves.

With time Juliana has learned to accept her condition of being an orphan. She does not feel shy about it and the situation she is in. She has accepted who she is. She has drawn what she calls the symbol of her life, which is the heart, and the sun which shows love and life. Juliana has decided to love her life and live the best life she can, understanding that life is so precious but delicate that it needs to be respected and taken care of. I observed in her house she has several drawings of flowers.

Juliana dreams of becoming a minister of education. But she also dreams of being a successful and wealthy woman in the future. Through hard work and taking many risks in life, Juliana understands that one day these dreams are going to be fulfilled in God’s time.

Juliana’s grandmother’s house is full of good pictures and drawings on the walls, which Juliana has drawn herself. These drawings have become a healing process for Juliana since they empower and strengthen her as she looks at them and meditates on them. She has also used her memory book to draw pictures and images. For example, some of the images which are most important to her, are the pictures of the heart and the sun, which for her have a lot of meaning, as mentioned above. They symbolize love and life.

Case Number 17

Giveni

Giveni's story is very sensitive and emotional. His life has been very difficult. He is 16 years old in Standard Five at Nsalaga Primary School. He is the lastborn of six children in his family, and he is the only son.

Giveni's parents died, both from tuberculosis. His mother died in 2001 and his father in 2006. The family have a graveyard where all the relatives are buried. Their grandparents are also buried there.

Giveni lives by himself in the family's house. He is supported by his secondborn sister, who is involved in small businesses. As all his other sisters are scattered in various places in the region of Mbeya he has very little support from his relatives.

Giveni explains himself that when he was in Standard Four, he was very troublesome, naughty and delinquent. For that reason, most of his relatives did not like him. At that stage of his life once, when he was playing the hide and seek with his friends, he suddenly thought that he should commit suicide. Then he decided to take the rope from his jacket and entered the house and tied himself on the roof of the house trying to kill himself. Fortunately, there was an old man close to their house. This neighbour heard him crying, rushed inside the house and rescued him so he escaped from the danger of trying to kill himself.

Giveni tells the author that he had thought of suicide when the illtreatment and suffering in his life were too much for him to bear. He explains that his relatives hated him and isolated him, especially his aunts who left him without food or any kind of care. Most of the time, Giveni ate one meal a day. Moreover, when he was given something to eat, his aunts began gossiping about him, which made him feel very bad about himself, and he could not eat the food in peace.

My observation and interpretation

The house where Giveni lives is very poor health-wise. He sleeps in the same place as he cooks, washes the dishes, keeps the utensils and the water to drink.

Giveni's school progress is improving daily. He needs a lot of attention from his teachers and counselors for his psychological development. According to his age, Giveni should not be in Standard Five, but in secondary school. His poor academic progress was caused by his family problems and all the difficulties he was going through. All these family circumstances have caused some mental and psychological problems, such as low self-esteem.

Giveni is also a member of a scout club in his school. This seems to be very helpful to him since they have discipline, physical exercises and various games which might be good for him to develop his character and personality.

Giveni's life is very difficult. Most of his relatives seem to have abandoned him. His school progress is not good and he does not seem to like the school very much. This has been caused by various things, but particularly as he does not get enough support from his family. He is also now bigger than his classmates and therefore he feels shy and down to be in the class where he looks older than his classmates. To get his daily needs such as food is also very difficult for him. All these factors have caused him to lag behind in his school development.

Therapeutic intervention

Giveni needs a lot of support from the *Amani* centre. He also needs support from the counselors, relatives, and the community as whole. His suicide attempt came as the result of his life situation which became unbearable for him. Intervention is needed in order to help him to cope with his difficulties, the abandonment from his relatives, school problems, and his psychosocial problems. Visiting and talking to him was one of the ways which helped him to be aware of all that was going on. Then narratives such as stories, proverbs, and other wise Swahili sayings became the means to help him to cope with his life. We did all these through talking as friends and relatives who have entered his life, but also being careful with the problem of transferences, because this would ruin the intervention process. This kind of relationship helped Giveni to gain a sense of his self-esteem and self-control. His personality needed to be strengthened and

empowered so that he could express all the feelings which made him feel down and worth nothing. Building positive relationships with Giveni was the basic ground for his healing process.

Giveni likes to draw pictures and with these we could help him to talk through several issues relating to his problems and how we could change the dominating thoughts and stories which were destructive and turn them into stories that would empower him and give him a sense of self-esteem and self-control (See Appendix N for pictures). In the long run Giveni learned that *Hasira ni hasara* as Swahili people would say, which literally means that anger is a loss, that he should never act or respond in anger which will ultimately bring disaster or chaos. He has also learned from the biblical proverb which says that, “A soft answer turneth away wrath: but grievous words stir up anger” (Prov 15:1).

Giveni has now learned to cope with his problems, especially when he feels down and like committing suicide. He has self-control over what comes into his mind. He keeps himself busy by playing social games with his friends, or uses the memory book to go through it and read it or write and draw something in it that would be joyful, hopeful and strengthening. At the moment Giveni seems to be very responsible about his own life and can take care of himself without depending too much on his relatives or the neighbours. His progress is promising. He needs more connection to build a strong relationship with his friends and relatives.

Case Number 18

Devotha and Christina

Devotha is 14 years old. She is in Standard Six at Mwanyanje Primary School. The family is originally from the Makete district in Iringa region and their home language is Kinga.

Devotha lives with her mother and her young sister, Christina, who is 12 years old. Christina is in Standard Four at the same school as her sister Devotha. Their father died in 2003 when Devotha was in Standard Two. According to their family history, their father was sick with stomachache for only two days before he died.

Devotha's mother has small businesses selling bread, firewood and other small things. But most of the time she does not do anything because of her frequent illness. Recently, she has been diagnosed with HIV and she has been suffering from various sicknesses. Devotha's mother is very free to talk to me about her sickness and her family successes and problems, unlike others whom I have visited. She is also open to tell her stories about her husband's death and other stories related to the family.

This family belongs to the Moravian church at Uyole. They are good Christian believers. Despite the difficult circumstances they are living in, they believe in Christ's hope and His promises. Ultimately, they believe that God will see their problems and help them. We can say that their difficult circumstances and problems have drawn them closer to God than ever before.

The family has various ways of remembering their father, such as pictures. Devotha's mother also lost her lastborn daughter who was called Yustina, who died when she was four months old. Devotha and Christina remember their young sister with the picture they have kept in the album of the family, which they were willing to share with the author.

My observation and interpretation

The context of the family where these two children and their mother live is very difficult. First of all they don't have a house of their own. They live in a rented house for which they have to pay about Tanzanian shillings 5000 per month (which is equivalent to 5 US Dollars). In their situation it is very difficult to meet that and other costs. The condition of the house itself is not that good. It is dirty, muddy, and is built with mud. During the rainy season the water goes inside the house. The place where they cook, keep the utensils and the place where they sleep is not that clean. But mercifully, they survive. Clothing and food and other needs have also been very difficult to find because of their economic situation. The family depends on support from various places such as friends, relatives and from the church.

Devotha and her young sister Christina have accepted their situation of being poor and orphans with only a single parent. Their mother, who is also often sick, needs a lot of support from her children. According to their mother's story to the author, the children work hard in order to

survive and live a decent life. They go far to look for firewood and work hard on the farm to get some money to buy food and other needs. They also get some food from their small farm without depending too much on outside support.

Devotha and Christina like to go to school in spite of all the difficulties they have been facing. They try to study as hard as possible, and they have become average students when it comes to their academic performances. They need more support in order to become better students at school, such as getting more support from outside the school for attending evening school tuition.

Their dreams of life after school are clear. Devotha wants to be a teacher after studying in college. Christina wants to join the police, particularly the traffic police, after completing her higher education.

Devotha explains her story that during her childhood she was very naughty. One day she burned her nose on purpose. She says that she has grown up in a very difficult situation where she did not have clothing, food and sometimes the relatives had to give them food and they could eat only a single meal per day.

Devotha's mother likes to talk with her children. She does not get tired of telling them about their life now and in the future. She hopes and prays for them to be good Christians who love God and live a good Christian life. She also wants them to respect people and have a good relationship with all people if possible, especially the neighbours. She dreams that finally they will have good jobs after their studies at university or college.

Therapeutic intervention

Through her stories and as we talked together it is obvious that Devotha's mother regrets the life she and her husband have gone through in their youth, the life of carelessness and unfaithfulness. She does not want that kind of life for her children.

Devotha is very clear and open to talk about the things she does not like, such as gossiping, adultery, fornication, hatred, evil desires, deceitfulness and other things related to these bad things which God does not like.

Devotha is very sensitive to disabled people. It is clear in her drawings that she cares for people who are not able to do things like other people. In one of her pictures she drew a person who broke his leg and underneath she wrote that we should help those who have broken their legs. But she also likes to draw flowers (See Appendix N for pictures). Flowers are beautiful and attractive with their scent and colours. For Devotha flowers symbolize goodness and life. Devotha is also interested in stories and proverbs.

Memory work through stories and pictures are some of the important things for the healing process in a child. Remembering our lost friends and relatives through pictures and things which belonged to them are very important steps and crucial in the healing and coping mechanisms when dealing with grief. Therefore, we walked together with the Mahenge family to encourage something they have been doing for their family, and we also encouraged them to talk about their relatives who have died. Actually in the African concept and philosophy it is believed that all our people who have died still have some kind of relationship or connection with the people who are alive. This is to say that we have to honour the things they did for us. People die, but their things and their influence and whatever they did, are still with us who are alive.

Through narratives, metaphors, stories, pictures and play Devotha and her sister Christina were able to cope with their lives. Their mother who is sick most of the time is very good with stories, and especially the biblical narratives. Devotha's mother has accepted her situation and she is free to talk about her health and that she is HIV positive. In this understanding, she is also able to talk with her children about life, the life that is disciplined and full of the fear of God. She cautions them that they should not end up living as she does now, but they should start preparing their future life which will be a successful life, the life of faith and hope, the life of health and prosperity. She teaches her children to be responsible for their own lives.

The biblical narratives have been particularly helpful to them. The stories of the Bible have become a model for them. They take the biblical promises very seriously. For example, there is

a story of a poor widow who kept asking for justice to be done, but the judge would not listen to her; but because the widow kept asking persistently, the judge in the end decided to grant her what was her right (Luke 18:1-8). This story has helped these two children to learn how to stand up for their rights and to keep asking God what their rights are as the children of God. They believe that their lives will eventually become successful and prosperous, no matter what happened, they believe and hope that they will get what they have been dreaming about and asking for. They have memorized the verse which says, “Pray without ceasing” (1 Thess 5:17 KJV).

The family of Mahenge has been living optimistically despite all their problems and difficulties. Poverty and illnesses, especially the HIV positive state of Devotha’s mother, are challenging, but still they keep on hoping and believing the good things out of their belief in God as Christians. They are ultimately hoping not only for the present life, but for the eternal life in the coming kingdom of God, where God’s children will live happily for ever and ever.

5.2 Summary of the case studies

These 18 case studies of children of *Amani* orphanage centre describe and explore in detail the life of OVC in Mbeya. The life experiences of these children differ from one person to another, but they are all grouped together as OVC. It is the group of people which needs special consideration by the church and society as a whole. They face many risks in life making them vulnerable. HIV and AIDS are the major problems in the area of the research, although it is difficult to pinpoint from the case studies which of the children or parent/s were infected. This is because of the myths, ignorance and stigma which surround the pandemic. These children are facing many psychosocial problems such as poverty and sickness; they are also going through difficult times because of guilt, shame, fear, grief and uncertainty of life. They need to find ways to live a life that is peaceful, happy, free, worthy and whole.

The case studies journeyed through the life stories of children (narratives). Children in the case studies explored their own experience through stories, metaphors, proverbs, riddles, songs and

games (art and play). In pastoral counseling exploring and communicating in narratives is the best way to find healing, peace and wholeness for the children.

Children as human beings have a story to tell and they have the same needs and problems as other people. They are travelling in the world experiencing a longing for a better life of wholeness. It is obvious in the case studies that the children's life cycle is the same regardless of how each child is experiencing it. This life cycle will be clearly explored and explained in the next chapter. It is the model which explains the life cycle of a child from what lies inside of a child and all the struggles he/she passes through until he/she finds a way to healing and wholeness.

After case studies of individual children, we had an opportunity to work together in groups with children. The next subtopic is the discussion of the focus group we had.

5.3 Focus group results

This kind of interview is conducted with a group of children who share some common base of experience. The interview with the focus group helps to understand people in a natural way and how they experience their daily life (Terre-Blanche et al 2006: 304).

The focus group we worked with consisted of OVC between the ages of 12 and 18. These were the same children we saw in the case studies. Children like to work in groups. They require guidance on procedures to be followed in group work.

I would like to emphasize here again that children like to communicate through narratives. It is the art of telling and listening to stories, proverbs, and sayings, but it goes further than that. Narratives can also involve some arts such as play, songs and games. Children interact in ways that are sometimes metaphoric, symbolic and imaginative. I agree with Landreth (2002) who argues that the language which the children use is through playing and their words are seen through the toys with which they are playing.

The facilitator needs to be attentive to observe how the children understand and experience life in a group so that ultimately the purpose of the research is reached and met. Various subjects are

discussed to fulfill the objectives which have been set. The group is interviewed through open-ended questions which allow the group to talk freely and even to go further than what is being asked. Children pay attention if they are given enough space and freedom to express themselves in ways that are easy for them. Sometimes, children express themselves in non-verbal ways, but all these need to be recorded and process notes must be taken to know what is going on.

The focus group interview allows free discussion in the planned group of people where specific themes or concepts are discussed and analyzed. In order to get the specific information, one needs to follow the procedures and guidelines for a group focus interview. The focus group met at *Amani* centre in a classroom that could hold 15 to 20 children.

The participants liked the sessions. We conducted five focus group interviews of 45 minutes to an hour each week. The sessions were open for discussion, comments, questions and observation.

Specific themes and topics were introduced to the group, beginning with very general and easy topics, then moving to specific and difficult topics. Detailed notes were taken of all the discussions that took place and observations made to assist in better analysis and interpretation. These were reflected at the end of the session to make sure that the conclusion reached was right for the group and nothing was left out.

The purpose of the focus group discussion was to verify the themes and topics which emerged during the survey which was conducted in the participants' families for the case studies, as has been elaborated above.

The analysis and interpretation of the focus group results were based on the following activities which are narratively focused: Bible stories, parables, drama, African stories, proverbs, sayings, games, arts, play, symbols and images. Below are the themes which were discussed using these different activities to make sure the message was being conveyed.

5.3.1 Different themes discussed

5.3.1.1 Psychosocial needs, problems and support

Mtaka cha uvunguni sharti ainame (if you want something which is underneath you must bend down), that is, life is to work hard, it is a struggle.

Poverty is one of the big factors which accelerates the spread of HIV in Tanzania. Some of the issues discussed which the children liked to talk about were the need to study, health, food and clothing. All these needs and problems come as the result of poverty in the society. The focus group concentrated on discussing issues that troubled them as children. The children recognized and accepted their needs and problems, but they were willing to move ahead with life, to struggle and work hard, and find ways of coping with their problems.

One of the biblical proverbs used with these children who are struggling with poverty says, “Those who oppress the poor insult their Maker, but helping the poor honours him” (Prov 14:31 cf. 17:5). The proverb calls for the church and society to be kind to all people who are in need, such as orphans. We should not despise poor people, but unfortunately society always despises the poor people who are considered to be untrustworthy, as seen in one of the Kiswahili proverbs, *Maskini haokoti, akiokota huambiwa kaiba*, which means that a poor person does not pick something up, if he/she picks it up, he/she is told she/he is stealing. The poor are always despised by people, especially the rich people, they would not even dare to ask him/her for anything, as the Kiswahili proverb says, *Maskini haulizwi*, which means a poor person is not asked. The Christian teaching is clear that we should honour and take care of poor people around us.

One of the ways used in order for the children to cope with life and find peace was drama and singing songs that would empower, revive, encourage and steer their emotions to act in what is right and good for their life physically and spiritually. For them these narratives were like a request, or prayer and thanksgiving to people and God. Here are some of the verses of the poem which they used to sing during the sessions:

1. *Kituo hiki Amani, kimetutoa ukiwa* (This centre of Amani has taken our sorrow)

Kimetupa na amani, tumebaki tunatawa (It has given us peace, we have remained calm)

Moyoni tuna amani, kituo hiki ni dawa (In our heart we have peace, the centre is the medicine)

Bwana mungu awalinde, na tena awabariki. (May God protect you, and then bless you)

2. *Mazingira ni magumu, yatima twaongezeka* (The surroundings are tough, the orphans are increasing)

Maisha kweli magumu, kwa mawazo tumezeeka (Life is really hard, we are getting old)

Tunamuomba muhudumu, awabariki rabuka (We are praying for the service, May God bless you)

Dumuni kwenye maombi, hakika hali ni mbaya. (Stay in prayers, in truth the situation is worse)

3. *Maisha haya ni magumu, tunaishi kwa lazima* (This life is hard, we are living in force)

Tunaikosa elimu, na mioyo inauma (We are missing the education, our ears are hurting)

Kweli hii ni hukumu, tuoneeni huruma (This is really a condemnation, have mercy on us)

Tuko mbele zako baba, twaomba tuhurumie. (We are before you father, have mercy on us)

4. *Ni huruma zake bwana, kwamba hatuangamii* (It is God's mercy that we don't perish)

Ndiye bwana wa mabwana, na sisi tunamwamini (He is Lord of lords, and we believe in him)

Sisi kwake ni watwana, katutoa utumwani (To Him we are slaves, he has delivered us from slavery)

Wageni lete habari, sisi tuko mbele zenu. (Guests bring good news, before you we stand).

Another poem which follows talks about the life of the orphans. These children have become like bats with no place to stay. They always live as refugees, but through the help of the church they have found a place to stay and not only to stay, but they have also found peace, hope, encouragement and joy in God. The poem goes like this:

1. *Tuliishi kama popo, Makazi tuliyakosa,* (we lived like bats, we had nowhere to stay)

Huzuni ilikuwepo, Malezi tuliyakosa, (The sorrow was there, we missed being brought up)

Kituo hiki kuwepo, Jamani kimetakasa, (It is cleansing to be at the centre)

Twamshukuru Rabuka, Kituo kukiendesha. (We thank God and ask Him to take care of the centre)

2. *Hakika twafarijika, Tufikapo kituoni*, (In truth we are consoled when we are here)
Wazazi walitutoka, Tumepata kanisani, (Our parents left us, the church has helped us)
Kutuona wanafika, Wanatupa tumaini, (People came to see us, they gave us hope)
Twamshukuru Rabuka, Kituo kukiendesha. (We thank God and ask Him to take care of the centre)

The narratives have also helped the children to gain different skills on how to communicate and talk to each other about various life issues. Narratives have helped the children to live in the community and to stay together as they usually say in Kiswahili, *Umoja ni nguvu, bali utengano in udhaifu*, which means that unity is strength, but disunity is weakness. This Kiswahili proverb was frequently used with our father of the nation, the late President Mwalimu Julius K Nyerere, when he was trying to establish *Ujamaa* (socialism) in Tanzania. Staying together is not enough, but also working together and helping each other is very important. The focus group of *Amani* centre were helped to find skills that would help them to respect each other. The self-esteem of every individual was respected despite the differences there might have been from one child to another. Through games and play and other activities they were able to work together and understand each other much better. They learned from the group that every one is vulnerable and weak, but also that every individual is strong and important. When all these are shared together and they are willing to help and support each other then they become stronger. This Kiswahili proverb was calling them to unity and to solidarity. It says, *Kuwa watoto wa baba mmoja ni kusaidiana*, which means that to be of the same father is to help one another. The biblical proverb which is parallel or is portraying the same message goes like this, “*Ajitengaye na wenzake, hutafuta matakwa yake mwenyewe; Hushindana na kila shauri jema*” (Prov 18:1), which means that the one who separates him/herself from friends looks for his/her own interests and is not using sound judgment.

Therefore, the children in the focus group were able to use their daily words and sayings to understand and apply them in dealing with all the issues in their daily life. Solidarity and respect for each other, support and unity among themselves, helped them to cope with the difficulties of life such as sorrow, fear, low self-esteem, loneliness, shame and guilt, which were all minimized a great deal.

5.3.1.2 Children's experience of adversity

The OVC experience many problems apart from those mentioned and discussed above. Because of poor non-governmental and governmental systems, or lack of resources and knowledge, ignorance, stigma, inequality systems, bias, segregation, rejection and many other reasons, the children have had many bad experiences. These emerged in the focus group conversations, and they should not be ignored by the church or society. They are part of who they are, and there must be a way of helping the OVC to cope with these situations.

The children were able to talk about why they liked to run in the streets to beg for money or work in mundane jobs or very hard jobs for their age (ie child labour). This was because of the reality of the life they were living under their caregivers, or because there was no one at all to supply their daily needs. Society has labeled these children as "street children".

Other experiences the children talked about in the focus group were abuse, whether physical, sexual or verbal abuse. It was the reality that they were abused in different ways. This kind of conversation was very difficult for them, but through figures of speech or sayings, and proverbs they were able to talk more openly and freely. They learned how to use some words which we call in Kiswahili *Nahau*, which are the sayings that are being built by pictures or symbols used with regular words, but which give an alternative meaning that is not normal. For example, someone may have words that are sharp and harsh, that would hurt a person, despite the truth that can be presented. We say to people who do not know how to speak wisely and only speak to hurt that they have a sword tongue, in Kiswahili *wana ulimi wa upanga*, or *wana maneno ya kukata maini*, which means that they have the words that make the stomach ache. The conversations about all the abuse were a good healing stage for them. Furthermore, the children, especially those who were abused, were helped by pastoral counselors to deal with some deep issues related to their lives. They were helped to gain their respect and self-esteem and move on with life instead of despairing and playing up.

Some other experiences the OVC were able to talk about were things like stealing, playing up, delinquency, violence and truancy from school. These were the result of the society's and

church's ignorance and denial of these children. This behaviour was like an alert to the people saying, "We are here, don't ignore us, we are people like anybody else. We have needs and we need to be heard and supported". For example, on truancy the children could speak openly that they missed school because they did not have exercise books, or they did not get any food or breakfast to eat in the morning so they could not stay at school and after all they would say the Kiswahili proverb, *mwenda kwao si mtoro*, which means that the one who goes home is not a truant.

5.3.1.3 Spiritual problems and needs

Like grown people, children too can experience God in their lives. Children need to experience their life in an open and free space. They must also be allowed to experience their own spirituality. The centre of spirituality is love as we also said about the centrality of our human sexuality. Love is the basic doctrine in the Christian life. The Bible clearly points out that in love there is no fear (I John 4:18) and also that love is the fulfillment of the law (Rom 13:8). Love always covers up the multitude of sins and mistakes we make. The Bible warns people not to mistreat and disregard the children because theirs is the kingdom of God (Matt 18:1-6). We should love children and treat them as people so that they can imitate our actions.

Unfortunately most of the time the OVC experience rejection, fear, shame and guilt. The church and society need to be aware of this and if possible change for the better. The children need spiritual help and support to cope with all they are going through. One of the ways of helping and supporting these children is through narratives which are theologically interpreted and applied to bring purpose and meaning in their lives.

Bible study, Bible drama, hymns, songs and Christian choruses have been used in the focus group for empowering, encouraging and reviving their souls. The *Amani* centre composes songs and hymns that will touch their spiritual life, and hopefully would change them from inside out. The Bible study is also chosen from different texts and is discussed with the goal of meeting the children's intimate and spiritual needs. When the children sing they usually like it because they feel happier and they find a real peace in singing and studying the Bible and acting it in the form of drama to make it more applicable to their lives.

Here is one of the songs they usually liked to sing in groups and sometimes individually. This song is about orphans. They are portraying the kind of life they are living in and the hardships they are facing in streets. Therefore, they are praying and crying for help and support from God and the society as whole:

WATOTO YATIMA JAMANI

1. *Wote: Watoto yatima jamani kweli wanapata shida maisha wanayoishi sasa kweli yanasikitisha x2*

Solo: Ona kule mitaani majararani nako nenda utawaona jamani kweli wanasikitisha x2

Chorus:

Wote: Ni nani awasaidie hao watoto yatima bila yaw ewe baba, mama kweli muwasaidie x2.

2. *Wote: Bwana Mungu nae anapenda watu wanojitolea mali zao hata kwa chakula chao watoto yatima x2*

Solo: Hata hapa duniani baraka mtazipata jaribu kusaidia hao watoto yatima x2

Chorus:

Wote: Ni nani awasaidie hao watoto yatima bila ya wewe baba, mama kweli muwasaidie x2.

The following poem (*ngonjera*) is talking to the church about the cry of children. They are talking about how they have been rejected, how they have lost hope, how they are wandering in the streets, that they don't have a place to stay. They are asking for the believers to hear their cry and be merciful to them and that they should trust in God to make their work and support more effective. This part of the poem which portrays the cry of orphans goes like this:

1. *Yatima wengi jamani, wakosa matumaini* (orphans are many, they have no hope)
Waacha makanisani, mwakimbilia porini (they run away from churches, they run into bushes)
Wazazi huko porini, wataishi kwa amani. (Parents, in these bushes they will live peacefully)

Kilio chetu sikia, kifike kwenu wapendwa. (Hear our cry, to reach you beloved)

2. *Yatima waangaika, sababu yake dunia* (orphans are wandering because of the ways of the world)

Gonjwa lililoanguka, hapa kwetu Tanzania (the disease that has struck, here in Tanzania)

Wazazi wameanguka, watuacha tunalia. (Parents have died, they have left us crying)

Kilio chetu sikia, kifike kwenu wapendwa. (Hear our cry, to reach you beloved)

3. *Nyumbani nako kwa moto, kanisani nako joto* (the home is also hot, the church is also hot)

Mitaani nako moto, na shuleni ni viboko (it is hot in the streets, at school we are hit)

Ndugu yangu ona moto, utakupata cha moto. (My friend look at the fire, you will get burnt)

Kilio chetu sikia, kifike kwenu wapendwa. (Hear our cry, to reach you beloved)

4. *Ndugu zetu waumini, twaomba msikie* (our beloved faithful, we are asking you to listen)

Moyoni mkiamini, haya basi mtulie (believe in your hearts, now you should calm down)

Mungu mumtumaini, na kwake tukimbilie. (In God you should trust and you should run to Him)

Kilio chetu sikia, kifike kwenu wapendwa. (Hear our cry, to reach you beloved)

5. *Nadhani mumetupata, wazazi wetu hakika* (I hope you have got us, truly you are our parents)

Popote mtawapata, watoto hao hakika (you will find the children everywhere)

Wahurumie okota, waishi kwake rabuka. (Have mercy to find us, to live under God)

Kilio chetu sikia, kifike kwenu wapendwa. (Hear our cry, to reach you beloved)

5.3.1.4 Human sexuality

Mficha uchi hazai (a person who hides his/her sex organs will not bear children).

