Faith and phronesis in the healing process of persons who self-injure - a pastoral study

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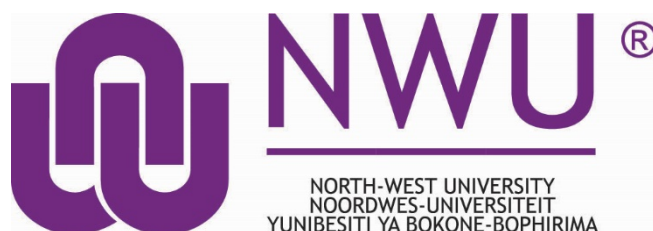
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Supervisor: Prof F. P Kruger
Co-supervisor: Prof E. du Plessis

NWU ®

NORTH-WEST UNIVERSITY
NOORDWES-UNIVERSITEIT
YUNIBESITI YA BOKONE-BOPHIRIMA

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ABSTRACT

This study focussed on exploring how faith and phronesis (practical wisdom) influenced persons who self-injure in their process of healing. Richard Osmer's (2008) model was utilised together with a qualitative research design. In-depth semi-structured interviews offered people who self-injure the opportunity to share their experiences on how their faith affected their journey to healing. In addition to this the participants were given the opportunity to look back in hindsight at their process of healing and identify specific wise actions, described as phronesis or practical wisdom, which positively affected and enhanced their healing process.

Incidences of self-injury have increased in recent years. Self-injury is described in section 3 of the new DSM-5, as intentional self-inflicted damage to the surface of an individual's body without conscious suicidal intent (American Psychiatric Association, 2013). Pastoral theology refers to a critical reflection on the nature and caring activity of God and of human persons before God, within the personal, social, communal, and cultural contexts of the world. It is described as pastoral because of its focus on the care of persons and communities. It is theological because it reflects on the nature and activity of God, and of humanity in relation to God (McFarland, 2011:371). It is within this context that the role of faith and phronesis in healing persons who self-injury was examined.

In Osmer's interpretive task perspectives from the neighbouring sciences related to self-injury, faith and phronesis were examined which offered insights regarding why people would self-injure and why faith and phronesis are found to significantly impact healing. Osmer's normative task presented an exegesis of a number of Scriptures, offering normative perspectives on self-injury, faith and phronesis. In this study faith is described as the personal and relational covenantal bond that God establishes with a believer. Through embracing a relationship with Christ, the identity of the person who self-injures is changed. Through a deeper cognition and understanding of Imago Dei the person embraces a new identity of value, worth and dignity. Within a relationship with Christ the person who self-injures is introduced to the concept of holiness which provides a moral ethical guideline and motivates and inspires him to embrace healing and a new life.

In the healing process phronesis plays an indispensable role. Kruger (2016:16) describes phronesis as a renewed way of thinking. For the person who self-injures it essential to think differently about himself in order to cease self-injurious behaviour. The study explores phronesis from two avenues: as having the mind of Christ and wisdom as the fear of *I AM.* Paul encouraged believers to reason in a Biblically sound way- with the same mind as Christ. God, who restores the mind through the work of Christ, empowers the person who self-injures to

reason in a renewed, theological way. Using the model of Richard Osmer insights gained in this study are applied to offer guidelines and a proposed model for phronetic pastoral intervention which is centred on the significant application of the concepts of faith and phronesis in the healing process of people who self-injure.

Key Terms: Faith, Phronesis, Self-injury, Pastoral

OPSOMMING

Hierdie navorsing het daarop gefokus om die invloed van geloof en phronese (praktiese wysheid) op die genesingsproses van persone wat hulle self beseer te verken. Richard Osmer (2008) se navorsingsmodel is gebruik met 'n kwalitatiewe navorsings metode. Met behulp van in-diepte semi-gestruktereerde persoonlike onderhoude is daar aan mense wat hulself beseer die geleentheid gegee om hul ervaringe van hoe hul geloof die proses van genesing beïnvloed het. Verder is daar ook aan deelnemers die geleentheid gebied om terug te kyk na hul pad van genesing en sodoende spesifieke phronetiese, wyse besluite en aksies wat hul geneem het te identifiseer wat hul genesings proses positief beïnvloed het.

Insidente van selfbesering het toegeneem die afgelope paar jaar. Selfbesering word beskryf in afdeling 3 van die nuwe DSM-5, as doelbewuste selftoegediende skade aan die oppervlak van 'n individu se liggaam sonder bewuste self-moord bedoeling (American Psychiatric Association, 2013). Pastorale teologie verwys na die kritiese besinning oor die aard en omgee dade van God en mense in die raamwerk van persoonlike, sosiale, gemeenskaps en kulturele kontekste van die wêreld. Dit word beskryf as pastoraal as gevolg van die fokus op die sorg van persone en gemeenskappe. Dit word beskryf as teologies omrede dit reflekteer op die aard en dade van God, asook op die mens in verhouding tot God. Dit is binne hierdie konteks dat die rol van geloof en phronese in die genesings proses van die individu wat homself beseer verken is.

Gedurende Osmer se interpretatiewe taak is perspektiewe van aangrensende wetenskappe wat verband hou met selfbesering, geloof en phronese ondersoek wat insig verleen het oor waarom mense self-beseer en waarom geloof en phronesis hul genesing aansienlik beïnvloed het. Osmer se normatiewe taak bied 'n eksegese van 'n aantal Skrifgedeeltes wat normatiewe perspektiewe oor selfbesering, geloof en phronesis aandui. In hierdie studie word geloof beskryf as die persoonlike, relasionele verbondsverhouding wat God met die gelowige vestig. Deur 'n Christologiese verhouding word die identiteit van die persoon wat selfbeseer verander. Deur 'n dieper verstaan en kognisie van Imago Dei ontwikkel die persoon 'n nuwe identiteit van menswaardigheid. Verder word die persoon ook deur sy verhouding met Christus blootgestel aan die konsep van heiligheid wat 'n morele etiese riglyn bied bied vir sy lewe en hom motiveer en inspireer om genesing en 'n nuwe lewe aan te gryp.

In die proses van genesing speel phronesis 'n onontbeerlike rol. Kruger (2016:16) beskryf phronesis as 'n hernude manier van dink. Vir die persoon wat selfbeseer is dit noodsaaklik om anders en nuut oor homself te begin dink ten einde sy selfbeserende gedrag te staak. Hierdie studie het phronese van twee vertrekpunte ondersoek, naamlik phronesis as die ingesteldheid en gesindheid van Christus en phronese as die vrees vir *EK IS.* Paulus het gelowiges sterk

aangemoedig om Bybels en teologies akkuraat te redeneer- met ander woorde te redeneer op dieselfde wyse as wat Jesus sou redeneer. God herstel die denkwyses van mense deur die werk van Chrsitus en die Heilige Gees en bemagtig daardeur die persoon wat selfbeseer om te redeneer op 'n hernude teologiese manier. Insigte verkry deur hierdie navorsing is aangewend om riglyne te bied vir intervensie in pastorale praktyk en 'n phronetiese pastorale model daar te stel wat die toepassing van die konsepte van geloof en phronese in selfbeserende gedrag aandui.

Sleutelterme: Geloof, Phronese, Selfbesering, Pastoraal

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1:   INTRODUCTION AND ORIENTATION

1.1   Orientation: Background to and motivation for the study

1.1.1   Background and motivation

Working as a pastoral counsellor in private practice for the last couple of years, the researcher has come face to face with the stark reality of self-injury in her own community. For instance: A Christian woman (40 years old) related how she had been struggling with self-injury for the past 20 years. Initially, she played the act of injuring herself repeatedly in her mind. Concerned, she approached her pastor, who reassured her that as long as it stayed in her mind and did not become reality, there was no serious problem. Since then, her self-injury behaviour had escalated to such an extent that she paid someone to whip her.

During consultation with her and other counselees the researcher has realised that even though their self-injury has been a result of emotional trauma and hurt, their experiences of faith and trust in God's love for them had played a significant role in their healing process. Many of these counselees have experienced a turning point in their lives once they embraced their faith and started to develop a cognitive understanding or sense of phronesis regarding their reasons for self-injury and the path to healing. This reality has motivated the researcher to explore this phenomenon in greater depth. The importance of pastors and faith communities to deal with realities such as self-injury in their communities has been realised in pastoral circles.

Louw *et al.* (2012:2) explore the question whether the experience of faith can be related to the reality of life in terms of healing and meaning. Nash and Whitehead (2014:179) mention that faith communities often experience a divide between the church and life experienced within contemporary culture. They emphasise that if we are sincere in our desire to impact today's diverse cultures, we must be willing to cross that divide and connect with the people who are not likely to come into our churches.

Another motivational factor for the research is the fact that self-injury and suicide are major public health concerns in adolescents' lives with suicide being the second most common cause of death in young people worldwide (Hawton *et al.,* 2012:2373). The prevention of self-injury and suicide among young people and effective treatments for people who self-injure are paramount needs. One of the largest epidemiological studies concerning the prevalence and correlates of self-injury in adolescents to date has been conducted by Brunner *et al.* (2014:342). He concluded that self-injury is a global health priority, reporting that the lifetime prevalence of self-injury in adolescents to be 28%. He reports that self-injury is linked with suicidality, depression, anxiety and poor help-seeking and urges for the facilitation of culturally adapted intervention.