Children are also struggling with the issue of sexuality. They are always curious to understand who they are and why they are like they are. It is the subject which has created misunderstanding and divisions among the people. The church and society have been quiet or ignorant about it, as we discussed in Chapter three. In order to help the OVC in our area to cope with their situation and to find ways to be resilient we need to open a sacred space to talk about it and remove all the wrong information, the myths, taboos and misunderstandings about our sexuality.

Through metaphoric narratives such as proverbs and other sayings the children were able to talk about issues of sexuality in ways that were easy, familiar and comfortable. Through these metaphors and stories the children were able to learn different skills on how to play safe about their sexuality. They learned how to respond to the issues that could entice them to unsafe sex. Using these African sayings and stories they could learn to respect themselves and others and to take control of their sexual life. For example, we discussed the temptation of having sex carelessly and one of the Tanzanian proverbs from which the children took a hint says, *Uzuri wa mkakasi, ndani kipande cha mti*, which means that inside the sweetness of a pineapple is a piece of log. That is to say that something can be seen as good and sweet, but at the end it is a big loss. It also means that we should not judge things from outward appearances. From the lessons of these narratives the children could learn to say no to having sex before the proper time. They will also be able to discuss issues of sex with no shame. They have also learned that *Usipoziba ufa, utajenga ukuta*, which means that if you will not fill up the cracks, you will end up building the wall. That is to say, prevention is better than cure. The children would also be able to control their emotions and feelings through keeping themselves busy with studying, playing and helping their caregivers with housework.

5.3.1.5 HIV and AIDS

Mfichaficha maradhi kilio kitamuumbua (death will reveal the one who hides his/her sicknesses).

The focus group also concentrated on discussing and debating about HIV and AIDS. Several questions were posed to open up the discussion. Through proverbs the children could discuss the meaning behind them, which is usually hidden and deep. Proverbs and sayings teach and warn the people about being careful with life.

The proverb above calls for openness about our problems and weaknesses. The children discussed and talked about how people could hide their weaknesses and problems, but they end up hurting themselves more. Examples were shared in the group from some children who have experienced similar problems.

As we have discussed, in our society HIV and AIDS has been the subject which people are not free to talk about. It is considered to be related to sin, promiscuity and and to be condemned. Therefore, a lot of people who have the problem of HIV and AIDS have been blamed and condemned as sinners. Obviously, these kinds of people will not be able to open up about their sickness and their problems. They will always feel guilt and shame. And the people who discover that they have been infected with HIV will not be willing to go for testing because of the stigma people have for all who have been infected with HIV.

At the end of the focus group the children were more open to talk on issues which troubled them, because they had learned to be open and not to be secretive. A person gets hurt more when he/she hides his/her true feelings. As the Swahili people would say, *msema kweli ni mpenzi wa Mungu*, which means that the one who speaks the truth is the friend of God. God heals people who are truthful and open to their issues.

Life is something to be kept and respected. Death is our enemy and very secretive, it should be avoided as much as we can. The Swahili people have the riddle on the secret of death, *Baba yangu amesoma mpaka chuo kikuu lakini hajui "A" inakogeukia*, which means that my father has learned to a level of the university, but he does not know what "A" looks like. Also there is another riddle which the children like to use when talking about issues of death, *Hamwogopi mtu yeyote – kifo*, which means that he/she does not fear anyone and that is – death. Death has no respect for anyone, whether you are young or old, rich or poor, white or black, female or male, we are all destined to die, and no one knows the time of his/her death. As long as we have life, let us keep it with all dignity and with all our strength, because life is too precious to lose. Some of the symbols and images which the children liked to use in their memory books or in discussion about life are water, plants and the sun.

5.3.1.6 Witchcraft and curses

In Kiswahili we have a proverb, *Aliyekuloga wewe ni jamaa wa familia yako*, which means that the one who has bewitched you is a member of your family.

The issues of witchcraft and curses have been seen in most of the children's cases. In the African customs and tradition these two things are very common. In every corner of Tanzania, especially in different tribes, you will hear stories related to witchcraft and curses as something which is part and parcel of the African people. Therefore, it is difficult or almost impossible to escape talking about these things. People's minds have been filled with the notion of the other world, which is full of evil and bad things. The evil things have become part and parcel of the people's lives.

Before going further in discussing the concept of witchcraft let me elaborate the different translations or meanings have been used in relation to witchcraft. Some of these terms are superstition, fortune-telling, sorcery and wizardry. Other words which might be used are demons, evil powers, satanic powers, spells, curses and magic.

The witches (*wachawi*) are different from witchdoctors (*waganga*). The witchdoctors are considered as good doctors with good intentions towards people, but the witches or the sorcerers are the bad people who intend to do evil in the society or toward an individual, on purpose or without any purpose. Because of this many people in Tanzania live in fear that the witches or socerers may curse them or do evil toward them. According to the African culture many people believe that there must be a reason for every case of evil in the society or towards an individual, whether it is sickness, deformity, death, drought, calamities, misfortunes or anything bad or evil. Usually people will say *amelogwa* that means a person has been bewitched. And people would like to find out who or what caused the problem and why. This is where the witchdoctors would try to use their knowledge to solve the problem.

Even some Christians live in fear of the witches. It is pointed out that, Belief in witchcraft is greater than belief in Christianity. To be bewitched is worse than anything else. It seems that, if pastoral workers could get the people to fear sin as much as they fear witches, evangelization would be much easier and more successful. Among local Christians in East Africa the influence of witchcraft is often greater than the influence of Christian values...(Healey & Sybertz 2005: 293).

As we have seen from the children's cases above, some Christian children live in fear of curses and witchcraft. And I think in the African culture we should not underestimate the power of witchcraft and the fear involved with it. The fear of witchcraft has caused many illnesses in the children and their families, either mental or physical illnesses. As Christians and pastoral counselors we should recognize the power of witchcraft as it is clearly stated in the Bible (Deut 18:10-11; Micah 5:12; Is 47:9, 12; Mark 5:1-8; Acts 8:9-24). However, the Bible clearly condemns the practices of witchcraft as evil (see Lev 19:26 and 2 Kings 21:6).

Pastoral counselors who are working with children need to apply the biblical narratives to convey a message that would be healing and a way to wholeness. The fear of evil and bad things, especially from witches, needs to be dealt with by applying the biblical narratives that show the greatness and power of Christ the King, the one who is all powerful, the omnipotent one (1 John 4:4). The powers of demons and the witches cannot overpower Jesus Christ and his followers. Christ has given his people authority over the power of Satan and his demons. Therefore, Christ's followers should not live in fear of the witches and their demons. No matter what they can do, they are not to be trusted. God is the only one to be trusted. God is in charge of our life, not the witches. A pastoral counselor is there to help a child to move away from a dominating story of worry and fear and turn the story to an alternative one that would be uplifting, empowering and hopeful. The Bible has a lot of such stories that could be used to remove the fear of the witches, sorcerers and demons and gain hope and trust in God (for instance the story in Acts 8:9-24).

5.4 Reflection and general assessment

Through this research I have learned and experienced several things. The case studies and all the themes and concepts from the children were a tremendous lesson to me. I found great pleasure working with the children despite all the difficulties and challenges I faced. Children are great gifts from God. They are people just like grown up people. They must be respected, honoured, listened to and given a space to do things they like. Through children, I as an adult have learned a lot, such as trust, openness, transparency and friendship. I also observed and learned that in order to understand the children well we need to get down to their own level of language and understanding. Children's language most of the time is through play. It is through

play that the children will be able to share their stories safely, freely and openly. Play is children's language. Their feelings can be expressed through play and in that way they gain some control over the situations that are frightening, threatening and traumatizing. The whole purpose of this intervention is to build a trusting relationship between the child and a counselor. This positive relationship is the basis for healthy growth, which brings about healing and wholeness in a child.

I also observed and learned that this kind of research, especially with vulnerable children, is very sensitive and difficult, but also very challenging. One needs to carefully consider the ethical issues because of the delicate matters being researched. The context in which I worked with children has some limitations. These are some of the weaknesses or limitations of the research. The context in which I worked with these children in the research is very different from the context of developed countries. When it came to use of some of the play methods, we used those things that are available in Tanzanian context and which are cheaper and easy to get. The materials we used are the plain sand ground instead of a sand box. We also used clay, sticks, stones and seeds instead of specially made toys. Another challenge I faced with the children I chose as my sample of 12 to 17 years was that the child of 17 does not like to play with the same toys as a child of 12. They all liked to play, but with different games. For example, a child of 17 will like to play games such as football, table tennis and drawing. But a child of 12 is more interested in games such as painting, drawing, and telling and listening to stories.

From all the case studies and the themes which were explored, the major common theme or issue which came up as a dominating factor was grief, which came as a result of the loss of their loved ones, that is, the parent/s. Their grief made the children sad, anxious and worried about their future. The loss of their parent/s made them sad and worried because of the uncertainty of their life. They did not know exactly how much they have been affected with HIV and AIDS or any other problems. The poverty in their homes and families was another fear, as they did not know what would happen to them. All these affected the children's self-esteem. They ended up feeling ashamed, guilty and fearful. Another good intervention for grief with these children was

through singing. Songs or music are such a powerful tool for grieving children who are sad and lonely. For example one of the songs they liked to sing was as follows:

1. *Maisha Ee, maisha mazuri* (life Oh, life is good)
Tunatamani sisi maisha Ee (We desire good life Oh)
Lakini tutaishije Eh bila msaada wenu x2 (but how can we survive, without your help?)

2. *Kudeka Eh Kudeka kuzuri* (To be loved, it is good to be loved)
Tunatamani sis kudeka Eeh (We desire to be loved Oh)
Lakini tutadekaje Eeh bila msaada wenu x2 (But how can we be loved without your help?)

3. *Elimu Eeh Elimu ni nzuri* (Education, Oh education is so good)
Tunatamani sis elimu eeh (We desire Oh, we desire to have education)
Lakini tutasomaje Eeh bila msaada wenu x2 (but Oh how can we be educated without your help?)

Kibwagizo (Chorus): *Kina baba, tusaidieeee, tusaidieeee* (You fathers, help us, help us)
Kina mama tusaidieeee, tusaidieeee (You mothers, help us, help us)
Kuishi maisha haya hatukupenda (we did not choose to live this kind of life)
Tusaidies, tusaidiee (Help us, help us)
Kusoma bilbe msaada wenu hatuwezi (To study without your help we can't do anything)
(Without your help we cannot study)

As I pointed out above, the basis of a good therapeutic intervention with children is building up a trusting and positive relationship. Grief can be a problem in a child if we think that the child is the problem. Grief in a child must be handled carefully with good procedures so that the process of healing would not hurt or traumatize the child. A trusting relationship is a way to help a child find peace, self-esteem and love. A trusting relationship can be found through good communication with a child, which can be through play, which is a child's language. As pastoral counselors we must be with a child to listen, understand and care about what he/she is trying to convey. It is not a matter of manipulating a child, but building a healing relationship that will help a child to communicate more freely and safely. The technique of play can come up with a variety of things which we need to observe and note. As counsellors making use of

our good relationship with the child, we need to facilitate a child in his/her relationship with self, with others, with the environment and with God. Therefore, we must remember always that the key to healing and wholeness is not in the techniques, but in the relationship. The important thing is to be with a child, to show that we hear, understand and care for the child (Sweeney 1997).

5.5 Concluding remarks

The focus group schedule was very helpful for the children for it gave them power to talk together about issues which were actually shared by everyone in the group. This kind of intervention helped them to recognize that problems shared are more easily solved. From the group they were able to learn different coping skills from one another. They also increased their sense of self-esteem and developed a coping mechanism. The conversation was also easier because of the intervention or approach used by the way of narratives such as metaphors, stories, songs, play, proverbs, riddles and others. Narratives are very objective in working with children, whether in groups or individually. Narratives gave them an opportunity of sharing the pain, but it also gave them a freedom of expression and an open space that was not threatening or scary for the children.

5.6 Summary of the chapter

This chapter dealt with the research results, analysis and interpretation from the data collected. Through narratives I was able to collect in detail the stories of the children, their background and all the challenges they have been facing in their lives. The children were also open and cooperative in telling their side of their stories which enabled us to converse about different issues related to their problems and other challenges of life. Different opportunities were given for the children to feel at ease to talk about their issues more freely. The discussion or conversation was sometimes one on one, and sometimes with the family members, and also with all the children in the same group of age and gender. Through narratives and metaphors the children were able to know who they are, accept who they are and where they are coming from. They were also able to discover (map) their problems and be able to talk about their problems in

ways that were not threatening or very difficult for them. In such a way the children were able to communicate with themselves and the people who were taking care of them (ie caregivers, teachers, counselors, pastors, etc). This openness and freedom of sharing their stories became in itself a healing process for them. The children found ways of understanding the alternative stories, the stories of hope and a future, the stories which would empower and encourage them to remain at peace, having self-esteem and self-control for their whole life. Therefore, narrative through stories and metaphors has become one of the ways of OVC to become resilient as they worked through the process towards healing and wholeness.

The next chapter will discuss more about the models that can be applied within the framework of narrative. It is hoped that these models will produce or lead us to a new model for pastoral counseling or practical theology as a whole, which will be integrative in its approach, especially in the African context.

CHAPTER SIX

6.0 AN INTEGRATIVE MODEL FOR THE NARRATIVE APPROACH IN PASTORAL COUNSELING WITH OVC

A narrative approach in pastoral counseling is an applicable method for working with OVC in Mbeya, Tanzania, as has been pointed in the previous chapter. But when we talk about narratives it comprises several things which are related to each other. Narrative is a term which is broad and has been used by different scholars in various fields of study. Therefore, I want to suggest a new model which would make narratives more integrative in their approach, especially in the context of practical theology and pastoral counseling in particular. I came up with this model as a result of my field research with children in Mbeya region, as has been discussed in the previous chapter.

6.1 Narratives

I have found that when we talk about narratives with children we need to consider some other approaches or techniques that would be helpful in working with children in pastoral counseling. These approaches or techniques are amongst others, metaphor, play, art, family systems and analytical theories. The most important thing is to look for an approach that is more integrative, that is, to use other approaches or methods that will facilitate holistic growth of a person. These methods are from amongst others, family systems, psychoanalytic, and play and art therapy. I am of the opinion that an integrative approach can be used for more holistic growth of a person instead of having a single or a unique type of approach, which to my mind is like missing the richness of other ideas or approaches. Therefore in the next subtitles I am going to discuss narrative approach with other approaches which can be integrated or applied to make the approach more effective and broad in its application.

6.1.1 Narratives and play therapy

Narratives can work very well with play theories, as we saw in Chapter Three when we discussed play therapy and its theories in relation to narrative theories. For example, I have discovered that narratives as stories cannot be more effective if we don't use play theories in the approach, where the play theories assume that a human being is a social being and play is a natural phenomenon for all human beings.

Axline (1989:8) says that “play is the child’s natural medium of self-expression.” And Klein emphasizes the power of playing for children indicating that, “play is the child’s most important medium of expression” (1963: 30). She continues to point out that, “by means of play analysis we gain access to the child’s most deeply repressed experiences and fixations and are thus able to exert a radical influence on its development” (1963: 38). Therefore, listening to their language and communication will open ways of understanding and healing. One significant way of reaching that end for children is through the narrative process, where even words themselves cannot express the depths of our inner being and its complexity.

From the above understanding of play theory, we can generalize by saying that play comes in a variety of forms. Narrative is a very general term which also refers to stories told through metaphors, games, art, rituals, images and symbols, drawings and paintings; it even goes beyond what is physical or seen with the naked eye. Play is a kind of medium which helps a person to communicate with the universe and its environment. Play is part of what we are. Our body mechanisms are always in activity and play. Therefore, playing is a natural reaction with which we have been created. Then narratives and play can be integrated when we work with children, especially as we try to help them to cope with life’s problems and situations.

In order for a person to find peace, healing and wholeness he/she needs to be conscious of what is happening around him/her. The most important thing is to pay attention to the happenings of life; this is called life events. Events happen in life no matter whether we like it or not. Events are part of who we are as human beings. We must also recognize that we are vulnerable. We live in the world with ups and down, with some strengths and weaknesses. When we pay attention to these events we give our unconscious mind the chance to be conscious about what is going on around us and in us. But we should not stop there on observing the events in our lives,

what is needed is what we do with what is happening in our life. Playing and thinking with the happenings in our lives is what is called “fantasizing” (Jung).

Fantasizing is a process of playing with these events in our minds. The *Dictionary of Pastoral Care and Counseling* defines fantasizing as “the creative process of mental imagery. Flowing as a visual stream of images, metaphors, symbols, and dramatic sequences, fantasy forms a major part of the internal world of experiencing” (Criswell 1990: 429). Fantasy produces creativity in one’s mind. The mind is filled with symbols, dreams and images and we need to fantasize with them. This process will help the mind to bring into consciousness what is unconscious or subconscious. Therefore, play becomes a means of getting the events to the surface through fantasizing. People play with symbols, images, pictures, dreams and other things that help them to become aware of what is going on in life. Fantasy helps a person to move forward into a meaningful life that is more explorative and purposeful. But how does fantasy come into play/games or into the child’s consciousness? It is through narratives by guiding, provoking and engaged conversation. Conversations through stories and playing help a person to move forward with understanding and experience life in ways that are meaningful.

As I worked with OVC at Nsalaga, Mbeya, I found that some of the children are very good at things such as playing games and drawing, but they find it very difficult to talk about their issues. Therefore, in order to understand such children one needs to see what they like doing and in that way through their games or play one finds a way of communicating with them. The story in conversation can be much easier if one finds a way of integrating narratives through stories in the play in which they are engaged. This is true because most of the children I worked with were able to draw pictures, play different games and take part in other activities, which in themselves became part of their healing process.

In order for someone to find peace, healing and wholeness, one needs to understand what life is about. First of all it is to be aware of the events that are going on in someone’s life. Second, one needs to fantasize about the images, or symbols that he/she experiences in his/her life events. The third stage is through play which is like a medium in which the fantasy takes place. It mediates the events and what is going on inside the person’s mind. When the process goes well

with good guidance, then play gives way to the next level of being able to talk. Without talking about it, or without an engaged conversation, it is difficult to understand the play. When people talk about their issues openly, it heals their feelings, emotions and actions. The things which were repressed are allowed to come to the surface and it becomes easy to deal with them. This is the situation I have found with OVC, that most of the time they have all these feelings, emotions and behaviour such as anger, resentment, delinquency, sadness, truancy, fear, etcetera, which are very difficult to talk about. It is therefore hoped that through this proper process the children will be able to come to self-realization.

Healing or wholeness is a process that needs time. We have seen that events in life happen for a reason, therefore one needs to rethink why they happened and what is going on in life, the process that we have called fantasizing the events. Narratives become meaningful if one understands the potential of a person's life and what is within a person. When a person or a child play, it is a natural phenomenon of a human being, but one needs to find out what that play portrays in the real life of a person. Using play methods one can understand a person's feelings and uncover the problems that lie inside that person. The narrative approach is a way of understanding and helping a person to map the problem, externalize, empower a person to deconstruct the problem, and finally thicken the alternative story, the story which changes the person's life and brings a life full of hope. This is what is called the healing process (MEET process).

6.1.2 Narratives and family systems

A family system is an approach to counselling that is also an integrative model which tries to combine other theories. Such other theories include client-centred, Gestalt, play and systems theories. A narrative approach also tries to use some of the ideas from the family systems theory. For example, when I worked with some of the families at *Amani* centre in Nsalaga, Uyole I employed some of them. Family systems theory looks at an individual through the eyes of other members in the family. Therefore, to understand an individual story one needs to understand how a particular family communicates. I also tried to follow what the family systems like to use in understanding the historical background of the family and that is a "genogram"²⁸,

²⁸ Using a genogram for the children was difficult for them, but in their memory book we explored something similar to a genogram which is a family tree in which they would draw the family lineage. Whenever I am using a genogram as family therapists are using it, this will mean the "family tree" as explored by the children of *Amani*.

the family history. Let us try to see in detail how the narrative approach can be enriched with the family systems theory.

It is defined that “family systems theory is a way to conceptualize the life of the family unit. Family systems involve understanding the individual within the context of a dynamic family system with its own unique developmental stages, history, and cultural relatedness” (Hagedorn 1990: 423). From my African context, it is my understanding and my interpretation that the above definition is very applicable in the context where the research was undertaken. The African way of living is very different to the Western way of living. It is my understanding that in the Western world, even in small family units, life is very individualistic. But in the African context, the families are still in contact and they even have what is known as extended families. It does not seem to me that the African families are as individualistic as the Western families. Therefore, working within the African context I find using family systems theory to be more applicable and effective in this context than with Western families where the extended family is not as closely knit.

Some of the pioneers of the family system theory are Virginia Satir, Murray Bowen and Salvadore Minuchin. Family theory is all about the communication between the family members. The structure of the family is dynamic and each individual as a unit of the family tries to look for a balance within the family, which is known as the process of homeostasis. It is further pointed out that, “family system theory hypothesizes that changes in the context will produce changes in the individual” (Hagedorn 1990: 423). The question to ask ourselves according to the above explanation is how effective it is when we work with an individual who comes from a disintegrated family? Otherwise we should start working with making sure that the context an individual comes from has been ascertained.

The family theory also emphasizes seeing an individual in the context of the whole family. Furthermore, an individual is also traced back from where he/she came from. This is what is known as generational histories (genogram) of a person. This helps a therapist or counselor to know a person in an intimate way and in detail. The problem of a person can be traced back through his/her grandparents (Hagedorn 1990: 423). I find that most counselors use generational

history of a person to gather the data. They use family stories (narratives) to gather the information that will help in the process of establishing good relationships in the family or with an individual.

Family theory employs communication, histories, stories and family traditions. I believe that the family theory can be well applied in the African culture, because most of the African families still live their life in extended families, where the communication system is very broad, but at the same time very close and intact, as I have pointed above. In western countries on the other hand, where the family systems are very small, limited, and isolated, helping such families might be very difficult.

The communication, histories, stories and traditions are also employed with the narrative theorists, as we have seen above. Therefore, integration of narrative and family theory will enrich the process of working with OVC in the context of Tanzania. As we work with the OVC we don't only talk with children individually, but we also follow up with what is going on in their families. We see and talk about issues that will involve the whole family. The dynamics and structures of the family are also taken into consideration for the betterment of an individual and the whole family.

Understanding the person through his/her historical background is crucial in the process of helping children to be resilient. This is what is known as a genogram. A genogram is a family sculpture or the structure that seeks to understand a person through understanding his/her family system or context. It is a generational history which traces the family dynamics of strengths and weaknesses. It looks at an individual for the balance of the whole family. The system looks for an individual within the family context for the good of the whole person (Bowen 1978. cf Hagedorn 1990: 423-424).

Through genograms, it is anticipated that a therapist or pastoral counselor will then try to gather the stories or the contents of the genogram. That is what is called the narrative approach where a person will gather the information through observing and listening to stories of the family and the events surrounding the family. Through narratives counselors will be able to fill the gaps and other shortcomings in the genogram. The African families have stories to tell according to

their different circumstances. For example, at times of birth, weddings, worship, death and other celebrations of life, the Africans will have ways of performing these activities through narratives such as metaphors, stories, myths, proverbs, symbols and images.

Understanding where we have come from and our historical background is one of the ways to resilience, which is a way of coping with difficult circumstances in life. It is the ability to deal with issues that are happening in our life. The resilience process helps a person to move forward with a life that is more meaningful and purposeful. Narrative approaches or methods through histories and stories of people's lives which we get to know through the family systems process help a person to grow into maturity for the purpose of reaching out into the process of wholeness.

Genograms and narratives become meaningful and applicable when they are being translated or integrated for the goal of bringing meaning and purpose in life. Human beings have been created in God's image and therefore, look for a life that would be fulfilling God's kingdom and its purposes. Theology is what is hoped for to bring about meaning, healing and wholeness in someone's life. Theology translates life's events for the purpose of bringing meaning to life.

Theology is the way of understanding our life in God's ways. Our experiences and our ways of living must be applied in the context of God's systems, which are all about right relationships with oneself, people, God and the whole creation in the universe. The joining factor of this relationship is based on love, and love happens in the midst of communication. This kind of communication comes in different ways, not only verbal and written, but it is beyond that, it is through images and symbols, through active and passive activities. The goal is to have a balanced life, a life of peace and harmony, but more specifically a life of wholeness. God in His creation, as we read the book of Genesis, saw that everything that He had made was very good (Gen 1:31). Later in the process of creation God's system did not go well. Sin entered the system. Therefore, we are not always perfect and are longing for something in our system to make things right. God needed to intervene to make the system work properly again. It is only through Jesus Christ that we can maintain the system which has been broken. God loves His

creation and He wants to restore it, and through Jesus Christ everything became possible. In Him alone we can find healing, peace, harmony and wholeness.

A genogram is the foundation or the basis of how we can understand and help our counselee if we want to make our ministry effective. The counselors have to build such a relationship with an individual through the context of the person concerned. Genograms enable a counselor to understand the communication and relationships within the family. Through genograms one finds many things to explore and to work out with a counselee.

A genogram cannot be rushed and easily drawn up, sometimes is very complicated and difficult to understand. Relationships must be established and that is where the next process or stage comes in, the narratives. Narratives are about life stories. Stories help someone to be interested in knowing another more closely. The narrative process is a non-threatening approach to form relationships with people. It invites people to talk more freely about their life. Through their stories people can easily and in an open way make their own genogram. Many things can be talked about knowingly and unknowingly and that is where the pastoral counselor needs to pay attention and note all the details from his/her counselee. This process leads a pastoral counselor to try to understand and interpret the life of his/her counselee theologically.

Theological understanding is the foundation for the pastoral counselors. Pastoral counseling is based in practical theology. All that people are going through in their lives, whether fear, shame, guilt, sickness, sadness, grief, death and any kind of crisis must be interpreted theologically to bring about positive changes (ie hope, faith, love, purpose and meaning) in their lives. When undesirable things happen in life and people know how to respond to them, then the world will be a better place to live in. And this kind of response, which is positive, or what the narrative therapists would call the alternative story, needs to be thickened to uphold a person in a more meaningful story of life.

Resilience as we have discussed above is the ability to cope with all the hardships of life. It is the way of understanding how to respond to difficult issues in life. The ultimate goal or desire of every human being is healing and wholeness.

6.1.3 Narratives and analytical theories

Analytical theory (Jungian) founded by Carl Gustav Jung (1875-1961) is a theory that emphasizes the creativity of a person through the soul (psyche). The psyche experiences many things, but not all of these remain conscious, some of these remain in the subconscious mind. The things in the subconscious mind are usually being repressed. Something needs to be done to make those things come to the surface for a person to be whole or to become integrated in his/her psyche (Jung 1963).

Analytical theories have been used by therapists and counselors in helping their clients. Psychologists, psychotherapists and other professionals have been employing the theories and methods learned from what Jung discovered and wrote down. The goal of analytical theory is to make a person grow into maturity and fulfillment through the process which Jung called “individuation.” It is the process where through creativity someone becomes aware of his/her life. It is sometimes known as a self-realization process. The individuation process is the situation where one finds the fullness of life (Dittes 1990: 30).