Moyer and Nelson (2007:42) mention that self-injury was previously only associated with individuals who were diagnosed with autism, schizophrenia, borderline personality disorder or dissociative identity disorder. The reason for this can be related to the fact that these individuals mostly presented with self-injury as one of many other symptoms related to their diagnosis. Currently, self-injury is associated with a large number of adolescents (Moyer & Nelson, 2007:42). This trend adds to the complexity of the self-injury phenomena as these adolescents have not necessarily been diagnosed with any of the above-mentioned conditions. It seems that self-injury in these cases is not related to any pathological diagnosis, but has become a trend in the adolescent communities for various reasons which was examined.

What further ads to the complexity of the phenomenon of self-injury is the fact that, it has become socially accepted behaviour as adolescents are made more aware of self-injury through internet web pages and social media. During adolescence it is important for individuals to be accepted socially. Research conducted by Guerra *et al.* (2013:1) concluded that self-harm behaviour is normalised and promoted by web pages. From these findings it seems that persons who self-injure may find social acceptance by connecting with similar people through social media and web pages, which in turns re-enforces their self-harming behaviour.

In addition to the need people have to be socially accepted, the understanding people have of themselves in their social worlds also play a significant role in self-injury. Fiske (2004:152-153) highlights the impact of social roles and how people act differently in different situations. She explains how social 'schemas' guide people to make sense of their worlds - to encode (attend and interpret), remember, and respond (judge and interact) in their social worlds. She defines schemas as everyday subjective theories about how the world operates. She explains that people have self-schemas which comprise their most salient and central understandings of themselves.

In the context of phronesis, it is important to examine the role that self-schemas play in persons who self-injure. Irrational cognitions and belief systems may lead to dysfunctional schemas and cause self-injury behaviour to be perpetuated. Schemas can be seen as everyday subjective theories about how the world operates, including who God is and how He operates (Fiske, 2004:152-153). The schemas of self-injurers need to be taken into account when exploring the concept of faith and phronesis as this could directly impact and even change their subjective schemas. As a persons' faith grows and he or she develops a biblical worldview, it will make a significant change in the way they view themselves; correcting irrational cognitions and belief systems about themselves and God. The apostle Paul, for example, urges believers to renew their mind in Romans 12:2.

Figure 1 illustrates the hermeneutical interaction between the self-schema, God-schema and social world of the person who self-injures and each component impacts self-injury behaviour. Faith and phronesis is central in influencing all these factors and produces a change which promotes holistic healing.

Faith and phronesis

Self-schema and God-schema

Social world of people who self-injure
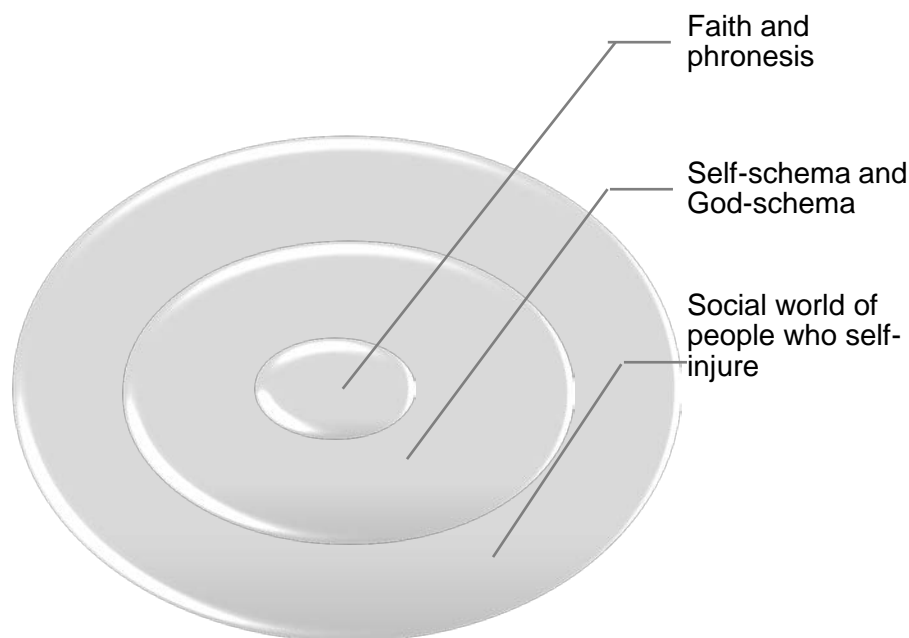
Figure 1-1: **An illustration of the dynamics of self-harming behaviour in individuals**

Realising the importance of developing a new self-schema and correcting irrational cognitions and belief systems about self and God, it is important to investigate the significance of phronesis. According to Louw (2015:68), praxis thinking is closely connected to wisdom as Aristotle explains. According to Greek philosophy, discernment presupposes practical reasoning, namely *phronesis. Phronesis* involves gaining insight and understanding of people. According to Greek thinking, a sensible or wise person is able to rightly discern between what is good and what is advantageous for him/herself. In order to act ethically and to behave morally one needs to make a true discernment about what really counts in life.

In addition to the above explanation of phronesis Kruger (2016:16) describes phronesis as a renewed way of thinking. Thinking about yourself in a new way is the result of experiencing mind renewal. A change in attitude is therefore also part of the process of the renewal of mind. Paul emphasises in Philippians 2:5 that believers are to *reason in a Biblically sound way- with the same mind as Christ.* God, who restores the mind through the work of Christ, empowers believers to reason in a renewed way. Louw (2015:64) has therefore indicated that the concept of phronesis is meaningful in the context of the Christian faith – namely practical wisdom as the driving force behind actions connected to God's will for human life (the mind of Christ). Phronesis is thus significant in the healing of persons who self-injure.

3

Now that the idea of phronesis and faith is brought into relation with self-injury, it is important to investigate the phenomenon of self-injury at a deeper level. Research by sociologist Erving Goffman - on how people wear masks and act in front of other people - has emphasised the challenge facing pastoral therapists dealing with self-injury. He describes what he sees as the presentation of self in everyday life: how we show ourselves to others and simultaneously determine which aspects are visible and which are hidden (Scott, 2007:113; Calhoun *et al.,* 2012:28)

If adolescents who self-injure are acting and wearing masks, they inevitably feel the need to conform to their mask and may not feel free to express inner pain especially if it would contradict their outer mask. Self-injury provides a mechanism to express their pain. The ways in which practical wisdom or phronesis can be functional in expressing this pain in healthier ways as well as the way it may empower believers to remove dysfunctional beliefs and masks, need to be explored.

When exploring the phenomenon of self-injury among adolescents it is important to take cognizance of the culture of adolescents and their view of themselves and their bodies. Within adolescent culture the body is not merely experienced as a physical body. Joyce (2005:140) writes that "the body is seen as a metaphor for society, an instrument of lived experience, a surface of inscription which has come to occupy a central place in contemporary social theory".

Research regarding the relation between the body and identity considers these relationships as products of active construction of identity, not simply as independently existing identities (Joyce, 2005:143). In the light of these findings it seems that adolescents who self-injure use their bodies to not only relieve intense emotional distress, but also to display their experiences and identity. Their bodies become a canvas to imprint their experiences and memories on.

Understanding how practical theology can be applied in the lives of adolescents who self-injure within the context of adolescent culture is important. Pieterse (2004:8) describes practical theology as 'the study of communicative acts in the service of the gospel within the context of modern society". In the discipline of practical theology insights from theology are taken together with insights from other disciplines and used creatively to explore people's faith praxis (Botha, 2010:41).

Practical theology entails the scientific study of the Word of God, humans, reality and other relevant disciplines. Within the discipline of Practical theology, the objective is to journey with persons who self-injure to a *deeper knowledge* of God and themselves, to a *growing faith* and sense of phronesis which will enable them to handle the crises of life with a sense of peace to the glory of God within the community of believers through the power of the Holy Spirit (De Klerk

& De Wet, 2013:240). The researcher aimed to explore the possible implementation of a pastoral model that will enable injurers to have a deeper knowledge of God and themselves; that could enhance a sense of phronesis and a growing faith that will enable self-injurers to handle the crises of life with a sense of peace to the glory of God.

A literature search for similar available pastoral models showed no pastoral model incorporating faith and phronesis as healing agents in people who self-injure. An integrated pastoral care model where the community of believers form the context for healing was proposed by Keya (2010:i). Furthermore, a Theophos-promissiotherapy model was developed by Maree (2010:iv) emphasising pastoral engagement with an eschatological perspective giving meaning to life and hope in God.

Realising from her own counselling experience that it is extremely difficult to help counselees to stop self-injury, the researcher has been motivated to explore a greater understanding of this phenomenon in an inter- and intra-disciplinary manner. Insights from Social Psychology, Sociology, Ethics as well as from Scripture were utilised and then combined in a hermeneutic discourse in order to give perspectives on the praxis.

Most practical theologians have reached consensus that the task of the practical theologian essentially is concerned with a descriptive analysis of the empirical; an interpretative and normative understanding of that which is observed and a visualisation of strategy with the aim of responsible change (De Klerk, De Wet & Pieterse, 2012). This researcher aimed at gaining an empirical descriptive analysis of faith and phronesis as transforming agents in self-injury, followed by an interpretative and normative understanding of self-injury and a visualisation of possible strategies to create responsible change.

1.2   Problem statement

In this research the role of faith together with phronesis as a means to inform wise action in the healing process of self-injury is investigated.

This study was undertaken from a pastoral perspective and focussed on what the Bible teaches in relation to healing people who self-injure. Self-injury as a form of trauma is examined from a biblical perspective. Self-injury is described as behaviours that cause harm, injury, or damage to a person's body, often as an expression of personal distress. Self-injury behaviour might include cutting, burning, head-banging, hitting, biting, pinching, severe scratching, swallowing objects, and self-poisoning (The online Oxford dictionary of social work and social care, 2014).