Theologically, this individuation or self-realization is what is called wholeness or salvation. Analytical theory through creativity and awareness in the psyche helps a person to find out who and what he/she is. Several things are analyzed such as myths, arts, rituals, symbols, images, dreams, shadows and letters. Therefore, the process of individuation through the analysis of these archetypal images brings a person to self-fulfillment and this is what is called wholeness (Dittes 1990: 33-35).

A narrative approach integrates some of the analytical theories. It uses memories, stories, metaphors, dreams, symbols, myths and letters, especially in work with children. These can also be analyzed through the Jungian process when dealing with symbols and images. For example, the narrative approach uses the memory book or memory box as a healing tool for children who are searching for ways to be resilient in coping with the difficulties or crises of life. The analysts can also use the memory book/box for recording and keeping some important things and events in the life of a person, such as dreams and other life images and symbols (eg pictures and art).

All these are the ways which help people to become aware of who they are and how they are supposed to cope with life events.

A narrative approach and analytical theories can be utilized and finally be integrated for a better process in healing and coping mechanisms in pastoral counseling. The soul is the place where the things of life dwell. Many things enter the soul of a person, some that are good, but also things that are not good. Most of the time things that people don't like are suppressed or repressed and these will remain in the subconscious or in the unconscious mind. When these things or events stay in the unconscious state without being dealt with, a person will not be able to grow into maturity and his/her life will be disconnected. The person will end up with different problems and even sicknesses such as depression, grief, anxiety, fear and many other psychosocial problems.

In order to deal with the things or events in the subconscious mind a person needs to be creative and find a way of becoming aware of them. Through the process of fantasizing the events one will be able to understand what is going on in his/her life. Paying attention to the images, symbols and other life events helps a person to move to a healthy stage of distinguishing or discerning what is good and what is bad. Life is a package of both good and bad. Becoming aware of what is going on in one's life is a necessary stage for healing and development. This is the stage whereby you bring the unconscious to consciousness (ie becoming aware of life's events). This transition is not easy, it needs discipline and training. First of all, it depends on how one works using one's creativity as one experiences life, which is full of narratives, symbols and images. One needs to take time, stop and wonder about what is going on in one's life. I agree with Jung who says, "If you cannot take *a hint* from life, then life will hit you" (emphasis mine). A good example which I like to share here is the parable of the prodigal son found in the Gospel of Luke 15:11-32. The parable talks about a man who had two sons. The younger son told his father to give him his share of his inheritance so that he may be independent and live the life he liked. The father did as the son asked. The son went away and decided to live a luxurious life, squandering the money, and in the end he found himself empty-handed as he had spent all the money he had, and lost everything he owned. Then an economic crisis happened in that country and he did not have an income. He then started looking for a job so that he could find something to put into his empty stomach. He succeeded in getting work

feeding the swine, but it did not pay very well and he even ate the swine's food. My emphasis of this story comes when the Scripture says, "When he finally came to his senses". Another translation reads, "And when *he came to himself...*" (emphasis mine) in verse 17 (King James Version). The text says that the lost son "came to himself", that means, before that crisis he did not know who he was. He was lost and was out of himself. But he took some time to look around and to think about what was happening with him. He thought of the life he had been living with his parents at home, and he compared it with the life he was living at the moment (ie life experiences), then he came to his senses, to his new discoveries and understanding of who he was. That is what we call the time of "self-realization", the time of salvation for him. The end of this story is very positive. The son realized who he was, accepted his weaknesses, confessed about what he had been doing and moved forward to go and face his father. Fortunately the father accepted him unconditionally, though he himself said he would be one of his father's servants. The son did not think that he would be accepted at all, but the father accepted him unconditionally as his own son, did not punish him or complain at all, instead he treated him well, which made the older brother angry with his father.

For healing and wholeness to happen one needs to use one's imagination for translating the events and things that are happening in life. A human being is a disintegrated person, who needs to gather and put together the disintegrating things in life. One needs to be aware of one's life, that is to "take a hint" from life. This comes out as the process for individuation. During this process of creativity one comes to a climax, a crisis point, the turning point where the revolution of life begins. This is the process of individuation, where a person finds him or herself. Theologically, it is the process where someone becomes a new creature or a born again Christian (2 Cor 5:17). Salvation is not the end of the journey, but the beginning of a new life which is integrative and continuous. It is not the end of bad things or suffering in life, but a new perspective on life. The events of life happen daily, but when we are conscious of these things we deal with them differently and positively and do not suppress them. This is a life-cycle chain which revolves around, but it does not pass at the same point, it passes at a different place in a different orbit. This cycle is a continuous one which grows gradually as someone experiences life.

The OVC also need to see the reality of life and its complexity. They must come to a point where they are able to use their creativity through narratives, metaphors, symbols, images, dreams and other methods which will help them to integrate their life for their resilience in times of suffering and other hardships.

Now let us look at a model which will gather together all the ideas or explanations we have discussed above. It is a narrative approach which integrates other approaches or methods in pastoral counseling with OVC in Mbeya, Tanzania. It is a cyclical model of a life of any child or person and how he/she experiences life, which is a journey to wholeness.

6.2 An integrative narrative model in coping and healing phenomenon for the OVC

Practical theology creates ways that are integrated in its methods. It is based on the real life of people's experiences and the activities of the church in practical ways. It is also a theory of action. Practical theology is about the two concepts of praxis and theory (see Heitink 1999: 151).

Pastoral counselors must make sure that the counseling is beneficial to the whole person as a human being who has been created in the image of God. Love should be the dominant factor in pastoral counselling, especially when working with OVC.

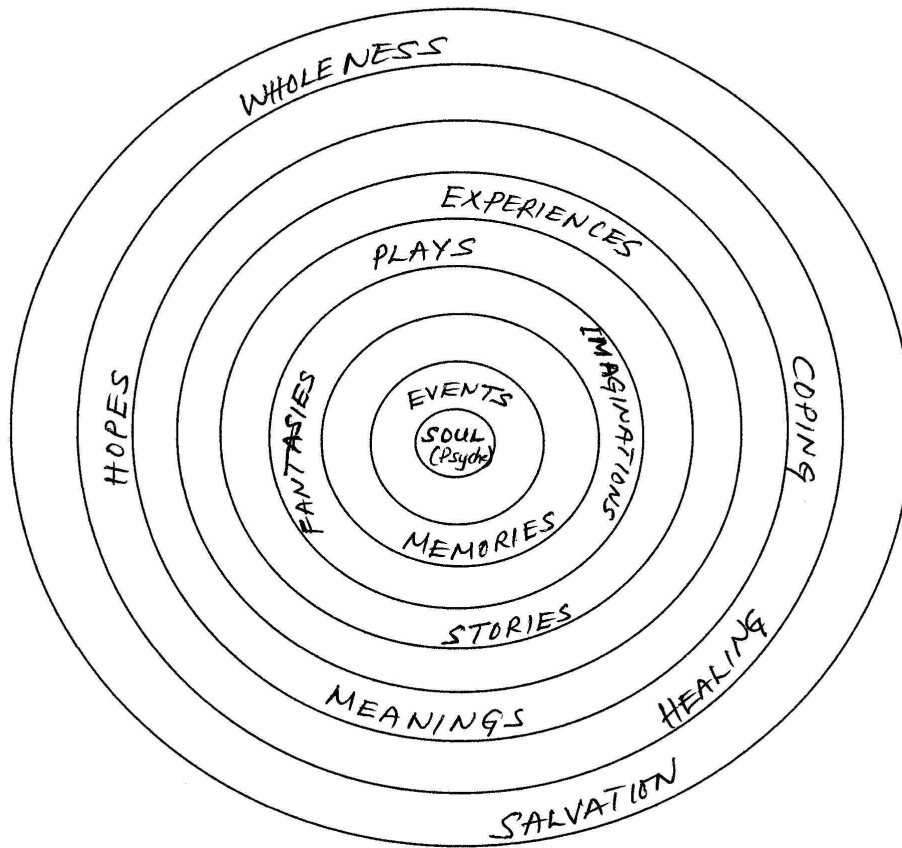
Pastoral counseling should employ the methods that are most effective in helping a person to grow into Christian maturity in every way, that is spiritually, physically, mentally and emotionally. As we have seen from above, a narrative approach can also employ or pick up some ideas, methods or approaches from other disciplines such as play, analytical and family systems. When all these are integrated and used in a systematic way, and if that can be understood and applied well, the people will obviously grow into the fullness of life, the life of wholeness.

I can generalize that a model which follows is a life journey of every individual human being. It is sometimes not easy to be aware of or recognize or explain the processes or stages in the cycle of life. The following model explains how healing and wholeness can be reached for OVC in

particular, as I have seen through my experience²⁹ in working with children in the context in which I did my research. The life experience in the circle is not a fixed one, it is flexible and the process is not that systematic. Sometimes it can go either way. The goal of each soul is to reach the process or stage which Jung called individuation (ie wholeness), no matter which way you take to reach there. What follows is my own creativity in the process. The model came to me as I was playing with children at the river. When we throw stones in the river something happens. There are rings of small waves moving from inside to the outside. I compare this action of the water with the life of a person. The model is called an integrative narrative cycle for pastoral counseling with OVC.

²⁹ As I explained before, I have been working as a parish pastor, pastoral counselor, lecturer of Practical Theology at the University, and I have been involved with working with children for more than twenty years in different sectors in the church and other organizations in Tanzania.

A Model: An integrative narrative cycle for pastoral counseling with OVC



This model is a cyclical one. In Kiswahili there is a saying, *Maisha ni mzunguko/duara*, which means that “life is a circle”. Life is a rotation which goes around and around. Life is a continuous ring which goes around on and on until someone dies, but according to African belief in the African Tradition Religion, this cycle of life continues even after death, where a

person meets with the ancestors, and another arena of life continues in another world (Mbiti 1969). Then life is a process. One passes from one stage to another stage continuously. The ultimate stage of our life is when we find true meaning for our life, the life of fulfillment, self-realization and individuation. This is the life of salvation and wholeness. Here below is the explanation of the model above.

A human being has been created with a *soul* (psyche). The soul is the source of our personality and our being. This is what makes us human. We experience life through the soul within us. The psyche experiences many *events* in life, the negative and positive sides, but also the unconscious and conscious things. The goal of soul is the wholeness of our personality. Therefore, one needs to go beyond the things that go inside the soul. This is what is called the psychic process where the soul seeks for integration and the totality of a person (personality) (Rollins 1990: 970).

The next stage in this circle in the model after the events is *memory*. Events are all the things that a person experiences from birth. Then the memory is the stage where the events are being stored. What the memory does here is to store the things that are experienced. This might be good or bad. The tendency of human beings is to repress those things that were so difficult to handle or unacceptable to a person. The memory work is to enable a person to restore the events, whether they are bad or good. The negative things which are repressed usually go to what is called the unconscious or subconscious mind, but the other regular or usual events remain in the conscious mind. When the memory keeps on holding the repressed things or events, the person ends up in a situation that is disintegrated, or they have what is known as disorder in someone's personality. In other words a person becomes sick if the things that are repressed are not dealt with, whether through a person's interventions, or with psychiatric help, or counseling services. Through professional help one can be helped to move forward to a life that is more integrated, rather than remaining with a life that is disintegrated (Jung 1963: 165). How could someone move forward to a more mature life, the life that is more integrated? This is the next stage in our circle of life, and that is *fantasy*.

Through *fantasy* a person uses the potential that is within him/her. The events in life happen for a reason. Therefore, a person must become aware by asking him/herself what is going on in

his/her life by starting to fantasize about all the events. Through guidance a person can know and understand him/herself by the whole process of integration, which includes fantasy as “the creative process of mental imagery” (Criswell 1990: 429). This process is followed by being imaginative about all the things that go inside such as symbols, images, dreams, stories, metaphors and other life experiences. Jung (1964) calls this process “active imagination”.

As the process of *imagination* continues in the mind of a person, the actions come into the *play*. Acting out what is inside is the next stage in a person’s life. For children in particular, their imaginations are being translated or manifested in art and playing. Children like to play and use their imagination in arts. Their problems and feelings are not easily talked about, but through art and play they find it easier to talk through their issues and give stories about their problems and life in general.

Children sometimes play through *fantasies* and *imagination*. That is why when we work with children it is important to use stories and metaphors because it is the place where they feel at ease and free to express their feelings and emotions. They *experience* the world in different ways and express themselves in various ways too. The *narrative* approach through *stories*, metaphors, songs, proverbs and games is how children would like to communicate for their coping and healing. It is through a narrative approach that the children find *meaning* and *hope* in life that will lead to *wholeness*.

It is through an integrative narrative approach that I have found that the integration of other methods helps in the healing and coping mechanisms for OVC in the context of Mbeya. An integrative narrative approach helps a counselor to map the child’s problem through stories or other narrative methods to be able to deconstruct the dominating story in order to empower the child to an alternative story that is healing and hopeful.

Narrative approaches are the ways or paths to a healing stage, as you can see in the figure above. Stories that are alternative to dominating stories are the way to move forward to bring what is unconscious to consciousness. The repressed things must be dealt with through fantasy and imagination and being aware what happened, in order to reconstruct what has been denied and disintegrated. According to Jung life of a soul is both good and evil, or light and darkness.

The *persona* or shadow side of a person is part of who we are. A human being likes to wear a mask to imitate the image of what he/she wants to be. Disguising our personality is called putting on a mask. This part of the shadow side must be recognized as holding the healing power. It is only God who is perfect, but not the human being. As human beings we must always remember that we are vulnerable and weak. The person's life is disintegrated and must be integrated for his/her holistic development. It is pointed out that "the goal of wholeness depends on conscious as well as unconscious seeking" (Moseley 1990: 38).

The integration process is what brings meaning and purpose in someone's life. A person needs to face life squarely, to be aware of life in the other side of the being, no matter how dark it is or how hurtful the experience might be. As human beings we need to recognize the dark side of our being and bring the things that have been repressed to the surface. By this process then, a human being finds healing and wholeness, otherwise he/she is doomed to sickness and a disintegrated life. The Bible teaches that, "If we claim we have no sin, we are only fooling ourselves and not living in the truth. But if we confess our sins to him, he is faithful and just to forgive us our sins and to cleanse us from all wickedness" (1 John 1:8-9). After the fall sin became part of us as human beings who are corrupt, full of misery and evil. Acknowledgement of our sinful nature, of our weaknesses and vulnerability is an important step to true healing which comes as a result of salvation. The response of a person to what is responsibility is a way to salvation. This response is a matter of one recognizing the responsibility of accepting who he/she is in relation to the Creator and His creation. When this is recognized, healing and wholeness happen.

According to the figure above, the model which I have called an integrative narrative cycle for pastoral counseling with OVC is a lifelong process for a person. The source of life is in the soul itself. A human being is not a static being, but is a person who is growing and experiencing many different things. The things that happen in life are not typically new every time, they are just repeated, but in different ways and in different stages. That is why I concur with the Kiswahili saying, *Maisha ni mzunguko*, which means that life is a continuous circle. In order to grow healthier one needs to go with all that I have suggested above and all these things are connected and are related to each other. Growth happens in dealing with and being aware of

events, memories, fantasies, imaginations, stories, experiences, which lead to a life that is meaningful, hopeful and filled with healing and wholeness. It is in exploring and being creative to the self (psyche) in us that we can find the Self (God) in us who can lead us to wholeness.

OVC experience their life in different ways, although the process I have explained above stays the same for every individual, whether a child or an adult. These children of Mbeya face different kinds of problems and challenges, which are economical, spiritual and emotional. They experience poverty, guilt, shame, rejection, anger, sickness, loss, grief and abuse. All these experiences become the dark side of their life. These challenges need to be talked about openly and freely and not in threatening ways. Children need to express their needs and problems in ways that can be simple and easy for them. Through a narrative approach, stories, play, metaphors and other methods the children are allowed to respond to issues that are hurtful for them. The children must be guided to map their problems in ways that are easy for them, as indicated above. Through play and other imagination techniques the children must be guided to tell their stories in artistic ways, the ways that are non-threatening to them. In this way the children can be able to find new stories that have been thickened and are empowering to the dominating stories. These are stories that are hopeful, empowering and healing.

6.3 Narrative approach in/to pastoral counseling

The intervention which was done with OVC at Nsalaga, Mbeya proved that the narrative approach in pastoral counseling is an applicable approach in the context of Mbeya, Tanzania. Evaluation was conducted to see whether changes have been seen in the children after a period of one year 2007 (See the evaluation forms in appendix J and K). The evaluation determined whether the caregivers and the children themselves have seen any changes compared to the time when the children began using this narrative approach.

Several indicators were used to measure their understandings and feelings to see how the children have felt since the programme began. These indicators were analyzed to see how and where they are according to their own understanding. The children were given a safe and open space to explain themselves to see if they have seen any changes in their lives according to approaches which the author used. These were the feelings of joy, sadness, worry, anxiety, anger, love and peace. The evaluation showed that most of the children interviewed (75%) filled

in on the evaluation form that their feelings of joy, love, and peace were greater than sadness, worry and anger.

Through a narrative approach the children were able to cope with the different problems they were facing, which included anger, sadness, playing up, anxiety, shame, guilt, fear and loneliness. The children were open to talk about other things which they thought might be helpful or added for them at the centre of *Amani* or at their homes, to make them more responsible, confident and having greater self-esteem. These other things which helped the children to become more active and cope with psychosocial problems are material support for their family household, for their school needs, games, gardening and Bible study materials.

The caregivers and volunteers (teachers) also had their evaluation forms to fill in (See Appendix J). They had the opportunity to say which ways they found to be useful in teaching the children and helping them to cope with their problems. They also had to mention the success and/or the failure they have seen or encountered during the whole year of 2007 while using the narrative approach. The form they had to fill in had the scale of 1 to 5, one being very bad, and five being very good. The indicators were based on the feelings of the children they have been working with, these feelings are sadness, anger, worry, happiness, love and peace. There were five teachers and volunteers who completed the evaluation. The average scale they all have was between 3 to 5, which means that they saw that the children have changed tremendously for good, number three being the average, four being good and five being very good. These also showed that the children were no longer feeling as sad, angry, or lonely.

6.4 Integrating practical theology and narrative approach

Narrative approaches have been used by different scholars and different faculties in the academic arena. The narrative approach has become very popular especially in this postmodern time. The world is experiencing rapid advances in science and technology and more generally in the educational system. These advances have made the world like a village. This is known as globalization. At this time, narrative approaches have become very familiar and applicable with social scientists in particular and in the humanities departments. This approach has been

accepted as one of the ways or theories the academics can use as a scientific method in their research work. Theologians have for a long time also employed narratives in biblical analysis. Narrative theology is all about using the biblical stories and images to understand and interpret the Bible through people's events and relationships (Gerkin 1990: 592).

Practical theology seeks to make theology more practical in its experience. Practical theology with a narrative approach seeks to integrate the methods to make people's events, lives and relationships more meaningful and that will bring about wholeness. Stories, parables, metaphors, symbols, images and myths in people's lives are used to interpret and understand the relationships of people and their life events. These are all used in the biblical context as well as in the social context.

A pastoral counselor looks to a theology that is closer to people's lives. Narratives (stories) are something that happen in our life every day. It is part of who we are and what we are. The theology which uses or applies narrative analysis is very close to people's lives. In every corner our life is full of and surrounded with narratives which need to be interpreted and understood in ways that can be helpful and healing. A narrative approach needs to be integrated with theology to bring about healing and wholeness. The integration of a narrative approach with practical theology looks for the healing that is wholeness. The integration looks for harmony and peace between the human web and its creation. It looks for the relationship that is more balanced. The whole system in the human arena must be integrated for wholeness in the life of a person.

The ministry of a pastoral counselor is to support an individual, the family or any group to come to their self-realization, which is a process of individuation or salvation of a person. A pastoral counselor guides and uses a narrative approach to allow people to understand their problems (dominating story) and further allows them to move forward to the coping and healing process (alternative story). This process leads to a life that is more integrated, a life that is worthwhile, with purpose and meaning, the life of wholeness.

6.5 Summary of the chapter

This chapter presented a model that can be useful in working with OVC through a narrative approach in the context of Tanzania, Mbeya region in particular. The model is the result of the

field research, the analysis and interpretation of the data collected. This model is ultimately integrated with theories from different approaches so that it can be appropriate and be used with OVC in pastoral counseling. The model is very integrative in its approach, because it also relies on other theories, as has been discussed above. Therefore, an integrative narrative cycle model for pastoral counseling with OVC fulfills the thesis statement and objectives of this particular study.

CHAPTER SEVEN

7.0 CONCLUSION

7.1 Summary of the thesis

This thesis was about a narrative approach with the use of stories and metaphors in pastoral counseling with OVC in Mbeya, Tanzania. Mbeya is one of the regions in Tanzania which is severely impacted by HIV and AIDS. In the region a lot of people have been affected by the pandemic, either directly or indirectly. The pandemic has caused many deaths and has left more problems and challenges in the society such as poverty, the increase of orphans, street children and more children vulnerable in other ways.

The thesis examined different literature related to the study to see various theories, methods and responses from different fields in the academic arena. Specifically, this literature was based on the objectives of the study in this thesis. Furthermore, the study was based on research conducted in the field where specific case studies, focus groups and interviews were conducted and applied using narratives theologically. Concepts and themes were also discovered and discussed for the analysis. All these were meant to find a theory and model that would suit and fit in the context of Tanzania. These models were also used because they were seen to be very effective in working with OVC in Mbeya, Tanzania.

This study has discussed and explored in detail that a narrative approach is an applicable approach in pastoral counseling and in practical theology as a whole. In this case it is true that narrative theories have contributed much in practical theology in particular. The narrative approach has been found to be at home in Mbeya, which means it is an approach that is applicable, reliable and viable in the context where the research was undertaken. A narrative approach has been found to be an integral approach which involves or incorporates other theories and methods to make it more effective and interesting to work with in the context of the

African people in Tanzania. Narrative theories can therefore be applied in effective ways with our theological context and doctrine. In other words, narrative theories can be integrated very well with theology, as we have seen in the case studies with OVC. The model which I have proposed concurs well with the Kiswahili saying, *maisha ni mzunguko*, which means that life is a circle. The life of a person is a story which continues to go around in its circle inside of which a person experiences and goes through many life challenges and experiences. The ultimate meaning of the circle is not the end of life (death), but the life of maturity and wholeness. The circle rings in an integrative narrative cycle model for pastoral counseling with OVC have no definite boundaries, but are the continuation process of life. The African traditional religion and its philosophy believe that people continue to live even after physical death. That means life continues in the other end of the world.

7.2 Challenges of the study

As in other academic fields, a narrative approach with the use of stories and metaphors in pastoral counseling faces challenges and probably this thesis will face some criticism from other scholars. Narrative as a post-modern phenomenon has been a challenging theory not only to others, but also to my own journey as a researcher and pastoral counselor. In my research I have found that a narrative approach in pastoral counseling needs special attention, especially if you work with children. It needs a lot of time and patience to work with children in order to understand them properly. In addition to the skills one might have, pastoral counseling with OVC needs perseverance, commitment and interest. Otherwise one will fail to do what is right and just for the children and will end up hurting and traumatizing the children psychologically and spiritually.

Another challenge which has faced me in the course of my field research with OVC is collecting all the data and trying to integrate it for the analysis. As I pointed out above, the approach I used is an integral one. I integrated a narrative approach with different theories from other counseling approaches, such as systems, play and analytical theories. Therefore, one needs to pay more attention to everything the children are saying, thinking and doing, but also discovering something from their context at home, school or at the centre as they engage with

others. A narrative approach is one of the proper effective communications for conversing with children in non-threatening ways. Using stories and metaphors, detailed descriptions need to be carefully collected, organized and analyzed to see how the children understand the world and their circumstances.

The challenge of a narrative approach in pastoral counseling in a religious context has also been a challenge to me and others; to see how narratives can be interpreted spiritually and theologically to be able to help the children change their dominant stories of desperation and hopelessness to the stories that would be empowering, lifting, and help them to grow into maturity and wholeness! But through this thesis I personally have proved that a narrative approach through metaphors, stories, proverbs, play and art can be theologically used in pastoral counseling with OVC in different contexts too.

Pastoral counseling to OVC in particular needs more attention and must be taken seriously by pastoral counselors. Pastoral counselors need to walk with wounded children by being with them to listen, understand, and care about them. Children's ministry must be established in the doctrine of love and relationship. We must establish the community that would be able to understand God's plan of healing and wholeness.³⁰ We should build the community that facilitates healing relationships to a wounded child. This is what I tried to establish in this research, which must be further explored by other researchers.

All in all, the most challenging thing in our life is life itself. If we need to understand our lives, we first need to know and understand our stories and be able to tell them to ourselves and listen to them. We also need to hear stories from others and from the community. All these stories of our lives contain points that show strengths and weaknesses. The biblical narratives, especially in the books of Proverbs and Ecclesiastes, tell us about our vulnerabilities. Our vulnerabilities make us realize we are weak and limited and that we cannot control everything that is happening in this world. It is only God who is perfect and is in control of everything, but we as human beings are vulnerable and desperate. Our only hope is in Christ alone. Therefore, let us understand who we are by understanding our personal and communal stories that make us who

³⁰ Petra College in White River has established a good ministry for the children which facilitates the idea which I am trying to establish here. They have produced a training manual which is the course one can take at Petra College. The manuscript is known as "Walking with wounded children."

we are, and change for the better. Let us keep learning and experience life in God's way so that we can grow into a life that is mature and whole.

Proverbs 12: 1 says, "Whoever loves instruction *and* correction loves knowledge, but he who hates reproof is like a brute beast, stupid *and* indiscriminating" (Amplified Bible). Therefore, let us with our children be wise and learn from what God shows us in our daily stories and experiences in life and live a life of individuation, not an individualistic life, but a life of discernment, maturity and wholeness. The stories of our lives are the lessons for all of us to tell and hear to change people and the community for the better.

7.3 Recommendation

The church, theologians, counselors, and other scholars should use a narrative approach in their context for the welfare of children, especially in the ministry of OVC. I particularly urge the pastoral counselors to integrate their methods in practical theology with narrative theories.

The ministry to children should be paid more attention than other ministries in the church. Children's ministry should not be treated as an extra ministry, but it should be upfront in our churches because of the vulnerability of children and the many risks they are facing in our societies today. The ministry to children should be paid more attention than other ministries in the church. Children's ministry should not be treated as an extra ministry, but it should be upfront in our churches because of the vulnerability of children and the many risks they are facing in our societies today.

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churches because of the vulnerability of children and the many risks they are facing in our societies today.

There are several aspects which I did not explore sufficiently in this study. I leave it as a challenge to other scholars and researchers to consider further exploration of those aspects which are as follows: a narrative approach in children other than the OVC, other approaches or methods, apart from the narrative approach, that can be more applicable and effective in working with OVC, and practical theology and particularly pastoral counseling methods that can be more applicable in the context of Tanzania with the ministry of children.