Self-injury is invariably linked to traumatic incidents and emotional experiences that result in a sense of personal trauma. The verb *traumatizo* in Greek would be translated as traumatise in

English and is defined as "to hurt or wound, normally resulting in some mark or permanent scar on the body" (Louw & Nida, 1989:231). This verb is used in Luke 20:12 to describe the way the owner's son was beaten till the blood started pouring.

Hunsinger (2011:8) emphasises the importance of pastors dealing with the reality of trauma in our communities. She places trauma in a theological context and concludes that the anguish of human trauma is endured as we mediate the love of God by providing a relational home for one another, a place where God's compassion is attested, prayers of lament are offered, and the worship of the people of God sustains us in hope.

Because people who self-injure need help, it is worthwhile to understand what self-injury means. Harris and White's online dictionary of Social Work and Social Care (2014) indicates that there are different perspectives on self-injury, depending on the nature of intent and the context in which it takes place. A broad perspective might apply to many culturally acceptable behaviours that can result in self-inflicted physical or psychological damage, such as cigarette smoking, recreational drug use, long-term alcohol use, over-eating, and dieting.

The phenomenon of self-injury and cutting presents itself in various forms, some of which is culturally accepted, such as circumcision within the isiXhosa communities and tattooing in Western societies.

With the aim to elucidate the problem statement a short preliminary literature review relating to terminology, prevalence and research of self-injury in South Africa is presented.

1.2.1   Definition and terminology

Many researchers (Nixon & Heath, 2009:4, Walsh, 2006:4, Penner, 2008:32) agree that many different terms are used to describe this phenomenon including deliberate self-harm (DSH), self-mutilating behaviour, (SMB), non-suicidal self-injury (NSSI) and a more common way of reference: cutting. Furthermore, the term non-suicidal self-injury (NSSI) is defined in section 3 of the new DSM-5, and is described as intentional self-inflicted damage to the surface of an individual's body without conscious suicidal intent (American Psychiatric Association, 2013).

People self-injure for many different reasons including: self-punishment, to gain feelings of control, as a suicidal attempt, to communicate with others, or to obtain help or an attempt to cope with a difficult or overwhelming situation. It may be an attempt to relieve suicidal feelings. It is important to realise that many people who self-injure suffer from depression which increases suicidal risk (The online Oxford dictionary of social work and social care, 2014). In addition to this, self-injuring behaviour can be difficult to stop once it has become a coping mechanism. Adrenaline is released and gives immediate relief from emotional pain. Repeated acts of self-

6

injury can escalate, becoming physically and psychologically addictive (The online Oxford dictionary of social work and social care, 2014).

Another definition of self-injury by Nixon and Heath (2009:4) is useful and provides boundaries for this behaviour. They define self-injury as "purposefully inflicting injury that results in immediate tissue damage, done without suicidal intent and not socially sanctioned within one's culture nor for display. It therefore excludes extreme tattooing or body piercing, body modification, and culturally sanctioned ritualistic injury or mutilation. Self-injury includes, but is not limited to, cutting, pin-scratching, carving burning and self-hitting".

Furthermore Walsh (2006:4) clarifies the objective or intention of self-injury by defining self-injury in the following way:

"Self-injury is intentional, self-effected, low-lethality bodily harm of a socially unacceptable nature, performed to reduce psychological distress".

From this, it is clear that self-injury is not intended as a means to suicide, but rather as a means to reduce intense psychological distress. Walsh (2006:7) clarifies the distinction between suicide and self-injury by adding that the intent of the self-injuring person is not to terminate consciousness, but to modify it.

Robertson (2008:1) examined South African adolescent girls who self-injure and she clarifies the concept by adding that the act of injuring oneself suggests the existence of something unbearable and unspeakable for that individual, which is communicated in such an act. Similarly, Hicks and Hinck (2008:409) use the following valuable definition: "Self-mutilation is defined as the intentional act of tissue destruction with the purpose of shifting overwhelming emotional pain to a more acceptable physical pain".

1.2.2   Prevalence of self injury

Van Vliet and Kalnins (2011:295) provide alarming statistics concerning self-injury among youth in Canada and the United States, mentioning that prevalence ranges from 12% to 41% in community samples of adolescents and young adults. For youth receiving mental health treatment, the prevalence of self-injury is considerably higher; some studies suggest that as many as 40% to 60% of adolescents in psychiatric samples self-injure (Van Vliet & Kalnins, 2011:295).

Kelly *et al.* (2008) mention in an online research article that a US study found that 47% of a high school population (mean age 15.5. years) had engaged in some form of self-injury in the previous year and 28% had engaged in moderate to severe self-injury in this period. Palmer *et*

al. (2015:2) report that self-injury is one of the top five reasons for acute medical admissions in the United Kingdom and that it is associated with significant health and social care costs.

Self-injury is no longer an exceptional phenomenon that presents itself in extreme cases. In 1998 one in 250 females had engaged in self-injury. Self-injury was not a problem for males at that stage either (Coetzer, 2012:6). In 2006 the Universities of Princeton and Cornell conducted research with more than 3000 students and found that 17% (one in five females and one in seven males) had engaged in self–injury at certain stages in their past (Coetzer, 2012:6). Coetzer compares these statistics with those of years ago in 1998 and rightly states that the statistics represent an increase of epidemic proportions.

Unfortunately, there is a lack of South African statistics concerning the prevalence of self-injury in South Africa. Statistics South Africa 2017 failed to provide information on the prevalence of self-injury in SA. Research conducted by Shamos (2007:255) revealed that 10-15% of South African adolescents engaged in self-injury in 2007.

1.2.3 Research in South Africa

A literature search has indicated that research focussing on pastoral care and theological dimensions of self-injury has been conducted internationally. As far as can be determined the role of faith and phronesis in healing self-injury has not been explored yet.

A survey of research done during the past 10 years in South Africa provides background as to where the current proposed research can be aimed at.

- Raath (2015:151-166) provided several guidelines to pastoral counsellors when he conducted a pastoral evaluation of self-mutilation amongst youth.

- Lippi (2015:2, 73) studied the correlation of self-injury with anxiety and depression among a sample of psychology students at a tertiary institution in South Africa. The findings indicated a positive correlation with symptoms of depression which was consistent across the majority of methods used to self-harm. The relationship between self-harm and anxiety proved to be inconsistent.

- Research by Van Rooyen (2013:10) explored the functions of self-injury in a South African student population. Van Rooyen used the four-factor functional model of Nock and Prinstein (2004:885-890) which classifies the functions of self-injury according to four functional classes. This model is rooted in social learning theory, which states that human learning is situated within the social context.

- Research conducted by Strauss (2012:iii) has highlighted the needs of adolescents belonging to the Emo youth subculture. She writes that the Emo youth is an emotionally expressive subculture associated with specific clothing, behaviour and music. Adolescent boys with skinny jeans, black eyeliner, black dyed hair and long fringes are some of the characteristics that is associated with Emo youth subculture. Strauss' study confirmed that the Emo youth subculture provides a sense of belonging and security to sensitive and emotional adolescents, but the norms and customs that are associated with the subculture can possibly inhibit an adolescent to integrate and move on to the next developmental life phase. Depression, self-harming and suicidal tendencies are associated with the subculture.

- Zdanow and Wright (2012:96) focussed their research on how the culture of self-injury is encouraged through social media especially in youth subculture groups such as the Emo group. They endeavoured to analyse thematic content of the Facebook groups and examined the uses of this form of social media. They found that a normalisation, glorification and acceptance of depression and self-injury were prevalent throughout the online dialogues. Cutting as a major form of injury was brought up in almost all of the discussions examined and the overall Emo perspective of the activity was found to be positive, with teenagers expressing their affirmative opinions of the behaviour openly and without reserve.

This positive portrayal of self-injury not only has the potential to encourage the behaviour but may also give teenagers a means to justify their activities based on its acceptance by others within the groups. Zdanow and Wright (2012:95) found that cutting is regarded by some as a key element of the Emo subculture. Simply identifying with Emo may be all that is needed to justify self-injuring activities. This means that teenagers, who are part of these groups and have seen that self-injury is regarded as a 'normal' and 'cool' part of the subculture, may start cutting in an attempt to feel more like the other emos within the group.

Pretorius (2011:7) explored three aspects concerning self-injury in the South African context: The perceptions of adolescents in children's homes concerning the possible contagion of self-harm; the frequency, methods, duration and severity of self-injury among adolescents in children's homes; and lastly, the motivations of adolescent self-injury in children's homes. The findings of the study indicate that 10 of the 12 adolescent participants have experienced either the acquisition or episodes of co-occurrence of self-harm through contagion, both outside the children's homes and within the children's homes.

Pretorius (2011:7) emphasises that the contagion of self-injury is influenced by the desensitisation and growing prevalence of self-injury, frequent observations of self-injury, close personal relationships between individuals who self-injure, and the influence of the visual media. After literature reviews Pretorius (2011:7) concluded that research concerning self-injury in

South Africa has focussed on describing and identifying self-injury while providing support and prevention of self-injury has not been emphasised.

Robertson (2008:4) conducted research aimed at exploring and describing the needs of adolescent girls who self-injure in order to develop guidelines of support so that parents may feel less helpless and overwhelmed.

Self-injury in the context of pastoral care with the emphasis on the role of faith and phronesis in the healing process of persons who self-injure has not been explored.

1.3 Research question

The research question for this research can be formulated in the following manner:

How can faith and phronesis be functional in the healing process of persons who self-injure?

Questions arising from the central research question can be formulated as follows:

- How can a descriptive-empirical study contribute towards a comprehensive description of how faith and phronesis can be functional in the healing process of persons who self-injure?

- How can an interpretative pastoral study contribute towards an understanding of how faith and phronesis can be functional in the healing process of persons who self-injure?

- What is the normative task concerning the function of faith and phronesis in the healing process of persons who self-injure?

- What is the pragmatic task concerning the function of faith and phronesis in the healing process of persons who self-injure?

1.4 Goal and objectives

1.4.1 Goal

The overall goal of the proposed research is to examine how faith and phronesis can be functional in the healing process of persons who self-injure.

1.4.2 Objectives

- To do a comprehensive descriptive-empirical overview to determine how faith and phronesis can be functional in the healing process of persons who self-injure.

- To do interpretative research which includes a literature review on an inter- and intra-disciplinary level, examining how faith and phronesis can be functional in the healing process of persons who self-injure.

- To gain a Biblical (normative) perspective on how faith and phronesis can be functional in the healing process of persons who self-injure.

- To develop pastoral strategies to be utilised in practice regarding the function of faith and phronesis in the healing process of persons who self-injure.

1.5   Central theoretical argument

The central theoretical argument is that a pastoral study of the role of faith together with phronesis may result in wise action in the healing process of people who self-injure.

1.6   Explanation of key terms

- **Faith:** Within the Christian tradition the term faith is described as a virtue: a settled disposition enabling one to move towards God by grace. Without faith one would not believe there was anything to hope for; without hope one would despair of attaining the realities of which faith speaks; and without love one would not even desire to come to that goodness in which one had come to believe (McFarland, 2011:180). The author of the book Hebrews provides a definition of the term faith in Hebrews 11:1: 'Now faith is confidence in what we hope for, about what we do not see" (Bible, 2005). The author explains that this faith is rooted in a relationship with God who rewards us when we draw near to Him according to Hebrews 11:6.

McFarland (2011:180) mentions that faith is considered according to two fundamental dimensions: it refers both to the beliefs or doctrines to which one assents and also to the act of trust or adherence by means of which these beliefs are accepted as true. Faith is not only an interior or cognitive state but a determining characteristic of one's whole manner of life – adherence, fidelity, and obedience – as contrasted with mistrust or disobedience.

The ultimate object of faith is always God himself, present as illumining the mind and animating the heart in order, by grace, to bestow faith on a believer. This has been seen as the ground of faith's certainty, not that the truth of God is grasped by the mind, but that the One who is believed foundationally in every genuine act of faith is always God himself. This emphasises the personal or relational dimension of faith, as a bond that God establishes with a believer – who believes not only that God exists, or what God teaches, but also believes in God himself as faithful and true (McFarland, 2011:181).

In this research, the role of faith as described above was explored as a healing agent in self-injury.

- **Phronesis:** Aristotle highlighted three orientations or dispositions to knowledge: episteme, techne, and phronesis. Episteme is characterised as scientific, universal, invariable, context-independent knowledge. Techne is characterised as context-dependent, pragmatic craft knowledge and is oriented toward practical rationality governed by conscious goals. Phronesis is sometimes referred to as practical wisdom or practical rationality. Phronesis emphasises reflection (both deliberative and that revealed through action) as a means to inform wise action, to assist one to navigate the variable contexts of practice, and as directed toward the ends of practical wisdom (Kinsella & Pitman, 2012:35).

- **Self-injury:** Non-suicidal self-injury has been included as a research diagnosis in the *Diagnostic and statistical manual of mental disorders* (5th ed., American Psychiatric Association (APA; 2013); DSM-5; Section 3), as a condition requiring further study for possible future official adoption. This is a positive step toward providing researchers with a uniform definition and criteria (In-Albon *et al.*, 2015:167). The term non-suicidal self-injury is described in section 3 of the new DSM-5, as intentional self-inflicted damage to the surface of an individual's body without conscious suicidal intent (American Psychiatric Association, 2013).

Theological reflection on this trend reveals connections with the historical practice of penitential self-harm (Cameron, 2014:1). Individuals might harm themselves as punishment for sins; they might use it to cure an illness or to end suffering. They might understand their behaviour as preparation to fight the enemy (such as Satan) or as spiritual training (for resisting sin). Some see self-harm as having magical or purifying effects. Others see self-harm as communal – pain experienced vicariously (experiencing the suffering of Christ) or sacrificially (so that others might be spared).

A second theological concern mentioned by Cameron (2014:6) is the sense of escapism and an otherworldly search for salvation reported by self-harmers. People who self-injure often experience a sense of release of emotions and a sense of freedom and inner-peace. Cameron (2014:6) suggests that these descriptions suggest that individuals who self-injure are searching for a sense of salvation that is bound up with this otherworldly or disconnected experience. She argues that self-injury goes beyond this escapism; in a world where transcending this reality is a spiritual goal, self-harming behaviours that provoke this feeling make sense for them.

She adds that the use of self-mutilating behaviours to manage emotions and to seek salvation leads to isolation from their families and communities. These individuals become absorbed in a

private struggle to achieve peace by self-harming. Their search for salvation or peace through an otherworldly experience of freedom becomes an attempt to achieve salvation through suffering. The role of the community in the experience of salvation is rejected and the sense of being alone is perpetuated.

The online Oxford dictionary of social work and social care (2014) describes self-injury as behaviours that cause harm, injury, or damage to a person's body, often as an expression of personal distress. Self-injury behaviour might include cutting, burning, head-banging, hitting, biting, pinching, severe scratching, swallowing objects, and self-poisoning.

- **Pastoral theology:** Pastoral theology refers to a critical reflection on the nature and caring activity of God and of human persons before God, within the personal, social, communal, and cultural contexts of the world. It is described as pastoral because of its focus on the care of persons and communities. It is theological because it reflects on the nature and activity of God, and of humanity in relation to God, as portrayed and understood through various practices and documents of faith (McFarland, 2011:371).

Using the definition of pastoral theology provided by the American Society for Pastoral Theology, McFarland (2011:371) defines pastoral theology as a constructive practical theological enterprise focussed on the religious care of persons, families and communities, emphasising its constructive and practical nature. Pastoral theologians engage 'God' and 'care' critically – raising questions and exploring concepts and practices for their devotion to understandings of faith and their effectiveness in caring for people, families, and communities in their respective contexts. This understanding of the term pastoral is further clarified by Louw *et al.* (2012:1) when they state that pastoral care takes place in daily life settings. They emphasise the focus on interconnectedness within the realm of relationships:

"Enduring relationships need to go beyond momentary psychological and emotional experiences to embrace a sense of connection with time, space, and the spiritual domains that connect human lives with natural and cosmic environments".

It is within this context that the role of faith and phronesis in healing self-injury was examined.

1.7 Methodology

In choosing a methodology suitable for this research the researcher briefly examined the research methods of Heitink, Browning and Dingemans but has chosen the method proposed by Osmer. Heitink (1999:165) works with three keywords in his approach to practical theological research methodology, namely *understanding*, *explanation*, and *change*. Three circles are set into motion during research: the hermeneutical circle (with *understanding* as its keyword), the

empirical circle (with *explanation* as its keyword), and the regulative circle (with *change* as its keyword). Browning (1995:13) describes research activity ranging from *description*, to *systemising* (exploring practical wisdom and understanding), to *strategising (*practicing strategic practical theology). Dingemans (1996:62) similarly observes that most practical theologians distinguish among the following dimensions in practical theological research:

- Analytical description of the practical theological situation;

- Research into normative viewpoints;

- Development of a strategy for change flowing from normative viewpoints.

This research utilised the research method proposed by Osmer (2008:6-29) as this method was suitable to the research question and aim of the study. Osmer's methodology mentions the role of discernment which is applicable for this study. Osmer argues that much contemporary practical theology attends to four tasks along the lines of a hermeneutical circle or spiral. He proposes a reflective practice in practical theology which makes room for reflection on experience and practice and for dialogue with the social sciences as it engages the normative resources of the Christian faith. The methodology of Osmer is chosen as it provides space for descriptive-empirical research and allows for hermeneutical interaction between the various phases.
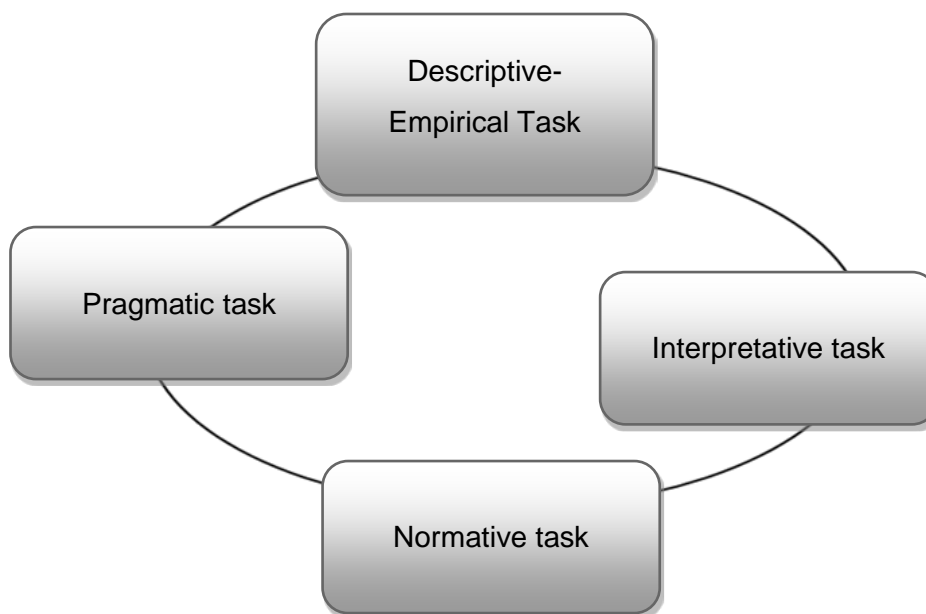
Figure 1-2: **The four tasks of practical theological interpretation**

(Osmer, 2008:11)

Osmer uses the concept of the hermeneutical circle (or the hermeneutical spiral) to clarify the relationship between the four tasks. The four tasks are distinct, but they are also connected. The

interpreter must constantly move between tasks, which lead to an interpretive spiral (Smith, 2010:101). These phases do not necessary follow in numerical order but are in continual hermeneutical interaction with each other. Osmer embraces the belief that all scholarship is hermeneutical, that is, it is not neutral and objective, but is an interpretive experience affected by pre-understanding.