Finally but not least, I urge other scholars to conduct further research in this particular subject. I hope I have triggered some new thoughts and challenges that can be further researched for the betterment of the church and society as a whole. I also welcome challenges and criticisms which would enrich the academic field, especially in practical theology, as we say in Kiswahili proverb that, *Asiyekubali kushindwa si mshindani* which means the one who does not accept his/her failures or weaknesses is not competitor.

REFERENCES

- Addo, P. 2006. Proverbs in African narrative theology: Looking at ourselves in Africa: Ghana at 50. in <http://www.timbooktu.com/addo/proverbs.htm> (Accessed on 04 December 2007).
- Ammicht-Quinn, R & Hacker, H (eds). 2007. *AIDS*. London: SCM Press.
- Andrews, M., Squire, C & Tamboukou, M. (eds) 2008. *Doing narrative research*. Los Angeles, London: SAGE.
- Atkinson, DJ & Field, DH (eds). 1995. *New dictionary of Christian ethics and pastoral theology*. Leicester and Downers Grove: Inter-Varsity Press.
- Axline, VM 1989. *Play therapy*. Edinburgh: Churchill Livingstone.
- Babbie, ER & Mouton, J. 2007. *The practice of social research*. 11th edition. Belmont, CA: Thomson/Wadsworth.
- Basson, NC. 2001. *Narrative pastoral practice at a primary school*. MTh thesis, University of South Africa, Pretoria.
- Bate, SC. 1995. *Inculturation and healing: coping-healing in South African christianity*. Pietermaritzburg: Cluster Publications.
- _____. (ed). 1996. *Serving humanity: A sabbath reflection*. Pietermaritzburg: Cluster Publications.
- _____. 2004. The Mission to heal in a global context. *International Review of Mission*. Vol. 90, No.356357, pp 70-80. EBSCO host Research Databases <http://search.epnet.com>. Academic Search Premier (Accessed 08 November 2005).

Bauman, L & Germann, S. 2005. Psychosocial impact of the HIV/AIDS epidemic on children and youth in *A generation at risk: The global impact of HIV/AIDS on orphans and vulnerable children* edited by G Foster, C Levine, & J Williamson. New York: Cambridge University Press. 93-133.

Berinyuu, AA. 1992. Change, ritual, and grief: Continuity and discontinuity of pastoral theology in Ghana. *Journal of Pastoral Care*. Summer 1992, Vol 46, No 2. p 141-152. EBSCO host Research Databases <http://search.epnet.com>. Academic Search Premier (Accessed 08 November 2005).

_____. 2002. An African therapy in dialogue with Freudian psychoanalysis. *The Journal of Pastoral Care and Counseling*, Spring 2002, Vol 56, No.1. pp. 11-20. EBSCO host Research Databases <http://search.epnet.com>. Academic Search Premier (Accessed 08 November 2005).

Bertram, C. 2004. *Understanding research: An introduction to reading research*. 2nd ed. Pietermaritzburg: University of KwaZulu- Natal.

Bhana, A. 2006. Participatory action research: A practical guide for realistic radicals in *Research in practice: Applied methods for the social sciences*. 2nd revised edition, edited by M Terre Blanche, K Durrheim, & D Painter, D. Rondebosch: UCT Press. 427-442.

Bible Explorer. 2007. *Holy Bible*, New Living Translation. 2nd ed. 4.0 Bible software. Tyndale House Foundation.

Bless, C & Higson-Smith, C. 2000. *Fundamentals of social research methods: An African perspective*. 3rd edition. Cape Town: Juta & Co Ltd.

Boje, DM. 2005. Narrative therapy. June 30, 1999, revised June 23, 2005. in <http://cbae.nmsu.edu> or <http://web.nmsu.edu> (Accessed on 29 March 2006).

Bowen, M. 1978. *Family therapy in clinical practice*. New York: J Aronson.

Boyd, GE. 2003. Pastoral conversation: Relational listening and open-ended questions. *Pastoral psychology*, vol. 51, No. 5, May 2003. Human Sciences Press, Inc.

Brink, AM. 2003. *Lighting his way home: Pastoral conversations with a missing child's mother*. MTh Thesis. University of South Africa, Pretoria.

Burck, JR. 1990. Community, fellowship, and care in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 202.

Burck, JR & Hunter, RJ. 1990. Pastoral theology in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 867-872.

Burns, GW. 2007. Metaphor and therapy, in *Healing with stories: Your casebook collection for using therapeutic metaphors*, edited by GW Burns. New Jersey: John Wiley & Sons, Inc.: 4-8.

Byamugisha, G, Steinitz, LY & Hughes, A. 2002. *Journeys of faith: Church-based responses to HIV and AIDS in three southern African countries*. Pietermaritzburg: Cluster Publications.

Cambridge Advanced Learner's Dictionary. 2008. Cambridge: Cambridge University Press.

Capps, D. 1984. *Pastoral care and hermeneutics*. Philadelphia: Fortress Press.

_____. 1990. *Reframing: A new method in pastoral care*. Minneapolis: Fortress Press.

_____. 1993. *The poet's gift: Toward the renewal of pastoral care*. Louisville: Westminster/John Knox Press.

_____. 1998. *Living stories: Pastoral counseling in congregational context*. Minneapolis: Fortress Press.

_____. 2000. Situating system and giving self its due: A story-based counseling model. *Pastoral psychology*, Vol 48, No. 4, 2000. Human Sciences Press, Inc.

_____. Ricoeur's theory of hermeneutics. UNISA EReserves. (Accessed on 25 February 2008).

Case, C & Dalley, T. 1990. *Working with children in art therapy*. London: Tavistock/Routledge

Cattanach, A (ed). 2002. *The story so far: Play therapy narratives*. London: Jessica Kingsley Publishers.

Carroll, JL & Wolpe, P. 1996. *Sexuality and gender in society*. New York: Harper Collins.

Christensen, P & James, A (eds). 2000. *Research with children: perspectives and practices*. London: Falmer Press.

Clandinin, DJ (ed). 2007. *Handbook of narrative inquiry: Mapping a methodology*. Thousand Oaks, California: Sage Publications.

Clebsch, WA & Jaekle, C. 1983. *Pastoral care in historical perspective*. New York: Jason Aronson.

Clinebell, HJ. 1984. *Basic types of pastoral care and counseling: Resources for the ministry of healing and growth*. Revised and enlarged edition. Nashville: Abingdon Press.

_____. 1995. *Counseling for spiritually empowered wholeness: A hope-centred approach*. New York: The Haworth Pastoral Press.

_____. 2004. Toward envisioning the future of pastoral counseling and AAPC, *Journal of Pastoral Care*. September 1983. Vol. 37.03. pp. 180-194. 2004, ATLA <http://purl.org/atlaonline/atlas/ashow?aid=ATLA0000933505> (Accessed 17 September 2005).

Coetsee, D. 2005. *Walking with wounded children*. A training manual compiled by Dirk Coetsee. Unpublished material, Petra College: White River.

Concise Oxford Dictionary. 2001. 10th edition. CD Rom. Software. Oxford University Press.

Cook, AS, Fritz, JJ & Mwonya, R. 2003. Understanding the psychological and emotional needs of AIDS orphans in Africa in *The children of Africa confront AIDS: From vulnerability to possibility* edited by A Singhal & WS Howard. Athens: Ohio University Press. 85-104.

Couture, PD & Hunter, RJ (eds). 1995. *Pastoral care and social conflict: essays in honor of Charles V. Gerkin*. Nashville: Abingdon Press.

Criswell, GE. 1990. Fantasizing in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 429-430.

Culbertson, P. 2000. *Caring for God's people: Counseling and Christian wholeness*. Minneapolis: Fortress press.

Daigneault, SD. 1999. Narrative means to Adlerian ends: An illustrated comparison of narrative therapy and Adlerian play therapy. *The Journal of Individual Psychology*, Fall 1999, Vol.55, No.3. Austin: University of Texas Press. EBSCO host research databases <http://search.epnet.com>. Academic Search Premier (Accessed 08 November 2005).

Denis, P. 2001. Sharing family stories in times of AIDS. *Missionalia*. 29: 2, August 2001. 258-281.

_____. (ed). 2005. *Never too small to remember: Memory work and resilience in times of AIDS*. Pietermaritzburg: Cluster Publications.

Denis, P & Mafu S. 2005. Measuring resilience in *Never too small to remember: Memory work and resilience in times of AIDS* edited by P Denis. Pietermaritzburg: Cluster Publications. 27-34.

Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ). 2003. AIDS control project in Mbeya region. www.gtz.de. (Accessed 13 June 2007).

Dinkins, BD. 2005. *Narrative pastoral counseling*. (Longwood, FL): Xulon Press.

Dittes, JE. 1990. Analytical (Jungian) psychology and pastoral care in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 29-33.

_____. 1990. Analytical (Jungian) psychology and religion in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 33-35.

Dreyer, JS. 2007. *Doing empirical research in theology: A supervisor's guide for Master's and Doctoral students*. Handouts Letter notes. Pretoria: University of South Africa.

Dube, MW. 2001. *Fifty years of bleeding, A storytelling feminist reading of Mark 5:24-43*. Geneva: WCC.

_____. (ed). 2003a. *HIV and AIDS and the curriculum: Methods of integrating HIV and AIDS in theological programs*. Geneva: WCC.

_____. (ed). 2003b. *Africa praying: A handbook on HIV/AIDS sensitive sermon guidelines and liturgy*. Geneva: WCC.

Dube, MW & Njoroge, NJ (eds). 2001. *Talitha Cum!: Theologies of African women*. Pietermaritzburg: Cluster Publication.

Dube, MW & Kanyoro, MRA (eds). 2004. *HIV and AIDS and gender readings of the Bible*. Pietermaritzburg: Cluster Publication.

Durrheim, K. 2006. Research design in *Research in practice: Applied methods for the social sciences*. 2nd revised edition, edited by M Terre Blanche, K Durrheim, & D Painter, D. Rondebosch: UCT Press. 33-60.

Durrheim, K & Painter D. 2006. Collecting quantitative data: Sampling and measuring in *Research in practice: Applied methods for the social sciences*. 2nd revised edition, edited by M Terre Blanche, K Durrheim, & D Painter, D. Rondebosch: UCT Press. 131-159.

Dyregrov, A. 1991. *Grief in Children: A Handbook for adults*. London: Jessica Kingsley Publishers.

Eide, OM, Ndossi, E, Kimilike, LP & Engedal, LG. 2008. *Restoring life in Christ: Dialogues of care in Christian communities an African perspective*. Arusha: Makumira Publication Nineteen.

Elliot, J. 2005. *Using narrative in social research: Qualitative and quantitative approaches*. London: Sage Publications.

Elwell, WA & Comfort, PW (eds). 2001. *Tyndale Bible dictionary*. CD Rom Database, 2006 WORDsearch Corp. Tyndale House Publishers.

Erikson, E. 1964. *Childhood and society*. New York: WW Norton.

_____. 1968. *Identity: Youth and crisis*. New York: WW Norton.

Eybers, HH. 1991. *Pastoral care to black South Africans*. Atlanta: Scholars Press.

Farley, E. 1990. Practical theology, protestant in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 934-936.

- Finucane, C. 2009. *In search of pastoral care in the Seventh - day Adventist church: A narrative approach*. DTh Thesis, University of South Africa, Pretoria.
- Florell, JL. 1990. Children in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 143-145.
- Foster, G, Levine, C & Williamson, J (eds). 2005. *A generation at risk: The global impact of HIV/AIDS on orphans and vulnerable children*. New York: Cambridge University Press.
- Freedman, J & Combs, G. 1996. *Narrative therapy: The social construction of preferred realities*. New York: WW Norton.
- Freeman. A. 1999. *Sexuality*. Unpublished materials, Bethlehem, PA. January 1999.
- Geldard, K & Geldard, D. 2002. *Counselling children: A practical introduction*. Second Edition. London: Sage Publications.
- Gerkin, C. 1984. *The living human document: Re-visioning pastoral counseling in hermeneutical mode*. Nashville: Abingdon Press.
- _____. 1986. *Widening the horizons*. Philadelphia.
- _____. 1990. Interpretation and hermeneutics, pastoral in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 591-593.
- Grobblelaar, MS. 2006. *Inviting faith communities to re(-)member their identity as community-of-friends*. DTh Thesis: UNISA.
- Grossoehme, DH. 1999. *The pastoral care of children*. New York: The Haworth Pastoral Press.

Gruskin, S & Tarantola, D. 2005. Human rights and children affected by HIV/AIDS in *A generation at risk: The global impact of HIV/AIDS on orphans and vulnerable children* edited by G Foster, C Levine, & J Williamson. New York: Cambridge University Press. 134-158.

Haddad, B. 2006. We pray but we cannot heal: theological challenges posed by the HIV/AIDS crisis. *Journal of theology for southern Africa*. 125. July 2006, 80-90.

Hagedorn, BJ. 1990. Family theory and therapy in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 423-426.

Haley, J. 1986. *Uncommon therapy: The psychiatric techniques of Milton H Erickson, MD*. New York: WW Norton.

Hawley, K. 2004. Shepherding lambs: the church's response to children at risk. *Evangel: the British evangelical review*. 21:1. Spring 2004. 10-16.

Healey, J & Sybertz, D. 2005. *Towards an African narrative theology*. Nairobi: Paulines Publications Africa.

Heitink, G. 1999. *Practical theology: history, theory, action domains: manual for practical theology*. Translated by R. Bruinsma. Grand Rapids: WB Eerdmans.

Henry, M. 2008. *Matthew Henry concise Bible commentary*. CD Rom, Database: Wordsearch.

Herman, D, Jahn, M & Ryan, M (eds). 2005. *Routledge encyclopedia of narrative theory*. London: Routledge.

Hinson, EG. 1990. Ministry in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 734-737.

Hogue, DA. 2003. *Remembering the future: Imagining the past*. Cleveland: The Pilgrim Press.

Holland, S. 2006. *How do stories save us?: An essay on the question with the theological hermeneutics of David Tracy in view*. Louvan, Dudley: Peeters.

Howard, WS. 2003. The possibilities of African leadership in *The children of Africa confront AIDS: From vulnerability to possibility* edited by A Singhal & WS Howard. Athens: Ohio University Press. 1-10.

Hunter, RJ (ed). 1990. *Dictionary of pastoral care and counseling*. Nashville: Abingdon Press.

_____. 2007. *Dictionary of pastoral care and counseling, the new edition*. Electronic Reserves. CD Rom.

Jackson, EN. 1985. *Understanding grief: Its roots, dynamics, and treatment*. London: SCM Press.

Jung, CG. 1933. *Modern man in search of a soul*. Trans. WS Dell and CF Baynes, New York: Harcourt Brace Jovanovich.

_____. 1963. *Memories, dreams, and reflections*. Trans. Richard and Clara Winston. London: Collins and Routledge & Kegan Paul.

_____. 1964. *Man and his symbols*. New York: Dell Publication, Co.

Kaniki, AM. 2006. Doing an information search, in *Research in practice: Applied methods for the social sciences*. 2nd revised edition, edited by M Terre Blanche, K Durrheim, & D Painter, D. Rondebosch: UCT Press. 19-32

Kelly, K. 2006. From encounter to text: Collecting data in qualitative research in *Research in practice: Applied methods for the social sciences*. 2nd revised edition, edited by M Terre Blanche, K Durrheim, & D Painter, D. Rondebosch: UCT Press. 285-319.

Kimilike, LP. 2006. *An African perspective on poverty proverbs in the book of Proverbs: An analysis for transformational possibilities*. DTh Thesis, University of South Africa, Pretoria.

Kiriswa, B. 2004. Pastoral care and counseling of persons living with HIV and AIDS. *AFER*. Vol. 46.01. pp.80-99. <http://purl.org/atlaonline/atlas/ashow?aid=ATLA>. (Accessed 03 November 2005).

Kirkpatrick, B. 1988. *AIDS sharing the pain: Pastoral guidelines*. London: Darton, Longman and Todd.

Kistemaker, SJ. 2005. Jesus as story teller: literary perspectives on the parables. *TMSJ*. 16/1. Spring 2005. 49-55.

Kistner, U. 2005. Reconciliation unjustifiable, justice irreconcilable? Story and narrative in testimony before the South African Truth and Reconciliation Commission. Public lecture at UNISA 2005, Pretoria South Africa.

Klein, M. 1963. *The psycho-analysis of children*. London: The Hogarth Press.

Kothari, CR. 2004. *Research methodology: Methods and techniques*. 2nd edition. New Delhi: New Age.

Kotzé, E & Kotzé, D. 2001. Telling about telling narratives, in *Telling narratives*, edited by E Kotzé, & D Kotzé. Spellbound edition. Pretoria: Ethics Alive. viii.

_____. 2001. Telling narratives, doing spirituality, in *Telling narratives*, edited by E Kotzé, & D Kotzé. Spellbound edition. Pretoria: Ethics Alive. 1-14.

Kunene, M. 1992. Research in African literature, *The language – Question* (Spring 1992), Vol. 23, No. 1, pp. 27-44. Indiana University Press. www.jstor.org/stable/3819947 (Accessed 13 December 2009).

Landman, C. 2007. *Doing narrative counseling in the context of township spiritualities*. DTh Thesis, University of South Africa, Pretoria.

Landreth, GL. 2002. *Play therapy: The art of the relationship*. New York: Taylor & Francis Books, Inc.

Lebacqz, K & Driskill, JD. 2000. *Ethics and spiritual care: A guide for pastors, chaplains, and spiritual directors*. Nashville: Abingdon Press.

Lester, AD. 1985. *Pastoral care with children in crisis*. Philadelphia: The Westminster Press.

_____. ed. 1987. *When children suffer: A sourcebook for ministry with children in crisis*. Philadelphia: The Westminster Press.

Levine, C, Foster G & Williamson J. 2005. HIV/AIDS and its long-term impact on children in *A generation at risk: The global impact of HIV/AIDS on orphans and vulnerable children* edited by G Foster, C Levine, & J Williamson. New York: Cambridge University Press. 1-10.

Lindegger, G. 2006. Research methods in clinical research in *Research in practice: Applied methods for the social sciences*. 2nd revised edition, edited by M Terre Blanche, K Durrheim, & D Painter, D. Rondebosch: UCT Press. 453-475.

Linden, JH. 2007. And this little piggy stayed home, in *Healing with stories*, edited by GW Burns. New Jersey: John Wiley & Sons: 44-54.

Louw, DJ. June 1990. Ministering and counseling the person with AIDS. *Journal of Theology for Southern Africa*. June 1990. No. 71, pp. 37-50.

_____. 1994. *Illness as crisis and challenge: Guidelines for pastoral care*. Halfway House: Orion.

_____. 1995. *Hope in pastoral counseling*. Louisville: Westminster John Knox.

_____. 1998, 2003. *A pastoral hermeneutics of care and encounter: A theological design for a basic theory, anthropology, method and therapy*. Wellington: Lux Verbi. BM.

_____. 2000. *Meaning in suffering: A theological reflection on the cross and the resurrection for pastoral care and counseling*. Frankfurt am Main: Peter Lang.

_____. 2008. *Cura vitae: Illness and the healing of life in pastoral care and counseling: a guide for caregivers*. Wellington: Lux Verbi. B.M.

Lull, PJ. 1991. Telling the truth: introducing death and resurrection to the young. *Word and World: Theology for Christian ministry. Death and resurrection*. Vol.XI, No. 1, Winter 1991. 36-43.

Magesa, L. 2003. A theological journey. *Exchange*. Vol. 32, No. 1, 2003, 43-53.

_____. 2004. *Anatomy of inculturation: Transforming the church in Africa*. Nairobi: Paulines Publications Africa.

Mageto, P. 2005. A silent church = Death: a critical look at the church's response to HIV/AIDS. *Currents in theology and mission*. 32:4. August 2005, 291-298.

Majiyasoda, PL. 2007. *Fasihi simulizi: Methali, nahau, na vitendawili*. Unpublished material PLM, Mbeya.

Ma Mpolo, M. 1990. African traditional religion, personal care in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 12-13.

Ma Mpolo, MJ & Nwachuku, D. (eds). 1991. *Pastoral care and counseling in Africa today*. Vol. 1. Frankfurt am Main: Peter Lang.

May, HG & Metzger, BM. (eds). 1973. *The new oxford annotated Bible: Revised standard version*. New York: Oxford University Press.

Mbiti, JS. 1989. *African religions and philosophy*. 2nd ed. Heinemann.

McFague, S. 1982. *Metaphorical theology: Models of God in religious language*. London: SCM Press.

McLeod, J. 1998. *An introduction to counseling*. 2nd edition. Buckingham. Philadelphia: Open University Press.

_____. 2002. *Qualitative research in counseling and psychotherapy*. London: Sage Publication.

_____. 2003. *Doing counselling research*. 2nd Edition. London: Sage Publications.

McMahon, L. 1992. *The handbook of play therapy*. New York: Routledge.

Meiburg, AL. 1990. Care of souls (Cura animarum) in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 122.

Metzger, BM & Murphy, RE. 1991. *The new oxford annotated Bible*. NRSV. New York: Oxford University Press.

Microsoft Encarta Encyclopedia Standard. 2006. "Tanzania", CD Rom. Software. Microsoft Corporation.

Miller-McLemore, BJ. 2004. Pastoral theology as public theology: Revolutions in the "Fourth Area", in *Pastoral care and counseling: Redefining the paradigms* edited by NJ Ramsay. Nashville: Abingdon Press. 45-64.

Minuchin, S. 1974. *Families and family theory*. London: Tavistock

Mlilo, LG & Soédé, NY. (eds). 2003. *Doing theology and philosophy in the African context*. Frankfurt am Main, London: IKO-Verlag für Interkulturelle Kommunikation.

Monk, G., Winslade, J., Crockett, K. and Epston, D. (eds). 1997. *Narrative therapy in practice: The archaeology of hope*. 1st ed. San Francisco: Jossey-Bass Publishers.

Morgan, A. 2000. *What is narrative therapy?* Adelaide: Dulwich Centre Publication.

Morkel, E. 2002. *When narratives create community: Standing with children against stealing*. MTh Thesis, University of South Africa, Pretoria.

Moseley, RM. 1990. Analytical (Jungian) psychology and theology in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 35-38.

Mouton, J. 2001. *How to succeed in your master's and doctoral studies: A South African guide and resource book*. Pretoria: Van Schaik Publishers.

_____. 2010. African Doctoral Academy. Paper presented at the Autumn school on research methods, Stellenbosch University 15-18 March.

Mucherera, TN. 2001. *Pastoral care from a third world perspective: A pastoral theology of care for the urban contemporary Shona in Zimbabwe*. New York: Peter Lang.

Mugambi, JNK. 1995. *From liberation to reconstruction: African Christian theology after the cold war*. Nairobi: East African Educational Publishers.

_____. 2003. *Christian theology and social reconstruction*. Nairobi: Acton Publishers.

Mukoyogo, C & Williams, G. 1991, 2000. *AIDS orphans: A community perspective from Tanzania*. Nairobi: Action/Amref/World.

Müller, J. 2004. HIV/AIDS, narrative practical theology, and postfoundationalism: the emergence of a new story. *HTS theological studies*. 60. 1&2, 2004, 293-306.

Murphy, FA. 2007. *God is not a story: Realism revisited*. Oxford: Oxford University Press.

Musopole, A. 2006. *Spirituality, sexuality and HIV/AIDS in Malawi: Theological strategies for behavior change*. Zomba: Kachere series.

Mutie, E.K.and Ndambuki, P. 1999. *Guidance and counseling for schools and colleges*. New York: Oxford University Press.

Mwaura, PN. 2004. Response. *International Review of Mission*. Vol. 90, No. 356357. pp. 65-69. <http://purl.org/atlaonline/atlas/ashow?aid=ATLA0001397410> (Accessed 08 November 2005).

Mwendapole, J. 2006. Kikwete: Tusiwanyanyapae wenye Ukimwi. *Nipashe*, 11 September 2006.

Mwenisongole, TA. 1997. *Religious education of children in the Old Testament in the context of Deuteronomy 6:4-9*. BD Thesis, Makumira University College, Arusha.

_____. 2001. *The use of symbols and images from a Jungian perspective in pastoral counseling with young people*. MAPC Thesis, Moravian Theological Seminary, Bethlehem, PA.

_____. 2002. *A Biblical and theological response to the issues of HIV/AIDS in Tanzania*. MATS Thesis, Moravian Theological Seminary, Bethlehem, PA.

Nelson, JB. 1978. *Embodiment: An approach to sexuality and christian theology*. London: SPCK.

_____. 1987. Reuniting sexuality and spirituality. *Christian century*. Feb.25, 1987, 187-190. Taken from Religion-online, www.religion-online.org, (Accessed 27 March 2006).

_____. 1988. A continuing sexual revolution. *Christian century*. June 1, 1988, 563. Taken from Religion-online, www.religion-online.org (Accessed 27 March 2006).

_____. 1990. Sexuality, Christian theology and ethics in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 1154-1158.

Neuger, CC. 2001. *Counseling women: A narrative, pastoral approach*. Minneapolis: Fortress Press.

O'Connor, TJ. 2004. Narrative therapy using a reflecting team: An ethnographic study of therapists' experiences. *Contemporary family therapy* 26 (1), March 2004, Human Sciences Press, Inc.

Olsen, DC. 1993. *Integrative family therapy*. Minneapolis: Fortress Press.

Osborne, RI. 2005. *Listening with love: Pastoral counselling: A Christian response to people living with HIV/AIDS*. Geneva: WCC.

Osmer, RR. 2008. *Practical theology: An introduction*. Grand Rapids, Michigan/Cambridge: WB Eerdmans Publishing Company.

Ozodi, CC. 2005. *Clinical pastoral education for Igbo society: a cross cultural model for a family/community-based educational process in pastoral care*. PhD Dissertation, University of KwaZulu-Natal, Pietermaritzburg.

Panier, L. 2005. Narrative therapy in *Routledge encyclopedia of narrative theory*, edited by D Herman, M Jahn, & M Ryan. London: Routledge. 375-377.

Pattison, EM. 1990. Defense and coping theory in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 267-269.

Patton, J. 1983. *Pastoral counseling: A ministry of the church*. Nashville: Abingdon Press.

_____. 1993. *Pastoral care in context: An introduction to pastoral care*. Kentucky: Westminster/John Knox Press.

_____. 1990. Pastoral counselling in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 849-854.

Pearce, SS. 1996. *Flash of insight: Metaphor and narrative in therapy*. Boston: Allyn and Bacon.

Phiri, I, Haddad, AB & Masenya, M (ngwana Mphahlele) (eds). 2003. *African women, HIV and AIDS and faith communities*. Pietermaritzburg: Cluster Publications.

Phiri, IA. 2004. A theological analysis of the voices of teenage girls on 'men's role in the fight against HIV/AIDS' in KwaZulu-Natal, South Africa. *Journal of theology for Southern Africa*. 120. November 2004, 34-45.

Phiri, IA. 2007. Life-affirming African theological reflection on HIV and AIDS in *AIDS*, edited by R Ammicht-Quinn, & H Hacker. London: SCM Press.41-47.

Pillay, Y. 2003. Storytelling as a psychological intervention for AIDS orphans in Africa in *The children of Africa confront AIDS: From vulnerability to possibility* edited by A Singhal & WS Howard. Athens: Ohio University Press. 105-118.

Poling, J. 1995. In *Pastoral care and social conflict: essays in honor of Charles V. Gerkin*, edited by PD Couture & RJ Hunter. Nashville: Abingdon Press.

Puckett, Jr AC. 2007. The bereaved child in *AIDS*, edited by R Ammicht-Quinn, & H Hacker. London: SCM Press. 82-93.

Ramsay, NJ. 2004. A time of ferment and redefinition in *Pastoral care and counseling: Redefining the paradigms* edited by NJ Ramsay. Nashville: Abingdon Press.1-43.

_____. 2004. Contemporary pastoral theology: A wider vision for the practice of love in *Pastoral care and counseling: Redefining the paradigms* edited by NJ Ramsay. Nashville: Abingdon Press. 155-176.

Riley, S. 1999. *Contemporary art therapy with adolescents*. London: Jessica Kingsley Publishers.

Robertson, B. 1990. Storytelling in pastoral counseling: A narrative pastoral theology. *Pastoral psychology*. Vol. 39, No. 1, September 1990. 33-45.

Rollins, WG. 1990. Psyche in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 970.

Ross, A. 2003. *Counselling skills for church and faith community workers*. Maidenhead: Open University Press.

Ryan, M. 2005. Narrative in *Routledge encyclopedia of narrative theory*, edited by D Herman, M Jahn, & M Ryan. London: Routledge.344-348.

Ryan, M. 2005. Narrative: Entry for the forthcoming *Routledge encyclopedia of narrative*. <http://lamar.colostate.edu/~pwryan/narrentry.htm> (Accessed 12 June 2006).

Sasso, S. 2005. The role of narrative in the spiritual formation of children. *Journal of family ministry*, Vol. 19, No. 2, Summer 2005, 13-26.

Schaefer, CE & O'Connor, KJ. 1983. Major approaches to play therapy: Advances and innovations in *Handbook of play therapy* edited by CE Schaefer, & KJ O'Connor. New York: John Wiley & Sons. 1-10.

Schlauch, CR. 1995. *Faithful companionship: How pastoral counseling heals*. Minneapolis: Fortress Press.

Schoeman, JP & Merwe, M. 1996. *Entering the child's world: a play therapy approach*. Pretoria: Kagiso Publishers.

Setiloane, GM. 1986. *African theology: An introduction*. Cape Town: Lux Verbi.

Shelp, EE & Sunderland, RH 1992. Faith community responses to HIV and AIDS: Care and counseling. *AIDS and the Church: The Second Decade*. <http://www.cedpa.org/publications/faithcommunity/faithcommunity4.pdf> (Accessed 17 September 2005).

Shelp, EE, DuBose, ER & Sunderland, RH. 1990. AIDS and the Church: A Status report. *The Christian Century*. December 5, 1990. p 1135-1137.

Shim, YHK. 1995. *Pastoral care and counseling to and with children*. MTh thesis, University of Stellenbosch, Cape Town.

Shoemaker, SF. 1990. Adolescents in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 8-10.

Shorter, A. 1998. Book Review. Towards an African narrative theology. By J. Healey & D. Sybertz. Nairobi: Paulines Publications Africa. *AFER* Feb.1998. p.63-64. <http://purl.org/atlaonline/atlas/ashow?aid=ATLA0000356745> (Accessed 04 November 05).

_____. 2004. <http://purl.org/atlaonline/atlas/ashow?aid=ATLA0000356745> (Accessed 08 November 2005).

Singhal, A & Howard, WS (eds). 2003. *The children of Africa confront AIDS: From vulnerability to possibility*. Athens: Ohio University Press.

Sisemore, TA. 2003. Christian counseling for children: The five domains model. *Journal of Psychology and Christianity*. Summer 2003, Vol.22. No.2. pp. 115-122. EBSCO host Research Databases <http://search.epnet.com>. Academic Search Premier (Accessed 17 September 2005).

Speedy, J. 2008. *Narrative inquiry and psychotherapy*. New York: Palgrave Macmillan.

Stemler, S. 2001. *An overview of content analysis. Practical assessment, research and evaluation*. Vol 17, No 17. Available at: <http://pareonline.net> (Accessed 14 May 2006).

Stiemer, HR. 2007. *A narrative pastoral care approach to a school outreach programme at a private school in Gauteng*. MTh thesis, University of South Africa, Pretoria.

Stine, GJ. 2010. *AIDS update 2010*. New York: McGraw-Hill.

Stone, HW & Clements, WM (eds). 1991. *Handbook for basic types of pastoral care and counseling*. Nashville: Abingdon.

Sullender, RS. 1990. Dependence/Independence in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 273.

Sunderland, RH & Shelp, EE. 1990. *Handle with care: A handbook for care teams serving people with AIDS*. Nashville: Abingdon.

Sunderland, RH. 1990. AIDS (Pastoral issues) in *Dictionary of pastoral care and counselling*, edited by RJ Hunter. Nashville: Abingdon Press. 16-17.

Sweeney, DS. 1997. *Counseling children through the world of play*. Tyndale House.

Swinton, J & Mowat, H. 2006. *Practical theology and qualitative research*. London: SCM.

Switzer, DK. 1974. *The minister as crisis counselor*. Nashville: Abingdon.

Tanzania Daima 2006. Hakuna takwimu za wajane, yatima wa UKIMWI. Jumatano, Julai 12, 2006.

Tanzania Prime Minister's Office National Policy on HIV/AIDS, 2001. Websites: www.tacaids.co.tz (Accessed 13 March 2009).

Tanzania National Website 2008. HIV/AIDS in Tanzania. www.tanzania.go.tz (Accessed 13 March 2009).

The United Republic of Tanzania: The Prime Minister's Office. Tanzania commission for AIDS (TACAIDS) (2008). www.tacaids.go.tz (Accessed 07 June 2009).

The United States President's Emergency Plan for AIDS Relief. FY2008 Country Profile: Tanzania. www.usa.gov (Accessed 27 March 2009).

Terre Blanche, M, Durrheim, K & Painter, D (eds). 2006. *Research in practice: Applied methods for the social sciences*. 2nd rev. ed. Rondebosch: UCT Press.

Togarasei, L. 2005. HIV/AIDS and the role of the churches in Zimbabwe. *Africa Theological Journal*. Vol 28, No 1, 2005, 3-20

Trahar, S (ed). 2006. *Narrative research on learning: Comparative and international perspectives*. Oxford: Symposium Books.

UNAIDS/WHO/UNICEF Epidemiological fact sheets, 2008 update. United Republic of Tanzania. www.unaids.org (Accessed 27 December 2009).

UNICEF (n.d). Unite for children and unite against AIDS. www.unicef.org/uniteforchildren/index.html (Accessed 05 September 2006).

UNICEF, UNAIDS and PEPFAR. 2006. Africa's orphaned and vulnerable generations: Children affected by AIDS. www.unicef.org/uniteforchildren (Accessed 11 March 2008).

USAID From the American people. January 2005. USAID Project profiles: Children affected by HIV and AIDS. 4thed. www.usaid.gov/our_work/global_health/aids/publications/docs (Accessed 18 September 2005).

USAID From the American people. January 2007/2008. USAID Project profiles: Children affected by HIV and AIDS. 4thed. www.usaid.gov/our_work/global_health/aids/publications/docs (Accessed 11 November 2009).

Vahakangas, A. 2005. The church as a healing community? The Case of HIV/AIDS stigma. *Africa Theological Journal*. Vol. 28, No. 1, 2005, 48-56.

Van Duuren, LA. 2002. *Children's voices on bereavement and loss*. MTh Thesis. Pretoria: University of South Africa.

Van Dyk, A. 2005. *HIV Aids care and counseling: A multidisciplinary approach*. Third edition. Cape Town: Pearson Education South Africa.

Walker-Jones, K. n.d. A narrative approach to pastor-congregational relationships. Sustaining pastoral excellence. In www.divinity.duke.edu (Accessed 15 March 2008).

Wallace, CM. 1999. Storytelling, doctrine, and spiritual formation. *Anglican Theological Review*. January 1, 1999, Vol 81, Issue 1. Atla Religion database.

Wanjohi, GJ. 1997. *The wisdom and philosophy of African proverbs*. Nairobi: Pauline Publications Africa.

Ward, ED. 2001. *The contribution of clinical pastoral education to pastoral ministry in South Africa: Overview and critique of its method and dynamic, in view of adaptation and implementation in a cross cultural context*. PhD Dissertation, University of Natal, Pietermaritzburg.

Wassenaar, DR. 2006. Ethical issues in social science research in *Research in practice: Applied methods for the social sciences*. 2nd revised edition, edited by M Terre Blanche, K Durrheim, & D Painter, D. Rondebosch: UCT Press. 60-79.

WCC, June 2004. *Resource material for churches and communities: Ecumenical HIV/AIDS initiative in Africa (EHAIA)*. Geneva: WCC. CD –ROM. Websites: <http://www.wcc-coe.org>

WCC 2005. www.oikoumene.org (Accessed 22 February 2008).

WCC 1997. *Facing AIDS: The challenge, the churches' response*. A WCC Study Document. Geneva: WCC Publications.

Webb-Mitchell, B. 1995. The importance of stories in the act of caring. *Pastoral psychology*, vol. 43, No. 3, 1995. 215-225.

Webb, NB (ed). 2007. *Play therapy with children in crisis: Individual, group, and family treatment*. Foreword by LC Terr. New York: Guilford Press.

Webster, L & Mertova, P. 2007. *Using narrative inquiry as a research method: An introduction to using critical event narrative analysis in research on learning and teaching*. London, New York: Routledge.

White, M & Epston, D. 1990. *Narrative means to therapeutic ends*. New York: Norton.

Wicks, RJ & Parsons, RD (eds). 1993. *Clinical Handbook of Pastoral Counseling*. Vol. 2. New York: Paulist Press.

Wikipedia 2008. Tanzania. www.wikipedia.org (Accessed 13 June 2008).

Williams, DR & Starzl, J. 1990. *Grief ministry: Helping others mourn*. Revised and Expanded Edition. San Jose: Resource Publications Inc.

Wimberly, EP. 1999. *Moving from shame to self-worth: Preaching and pastoral care*. Nashville: Abingdon Press.

Winslade, J & Monk, G. 1998. *Narrative counseling in schools: Powerful and brief*. Thousand Oaks: Corwin.

World Bank. 2002. *Education and HIV/AIDS: A window of hope*. Washington: The International Bank for Reconstruction and Development.

Zeig, JK. 1994. *Ericksonian methods: The essence of the story*. New York: Brunner/Mazel.

INTERVIEWS

No	Name	Gender	Age	Place	Vocational
1	Rev. Sadock Simwanza	Male	61	Jacaranda, Mbeya	Chairperson of MCTSWP
2.	Rev Tulinagwe Kibona	Female	36	Uyole, Mbeya	Director of <i>Amani</i> Centre
3	Marietha Mlozi	Female	42?	Mbeya	Social worker- Axios Mbeya
4	Dr Samweli Lazaro	Male	45?	Mbeya	Medical officer, Mbeya city council
5	Rev W Mwakyoma	Male	50	Jacaranda, Mbeya	Chaplain for Hospitals/prisons
6	Prof CJ Hugo	Male	57	UNISA -Pretoria	Professor of Practical Theology

APPENDICES

Appendix A: QUESTIONS FOR FOCUS GROUP INTERVIEWS

TITLE: The use of stories and metaphors in pastoral counseling with orphans and vulnerable children in Tanzania: A narrative approach

Self-introduction

I am Tuntufye Anangisye Mwenisongole from the University of South Africa (UNISA), Pretoria, South Africa. I am a doctoral student and am currently conducting research on pastoral counseling to orphans and vulnerable children in Mbeya, Tanzania. The aim is to explore and see how the church can offer pastoral counseling to children who are at risk in this pandemic disease HIV and AIDS, which after all is infecting and affecting all of us. I hope this will benefit all of us from the government side, the NGOs, the church and society as a whole. This problem needs to be seriously addressed and responded to. I hope from the contributions and cooperation of various people that this research will be successful and beneficial. I would like to ask your permission for all that I will be doing in this interview. Some of the conversations may be taped with permission and then documented for research purposes. Confidentiality is assured to all concerned in the research. The counselee has the right to withdraw at any stage. I will seek the necessary permission from all who are concerned with OVC, whether the parents or guardians.

INTERVIEW FOR THE CHURCH LEADERSHIP AND CLERGY

1. What has the church done to help children living with HIV and AIDS?
2. Is pastoral ministry (pastoral counseling) available for OVC?
3. What more can be done on the side of the church for OVC?
4. What is the church's involvement or engagement with other organizations working with OVC? (Such as the government, and NGOs around Mbeya City)

INTERVIEW FOR THE CAREGIVERS IN THE ORGANIZATION

Part 1: The first phase of the research

1. What is the aim and the goal of the organization?
2. What kind of services or assistance are you giving to OVC?
3. What problems are you facing in your work?
4. What do you think can be done by the government and the church for your organization to improve services?
5. What do you think the church or pastoral counselors and government can do to help OVC?

Part 2: The second phase of the research

1. How helpful was the narrative approach to children?
2. How did a narrative approach have an impact on the children?
3. What can you say about children's attitudes/feelings after the six months of counseling?
4. What could you say about children's resilience after the six months of counseling?
5. What change, if any, can you see/notice as a result of a narrative approach in pastoral counseling?

Appendix B: INTERVIEW FOR CHILDREN

Section I

1. What is HIV and AIDS?
2. Is AIDS contagious?
3. Is HIV and AIDS preventable?
4. What do you know about sexuality?
5. Are you sexually active?
6. Do you think AIDS should be taught in school or church?
7. What do you think we should do to help children with HIV and AIDS?
8. Who is close to you or who takes care of you?
9. How can someone get HIV and AIDS?
10. How can we prevent getting HIV and AIDS?
11. What are some of the problems or needs that face the orphans and vulnerable children?
12. Are you comfortable when you hear people talk about HIV and AIDS?
13. What do you think the church and government needs to do to help the orphans and vulnerable children?
14. What have you liked and what has been helpful for the orphans and vulnerable children here at the *Amani* centre?
15. What kind of activities do you like to do at school/church/or at home?
16. What is your favourite thing that you like to do?
17. What kind of games or play do you like to play?

NB: Some of these questions will only suit the older ones.

Section II

Rank in order of decreasing importance the thing you like most:

- Sleeping
- Stories
- Playing
- Music
- Studying
- Reading
- Eating
- Writing
- Drawing
- Watching TV
- Fighting

What do you feel about your life (Name the feeling you experience here)

- Happy
- Sad
- Angry

- Lonely
- Depressed
- Shame
- Guilty
- Low/down
- Bad

Section III

Resilience Questionnaire³¹

QUESTION	SKILLS, ABILITIES & OPPORTUNITIES
1. Do you feel comfortable about speaking to your friends about your parent(s)' sickness/death?	Communicating emotional issues ("I can")
2. Do you know what happened to your sick/deceased parent/s?	Knowledge of one's situation ("I am"/ "I can")
3. Do you feel comfortable about expressing your feelings about your parent/s' sickness/death?	Managing feelings ("I can")
4. Do you know other children who also have a sick/deceased parent? If so, are they your friends?	Seeking trusting relationships ("I have"/ "I can")
5. Do you think there will always be somebody to look after you if/when your parents/s are dead?	Relying on trusting relationships ("I have")

³¹ This questionnaire has been adopted from Denis, P (ed) 2005. *Never too small to remember: Memory work and resilience in times of AIDS*. Pietermaritzburg: Cluster Publications.

Appendix C: QUESTIONNAIRE FOR CHILDREN³²

Session One:

To be completed by Field worker/Counsellor:

1. Date questionnaire completed:
2. Name of field worker completing questionnaire:
3. Subject code:
4. Community:

Uhiari wa mtoto (Child Assent):

(Discuss the research fully with child before asking them to sign giving informed assent.)

Natoa ruhusa ya habari katika dodoso hii kutumika kwa makusudi ya utafiti. Suala la siri kuhusiana na habari nitakazotoa zimeelezwa kwangu wazi. Natambua kuwa habari zangu binafsi hazitakuwa wazi na kwamba naweza kuondoa ushiriki wangu wakati wowote katika maendeleo ya utafiti huu.

(I give my consent for the information in this questionnaire to be used for research purposes. The issue of confidentiality regarding the information I reveal has been clearly explained to me. I understand that my personal details will remain anonymous and that I may withdraw my participation in this research at any point of the process.)

Sahihi (Child to sign here): _____

Tarehe (Date): _____

5. Programme Participation:

Ijazwe na mtafiti kwa kuwasiliana na mtoto.

(To be completed by field workers in consultation with the child.)

Programme Type:

5.1 Programme:

[] Jaza **katika mabano idadi ya ulivyotembelea familia pamoja na mahojiano.**

(Insert in brackets the number of family visits with interviews)

³² This questionnaire has been adapted from the Sinomlando's Project led by Phillipe Denis of the University of KwaZulu

6. **Habari za mtoto binafsi** (Child's biographical information):
Ijazwe na mtafiti akiwa na kila mtoto binafsi. Taarifa au habari ipatikane kwa njia ya mazungumzo na mtoto, kwa lengo la kumweka mtoto ajisikie vizuri na kujenga uhusiano na imani.

(To be completed by field workers sitting individually with each child. The information is to be obtained in a conversational manner with the child, with the first goal being to put the child at ease and to establish rapport and trust.)

6.1 **Jina** (Child's Name):

6.2 **Ukoo** (Surname):

6.3 **Tarehe ya kuzaliwa** (Date of Birth):

6.4 **Miaka** (Age):

6.5 **Jinsia** (Gender): **Msichana** (Girl) **Mvulana** (Boy)

6.6 **Shule** (School):

6.7 **Dalasa** (Grade):

6.8 **Lugha yako** (Home language):

6.9 **Dini** (Dhehebu) (Religion; which church do you go to?):

7. **Habari za awali za Mlezi** (Primary Caregiver's information):

7.1 **Jina la Mzazi/Mlezi** (Parent/Guardian's name):

7.2 **Uhusiano na mtoto** (Relationship to child):

7.3 **Mawasilano yake** (Contact details):

8. **Mzunguko wa maisha ya mtoto** (Child's Life Circle):

8.1 **Ni nani watu wa muhimu katika maisha yako? Ni nani wanaokupenda sana na kukujali? Toa jina au uhusiano wake na mtoto.** (Who are the important people in your life? Who are the people who love you a lot and care for you? Provide name and/or relationship to the child.)
.....
.....

8.2 **Je wazazi wako wanaumwa au walikufa? Ndio / Hapana**

Onyesha kama wazazi ni wagonjwa au walifariki:

Kama walikufa, lini?

(Are your parents either ill or have died?) Indicate if parent is ill or deceased:

Ill []; Deceased []; If deceased, how long ago []

Endelea sehemu ifuatayo kama jibu lako ni hapana.

(Proceed to next section if the answer is no.)

8.3 **Unaelewa ni nini kinachomfanya mzazi wako kuwa mgonjwa? Unajua ni nini kilichomfanya mzazi wako kufariki? Kama ndio, unaweza kutueleza ni nini kinachomfanya mgonjwa or kuwa afariki?** (Do you know what is making your parent sick? Do you know what made your parent die? If so, can you tell us what it is that is making them sick or made them pass on?)
.....

Unaweza kutueleza ni nini kilitokea? Can you tell us what happened?
.....

- 8.4 **Unajisikia vizuri kusema kwa rafiki zako juu ya kuugua au kufa kwa mzazi wako?** (Do you feel comfortable about speaking to your friends about your parent/s' sickness / death?)
- 8.5 **Unajisikia vizuri kueleza juu ya unavyojisikia juu ya kuugua au kufa kwa mzazi wako?** (Do you feel comfortable about expressing your feelings about your parent/s' sickness / death?)
- 8.6 **Unajisikia je juu ya kuugua or kifo cha mzazi wako? Kimeathiri vipi maisha yako?** (How do you feel about your parent's illness or death? How has this affected your life?)
- 8.7 **Unafahamu watoto wengine ambao wako kama wewe wana wazazi wagonjwa au waliofariki? Kama ndio, je ni rafiki zako?** (Do you know other children who, like you, have a sick / deceased parent? If so, are they your friends?)
9. **Mzunguko wa msaada kwa mtoto na hisia zake** (Child's Support Circle and Feelings):
- 9.1 **Unapojisikia kitu kwa nguvu katika moyo wako, je kuna mtu ambaye unaweza kumshirikisha unavyojisikia? Ndio/ Hapana.** (When you feel something strongly in your heart, is there somebody with whom you can share how you feel? **Kama ndio, ni nani huyo? Kama hapana, unaweza kujaribu kusema ni kwanini hapana?** (If yes, who is this person? If no, can you try to explain why not?)
- 9.2 **Ni nani unayekwenda kwake iwapo unajisikia huzuni au shida? Taja jina na uhusiano wake na mtoto na sababu kama mtoto anaweza kusema hilo.** (Who do you go to when you feel sad or upset? Name the person and their relationship to the child and reason if the child can provide this.)
- 9.3 **Ni nani unakwenda kwake iwapo una mahitji ya chakula au nguo?** (Who do you go to if you need food or clothes?)
- 9.4 **Je kuna mambo ambayo unayaogopa au kuona aibu kuongea na watu wazima? Ndio/Hapana** (Are there issues that you are scared or ashamed to discuss with adults?) **Kama ndio, je unaweza kutueleza mambo hayo ni yapi?** (If this is the case, are you prepared to tell us what these issues are?)
- 9.5 **Unaweza kutuambia ni kwanini ni vigumu kusema kwa wakubwa kuhusu unavyojisikia juu ya mambo hayo?** (Can you tell us why it is hard to talk to adults about these things?)
- 9.6 **Je unafikiri kutakuwa na mtu wakati wote kukuangalia na kukutunza? Kama ndio, tueleze kuhusu hilo? Kama sivyo tueleze kwanini?** (Do you think there will always be somebody to look after you? If so, tell us about them? If not, tell us why not?)

Nafikiri tumeongea mambo mengi kwa leo. Je tunaweza kuonana tena siku nyingine ili kwamba niweze kukuuliza zaidi maswali? Asante sana.

I think we have spoken about many things today. May we meet again a bit later today or another day so that I can ask you some more questions? Thank you.

10. **Mizani ya Hisia (Scale of feelings):**

Tafadhali jaza miimili kulingana na kiasi cha jinsi unavyojisikia vitu hivi: 1 mana yake hata kabisa na 9 maana yake sana kabisa. Ndipo uweke nyota katika sanduku kulingana na ambavyo ungependa uwe. Hakuna jibu sahihi au lisilo sahihi. Tumia namba kutuonyesha unavyojifikiri wewe mwenyewe sasa na ambavyo ungependa uwe. (Please shade the chimney according to how much you think you are feeling these things: 1 means not at all and 9 means very much. Then put a star in the box according to how you would like to be. There are no right or wrong answers. Use the number to show us how you think about yourself now and how you would like to be.)

Wakati wote Always							
Mara nyingi sana Very often							
Mara nyingi Often							
Wakati fulani Sometimes							
Kamwe Never							
	Hasira Anger	Majonzi Grief	Furaha Happy	Huzuni Sad	Kuchoka Tired	Woga Scared	Hofu Worried

11. Mizani ya kukata tamaa: (Reynold’s Depression Scale):

Maelekezo: Hapa ni baadhi ya sentesi jinsi ambavyo unaweza kuwa umejisikia katika wiki mbili zilizopita au zaidi. Soma kila sentensi na amua ni kwa kiasi gani unajisikia namna hiyo. Amua kama unajisikia kama hivi: Kamwe, wakati Fulani, mara nyingi, karibu kila siku. Weka tiki katika jibu linaloeleza jinsi unavyojisikia. Hakuna jibu sahihi wala lisilosahihi.

(Directions: Here are some sentences about how you might have been feeling over the past two weeks or so. Read each sentence and decide how often you feel this way. Decide if you feel this way: Almost never, sometimes, a lot of the time or almost all the time. Tick the answer that describes how you really feel. There are no wrong or right answers.)

	Kamwe kabisa (Almost never)	Wakati mwingine (Sometimes)	Mara nyingi (A lot of the time)	Wakati wote (All the time)
1. Najisikia furaha. (I feel happy.)				
2. Naogopa kuhusu shule. (I worry about school.)				
3. Najisikia mkiwa. (I feel lonely).				
4. Najisikia wazazi hawanipendi. I feel my parents don’t like me.				
5. Najisikia wa muhimu. (I feel important.)				
6. Najisikia kama kujificha mbele ya watu. (I feel like hiding from other people.)				
7. Najisikia huzuni/hasira. (I feel sad / angry).				
8. Najisikia kama kulia. (I feel like crying.)				
9. Najisikia kama hakuna anayenijali. (I feel that no one cares about me.)				
10. Najisikia kama kucheza na watoto wengine. (I feel like playing with other children.)				
11. Najisikia kuugua. (I feel sick)				
12. Najisikia kupendwa. (I feel loved.)				
13. Najisikia kama kukimbia. (I feel like running away)				
14. Najisikia kama kujiumiza mwenyewe. (I feel like hurting myself.)				
15. Najisikia kwamba watoto wengine hawanipendi. (I feel that other kids don’t like me.)				
16. Najisikia kuhuzunishwa na vitu. (I feel upset about things.)				
17. Najisikia kwamba maisha sio safi/mazuri. (I feel life is not fair.)				
18. Najisikia kuchoka. (I feel tired.)				
19. Najisikia mi mbaya. (I feel I am bad.)				
20. Najisikia mimi si bora/mzuri. (I feel I am no good.)				
21. Napata shida kutulia na kusikiliza				

dalasani. (I have trouble paying attention in class.)				
22. Najisikitikia mimi mwenyewe. (I feel sorry for myself.)				
23. Najisikia kama kuongea na watoto wengine. (I feel like talking to other children).				
24. Napata shida ya kupata usingizi/kulala. (I have trouble sleeping).				
25. Najisikia kuwa na furaha/raha/kustarehe. (I feel like having fun.)				
26. Najisikia kuogopa/hofu. (I feel worried.)				
27. Napata maumivu ya tumbo. (I get stomach aches.)				
28. Najisikia kuchokachoka/uvivu. (I feel bored.)				
29. Sijisikii kitu.... (I feel nothing I do helps anyone.)				

Asante!

Thankyou!

Appendix D: PARENT/LEGAL GUARDIAN INFORMED CONSENT

Natoa ruhusa ya habari katika dodoso hii kutumika kwa makusudi ya utafiti. Swala la siri kuhusiana na habari zitakazotolewa zimeelezwa vizuri kwangu. Ninaelewa kuwa habari zangu binafsi zitakuwa siri na kufichwa na kwamba ninaweza kujiondoa wakati wowote katika ushiriki wa maendeleo ya utafiti huu itakapobidi. **(I give my consent for the information in this questionnaire to be used for research purposes. The issue of confidentiality regarding the information I reveal has been clearly explained to me. I understand that my personal details will remain anonymous and that I may withdraw my participation in this research at any point of the process.)**

Sahihi ya Mzazi/mlezi iwekwe hapa (Parent/Primary caregiver to sign here):

Tarehe (Date): _____

Mawasiliano na Mtu wa kupewa taarifa wakati wa matatizo au kusudi lingine

(Contact person for emergency or other purposes):

.....