1.8   Paradigms of practical theology at the meta-theoretical level

Osmer (2011:1-7) explains that the paradigm of reflective practice is situated primarily at the level of pastoral and ecclesial leadership. Paradigms also play a role at a second level of practical theology that which he calls the meta-theoretical level of research and theory; attention to the descriptive-empirical, interpretive, normative, and pragmatic tasks of practical theology achieve a reflective equilibrium. These thoughts are elaborated on in the following section.

1.9   The four phases of Osmer

The four phases as described by Osmer are now discussed:

1.9.1   The descriptive–empirical task: what is going on?

Osmer (2008:33) compares this first task to priestly listening in a spirituality of presence. He describes this task as gathering information to better understand particular episodes, situations, or contexts (Osmer, 2011:1-7). A qualitative investigation is suitable given the nature of the research question. Qualitative research is an umbrella term for different approaches or paradigms, each having its own theoretical background, methodological principles and aims (Flick, 2006:6 as cited by De Vos *et al.,* 2012:310). The qualitative researcher is concerned with understanding rather than explanation, with naturalistic observation rather than controlled measurement, with the subjective exploration of reality from the perspective of an insider as opposed to that of an outsider predominant in the quantitative paradigm (De Vos *et al.,* 2012:310).

A qualitative research design, namely an explorative and descriptive qualitative design, was thus applied in this first phase; to examine faith and phronesis in relation to the healing process of people who self-injure. This design is contextual and is concerned with the exploration and meaning that individuals and groups ascribe to human problems (De Klerk & De Wet, 2013: 395). Louw (2015:7) offers valuable insight on the nature of such qualitative research. He states that it involves looking in-depth at non-numerical data and is therefore more focussed on idiographic than nomothetic descriptions. Qualitative research is primarily exploratory research and used to gain an understanding of networking paradigms, patterns of thinking, as well as underlying belief systems, reasons, opinions, and motivations. At the heart of qualitative

research is the belief that the perceived reality is created, negotiated and interpreted by the participants in their social, historical and individual contexts (Kuper *et al.,* 2008:405) as cited by Roos (2013:34). Qualitative research is a naturalistic and interpretive approach that draws from many disciplines and fields.

The researcher regards the following aspects of qualitative research as important:

- Qualitative researchers believe that since humans are conscious of their own behaviour; the thoughts, feelings and perceptions of the participants are vital.

- How people attach meaning and what meanings they attach are the basis of their behaviour.

- Only qualitative methods, such as participant observation and unstructured interviewing, permit access to individual meaning in the context of on-going daily life.

- Qualitative research is concerned with the truth as an informant perceives it (Burns, 1990:388) as cited by Roos (2013:34).

Schurink (1998:240) includes an important aspect to our understanding of qualitative research when he describes qualitative research as a multi-perspective approach to social interaction. It refers to research methods that enable a researcher to explore and describe a human phenomenon in depth (Denzin & Lincoln, 2005:3). In this qualitative study the experience of personal faith in God and the concept of phronesis were examined to determine how these elements bring transformation in peoples' lives who struggle with self-injury.

In sampling for a qualitative research, a unit is chosen to 'represent' and 'symbolise' features of relevance to the investigation (Ritchie *et al.,* 2014:116). The researcher has chosen a non-probability sampling strategy which is most appropriate for qualitative research as the aim is not to select a sample which is statistically representative. Target sampling methods were utilised and participants were chosen according to the following criteria: individuals who were eighteen years or older who had self-injured previously or were self-harming for a period of six months or longer at the time of the study and who were willing to participate. Criteria for excluding people from the sample were people who were not willing to participate and people who were not able to communicate their feelings in a meaningful way during interviews due to poor cognitive ability.

The ethical importance of confidentiality and informed consent were explained to participants at this stage. Steps taken to ensure that no breach of confidentiality would take place were discussed with participants, such as the use of hidden apparatus such as video cameras or microphones. A letter providing detailed information regarding the research as well as a letter for informed consent were handed to each participant.

Two to three in-depth interviews were conducted where the concept of faith and phronesis was explained to participants to ensure full understanding of and participation in the interviews.

The following questions were asked during the interview:

- Describe in which ways your faith/personal relationship with God has played or is still playing a role in your healing process.

- How has phronesis impacted your healing process?

- How does your social environment influence your view on self-injuring behaviour?

- How does your view/perception of yourself influence your self-injuring behaviour? How do you see yourself? How would you describe yourself?

Avoidance of harm is an important ethical consideration which will be given attention during this phase of research. Participants were respected at all times and if they wished to withdraw from the research, their wishes were respected immediately. To ensure that the dignity of participants was protected, unconditional acceptance, empathy and warmth were applied during interviews. Okun and Kantrowitz (2014:79-83) refer to communication skills which are helpful to apply in in-depth interviews such as clarifying, probing/inquiring, paraphrasing and summarising. Conscious efforts were made to ensure that the participant left the interview on a positive note with a feeling of hope for his/her future.

Participants were recruited through churhes, pastoral counsellors and South African Mental Health workers and groups such as SADAG (South African Depression and Anxiety Group). Participants were required to keep journals or notes on their behaviour and feelings which would be used to better understand contexts and situations where self-injury is prevalent. These notes would be used to enrich information gained in the interviews. These interviews were recorded and transcribed. Participants were invited to participate in follow-up interviews and provided with opportunities to read their own interview transcript and add more relevant information if necessary for clarity.

The following steps of qualitative data analysis provided by De Vos *et al.* (2011:403-419) are useful guidelines which were utilised in this proposed research:

- Preparing and organising the data. The recording of data is planned; data is collected and a preliminary analysis is made. The data is managed and memos are written and read.

- Reducing the data. Categories are generated and data is coded. The emerging understandings are tested and alternative explanations are searched. Data is interpreted and typologies are developed.

- Visualising, representing and displaying the data. The data is visually presented.

Opportunities for debriefing were provided to participants upon request. Attention was given to adhere to strict ethical regulations at all times as described further on.

The realisation of this phase in the research is described in Chapter 2.

1.9.2 The interpretative task: why is this going on?

In the second phase of research the question is asked: Why is this going on? This question is compared to sagely wisdom. Osmer (2008:87) explains that "sages" were wise counsellors offering advice to the king and that by the time of Jeremiah, the sage, or wise counsellor, appears to have been an established role alongside priests and prophets.

Osmer (2008:83) describes theoretical interpretation as the ability to draw on theories of the arts and sciences to understand and respond to particular episodes, situations, or contexts. He understands that no one perspective captures the fullness of truth and that often many perspectives are needed to understand complex, multidimensional phenomena. Osmer (2011:3-7) describes this phase as entering into a dialogue with the social sciences to interpret and explain why certain actions and patterns are taking place.

During this phase, the research focussed on an inter-disciplinary discourse with the discipline of Social Psychology, Ethics and Sociology to gain sagely wisdom regarding the role of faith and phronesis in the healing process of individuals who self-injure. The realisation of this phase in this research is described in Chapter 3.

1.9.3 The normative task: what ought to be going on?

Osmer's third phase (2008:4) begins with the question; what ought to be going on? The normative task is seen as a spirituality of prophetic discernment (Osmer, 2008:135). During this phase normative questions from the perspectives of theology, ethics and other fields are raised (Osmer, 2011:4-7).

A Biblical response in describing the role of faith and phronesis in the lives of individuals who self-injure was examined. A Biblical examination was conducted using the grammatical-historical method of exegesis. This method focusses attention on the detailed analysis of the text in

conformity with the original language and the original historical situation. The following Scriptures were selected for exegesis in the normative task:

- Genesis 1:26-28: Imago Dei

- Leviticus 19:1-2, 28; 21:5: Self-injury and holiness unto God

- 1 Kings 18: 26, 28: Self-injury and idolatry

- Proverbs 1:7 Phronesis wisdom and the fear of the Lord

- Mark 5:2-8: Self-injury and Jesus

- Philippians 2:5: Phronesis and the mind of Christ

- 2 Corinthians 5:17 A new creation

- Hebrews 11:1: Faith

The guidelines for good exegesis offered by Fee (2002:5) were applied during the normative task. He states that good exegetical questions fall into two basic categories: questions of content (*what is said*) and of context (*why it is said*). Contextual questions include questions on historical context (general historical-sociological-cultural setting) as well as the reason why a document or chapter is written. Literary context is concerned with why a given thing was said at a given point in the argument or narrative. Questions of content include textual criticism, lexical data, grammatical data and historical-cultural background (the relationship of words and ideas to the background and culture of the authors and his readers). Careful integration of these factors was taken into consideration during this phase.