1. Mlezi mkuu wa mtoto (Child's main caregivers):

.....

2. Kwa muda gani mtoto amekuwa akiishi na wewe? (For how long has this child been living with you?) **Miaka** (Years) **Miezi** (Months)

3. Habari zozote za muhimu kuhusu afya ya mtoto? Tatizo? Kutojiweza? Ugonjwa? Ugumu? (Any important information about the child's physical health? Allergies? Disabilities? Illness? Difficulties?.....)

4. Hali ya maisha ya mtoto (Child's Living Circumstances):

Ni nani wanaishi katika nyumba yako? Weka idadi ya namba ya kila mtu ndani ya nyumba yako (Who lives in your house? Insert number for each possible person in the house.)

	Nani anayeishi ndani ya nyumba yako kila siku? Who lives in your house everyday?			Je kuna watu ambao mara nyingi wanaishi nyumbani kwako, lakini sio kila siku? Are there some people who often live in your house, but not always?			
	Hapana No	Ndio Yes	Namba Number	Hapana No	Ndio Yes	Namba Number	Sababu Reason
1. Mama (Mother)							
2. Baba (Father)							
3. Kaka (Brother)							
4. Dada (Sister)							
5. Mjomba (Mother's brother)							
6. Mama mkubwa omncane (Mother's sister)							
7. Baba mkubwa (Father's brother)							
8. Shangazi (Father's sister)							
9. Binamu (Cousin)							
10. Bibi (Grandmother)							
11. Babu (Grandfather)							

6. Uzoefu wa matatizo (Experience of adversity):

Je kuna mambo ambayo mtoto ameyapata kati ya vitu vibaya vifuatavyo? (Has this child experienced any of the following bad things?)

Uzoefu (Experience)	Hakika (Definitely)	Inawezekana (Possibly/ Maybe)	Hapana (Definitely Not)
1. Amewahi kumtunza mtu mgonjwa sana au anayeelekea kufa ndani ya familia yenu? (Had to take care of a very sick or dying member of your family?)			
2. Amewahi kupigwa au kuumizwa kwa sababu yeyote ile? (Physically abused - beaten, injured on purpose?)			
3. Amewahi kutendewa kitu chochote kibaya kihusikanacho na ngoni ndani ya familia? (Sexually abused by someone in the family?)			
4. Amewahi kuhusishwa vibaya na ngoni na yeyote nje ya familia yako? (Sexually abused by someone outside of the family?)			
5. Kukataliwa? Kuna wakati amekosa mahitaji muhimu kwa kutunzwa na mlezi? (Neglect? Not had his/her basic needs for protection and care met by primary caregivers?)			
6. Ameshuhudia Ukatili/unyanyasaji wowote wa ndani ya familia? (Witnessed domestic violence?)			
7. Je amewahi shuhudia hatari mbaya yeyote kama watu kuuwana, kutekwa, kutukanwa vibaya, au chochote kibaya? Eleza kwa undani. (Witnessed a traumatic incident - like a stabbing, hijacking, someone being badly assaulted, or something else very bad? Give details.)			
8. Wazazi wamekuwa mara nying wamelewa au kulewa madawa ya kulevya? (Parent/s are often drunk or under the influence of drug substance?)			

Uzoefu (Experience)	Hakika (Definitely)	Inawezekana (Possibly/ Maybe)	Hapana (Definitely Not)
9. Amewahi kulazwa? Eleza kwa undani. (Hospitalised? Give details.)			
10. Amewahi shuhudia makundi yakipigana? (Witnessed gang or group fighting?)			
11. Ameshuhudia au kuhusika na hajari ya gali? (Witnessed or been in a motor vehicle accident?)			
12. Kitu kingine zaidi, ambacho kimekuwa ni kigumu kwako? Toa maelezo. (Something else, that was very hard for the child)(Give details.)			

7. Nini kinachokufanya ujali sana juu ya huyu mtoto? (What concerns you most about this child?):

.....

8. Ni mambo gani mazuri yanayofahamika kuhusu huyu mtoto? (What are the good things that are known about this child?) **Tafadhali eleza vitu vizuri kuhusu huyu mtoto?** (Please describe the best thing about this child.)

.....

Asante!

Thank You

Appendix E: INFORMED CONSENT

Title of Study: The use of stories and metaphors in pastoral counseling with orphans and vulnerable children in Tanzania: A narrative approach

I,, hereby consent to participate in the study as outlined in the document about the study/ as explained to me by the researcher.

I acknowledge that I have been informed about why I am being interviewed/the questionnaire is being administered to me/ I am taking part in group discussions/and the possible advantages and adverse effects which may result from my involvement in the abovementioned study. I also understand that I will not be forced to answer any questions if I choose not to, even after signing this consent form. I also will be free to withdraw at any time.

I understand that the study will be conducted under the supervision of:
.....
Contact:.....

I, acknowledge that I understand the contents of this form and freely consent to participate in the study.

Signed:.....

Date:.....

Participant

Signed:.....**Date:**.....

Researcher

(Kiswahili Version Added here)

Appendix F: INFORMATION SHEET FOR PARTICIPATING PARENTS/CAREGIVERS AND ORPHANS.

Title of Study: The use of stories and metaphors in pastoral counseling with orphans and vulnerable children in Tanzania: A narrative approach

I would like to thank you for your interest in this research about orphans and vulnerable children. Please read this information sheet carefully before deciding whether or not to participate. Should you decide to participate I would be most grateful, should you decide not to take part there will be no disadvantage to you of any kind.

The aims of the research

This research is being undertaken in partial fulfillment of the requirements for a DTh in Practical Theology (with specialization in pastoral counseling). The aims of the research are:

- To identify which ways can be most helpful to reach OVC in Tanzania.
- To examine and evaluate the applicability of a narrative approach through stories and metaphors in pastoral counseling for coping and healing (resilience) mechanisms for OVC in Mbeya, Tanzania.
- To investigate and examine the challenges of HIV and AIDS in Tanzania.
- To investigate and provide an adequate model for pastoral counseling and for practical theology as a whole in working with children in an African context.
- To examine and provide adequate approaches for pastoral counseling using narrative methods for the well-being of the OVC in Mbeya, Tanzania.

Participants needed for the research

Fifty children each week for one year will be included for focus group interviews discussing with them how they experience being orphans

What will be required of the participants?

If you agree to take part in the research, you will be asked to give consent for the information obtained during the group sessions to be used in a research dissertation.

Should you decide to take part in the research, you will be expected to attend group sessions of about one hour. The participant is free to discontinue and there will be no financial reward or any form of payment made for participation in the group.

Confidentiality

The information obtained during the group discussions will be discussed with my supervisor and will be used in the research thesis. With your prior consent, the group sessions will be audio taped, however, should you wish that I rather take notes, I would be happy to do that.

You are assured that the information collected during the project will be securely stored in a locked drawer of a cabinet in my desk and will be destroyed after the conclusion of the research. Only my supervisor and I will have access to the audiotapes and notes taken during sessions.

Results of the research

Results of the research may be published. At your request, details (names and places) will be changed to ensure your anonymity. You will have the choice to use your own name or a pseudonym of your own choice.

Questions concerning the research

Should you have any questions or concerns regarding the project, either now or in future, please feel free to contact me:

Tuntufye A Mwenisongole
Tel. +27 839649856
Email: tmwenny@yahoo.com

Or my supervisor: Dr CJ Hugo
Tel. +27 829233766
Email: hugocj@unisa.ac.za

Appendix G: CONSENT FORM FOR PARTICIPANT

Title of study: The use of stories and metaphors in pastoral counseling with orphans and vulnerable children in Tanzania: A narrative approach

I have read the information sheet concerning the research and I understand its scope and objectives. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:

1. My participation in the research is entirely voluntary.
2. I am free to withdraw from the research at any time without any disadvantage.
3. I understand that my personal information (including tape recording) will be kept confidential and destroyed at the conclusion of the research, but that any raw data the research depends on will be retained for three years.
4. I will receive no payment or compensation for participating in the research.
5. I am aware that TA Mwenisongole's supervisor, Dr CJ Hugo, will have access to all relevant material.

I am willing to participate in this research project.

.....

(Name of applicant)

.....

(Signature and Date)

.....

(Name of participant in capital letters)

.....

(Signature and Date)

.....

(Name of witness)

.....

(Signature and Date)

Appendix H: CONSENT FORM FOR RELEASE OF INFORMATION

Title of Study: The use of stories and metaphors in pastoral counseling with orphans and vulnerable children in Tanzania: A narrative approach

I have the summary of each session to completion.

1. I had the opportunity to make changes to the summary, including suggestions, corrections and comments pertaining to my participation.
2. I agree that my suggestions, corrections or comments be included in the research dissertation.
3. I have read the final summary of the discussions and agree that this is an accurate and satisfactory account of the group discussions, and I therefore give permission for this summary to be used in the research dissertation.
4. I understand that the information obtained during the discussions may be included in an article format for publication. I further understand that should I decide that I do not wish the information to be published, I am able to withdraw my permission at any stage of participation in the research.

I hereby give my permission for information concerning myself to be used in the written report of the research and in the publication. I understand that my confidentiality will be preserved throughout the research, in the written report of the research and in the publication. I also understand that any information that may lead to my identification will not be used or included in the research report or publication.

I prefer the following name (either name or pseudonym) be used in the research report or any other publication resulting from the research. Name to be used

.....

(Name of applicant)

.....

(Signature and Date)

.....

(Name of the participant in capital letters)

.....

(Signature of witness and Date)

Appendix I: PERMISSION LETTER FROM CAREGIVER/PARENT

Title of Study: The use of stories and metaphors in pastoral counseling with orphans and vulnerable children in Tanzania: A narrative approach

This research will be bound to the policy and ethics of the University of South Africa in relation to your agency/organization to avoid any activity which might be considered to be a violation.

Therefore, the researcher, TA Mwenisongole, is asking for permission from you while conducting research with children in your agency/organization. It is my responsibility to make sure that:

1. Children have the right to participate and not to participate in sessions.
2. Children are protected from every aspect that will show discrimination and violation of their rights.
3. All documents related to children will be kept confidential in a locked safe drawer. Any names used will be anonymous.
4. Children will be allowed freedom of expression without any kind of stigmatization, prejudice, or segregation. I will also have an informed consent form signed.
5. Children may discontinue participation in this study at any stage.

I hereby give permission for TA Mwenisongole to conduct his research to OVC in this agency/organization according to the agreed terms and conditions.

.....
Name of the Guardian/Carer/Parent

.....
Signature and Date

.....
Name of the Supervisor

.....
Signature and Date

.....
Name of the Applicant/Researcher

.....
Signature and Date

**Appendix J: TEACHERS' EVALUATION CONCERNING THE AMANI
CENTRE FROM JANUARY TO DECEMBER 2007**

(TATHMINI YA WALIMU KUHUSIANA NA KITUO CHA AMANI, NSALAGA –
UYOLE TANGU JANUARI – DISEMBA 2007)

SHORT DESCRIPTION (MAELEZO MAFUPI)

- i. Answer as well as you can all the questions below (Eleza kadri uwezavyo kulingana na uwezo wako wote juu ya maswali yanayoulizwa hapa chini).
- ii. Try to answer the questions as openly and accurately as possible (Jaribu kuwa huru na mkweli kadri uwezavyo kukumbuka na kutoa maelezo sawasawa na maswali yanavyouliza).
- iii. Answers and explanation given will remain at the centre for further help to the centre and the church as a whole (Majibu na maelezo utakayotoa hapa yatabaki kuwa msaada kwa ajili ya kituo na kanisa kwa jumla).
- iv. If you think some of the things are confidential or are not easy to talk about it is good to stress confidentiality (Iwapo unadhani mambo mengine ni siri au kuna ugumu fulani ni vizuri kuuliza au kusema ili yabaki kuwa siri au kufafanuliwa zaidi na muhusika).

QUESTIONS (MASWALI)

1. Explain the success and failures that you have seen and encountered as you worked with the children at the centre (Eleza mafanikio na matatizo uliyoyaona na kukutana nayo katika kazi ya kuwalea watoto yatima na wanaotoka katika mazingira magumu).
2. Mention ways you have seen and used that have been useful as you worked with the OVC for their growth physically, spiritually and mentally (Taja njia ambazo umeziona na kuzitumia ambazo zimekuwa ni msaada katika kuwalea watoto kimwili, kiroho, na kiakili).
3. Explain the obstacles or challenges you met when working with OVC (Eleza vikwazo au shida ulizokutana nazo binafsi katika kazi ya kuwalea watoto).
4. In general what can you say about the development of the children since January until December 2007? Try to measure this using scale shown below from number 5 to 1 (Je kwa ujumla, unaweza kusema nini juu ya maendeleo na hali ya watoto tangu January hadi disemba 2007? Pima kwa kufuata vipimo hivi vifuatavyo hapa chini kuanzia namba 5 hadi 1).
 - a. 5 is equal to VERY GOOD (5 Ni sawa na NZURI SANA)
 - b. 4 is equal to GOOD (4 Ni sawa na NZURI)
 - c. 3 is equal to MODERATE (3 Ni sawa na KIASI)
 - d. 2 is equal to BAD (2 Ni sawa na MBAYA)
 - e. 1 is equal to VERY BAD (1 Ni sawa na MBAYA SANA)

1. How do the children show their SORROW? (Je, watoto wanaonyesha hali gani ya HUZUNI?)

5 4 3 2 1

2. How do the children show their JOY? (Je, watoto wanaonyesha hali gani ya FURAHA?)

5 4 3 2 1

3. ANGER? (HASIRA?)

5 4 3 2 1

4. FEAR? (HOFU?)

5 4 3 2 1

5. LOVE? (UPENDO?)

5 4 3 2 1

5. If there are other things that you can explain about the centre, the children, guardians, teachers, leaders, pastors, etcetera, feel free to write them down here (Kama kuna mengineyo unayoweza kueleza juu ya kituo, watoto, wazazi/walezi, walimu, viongozi, wachungaji, n.k unaweza kueleza hapa).

**Appendix K: CHILDREN'S EVALUATION CONCERNING THE AMANI
CENTRE FROM JANUARY TO DECEMBER 2007**

(TATHMINI YA WATOTO KUHUSIANA NA KITUO CHA AMANI, NSALAGA –
UYOLE TANGU JANUARI – DISEMBA 2007)

SHORT DESCRIPTION (MAELEZO MAFUPI)

1. Answer as well as you can all the questions below (Eleza kadri uwezavyo kulingana na uwezo wako wote juu ya maswali yanayoulizwa hapa chini.
2. Try to answer the questions as openly and accurately as possible (Jaribu kuwa huru na mkweli kadri uwezavyo kukumbuka na kutoa maelezo sawasawa na maswali yanavyouliza.)
3. Answers and explanation given will remain at the centre for further help to the centre and the church as a whole (Majibu na maelezo utakayotoa hapa yatabaki kuwa msaada kwa ajili ya kituo na kanisa kwa jumla.)
4. If you think some of the things are confidential or are not easy to talk about it is good to stress confidentiality (Iwapo unadhani mambo mengine ni siri au kuna ugumu fulani ni vizuri kuuliza au kusema ili yabaki kuwa siri au kufafanuliwa zaidi na muhusika.)

QUESTIONS (MASWALI)

1. Mention things that you liked most at the *Amani* centre (Taja vitu au mambo unayoyapenda zaidi katika kituo cha Nsalaga.)
2. Show different circumstances you have felt with when you at the *Amani* centre compared to last year.
Put a tick sign (√) in the box that is appropriate to what you feel most (Onyesha hali ambazo umejisikia nazo ukiwepo katika kituo cha Amani, Nsalaga kwa sasa kulinganisha ni kituo kilipoanza/mwanzoni mwaka jana. Weka tiki (√) penye kisanduku ambacho ndicho kinachokugusa zaidi)

JOY/HAPPINESS (FURAHA)

SORROW (HUZUNI)

FEAR/WORRY (HOFU)

ANGER (HASIRA)

LOVE (UPENDO)

3. Mention different ways (methods) which the teachers have used to rear you spiritually, physically, and spiritually. What is the method you liked it most? (Taja njia mbalimbali ambazo walimu wametumia katika kukulea wewe kiakili, kimwili na kiroho. Je ni njia gani umeipenda zaidi?)
4. What are the things you want to be added at the centre to make it more comfortable and helpful for children to grow into mentally, physically, and spiritually? (Je, unataka mambo gani yaongezwe na kuboreshwa zaidi katika kituo chetu ili kiwe bora zaidi katika kukulea kiakili, kimwili na kiroho?)
5. If you have anything more to contribute concerning the centre, children, teachers, guardians, the church etcetera, feel free to write it down here. (Kama kuna mengineyo unayoweza kuongeza kuhusiana na kituo chetu cha Amani kama ni kuhusu walimu, watoto, wazazi/walezi, wachungaji, kanisa n.k. unaweza kuandika hapa.)

Appendix L: METAPHORS (proverbs, poems, riddles, Lyrics, idioms, et al)

METHALI (Proverbs)

Maana: Huundwa kwa mpangilio wa maneno unaoonyesha pande mbili za fikra. Fikra hizi mara nyingi huashiria tendo au masharti ya tendo na matokeo ya tendo au masharti hayo kwa njia ya methali hutoa hekima na busara kwa hadhira (Meaning: Proverbs are wise sayings which are used to show some meaning behind the words, these are formed with words that shows the two sides of the mind. In some instances an indication of the meaning rather than a translation is provided)³³

1. Adui wa mtu ni mtu (the enemy of a human being is a human being)
2. Aliye juu, mngoje chini (the person who is up, will go down)
3. Aliye kando, haangukiwi na mti (the tree will not fall on the one who is to one side of the tree)
4. Akili nyingi, huondoa maarifa (meaning: if you think you are intelligent, you are not wise)
5. Akufaaye kwa dhiki, ndiye rafiki (the one who helps a person in time of distress is a friend indeed)
6. Asiyesikia la mkuu, huvunjika guu (meaning: the one who does not learn from the adults will be destroyed)
7. Asiyeye na mwana, aeleke jiwe (meaning: the one who does not have a child, let him/her take a stone to help him/her)
8. Aisifuye mvua, imemnyea (meaning: the rain will fall on the one who praises the rain)
9. Asiyefunzwa na mamaye, ufunzwa na ulimwengu (meaning: the world will teach the one who has not been taught by his/her mother)
10. Asiyeuliza, hana ajifunzalo (the one who does not ask, will not learn anything)
11. Baada ya kisa, mkasa (after the event, action)
12. Baada ya dhiki, faraja (after hardships, comfort comes)
13. Bandu bandu, umaliza gogo (little by little, the task will be finished)
14. Chamlevi, uliwa na mgeni (meaning: the drunkard can be misused by a stranger)
15. Chovya chovya, umaliza buyu la asali (little by little one finishes the whole bucket of honey)
16. Damu nzito, kuliko maji (blood is thicker than water)
17. Dawa ya deni, ni kulipa (the medicine of debt is to pay)
18. Dalili ya mvua, mawingu (a cloud is a sign of rain)
19. Elimu ni bahari (education is an ocean)
20. Fahari wawili wagombanapo, ziumiazo nyasi (when two bulls fight, the grass suffers)
21. Haba na haba, ujaza kibaba (little by little, we will fill up the bucket)
22. Hasira, hasara (anger is loss)

³³ In general these appendices ie proverbs, lyrics, riddles, songs, idioms and others are my own translation and meaning.

23. Heri kujikwaa kidole, kuliko kujikwaa ulimi (it is better to stumble with the toe than with the tongue)
24. Heri kufa macho, kuliko kufa moyo (meaning: the heart is more important than the eyes)
25. Heri nusu shari, kuliko shari kamili (half a problem is better than the real problem)
26. Hayawi hayawi, yamekuwa (meaning: when you think there is nothing little by little it becomes something)
27. Hakuna marefu, yasiyokuwa na ncha (there is nothing long which does not have an end)
28. Hakuna msiba, usio na mwenzake (there is no funeral without people)
29. Haraka haraka, haina baraka (haste has no blessing)
30. Jambo usilolijua, ni kama usiku wa giza (the thing you don't know is like a night of darkness)
31. Jembe halimtupi mtu (meaning: if you work hard you will not be hungry)
32. Jogoo wa shamba, hawiki mjini (the village cock does not make a noise in the city)
33. Jungu kuu, halikosi ukoko (meaning: the older people do not miss anything wise)
34. Kiburi si maungwana (pride is not humility)
35. Kichwa cha kuku, hakistahili kilemba (a hat does not fit the head of a chicken)
36. Kidole kimoja, hakivunji chawa (one finger does not kill a flea)
37. Kila chombo, na umbile lake (meaning: every person is different)
38. Kilema si ugonjwa (handicap is not a disease)
39. Kikulacho, ki nguoni mwako (the thing that eats you is within your clothing)
40. Kosa moja, haliachi mke (one mistake does not make a person leave his wife)
41. Kuku mgeni, hakosi kamba mguuni (meaning: a new person needs guidance)
42. Kunguru mwoga, huishi miaka mingi (the scared crow will live many years)
43. Kutoa ni moyo, si utajiri (to give is generosity and not richness)
44. Kuwa watoto wa baba mmoja ni kusaidiana (to be of the same father is to help one another)
45. Linalowezekana leo, lisingoje kesho (what is possible today, let it not wait for tomorrow)
46. Maji ukiyavulia nguo, sharti uyaoge (meaning: you must finish a task which you have begun).
47. Majuto ni mjukuu (meaning: regret comes too late)
48. Mali ya bahili, huliwa na wadudu (the wealth of a mean person is consumed by mites or rats).
49. Maneno mengi, hula vitendo (too many words eat the actions)
50. Maskini haokoti, akiokota huambiwa kaiba (a poor person does not pick something up; if he/she picks up, he/she is told he/she is stealing).
51. Maskini haulizwi (a poor person is not asked)
52. Mavi ya kale, hayanuki (the old dung does not smell)
53. Mbio za sakafuni, uishia ukingoni (meaning: if you are trying to hide things you will fail to reach your goal)
54. Mchagua jembe, si mkulima (the one who chooses the hoe is not a farmer)
55. Mchagua nazi, uinukia koroma (the one who chooses the coconut, will end up choosing the bad one)

56. Mchezea zuri, baya umfikia (meaning: bad things will ultimately fall on the one who plays with good things)
57. Mchumia juani, ulia kivulini (the one who harvests in the sun will eat in the shade)
58. Mganga, hajigangi (the doctor does not heal him/herself)
59. Mjinga akipata, basi mwelevu yupo matatani (when the foolish get something, then the wise have a problem)
60. mkaidi hafaidi hadi siku ya idi (the stubborn will not benefit until the day of Eid)
61. Mkataa wengi, mchawi (the one who denies many is a witch)
62. Mkuki kwa nguruwe, kwa binadamu mchungu (meaning: do to others as you would have them do to you)
63. Mkulima, hachagui jembe (the farmer does not choose a hoe)
64. Msafiri ni aliyeko pwani (the traveler is the one who is on shore)
65. Msafiri, kafiri (the travelers are tough)
66. Mtaka cha uvunguni, shart ainame (the person who wants what is underneath must stoop).
67. Mtegemea cha nduguye, ufa maskini (the one who depends on his/her relatives will die poor)
68. Mtoto umleavyo, ndivyo akuavyo (the way you rear the child is the way he/she grows up)
69. Mvumilivu, hula mbivu (the one who endures will eat the ripe fruits)
70. Mwenda pole, hajikwai (the one who goes slowly does not stumble)
71. Mwenda kwao, si mtoro (the one who goes home is not a truant)
72. Mwenye kelele, hana neno (meaning: empty vessels make no noise)
73. Ngoja ngoja, yaumiza tumbo (waiting makes the stomach ache)
74. Njia ya mwongo, fupi (the path of a liar is very short)
75. Paka akiondoka, panya utawala (meaning: when the cat is away, the mice will play)
76. Penye nia, pana njia (meaning: where there is a will there is a way)
77. Penye miti mingi, hakuna wajenzi (meaning: sometimes an outsider knows the best way)
78. Polepole za kobe, humfikisha mbali (meaning: slow but sure)
79. Radhi ni bora, kuliko mali (humanity is better than wealth)
80. Rafiki yako, ndio adui yako (your friend is your enemy)
81. Simba mwenda pole, ndiye mla nyama (the quiet lion is the one who eats meat)
82. Samaki mkunje, angali mbichi (meaning: teach a child when he/she is still young)
83. Siku njema, huonekana asubuhi (a good day is seen from morning)
84. Siri ya maiti, aijuae mwosha (meaning: the person close to you knows you well)
85. Tembea, uone mengi (walk so that you may see many things)
86. Teke la kuku, halimpati mwewe (meaning: if you are weak you cannot do something needing strength)
87. Teke la kuku, halimwumizi mwanae (the kick of a chicken will not hurt the chick)
88. Ukitaka cha uvunguni, sharti uiname (if you want something underneath you must bend down)
89. Ukiona vyaelea, vimeundwa (meaning: anything you think is good has been created by God)
90. Ukiona moto unawaka ujue kuni zinateketea (if you see the fire is burning know that the firewood is being consumed)

91. Usiandikie mate, na wino ungalipo (do not write with saliva while there is ink)
92. Usipoziba ufa, utajenga ukuta (if you do not fill up a crack, you will have to build a wall)
93. Uzuri wa mkakasi, ndani kipande cha mti (inside the goodness of fruit is a piece of log)
94. Vita vya panzi, furaha ya kunguru (when grasshoppers fight it is the joy of crows)
95. Wema, hauozi (goodness/generosity do not go bad)
96. Wingi si hoja (too many words do not mean logic)

NAHAU: Kauli zinazojengwa kwa picha kutumia maneno ya kawaida lakini zinatoa maana isiyo ya kawaida. Kwa mfano: “Yusufu amevaa miwani” (amekunywaa pombe). (Idioms: Sayings that are being built with pictures using the words that are normal and familiar to show the unusual meaning) For example: Joseph is wearing glasses (ie he is drunk)

1. Kuaga dunia – kufariki (farewell for the world – to die)
2. Kuanika juani – weak/sema waziwazi (to put in a sun – to be open)
3. Kututupa mkono – kufariki (to leave us – to die)
4. Kuvaa miwani – kulewa (to put on glasses – to be drunk)
5. Kuwa na ndimi mbili - kuchonganisha (to talk with two tongues – to be a hypocrite)
6. Kuwa na ulimi wa upanga – kuwa na maneno makali (to be with sharp tongue – to use harsh words)
7. Kuwa bega kwa bega – kushirikiana (to be shoulder to shoulder – to be in unity)
8. Kuchungulia kaburi – kuugua karibu ya kufa (to look in a tomb – to be near death)
9. Kuwa na domo kaya – kuongea sana (to be with open mouth – to be talkative)
10. Kuwa na fedha kichele – kuwa na fedha kidogo (to be with a coin – to have very little money)
11. Kumezea mate – kutamani (to swallow saliva – to desire something)
12. Kukaa chonjo – kukaa tayari (to sit in haste – to be ready)
13. Kufa moyo – kukata tama (to die heart – to despair)
14. Kukata maini – maneno ya kuudhi au kuumiza (to cut the heart – to have hurtful words)
15. Kuanua matanga – kumaliza msiba (to take out the mourning - to finish the funeral)
16. Kula chumvi nyingi – kuishi miaka mingi (to eat so many salts – to live many years)
17. Kula njama – kufanya mipango ya siri (to eat bad thing – to do secret things)
18. Kujipalia mkaa – kujichochea (to put someone on a coal of fire – to put someone in difficulties)
19. Kupigwa na butwaa – kushangaa (to be hit by awe – to be amazed)
20. Kushika tama – kusikitika, kuhuzunika (to hold one’s cheek – to be sad)
21. Kutia kibindoni – kuficha kitu (to put underneath – to hide something)
22. Kuvunja mbavu – kuchekesha (to break the ribs – to laugh)

23. Kuota mizizi – kuwa na kiburi (to grow the roots – to be stubborn)
24. Kuunga mkono – kukubaliana (to join the hand – to agree)
25. Kuvuta kamba – kazana (to pull up the rope - to work hard)

VINTENDAWILI: Usemi mfupi wenye picha na tamathali unaoilezea jambo na kudai jibu. Kitendawili hufanya kazi ya kumfikirisha msikilizaji. Msikilizaji anapaswa kuvuta kumbukumbu zake na pia kuhusisha picha ca maelezo na hali halisi ya maisha. Mfano: wazungu wawili wanachungulia dirishani - makamasi.

(Riddles: these are short sayings with pictures, words that show the thing you are explaining and that needs an answer. Riddles make someone think (eg two white people are looking at the window – flu)

1. Akimchukua hamrudishi – kifo (if he/she takes him/her he/she does not return – death)
2. Anajihami bila silaha hata akiwa hatarini – kinyonga (it protects itself without any arms even when it is in danger – chameleon)
3. Babu yangu amesoma mpaka chuo kikuu lakini hajui A inakogeukia – hajui siku ya kufa (my grandfather is educated to university level but he does not know what A looks like – the secret of death)
4. Bibi hutandikwa kila siku lakini hachoki – kinu (My grandmother is being beaten every day and she is not tired – pounding mortar)
5. Bibi hatui mzigo wake – kobe (grandmother does not take her luggage down – tortoise)
6. Gali langu halitumii mafuta ya mwarabu – miguu (my car does not use Arabic fuel – legs)
7. Hamwogopi mtu yeyote – kifo (does not fear anyone – death)
8. Hana haki hapa duniani – maiti (does not have any rights here in the world – the dead body)
9. Hapotei hata akiwa gizani – tonge la ugali (does not get lost even when he/she is in darkness – piece of pap)
10. Hasimami wala hasimikwi – mkufu (does not stand up or even being erected – chain)
11. Hesabu yake haina faida – mchanga/nyota (the numbers which are not countable – sand/stars)
12. Husikika lakini haonekani – sauti (it is heard but not seen – voice)
13. Kila mtu umwabudu apitapo – mlango (everyone worships him/her when he/she passes – the door)
14. Kisima cha mfalme hakikauki – mate/mdomo (the well of the king does not go dry – saliva/mouth)
15. Mama yangu hachoki kunibeba – kitanda (my mother does not get tired of carrying me – bed)
16. Mama yangu anatembea kwa malingo – kinyonga (my mother walks majestically – chameleon)
17. Maskini huyu hata umchangieje haliziki – tumbo (even if you help this poor thing it is not satisfied – stomach)
18. Nampiga mwanangu nalia mwenyewe – kitunguu (I beat my child but I cry myself – onion)

19. Napigwa faini kosa silioni – kujikwaa (I am penalized while I don't see my guilt – stumbling)
20. Nikitembea, nikirudi, hurudi pia – kivuli (When I walk, I return, and he/she also returns – the shade)
21. Nina mtoto wangu akiona ajali anajificha haraka – macho (I have a child when he/she sees an accident he/she quickly hides – eyes)
22. Nina watoto watatu, hakitoka mmoja sili – mafiga (I have three children, when one gets out I don't eat – cooking stones)
23. Safari yake hurudiarudia haimalizi – jua (his/her journey keeps repeating it and does not end – the sun)
24. Tajiri wa rangi – kinyonga (the richness of colours – chameleon)
25. Utupacho wewe kwake ni dhahabu – inzi (the thing that you throw away to him/her is gold – flies)

NGONJERA: Maigizo Yenye kutumia mashairi waigizaji wanawasiliana kwa kueleza mambo wakitumia, beti za mashairi. Wakati wa masimulizi wahusika pia wanatenda vitendo vinavyolingana na masimulizi hayo. Mara nyingi ngonjera inapangwa kuonyesha kundi la watu wasioelewa mambo Fulani wakielimishwa na kundi lingine la watu wanaojua jambo lile. Kundi lisilojua linaweza kuwa linaomba kuelimishwa au likawa lina pinga mabadiliko. Ngonjera huingia kwenye utanzu wa maigizo zinapotendwa. Kama ngojera itaandikwa kwa ajili ya kusomwa tu itaingia kwenye utanzu wa ushairi na siyo maigizo. (Lyrics: these are songlike form expressed with strong feelings; short poems that convey intense feeling or profound thought.³⁴)

MISEMO: Kauli zenye ukweli za jumla zinatumiwa kusema mambo mbalimbali yanayoafiki ukweli huo. (Sayings: are the sayings that portray the truth in general; are used to talk about various issues that are in line with that truth. In some instances an indication of the meaning rather than a translation is provided) **Kwa mfano** (for example):

1. Mtu kwao (a person's home is where he/she belongs)
2. Misitu ni mali (forestry is wealth)
3. Damu nzito kuliko maji (blood is thicker than water)
4. Milima haikutani bali binadamu hukutana (the mountains do not meet, but people meet)
5. Mtoto wa nyoka ni nyoka (the child of a snake is a snake)
6. Mtoto akililia wembe mpe (if the child cries for a razor give it to him/her)
7. Dunia uwanja wa fujo (the world is a struggle playground)
8. Dunia mviringo (the world is round)
9. Vunja mifupa kama meno bado yapo (break the bones if you still have teeth)
10. Ukiona vyaelea vimeundwa (when you see things are floating, they have been made)

³⁴ Microsoft Encarta Eyclopedia Standard 2004: © 1993-2003 Microsoft Corporation.

11. Si vyote ving'avyo ni dhahabu (not all things that are shiny are gold)
12. Ukweli unauma (the truth hurts)
13. Macho hayana pazia (eyes do not have curtains)
14. Kipendacho roho, ula nyamba mbichi (meaning: fight for something precious)
15. Cha mtu mavi (meaning: most of the time we like ourselves and not others.)
16. Ukubwa wa kichwa si wingi wa akili (the bigness of the head does not mean a lot of intelligence)
17. Ukubwa wa pua si wingi wa kamasi (meaning: you cannot count on something because of its size)
18. Aliyekupa wewe, ndiye aliyeninyima mimi (meaning: if I am poor it is the same God who made you rich)

MAFUMBO: Kauli zinazoeleza maana waziwazi kauli hizi ambazao pia utumia lugha ya picha hutumia kuficha hivyo kuwakirisha wasikilizaji na kupunguza watu watakaolewa jambo lile. (Allegories/metaphors: fictional literary narrative or artistic expression that conveys a symbolic meaning parallel to but distinct from, and more important than, the literal meaning).³⁵

Mfano: John amewakuta wasichana wanapiga soga mmoja wao hakujiitiri vizuri. Basi John anaweza kumwambia, “Jamani mchele umemwagika” au “Tumbili anakula mahindi”.

For example: Oh the beans have been spilled (ie the secret has been revealed)

SHAIRI (Poems) **SAIDIA YATIMA (help orphans)**

1. Taratibu twaingia, ukumbini twatulia (Slowly we enter, at the theatre we stay)
Yatupasa kuingia, yatima kuwalilia (We are entering, as orphans we are crying)
Popote utadhania, waishi kwa kubania (In all you think, they have very little)
Saidia saidia, Yatima hao jamani. (Help, help, oh orphans)
2. Popote wanalilia, haki zao kwa undani (Everywhere they are crying, for their rights)
Lakini mwawabania, kama vile ni utani (But you are stingy, and not open)
Pia wana walilia, ndugu zetu sikieni. (They are crying, hear, our relatives!)
3. Wengine mwawachukua, biashara mwafanyisha (Some you take for trafficking)
Mwadhani wao bandia, mwasema ninyi watasha (thinking they are business and you are wise)
Mtakuja kuumia, mkijifanya watasha. (You will get hurt, if you think you are wise)

³⁵ *Encarta Encyclopedia*, © 1993-2003 Microsoft Corporation.

4. Hata leo hawajali, kuwatunza hao wanaojidai (Even today no one cares, they are just proud)
Hujidai mawakili moyoni wanakana (They are proud, in their heart are they denying)
Hufanya yasiyohalali, yalo chukizo kwa bwana. (They are doing evil things unacceptable to God)
5. Ndugu yangu sikiliza, fungua na moyo wako (Hear my friend, open your heart)
Usije ukawabeza, katika maisha yako (Don't look down on them, in your life)
Haya nakuhabariza, wapokee waje kwako (I am informing you, receive them)
6. Saidia ndugu yangu, popote uwaonapo (Help them my friend, at any place you see them)
Usiwaite machangu, au kuwaita popo (Don't call them harlots, or even bats)
Sema nyie ndugu zangu, popote pale walipo. (Say they are your friend, at any place they are)
7. Ujumbe umewafika, Mlotwangika moyoni. (The message has reached those crushed in heart)
Mwacheni fanaka, muondoe kasirani (Leave the segregation, stop the anger)
Yote yalotamkiwa, mukwepe huaini (All that has been said, leave all the crime)
8. Heri nyuma ya matanga, kuliko yenye karamu (It is better to respect the funeral, than to have a party)
Kwa wenye hekima, ringa sikia lao laumu (For the wise, hear the complaint)
Usibaki na paranga, ukafa jehanamu (Don't remain hard, and die in Gehenna)
9. Tumefikeni tamati, zingatia tulosema (At the end we come, pay attention to what is said)
Usije juzwa unyeti, jehanamu ukatwama (Let's hear the secret, and go to Gehenna)
Tukitazama umati, twasononeka mtima. (If we look at the crowd, we are sad in the heart)

SHAIRI (poems)

TUWAOMBEE YATIMA (Let us pray for orphans)

1. Tunazileta habari, zenye wingi wa Baraka (We bring the news, with a lot of blessings)
Subiri tujisitiri, tuketi bila mashaka (Wait, we are preparing to sit without worry)
Ili tuweze jadiri, Swala hili kwa hakika (That we can talk, the issue in truth)
Tuwaombee jamani, Watoto hao Yatima. (We are praying, for the children who are orphans)

2. Swala hilo ni mahili, popote linasikika (That issue is delicate, everywhere it is heard)
Kila mahali si siri, watoto wengi vibaka (It is everywhere not a secret, many children are raped)
Fikiria tafasiri, ni kina nani hakika (Think and interpret, who are these in truth)
3. Jibu limeshakujia, kuwa hao ni yatima (The answer has come, those are the orphans)
Ndugu yangu fikiria, wao watafuta mama (My friend think, they are looking for mothers)
Pia nao waumia, wanapofanya dhuluma. (They are also hurting, when they are doing evil)
4. Wengine mainjina, akili walizonazo (Many are engineers, with their intelligence)
Lakini wanumia, wanaupata mzozo (But they are hurting, they are getting in conflict)
Shule kwao wasikia, wakizisoma tangazo. (For them school is a story, only rumours)
5. Watu wengi wasikia, wengine mali wanazo (Many people hear, many have possessions)
Wengine katalizia, wasema pesa mchezo (Some are denying, saying money is not a game)
Ndugu yangu saidia, usujali mzozo (My friend help, don't be afraid of conflicts)
6. Yatima pia walia, maisha ya bila baba (orphans are also crying, without a father)
Wengi wao waumia, wengine ni makahaba (many are hurting, some are prostitutes)
Gonjwa limewaingia, walio baki ni haba (the disease has entered, those remaining are few).
7. Ndugu yangu saidia, kama wapo kwako ndani (My friend help, if they are in your door)
Utakuja kujutia, ukiwanyima amani (You will regret, if you deny their peace)
Popote we saidia, nawe watakuthamini (Help everywhere, and they will honour you)
Tuwaombe jamani, Watoto hao Yatima. (We are praying for the children who are orphans).

SHAIRI (Poems)
TWAMSHUKURU RABUKA, KITUO KUKIENDESHA
(We thank the Lord for running the centre)

1. Twashukuru kinamama, Kituo kukiendesha, (We thank the women who run the centre)
Kidete wamesimama, Mungu anawawezesha, (Stable they are standing, God helps them)
Huduma haijakoma, Uwezo wameonyesha, (The service has not stopped, the ability to show)
Twamshukuru Rabuka, Kituo kukiendesha. (We thank the Lord, for running the centre).
2. Tuliishi kama popo, Makazi tuliyakosa, (We lived like bats, the shelter we missed)
Huzuni ilikuwepo, Malezi tuliyakosa, (The sorrow was present, the rearing we missed)
Kituo hiki kuwepo, Jamani kimetakasa, (The centre being here, oh it has cleaned us)
Twamshukuru Rabuka, Kituo kukiendesha. (We thank the Lord, for running the centre).
3. Hakika twafarijika, Tufikapo kituoni, (In truth we are consoled, when we come to the centre)
Wazazi walitutoka, Tumepata kanisani, (Parents left us, we have got from the church)
Kutuona wanafika, Wanatupa tumaini, (They come to see us, they give us hope)
Twamshukuru Rabuka, Kituo kukiendesha. (We thank the Lord for running the centre).
4. Mengi mnayotujali, Na Bwana awabariki, (With many you care, and God bless you)
Mlikuja kwa hiari, Na sisi tumehakiki, (You came to the centre on your own, and we have proven it)
Mlisikia kwa mbali, Kwa macho mmehakiki, (You heard from far, with your eyes you have seen)
Twamshukuru Rabuka, Kituo kukiendesha. (We thank the Lord, for running the centre).

NGONJERA (Lyrics)
TUWATHAMINI YATIMA (We should respect the orphans)

1. Wauza miili yao, wapate nacho chakula (They sell their body, to get food to eat)
Hawawezi kula leo, wasipo tafuta fedha (They cannot eat today, if they don't look for money)
Waishi kama video, popote pale walala. (They are living like a video, in every place they sleep)
2. Tafakarini hakika, muwape na maadili (In truth consider this, give them good ethics)
Wengine ndio vibaka, wanafanya ukatiri (Some are thieves, they are doing bad things)
Wanaishi kwa mashaka, ndugu yangu tafakari. (They live in worry, my friend consider this)
3. Ona kule mitaani, majararani enenda (Look in the streets, in the garbage dumps)
Utawaona jamani, wanaruka kama kinda (You will see them, they are flying like little birds)
Pia wahurumieni, na msitoe udenda (Also have compassion on them, and don't spit at them)
4. yatima na masikini, mitaani huzagaa (The orphans and poor, are all over in the streets)
Si wapendwa wala nani, hawana na pakutua (Not even Christians, nowhere to settle)
Wakatiza mitaani, kuomba kinjia njia. (They run to streets, to beg in the streets).
5. Ndugu yangu saidia, watoto hao jamani (My friend help those orphans)
Ujumbe huu sikia, ushike na kwa makini (Hear this message, hold it carefully)
Marudio saidia, watoto hao jamani. (In return help those oh children).

NGONJERA (Lyrics)
SIKIA KILIO (Hear the crying)

1. Yatima wengi jamani, wakosa matumaini (Orphans are many oh friends, they don't have hope)
Waacha makanisani, mwakimbilia porini (They leave the church, and run to bushes)
Wazazi huko porini, wataishi kwa amani. (You parents in those bushes, who will live with them?)

2. Yatima waangaika, sababu yake dunia (Orphans are perplexed, because of the world)
Gonjwa lililoanguka, hapa kwetu Tanzania (The disease that has come, here in Tanzania)
Wazazi wameanguka, watuacha tunalia. (The parents have died, they have left us crying)
3. Nyumbani nako kwa moto, kanisani nako joto (In the house it is hot, even at the church)
Mitaani nako moto, na shuleni ni viboko (In the streets also, and even at school)
Ndugu yangu ona moto, utakipata cha moto (My friend see the fire, you will get burnt)
4. Nadhani mumetupata, wazazi wetu hakika (I hope you have got us, our parents in truth)
Popote mtawapata, watoto hao hakika (Everywhere you will find, those children indeed)
Wahurumie okota, waishi kwake rabuka. (Have compassion on them, they should live to God).

NGONJERA (Lyrics)

BWANA MUNGU WALINDE (Lord God protect)

1. Kituo hiki amani, kimetutoa ukiwa (This centre of Amani, has taken our sorrow)
Kimetupa na amani, tumebaki tunatawa (It has given us peace, we have remained calm)
Moyoni tuna amani, kituo hiki ni dawa (In our heart we have peace, the centre is the medicine)
Bwana mungu awalinde, na tena awabariki. (May God protect you, and then bless you)
2. Mazingira ni magumu, yatima twaongezeka (The surroundings are tough, the orphans are increasing)
Maisha kweli magumu, kwa mawazo tumezeeka (Life is really hard, we are getting old)
Tunamuomba muhudumu, awabariki rabuka (We are praying for the service, May God bless you)
Dumuni kwenye maombi, hakika hali ni mbaya. (Stay in prayers, in truth the situation is worse)
3. Maisha haya ni magumu, tunaishi kwa lazima (This life is hard, we are forcing ourselves to survive)
Tunaikosa elimu, na mioyo inauma (We are missing the education, our hearts are hurting)

Kweli hii ni hukumu, tuoneeni huruma (This is really a condemnation, have mercy on us)

Tuko mbele zako baba, twaomba tuhurumie. (We are before you father, have mercy on us)

4. Ni huruma zake bwana, kwamba hatuangamii (It is God's mercy, that we don't perish)
Ndiye bwana wa mabwana, na sisi tunamwamini (He is Lord of lords, and we believe in him)
Sisi kwake ni watwana, katutoa utumwani (To Him we are slaves, he has delivered us from slavery)
Wageni lete habari, sisi tuko mbele zenu. (Guests bring good news, before you we stand).
5. Kweli huu ni ushuhuda, yupo mungu wa yatima (In truth this is a witness, there is a God of orphans)
Wajane anawalinda, anawawazia mema (The widows he protects, he thinks well of them)
Wote mnaotulinda, mungu awape neema (All who protect us, may God give grace)
Bwana Mungu awalinde, na tena awabariki. (Lord God protect you, and bless you).

NYIMBO (Songs):

NENO YATIMA (The word orphans)

1. Solo: Neno yatima neno yatima neno yatima linaumiza
Wote: Yatima ni watoto wasiokuwa na baba yatima ni watoto wasio kuwa na mama yatima ni watoto waliofiwa na wazazi x 2
(Soloist: The word orphans, the word orphans are hurting
All: Orphans are children who do not have fathers, who do not have mothers; orphans are children whose parents have died x2)

Kibwagizo (Chorus):
Solo (Soloist): Yatima (Orphans)
Wote (All): Chakula hawana (They don't have food)
Solo (Soloist): Yatima (Orphans)
Wote (All): Mavazi hawana x2 (They don't have clothing x2)
2. Solo: Elishadai baba wa mbinguni uwaokoe watoto yatima
Wote: Uwape chakula mavazi pia elimu uwasaidie watoto hao yatima x2
(Soloist: Elishadai Father of heaven save the orphans)

All: Give them food, clothing, also education, help the children who are orphans x2)

Kibwagizo (Chorus):

Solo (Soloist): Yatima (Orphans)

Wote (All): Chakula hawana (They don't have food)

Solo (Soloist): Yatima (Orphans)

Wote (All): Mavazi hawana x2 (They don't have clothing x2)

WATOTO YATIMA JAMANI (Oh the orphan children)

1. Wote: Watoto yatima jamani kweli wanapata shida maisha wanayoishi sasa kweli yanasikitisha x2
Solo: Ona kule mitaani majararani nako nenda utawaona jamani kweli wanasikitisha x2
(All: Oh orphan children, in truth they are suffering. The life they are living in in truth it is so sad x2
Soloist: See there in the streets, in garbage dumps, you will also see them, oh it is so sad x2)

Kibwagizo:

Wote : Ni nani awasaidie hao watoto yatima bila ya wewe baba, mama kweli muwasaidie x2.

(Chorus:

All: Who will help those orphan children, without you father, mother, indeed you should help? x2)

2. Wote: Bwana Mungu nae anapenda watu wanojitolea mali zao hata kwa chakula chao watoto yatima x2
Solo: Hata hapa duniani baraka mtazipata jaribu kusaidia hao watoto yatima x2
(All: Lord God likes those who are willing to help with their possessions for the orphans x2
Soloist: Even here in this world you will receive the blessings, try to help those orphans x2)

Kibwagizo:

Wote: Ni nani awasaidie hao watoto yatima bila ya wewe baba, mama kweli muwasaidie x2.

(Chorus:

All: Who will help those orphan children, without you father, mother, indeed you should help? x2)

KANISA SAIDIA WATOTO (Church help the children)

1. Wote: Kanisa kanisa kanisa saidia watoto (Church help the children)
Solo: Mnao, waona, waona, mbele, mbele yenu ni yatima (The ones you see in front of you)
Wazazi, wao, wao, wote, wote walisha kufa (Their parents died)
Kilicho, kilicho, wauwa, wauwa gonjwa hili la ukimwi (They have been killed with AIDS)

Chorus: Nini, nani ii nani x2 (What, who, and what)
Nani awasaidie, nani awadhamini kama si ninyi kanisa x2 (Who should help them, sponsor them if it is not you the church)
Yatima ah, ah, ah (Orphans Oh, oh)
Nani awasaidie nani awadhamini kama si ninyi kanisa x2 (Who should help and sponsor if it is not you the church?)
Yo yo yo yo yo yo yo yo (yo yo yo yo...)

Nani nani ii nani (who, who and who)
Nani awasaidie nani awadhamini kama si ninyi kanisa. (Who should help if it is not the church?)
2. Ina..
Inasikitisha kwa watoto wabaki wanateseka. (It is so sad, for children who are suffering)
Kula kwao, kuvaa kwao, kunywa kwao (Their eating, clothing, drinking)
Kweli ni kwa masumbuko. (It is all trouble)

TANZANIA

1. Tanzania ninakulilia nchi yangu Tanzania ooh Tanzania x2 (Tanzania I cry for my country Oh Tanzania)
 - ii. Wasomi wanaondoka (The educated are dying)
 - i. Tanzania (Tanzania)
 - ii. Wakulima vijijini (The farmers in villages)
 - i. Wanateketea (They are swept away)
 - ii. Watoto nao pia (Even the children)
 - i. Wanaangamia x2 (They are dying)Utajengwaje wewe Tanzania (Who will build Tanzania)
Utajengwaje wewe Tanzania, ooh Tanzania. (Who will build Tanzania, Oh Tanzania?).
2. Pigo kubwa Mungu wetu ameipiga Tanzania ooh pigo kubwa x2 (Big blow to our Tanzania, Oh it is a big blow)
 - ii. Dhambi zetu zinanuka (Our sins are smelling)
 - i. Tanzania (Tanzania)
 - ii. Kama Sodoma na Gomora (Like Sodom and Gomorah)

- i. Tanzania (Tanzania)
- ii. Ndio maana katupiga (That is why he is striking us)
- i. Tanzania x2 (Tanzania)
Utasalimikaje Tanzania (Who will rescue Tanzania?)
Utasalimikaje Tanzania. (Who will rescue Tanzania?)

TAZAMA MAISHA YETU WATOTO (Look at our children's life)

1. Tazama maisha yetu watoto hivi sasa yamo hatarini (Look at our children's life, we are in danger)
(Sisi twende wapi ii – Solo) (Where shall we go?)
Ili tupate pona – Wote (That we may be saved)
Ikiwa wazazi wetu mnatenda hiyana x2 (If our parents neglect us)
2. Matendo yenu kwetu ni hatari ndoa nazo zimekuwa jehanamu (Your acts are dangerous and your marriage is in trouble)
Solo: Sisi twende wapi ii (Where shall we go)
Wote: Ili tupate pona (So that we may be saved)
Ikiwa wazazi wetu mnatenda hiyana x2 (If our parents neglect us)

Chorus:

- i. Kama jamii yetu ingekuwa na maadili mema (If our communities are living decently)
- ii & iii. Ubakaji wa watoto usingekuwepo (Our children wouldn't be raped)
- i. Kama jamii yetu ingekuwa na maadili mema (If our communities were living ethically)
- ii & iii. Watoto wavuta bangi madawa wasingekuwepo (Children who use drugs wouldn't be there)
- i. Kama jamii yetu ingekuwa na maadili mema (If our societies had good manners)
- ii & iii. Watoto wa mitaani kamwe wasingekuwepo (Street children wouldn't be there)
- i. Kama jamii yetu ingekuwa na maadili mema (If our societies were good)
- ii & iii. Wanaotupa watoto wachanga wasingekuwepo. (Those who neglect their children wouldn't be there)
Wote: Ni nani wa kutonya ni nani wa kutufunda ikiwa jamii yote imekengeuka x2. (Who is going to warn us and teach the corrupted communities?)
- iii. Baba tunalia (Father we are crying)
Wote: Baba tunalia x2 (Father we are crying)
- iv. Sikia (Hear Lord)
Wote: Sikia x2 (Hear)
Wote: Sikia maombi yetu. (Hear our prayers)

DUNIA JAMANI (Oh the world)

1. Dunia jamani kweli imeharibika (This world has been corrupted)
Magonjwa ya kutisha ubakaji watoto (Terrible diseases and abuse of children)
Madawa yakulevya yaharibu vijana jamani x2 (Drugs have destroyed young people)

Chorus:

Ni nani eh ni nani aliyechanzo cha yote (Who is responsible for all these?)

Jamii eh jamii ifanye nini iepukane x2 (What should this society do to get rid of these?)

2. Watoto wadogo kweli wateseka (Little children are suffering)
Waone mitaani chakula hawana (Look in the streets they don't have food)
Mavazi hawana na kwao niwapi eh jamani (No clothing, no place to stay)

Chorus:

Ni nani eh ni nani aliyechanzo cha yote ... (Who is responsible for all these...?)

Maneno:

3. Dunia jamani kweli imeharibika (This world has been corrupted)
Magonjwa ya kutisha ubakaji watoto (Terrible diseases and abuse of children)
Madawa ya kulevya yaharibu vijana (Drugs have destroyed young people)

Ni nani anaweza kutusaidia sisi watoto. (Who can help us children?)