The realisation of this phase in this research is described in Chapter 4.

1.9.4   The pragmatic task: how might we respond?

The pragmatic task requires a response to the question; how might we respond? (Osmer, 2008:183) describes this task as a spirituality of servant leadership. Dingemans (1996:87) mentions that some practical theologians emphasise the liberating work of the gospel in society and in the life of individual believers. He states that the church has a mission of translating and transferring the gospel and that those churches understand themselves as instruments of Christ in the world (Dingemans, 1996:93). Dingemans (1996:94) further points out that the work of the church is inspired and conducted by the Holy Spirit, who uses human resources. Pieterse (2008:141) adds an important dimension to practical theology when he states that all believers

are on the same level equal members of the congregation and everyone can participate in serving; all share equal responsibility and loyalty.

The way in which the findings of the research can be applied in pastoral praxis is explored in this phase with the aim of finding practical ways where the application of faith and phronesis can make a difference in the lives of those who self-injure. The task is aimed at providing practical guidelines for pastoral care of persons who self-injure.

The realisation of this phase in this research is described in Chapter 5.

1.10 Research design

A qualitative research design, namely an explorative and descriptive qualitative design, was used to examine faith and phronesis in relation to the healing process of people who self-injure. This design is individual and contextual and is concerned with the exploration and meaning that individuals and groups ascribe to human problems (De Klerk & De Wet, 2013: 395).

Louw (2015:7) offers valuable insight on the nature of such qualitative research. He states that it involves looking in-depth at non-numerical data and is therefore more focussed on idiographic than nomothetic descriptions. Qualitative research is primarily exploratory research and used to gain an understanding of networking paradigms, patterns of thinking, as well as underlying belief systems, reasons, opinions, and motivations.

At the heart of qualitative research is the belief that the perceived reality is created, negotiated and interpreted by the participants in their social, historical and individual contexts (Kuper, Reeves & Levinson, 2008:405) as cited by Roos (2013:34). Qualitative research is a naturalistic and interpretive approach that draws from many disciplines and fields.

The researcher regards the following aspects of qualitative research as important:

Qualitative researchers believe that since humans are conscious of their own behaviour; the thoughts, feelings and perceptions of the participants are vital.

How people attach meaning and what meanings they attach are the basis of their behaviour.

Only qualitative methods, such as participant observation and unstructured interviewing, permit access to individual meaning in the context of on-going daily life.

Qualitative research is concerned with the truth as an informant perceives it (Burns, 1990:388) as cited by Roos (2013:34).

Schurink (1998:240) includes an important aspect to our understanding of qualitative research when he describes qualitative research as a multi-perspective approach to social interaction. It refers to research methods that enable a researcher to explore and describe a human phenomenon in depth (Denzin & Lincoln, 2003:3). In this qualitative study the experience of personal faith in God and the concept of phronesis were examined to determine how these elements bring transformation in peoples' lives who struggle with self-injury.

1.11 Ethical considerations

The ethical considerations of this research and its application is discussed in this section, including avoidance of harm, informed consent, violation of confidentiality and the release or publication of findings.

1.11.1 Avoidance of harm

The fundamental ethical rule of social research is that it must bring no harm to participants (Babbie, 2007:27 as cited by De Vos *et al.,* 2011:115). Responsibility was taken to honour this fundamental rule during the process of the research. Participants were given the assurance of strict confidentiality regarding all information provided for the objectives of the research. The participants were required to choose a fictitious name for the purposes of the research and all data would be kept in a safe place. Participants were respected at all times and if they wished to withdraw from the research their wishes were respected immediately.

1.11.2 Informed consent

Obtaining informed consent implies that all possible or adequate information on the goal of the investigation, the expected duration of the participant's involvement, the procedures which would be followed during the research, the possible advantages, disadvantages and dangers to which participants might be exposed as well as the credibility of the researcher, be rendered to potential participants or their legal representatives before the onset of the research project (De Vos *et al.,* 2011:117). Participants had to be legally and psychologically competent to give consent and they had to be aware that they would be at liberty to withdraw from the investigation at any time (De Vos *et al.,* 2011:117). A letter providing detailed information regarding the research as well as a letter for informed consent are added as addenda (See Addendum A).

1.11.3 Violation of confidentiality

During the research, the identity and privacy of respondents were kept confidential. Steps taken to ensure that no breach of this principle would take place were discussed with participants (De Vos *et al.*, 2011:119). Participants were handed a written undertaking by the researcher of honouring confidentiality. They were informed that an audio recording that would be anonymised

would be made of interviews and that this recording would be kept in a safe. Participants were informed of all possible limits to this principle, such as in the case when a participant might be a danger to himself or when the researcher was under legal obligation to report something to government authorities.

1.11.4 Release or publication of findings

The findings are formulated and presented clearly and unambiguously to avoid misappropriation by participants, the general public and even colleagues (De Vos *et al.,* 2011:126).

CHAPTER 2: DESCRIPTIVE – EMPIRICAL PERSPECTIVES ON FAITH AND PHRONESIS IN THE HEALING OF PERSONS WHO SELF-INJURE

2.1 Introduction

Chapter two describes Osmer's (2008:4) descriptive-empirical phase of research which is an answer to the question: What is happening? With this chapter, the function of faith and phronesis in the healing process of people who self-injure are critically examined and described. Osmer describes this phase as "gathering information that helps us discern patterns and dynamics in particular episodes, situations, or contexts" (Osmer, 2008:4). In this descriptive-empirical phase information from literature was gathered to describe relevant key ideas in this research. This was followed by an empirical exploration of the perceptions of individuals who self-injure.
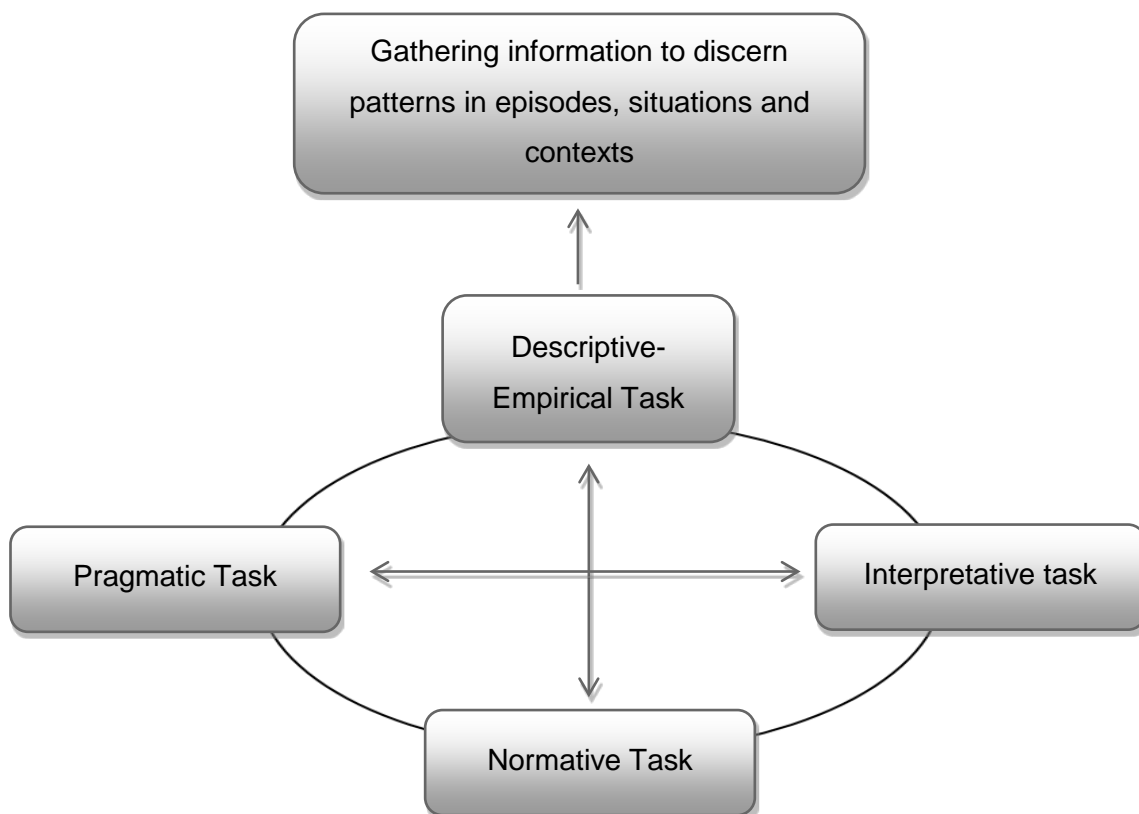
Figure 2-1: **Osmer's first phase: what is happening?**

With regards to the empirical exploration, Osmer (2008:33-37) describes the attitude of the researcher with which the empirical task needs to be approached as one of "priestly listening in a spirituality of presence". This attitude of the researcher to listen in a spirituality of presence is also emphasised by De Klerk and De Wet (2013:298). They state that the empirical work should be more than just observing that which can be seen on a physical level. It is important to

remember the presence of God in the process of gaining information which is used as a framework to orientate the researcher's description of the beginning, development and conclusion of the observed problem.

In addition to listening in a spirituality of presence, a focus on the participants' understanding (cognition or phronesis) is also important. Indeed, Louw (2015:36) describes the importance of phronesis in faith as fides quaerens intellectum - faith seeking understanding. Theology is seen as a conceptual and systematised process of understanding or professing the faith. Faith is initiated by the Holy Spirit and is not primarily an intellectual activity. However, the person who believes also seeks to understand his faith. This attempt at trying to understand one's faith dictates a deeper reflection on the importance of cognition. Kruger (2015:1) also emphasises the necessity of reflecting on the importance of cognition. For this reason, the researcher has not only focussed on how participants experienced their faith in their personal journey of healing, but also their understanding (cognition or phronesis) thereof.

In the description of the role of faith and phronesis in self-injury the researcher thus included both physical observation through the human eye and ear, and spiritual observation through spiritual eyes to discern and observe the presence of God and His involvement.

With regards to the descriptive study, the researcher has selected the following focus areas for demarcation:

- Descriptive perspectives on the concept of healing from a theological viewpoint; when has healing been reached from a theological viewpoint and what are the components that constitute or facilitate healing?

- Descriptive perspectives on how characteristics and dynamics of personal faith impact and contribute to healing of people who self-injure. Personal faith is interpreted as a personal relationship with God. This faith relationship is explored from three perspectives:

  - A faith relationship with God: a Christian spirituality perspective

  - A faith relationship with God: a pastoral-anthropological perspective

  - A faith relationship with God: a pastoral care perspective

- Descriptive perspectives on the characteristics and dynamics of phronesis

- Descriptive study on how the application of phronesis contributes to healing of people who self-injure

2.2   Objective

The objective of this phase in research was to explore, in a scientific way, how faith and phronesis play a part in the healing of individuals who self-injure. The theological field was explored to answer the question of what is happening in the field of faith and in the field of practical wisdom in relation to the incidences of self-injury. How is faith and phronesis playing its role in the lives of people who self-injure? What are the components of these constructs that cause healing to occur and how does it conspire to bring about transformation? Empirical perspectives on faith and phronesis in the healing of persons who self-injure were explored.

Valid conclusions resulting from this exploration on how applied faith and the concept of practical wisdom impacts the healing process of people who self-injure can be used as valuable therapeutic tools in pastoral counselling and care.

2.3   Descriptive perspectives within the field of practical theology of faith and phronesis in healing people who self-injure

Within this phase the objective is to examine and describe what is happening within the theological field specifically regarding the components of faith and phronesis as it relates to and impacts the healing process of people who self-injure. The researcher reviewed literature pertaining to the role of faith and phronesis in the healing of self-injury within the theological field to investigate current and recent research in this field. The healing aspects of faith and phronesis are to be understood from understanding praxis as a theological construct.

Browning (1983:13) refers to David Tracy who believes that practical theology primarily has to do with the criteria or norms for the transformation of human brokenness (the praxis reality of our being human). Browning (1983:13) emphasises that praxis thinking should be determined by the quest for meaning and our human suffering. Louw (2011:21) states that discovery of meaning can take place only within a living relationship with God and in a loving relationship with fellow-human beings. He adds that the believer needs the security that is outlined in God's covenantal promises and the eschatological reality of salvation that is evidenced in the cross and the resurrection to discover meaning. Meaning is the discovery of a God whom one can trust and who can bring meaning to life due to actual involvement and engagement with those existential realities which threaten humans in the very core of their being. Theological praxis should therefore be framed by the compassion of God. The role of faith and phronesis was examined from this eschatological paradigm.

Louw (2011:1-20) refers to the compassion quality of God's involvement with humans as 'the Pneumatological praxis of God'. He describes it as a divine intentionality (teleology); the compassion of God within the vulnerability and suffering of human beings. Louw (2011:1-20)

states that the praxis of God can be seen as a compassionate praxis of co-suffering – *the passio Dei.*

2.3.1 Descriptive perspectives on how personal faith impact and contribute to healing within the field of practical theology

The foundation of personal faith in and a personal relationship with Christ Jesus as a criterion for selection of participants is significant. The researcher specifically aimed at exploring the effects of the Christological relational connection on participants' healing in order to determine what components of this relationship with God and what components of their faith caused transformation and healing and how these components of faith brought about healing.

A holistic approach in human health is a well-established approach (Louw, 2013:1-16). Louw describes the human soul – nephesh - as a relational concept found within the realities of life and our existence. According to research (Koenig *et al.*, 2001:53; Byron & Miller-Perrin, 2009:68), the presence of faith in a person's life will predict well-being significantly. Benson and Scales (2009:86) highlight that significant progress has been made in discussing, naming and measuring positive developmental experiences and outcomes in the last five years so that religion can be successfully integrated into clinical and counselling practice.

Spirituality is increasingly recognised as a significant cultural and coping factor that may affect counselling relationships, processes and outcomes. Humans are active beings who need to seek out their place in God's world, to order their reality, and to ultimately master life (Ferreira, 2010:6).

In order to understand the dynamics of the relationship with God and how that influences healing the researcher studied this relationship from a Christian spirituality perspective, a pastoral-anthropological perspective and a pastoral care perspective.

2.3.1.1 A faith relationship with God: a Christian spirituality perspective

From a Christian perspective, Christianity is not simply a religious identification, but involves a vertical relationship with Jesus Christ and horizontal relationship with others (Pineda, 2015:42). Jesus Christ also has a relationship with the individual, which characterises Christian spirituality as relational. Pineda (2015:42) therefore describes Christian spirituality as a person's individual and shared response to knowing and experiencing God, and their growth in Jesus Christ. A person's faith plays a role in answering the question of purpose, which in turn influences a person's daily way of living (Roos, 2013:148).

Schneiders (2005:341), has contributed to the development of the academic discipline of spirituality and states that the object that spirituality as an academic discipline studies is the

transformative Christian experience. This transformative Christian experience is multi-faceted resulting in the intrinsically and irreducibly interdisciplinary nature of the academic discipline of spirituality.

Through a spiritual experience with God people discover the divine meaning of everyday life, which would include work, relationships, and life in a church community as well as life in the world (Louw, 2008:49-50). The dynamic relationship between faith and life is evident as Louw (2008:46) argues that a person is healthy when he or she has a source of faith that facilitates meaningful living. He explains that one's faith becomes mature when one has developed an understanding of God which reflects understanding the meaning of life. Being mature in faith is thus seen as congruence between what people believe in and how that person behaves in the awareness of God's presence (Roos, 2013:61).

It is important to clarify the difference between theology, faith and spirituality. Theology should not be confused with faith or spirituality. "Spirituality refers to the impact of faith as directed towards and by God" (Louw, 2008:49); the spiritual awareness that people have, as well as their religious activities or behaviour; the intention of action and faith practices. Maris (1994:33) sees faith as the core of spirituality. According to Myburg (1995:6), spirituality involves the way in which each person personally relates to God and the world, within the framework of the prescribed and available faith practices available to the person. It thus involves a life of faith, and what drives and motivates, maintains and develops it (Von Benecke, 2005:14).

Similarly Van der Merwe (1995:1) sees spirituality as the way in which people understand and live their relationship with the Lord. In addition to this spirituality involves our lived experience of God in various life contexts.

For the researcher, the concept of spirituality is central in understanding how faith and phronesis produces healing within a personal relationship with God.

2.3.1.2 A faith relationship with God: a pastoral-anthropological perspective

In a pastoral-anthropological perspective, the focus is on human beings' relationship with God, the theological meaning of meeting God, and communication events between God and human beings, as well as the effect of this process on the understanding of humankind (Louw, 1999:5).

Pastoral anthropology is connected to the question about the meaning of theology. Theology can be seen as a systematic reflection on faith under scientific circumstances (Heyns & Pieterse, 1990:3). Immink (2003:11) describes faith as a social and communicative event. Knowing this, theology can only study human explanations about God and human faith in God. Louw (1999:194) argues that given an anthropologically perspective, faith is a means by which the

pastorate functions. People's discourses about faith in God, are the object of the study of pastoral anthropology.

In the Christian faith, praxis thus involves faith in God. Faith is then embodied and life-giving. Immink (2003:11) argues that faith and life are (and should be) narrowly involved and mutually interwoven. On the one hand, faith has an effect on everyday life. Life, on the other hand, has an effect on faith. From this it can be deduced that a person's faith is connected to the context in which that person finds him- or herself. It is in this close interaction between the self-injurer's everyday life and his faith that a space develops where healing starts to occur.

2.3.1.3   A faith relationship with God: a pastoral care perspective

The term 'pastoral' in 'pastoral care' comes from the Latin pastorem, which means shepherd, and includes the notion of tending to the needs of the vulnerable. Jesus was described as the good shepherd (McClure, 2012:269). It is within this pastoral care framework of the Shepherd God and person who self-injures' relationship that the self-injurer can find healing.

Louw (1999:30) argues that the pastoral care perspective, as a theological focus and point of interpretation, determines the nature of the God-man-encounter to a significant extent. He states that the point of convergence between God and humankind also provides a specific nature to the encounters between God and human beings. It is a bipolarity that entails an already- and not yet-tension. The impartation from God to the person who self-injures within the God-man encounter may be significant in understanding how this facilitates healing. In the same way that a pastoral care encounter influences, changes, renews, takes care of and supports a person within that human encounter (Louw, 1999:13) the researcher wants to determine if participants experience the same care within a relationship with God, or the God-man-encounter.