Wote: Sasa wakati umefika jamani tutambue nyakati za mwisho tumwombe Mwokozi wetu Yesu atusaidie na hii dunia x2. (Now the time has come to recognize these last days, let us pray to our Saviour Jesus Christ, the one who can help us with this world)

Appendix M: MEMORY BOOK

Memory Book³⁶

“I die, but the memory lives on”

Memory Book

is for

.....

Index for the Memory Book

Information about your childhood

1. Your birth, date and place
2. As a baby you were
3. Childhood and School
4. Where you grew up

³⁶ A Kiswahili version of a memory book was also available.

5. Your brothers and sisters
6. Your education
7. Your health
8. Your likes and dislikes
9. Your talents and interests

Information about your family

10. Your relatives
11. Traditions in your family
12. People who are important for you
–eg grandparents, aunts, uncles,
friends etcetera
13. Your father (birth, age, etc)

Information about your mother

14. Place of birth, date of birth, age
etcetera
15. My childhood, the place where I
grew up
16. My education
17. My working life
18. People special to me, friends
19. My likes and dislikes
20. Special memories (to be listed)
21. My faith and what I believe in;
baptism, confirmation, wedding
etcetera
22. My voluntary work in the church
23. My health

Legacy

24. My hopes for the future
25. What's important for life
26. My wishes and hopes for you
27. What else I wanted to say

Place

.....

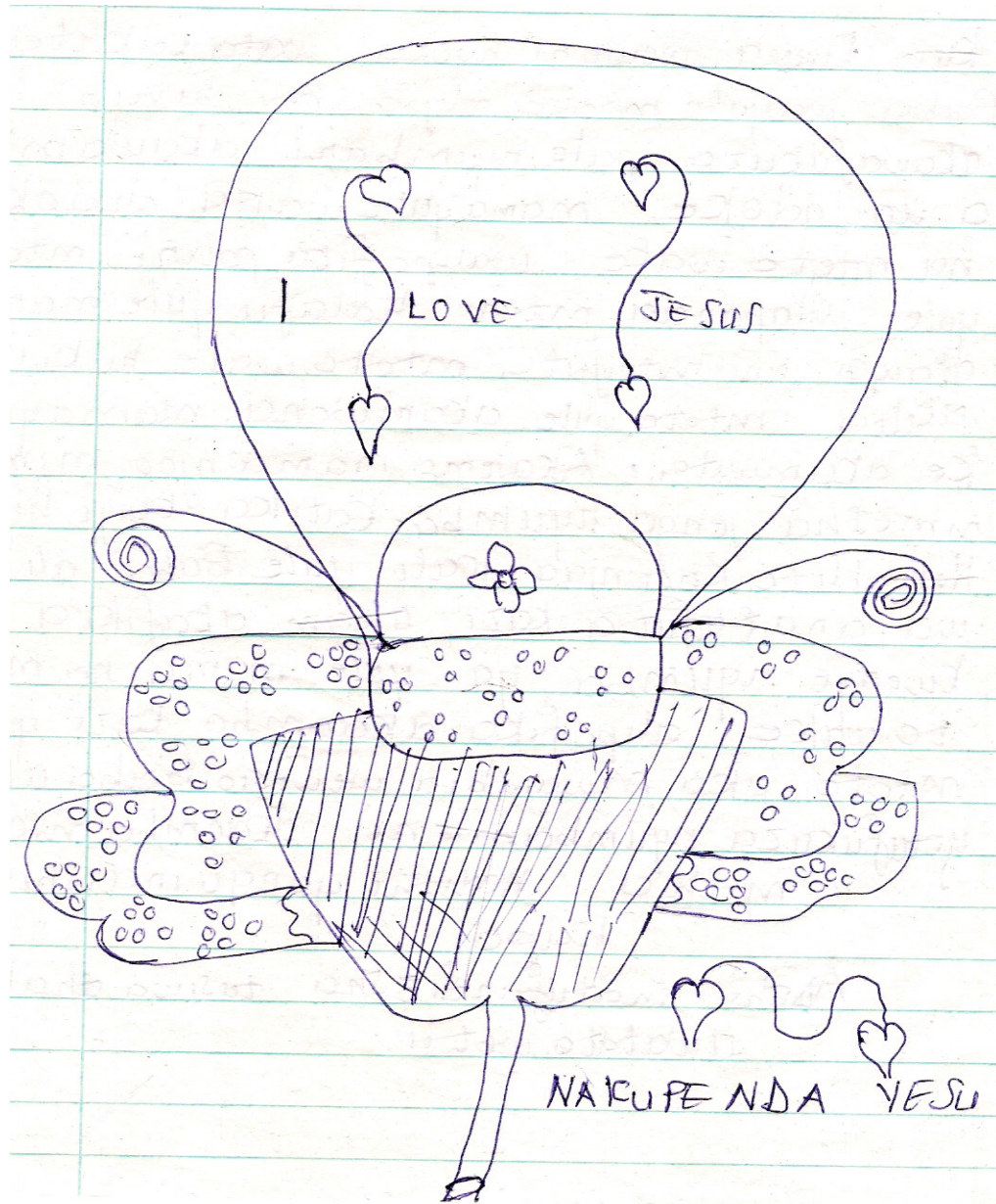
Date

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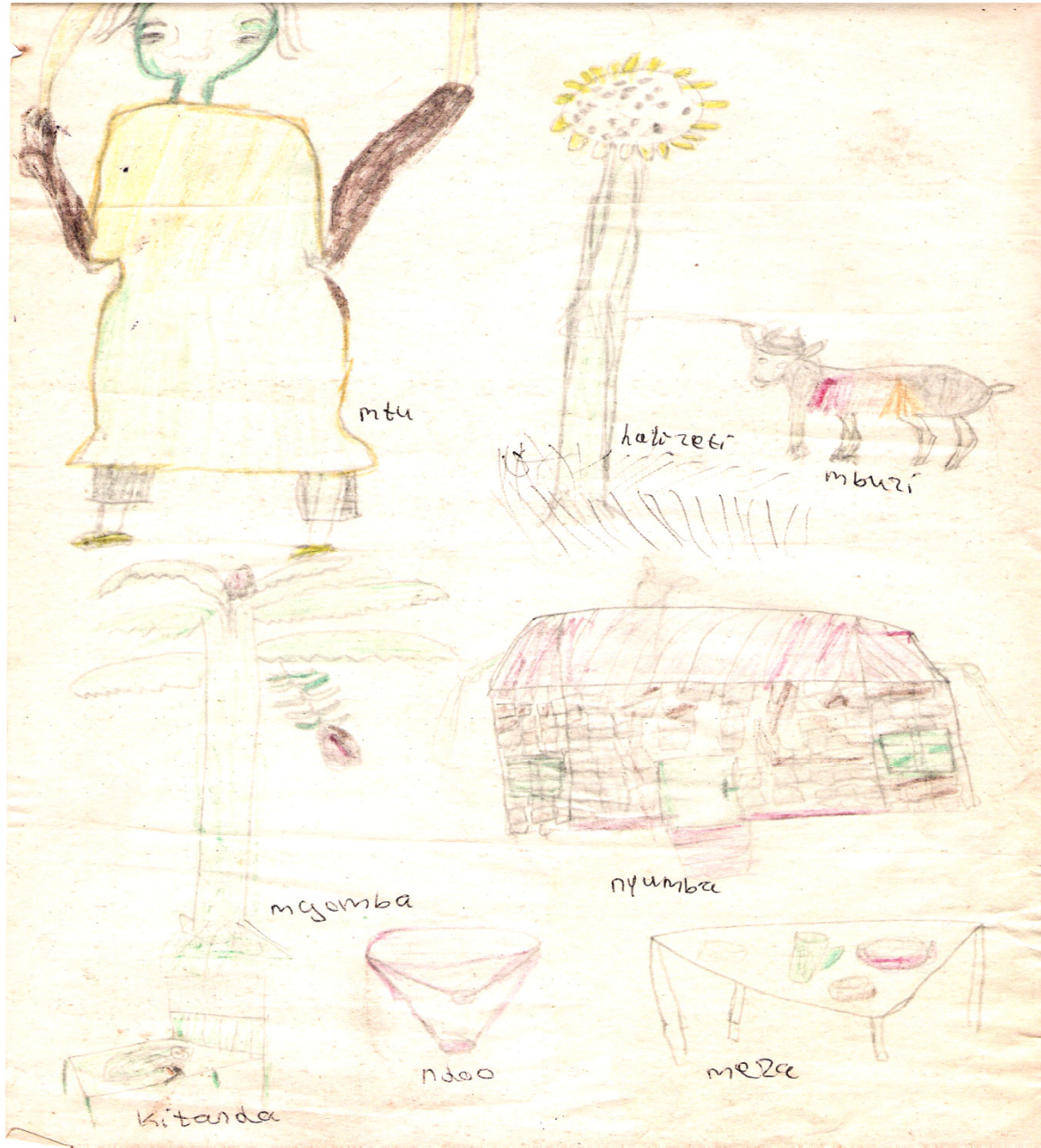
Signature

.....

Appendix N: PICTURES



A picture of a flower with the words, *Nakupenda Yesu*, (I love Jesus).



A picture of a home with plants, animals, people, and furnitures



A picture of a priest/pastor

Ma. Ma. mapeswala Kuza

DOEKTA

Magenzi Jacksoni

MAGENZI JACKSONI

DOEKTA

Mekenzi magenzi
ja Jacksoni

MAGENZI JACKSONI
MAGENZI JACKSONI

MAGENZI

A picture of a doctor with patients (some dreams of the children)

VUMIKA JAMSON



mtu huyu anahuzunika sana kwa sababu hana
wazazi wake

A picture of a person with the words, *mtu huyu ana huzunika sana kwasababu hana wazazi wake* (this person is very sad because he/she does not have parents)

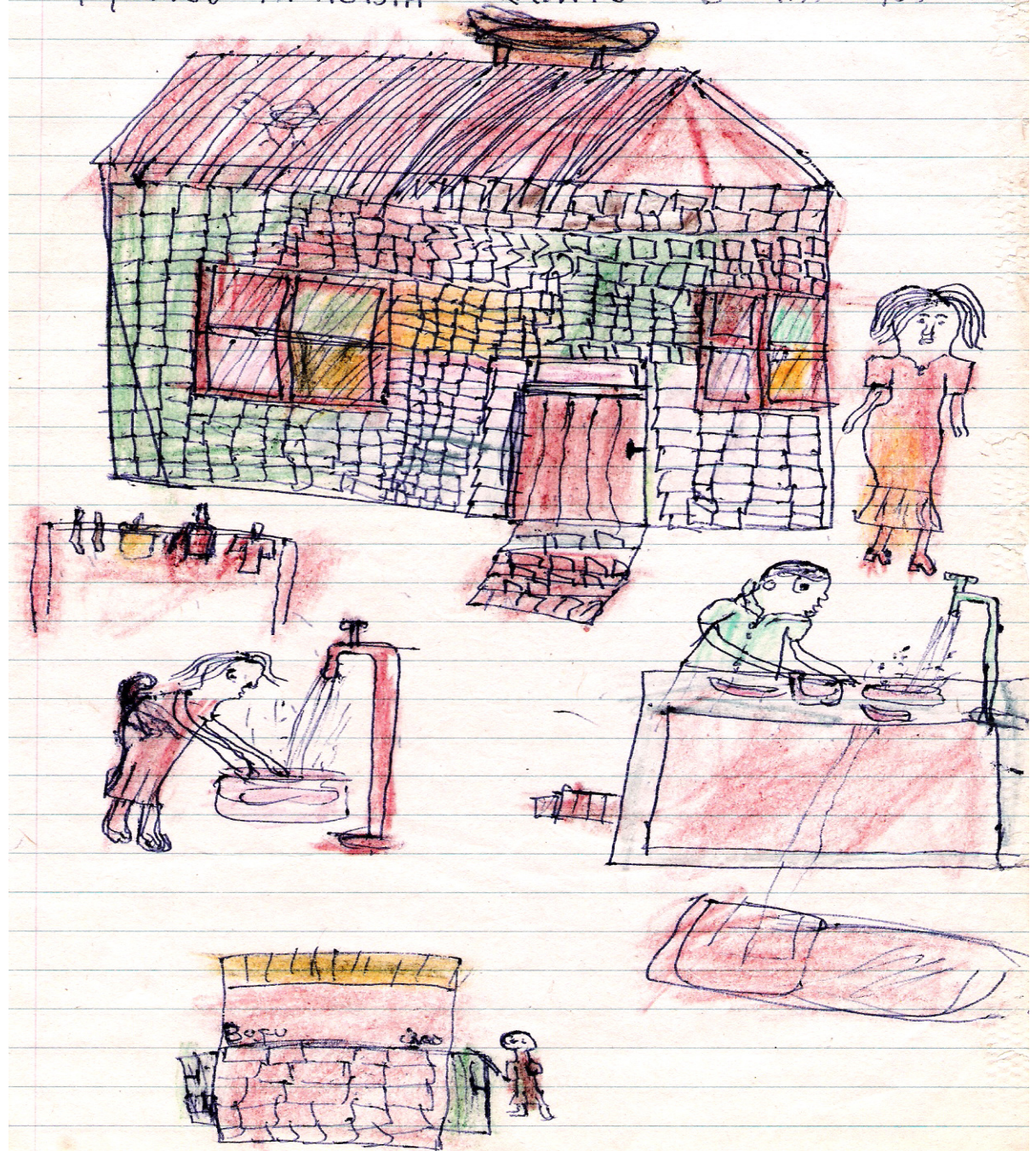


A picture of a life with furnitures, animals, people and other equipments.



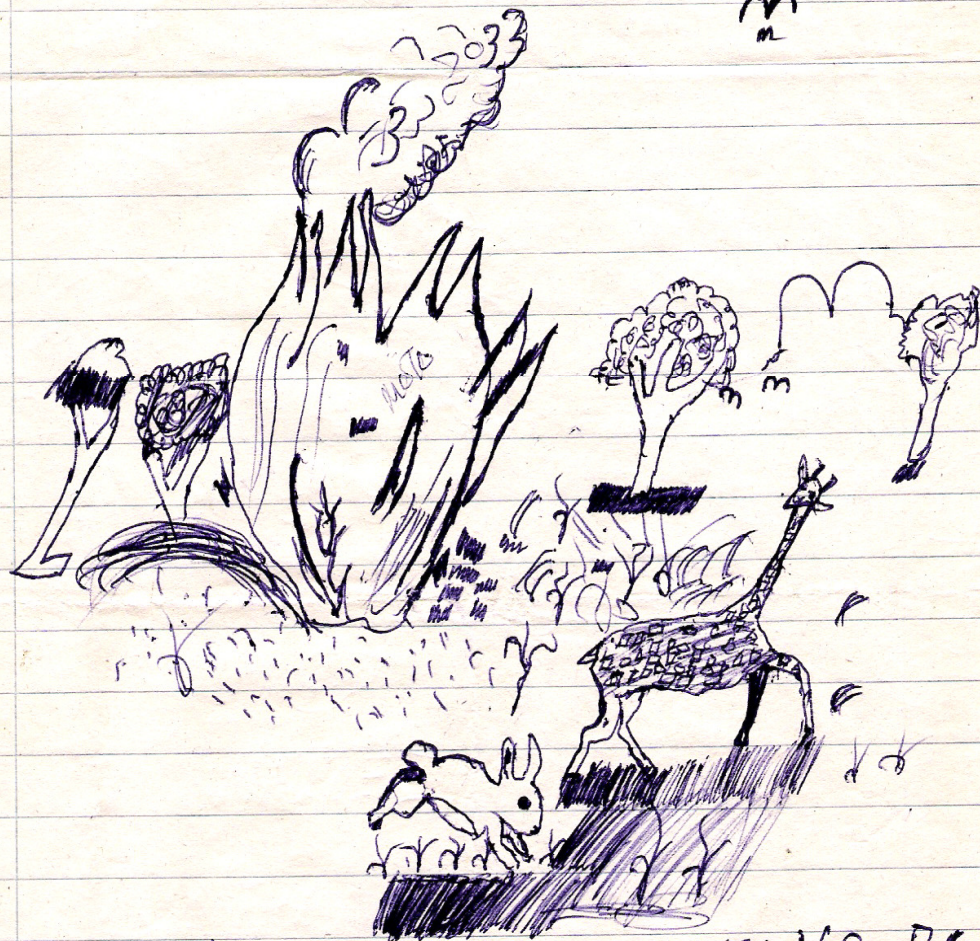
A picture of an 'owl' a bird which is frequently symbolizes or involves witchcrafts.

NYUMBA YA KUISHI MIATU BELITA RASHID



A picture of a home

Emmanuel Ulamson



U-HARIBIFU WA MAZINGIRA

A picture of how the environment which is being destroyed by fire

Rea Jofrey



Mtu huyu anahuzunika kwa
Sababu hana wazazi wake

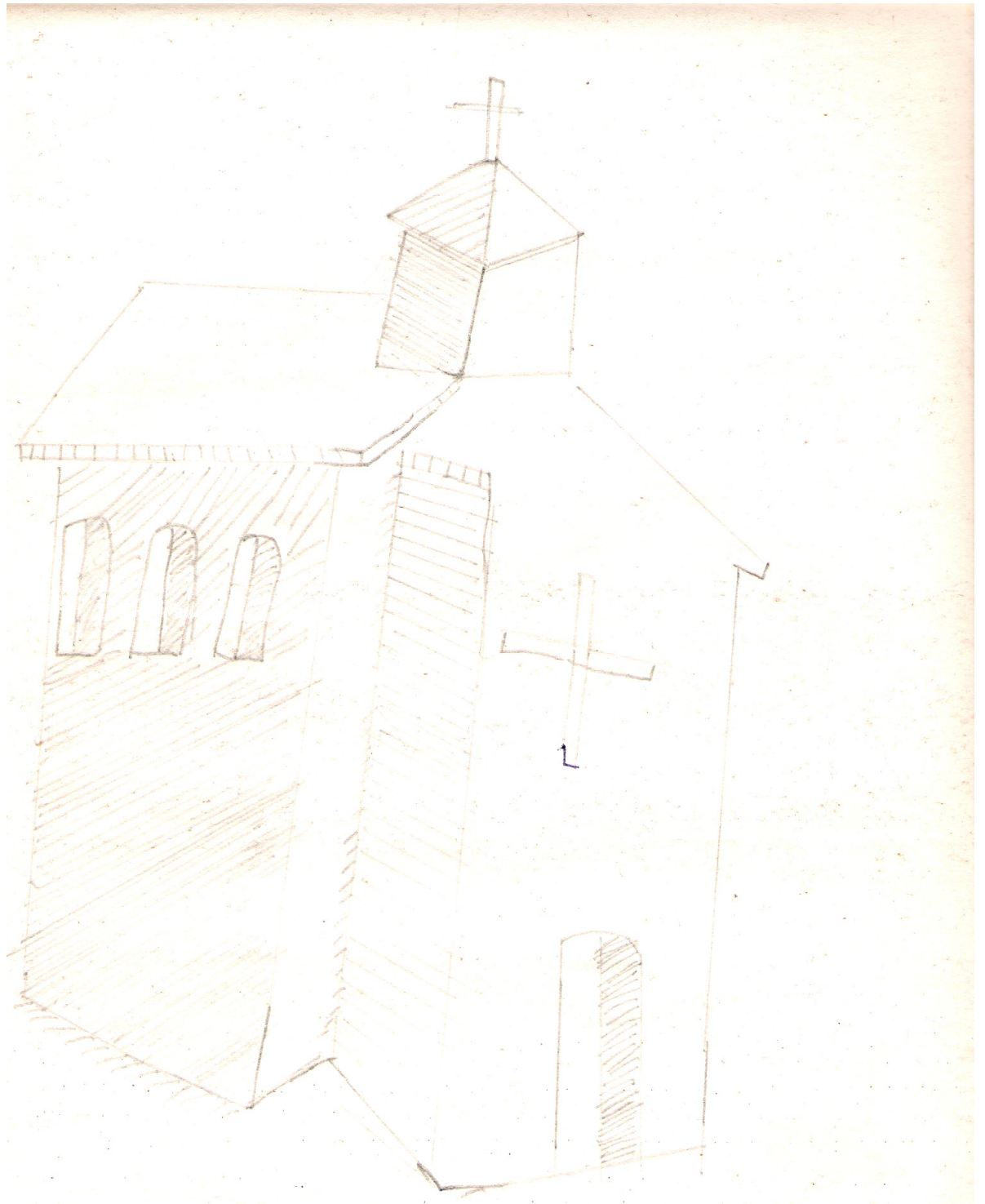
“Umaskini huu jamani!
Utaisha lini

A picture showing a person holding her/his cheek with the word, *mtu huyu anahuzunika kwasababu hana wazazi wake* (this person is sad because he/she doesn't have parents) and then, *umaskini huu jamani utaisha lini* (this poverty when is going to end).

DEVOTA MAHENGE
Picha ya POLISIMAN



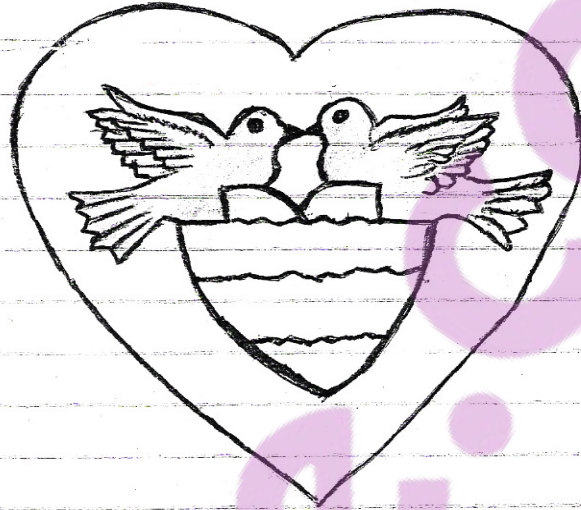
A picture of a policeman with a prisoner.



A picture of a chur

ALL "GAMES" SOX.

PEACE & LOVE



ROSE

Sign by
Dmit

beautiful sweet
smelling flower
Sometimes used 4 love

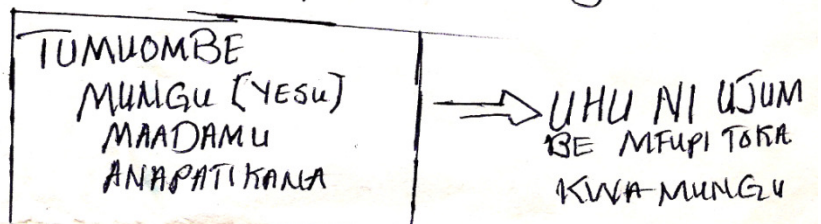
Hawandege wanaonye sha unwa
Wama furaha:

A picture of birds in the heart and a flower underneath with words, 'these birds shows happiness' and the beautiful rose with nice smell which symbolizes love and peace.



MR. POLICE MAN

(i) Mimi nina ipenda kazi ya polisi. ndoto yangu ndipo ilipolenga mbele za MWENYEZI MUNGU (YESU) Kila mmoja awe na ndoto yake mwenyewe binafsi ili anapopata kazi ndoto yake inakuwa ipategale.



A picture of a policeman. It describes the wish and prayer of becoming a policeman.



A picture of two friends in a motorcycle.



MAZOEZI YAVIUNGO

A picture of a person playing and doing physical exercises



A picture of a home



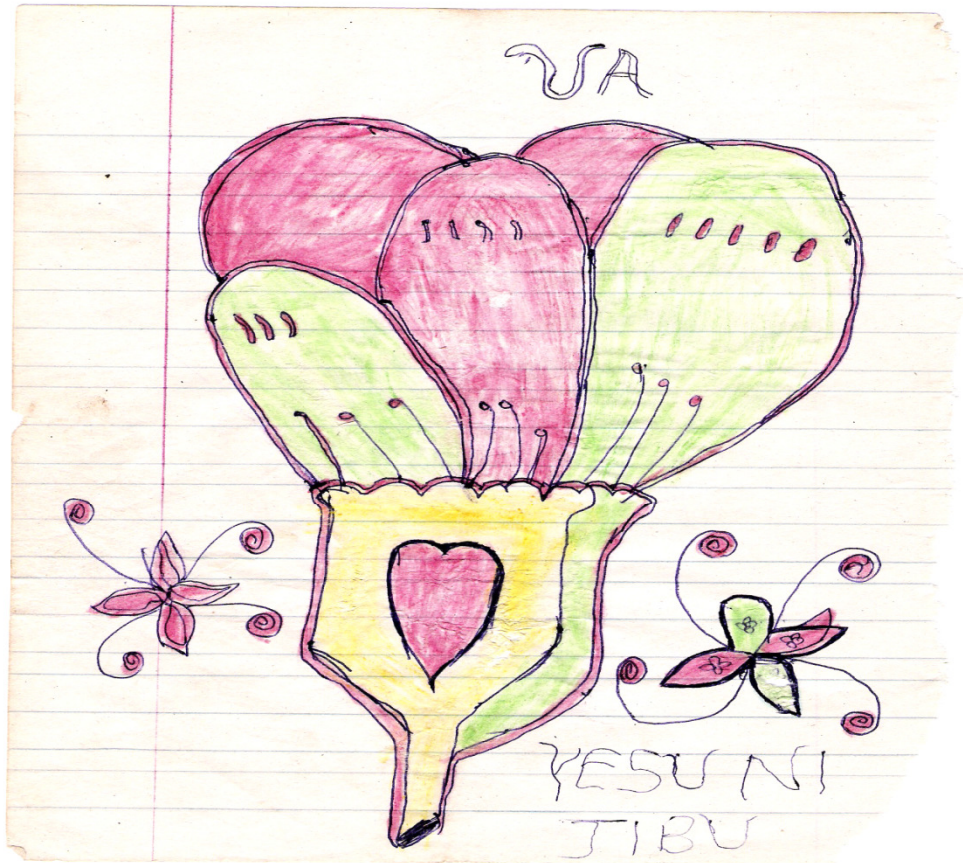
A picture of home



A picture of flowers with words, *Yesu ni njia ya kweli na uzima* (Jesus is the way of truth and life).



A picture of a church



A picture of a flower with words *Yesu ni jibu* (Jesus is the answer).



A picture of a student walking in sad as he/she goes to school thinking who will help him/her with his/her school fee problems.

Appendix O: CHILDREN'S PHOTOS

Children's different activities: Classes, playing, cooking, singing etc...



A photo above is the *Amani* children at school in Mbozi Secondary school. The bottom photo are children at the *Amani* center. Photo by TA Mwenisongole.



Photos of *Amani* children in classes with their caregivers/volunteers. (Photo by Rev. T. Mwenisongole)



Photos of children at *Amani* center in class and playing.



Photos of children at *Amani* cooking and playing.



Photos of children at *Amani* playing different games.

Map provided by ReliefWeb <<http://www.reliefweb.int/>>

Source: SADC FSTAU, FAO/GIEWS

Date: 1 May 1997