The meeting between God and humans takes place within the context of everyday life and existence which Louw (2010:176) understands as the 'praxis of life.' Pastoral care should be seen as God's meeting, mediation, communication, and involvement with humans in their humanness which is described in terms of a covenantal encounter between God and human beings. Louw (2010:176) describes this covenantal encounter as the 'praxis of God'.

Louw (2012:27-28) mentions that the therapeutic space where two people meet each other, regard each other as valuable, and unconditionally accept and appreciate each other, creates a situation in which people can be healed. He calls this space of intimacy the sacred space of real meeting and acknowledgment. Within this experience, meaning and identity is discovered. The pastorate can essentially be seen as a theological field of study. The pastorate is spiritual support that is offered as life support. According to Louw (1999:167), it cannot be denied that Rogers (1967) opened the eyes of the pastorate to the need for love and appreciation within a

pastoral meeting that attempts to help people live meaningfully and bring about a connection with their understanding of God and basic life questions.

Louw (1999:77) describes that pastoral care deals with an understanding and an interpretation from the perspective of faith. It refers to a hermeneutic of God's care in the light of a pastoral care perspective which assumes the goodness and involvement of God in life's events. Christian hope is communicated in pastoral care (Louw, 1999:77). Pastoral care is faith care in the form of life care; it deals with the interpretation of the presence and the will of God, within the parameters of the human search for meaning.

Most importantly is understanding that pastoral care aims at the development of appropriate God-images and a faith maturity, in order to help people to cope with different life events (Roos, 2013:84). This understanding is essential for healing to happen in the lives of people who self-injure. According to Louw (2008:77), it is about the appropriateness of God-images in themselves and not about whether they are appropriate in terms of our human quest for meaning and our struggle to come to terms with human suffering. Pastoral care aims to embody the presence of God's Spirit in order that people can be healed and become whole. A person's God-concept has an influence on his or her view and the way the person processes suffering (Louw, 1985:12).

In addition to this Louw (2008:74) states that pastoral care is about facilitating the engagement of God with life issues in such a way that comfort, change, liberation and transformation transpires from this process. The aim of pastoral care is to guide, support and encourage and console people, so that they can become aware of God's identification with the three basic, existential and human conditions, identified as anguish, fear of rejection and fear of the unknown, described as a need for security and acceptance. Understanding this emphasis in pastoral care is especially necessary when facilitating healing to persons who self-injure.

Louw (2008:75) indicates that pastoral care entails being with people where they are, and meeting them with deep concern and sincere empathy. Louw (2008:74) continues and states that it includes dealing with our guilt and feelings of guilt, ethical matters, our conscience in doing good, and justice. Our hopelessness, helplessness, doubt and despair, our desire for hope and our search for meaning and purpose are also included. In the process of establishing a meaningful relationship with God, the use of the Bible, the sacraments, prayer and the fellowship of believers play an important role (Louw, 1999:380-384). When the pastoral counsellor or pastor facilitates healing to the self-injurer within the framework of deep concern and sincere empathy, it enables the self-injurer to embrace healing.

The researcher paid attention to the participants' individual and shared responses to knowing and experiencing God in a personal relationship. Patterns and themes of faith in this sacred space of real meeting and acknowledgement between God and the participant that lead to healing and cessation of self-injury were identified.

Within the field of practical theology, the healing power of faith in emotions has been studied by Mitchell (2004:118) who developed a faith-based model for dealing with damaged emotions. The role of faith and phronesis in the healing process of self-injury has not been researched as yet, indicating the necessity for more focussed research to analyse how faith and phronesis may contribute to scientific knowledge in the theological and helping sciences.

2.3.2   Descriptive perspectives on how phronesis impacts and contributes to healing within the field of practical theology

In continuation of the descriptive task the question of what is going on in the research field in regard to the concept of phronesis or practical wisdom needs an answer. The concept of understanding (cognition) of what is happening is important for healing to take place.

Many practical theologians have acknowledged the central place of phronesis or practical wisdom within their hermeneutics (Lavallee, 2013). This acknowledgment has attributed to a flourishing dialogue between practical theology and ethics, philosophy, systematic theology, and the social sciences.

It has been argued that the essence of cognition is known in practical theology, but the concept of cognition is quite unfamiliar (Kruger, 2016:2). Researchers within the practical theological field need to take cognisance of the importance of understanding (hermeneutics) in their investigations to prevent practical theology from becoming a science that only operates on the surface of the existence of people. Understanding (cognition) is needed in order to investigate on a deeper level of existence. People are constantly trying to make sense of what they are experiencing (Kruger, 2016:10).

The philosophical dimension of practical theology can be linked to wisdom thinking (*sapientia* - wisdom of the heart- as supplementary to *scientia* -rational and analytical knowledge) (Louw, (2011:12). The philosophical dimension of practical reason reveals belief systems and their influence on behaviour, actions and being. Louw (2011:13) regards practical reasoning as thought patterns which contain human ideas and concepts; belief systems and philosophies of life.

In addition to this Kruger (2016:11) mentions that the concept of thinking, understanding and cognition are part and parcel of human life. He emphasises that practical theology is interested

in knowledge about, knowing how to be, knowing how to do and knowing how to live. Kruger (2016:10) explains how important knowledge is for faith in order to act responsibly. The concept of phronesis (cognition) is not just about mere intellectual knowledge. Therefore, the concept of cognition or phronesis (practical wisdom) is important in understanding how it relates to and influences people to cease self-injury; how it translates in people acting responsibly when they receive knowledge for faith.

Kruger (2016:9) simplifies the concept of phronesis by explaining that it deals with the understanding of the mind of Christ (to be his followers), the insight on what is right for daily life, what is the motivating force behind decisions, sober judgement according to the living faith and the quest for wisdom in church and society. He concludes that phronesis involves the cognitive (thoughts), affective (feelings or will) and also conative (acts and behaviour) aspects of life. The insight in acquiring wisdom is an essential growth experience. Wisdom includes cognitive, emotional, motivational and social factors within the contexts where individuals may live.

Furthermore, spiritual discernment is an integral and indispensable part of practical wisdom; the acquisition and development of practical wisdom cannot be divorced from the individual's core spiritual and religious beliefs and practice (Tredget, 2010:716-723). According to Tredget, practical wisdom is not an end in itself but a means to discerning how to live a morally good life in relationship to other individuals and stakeholders. In addition to this research by Ferreira (2010:122-133) revealed that biblical wisdom principles could possibly be used to develop practical wisdom.

Phronesis provides insight into functional living in that it counteracts anxiety, doubt and fear by making a life of peace a possibility. For the Christian this insight for right living is gained through their faith experience with God. Wisdom can be seen as the most effective guide to having a good life by exploring and gaining insight into the meaning of life.

Practical wisdom could possibly be used as the foundational virtue to motivate and maintain the process of personal development and to overcome psychological challenges such as self-injury. Many researchers (Kok, 2009:55-56; Taliaferro, 2009:215, Bailey *et al.*, 2007:168; Jordan, 2005:168-169; Sternberg, 2003:446; Lorenc, 2001:15-16; Baltes & Staudinger, 2000:122, Sternberg, 1990:32) as cited by Ferreira (2010:122-133) have explored the concept of wisdom. Wisdom implies a basic understanding and application of knowledge regarding the problems people have to deal with. Wisdom provides knowledge that a solution or positive change is possible, creating hope within the individual, which manifests on a spiritual and emotional level.

The insights gained from participants' reports on how phronesis impacted their process of healing in relation to self-injury are valuable to determine in which ways the construct of phronesis can be utilised as a useful tool in pastoral care and counselling.

2.3.3 Descriptive perspectives on the concept of healing in the field of practical theology

Before a comprehensive understanding can be reached on how the components of faith and phronesis impact healing, it is valuable to explore the theological field to establish descriptive perspectives on the concept of healing. What is healing from a theological perspective and when can one establish that healing has occurred?

In this study, the concept of healing refers to a state of peace. According to Louw (2013:3), when people are in shalom, or peace, healing transpires in their relationships with God, one another and the environment.

In addition to this, Roos (2013:136) clarifies healing is linked to the work of Jesus Christ on the Cross and the resurrection. He sees healing in holistic terms and states that healing does not involve only the inner 'soul', but the totality of a person's being. In the context of pastoral therapy, healing must be understood theologically as a result of God's faithfulness and mercy.

From a biblical perspective, health refers to life and salvation (Louw, 2013:2). Louw (2008:11) states that 'cura vitae' (the healing of life) is about a theology and healing from the perspective of Christian spirituality. It is about how new life in the risen Christ and the indwelling presence of the Spirit can contribute to the empowerment of human beings. It is about giving meaning to life within the reality of suffering, human vulnerability, and the ever-present predicament of trauma, illness and sickness. Participants testified how their relationship with God and the presence of the Holy Spirit transformed their lives and empowered them to cease from self-injury behaviour.

The following various perspectives on health are mentioned to broaden our view of what healing is and how it is interpreted from a theological viewpoint:

- the psychological perspective – this perspective sees health as a state of conflict- free homeostasis (Louw, 2008:44);

- the existential view – this implies choice, adjustment and self-fulfilment, where health/wholeness refers to the ability to adjust to circumstances and to see a person's whole existence as a process of self-fulfilment. People who see their existence as an opportunity for self-fulfilment, through their personal choices, are seen as whole and therefore healthy (Louw, 2008:44);

- the functional, pragmatic perspective – health is seen in terms of functionality and productivity (Louw, 2008:45);

- the social view – this refers to fulfilling roles and the ability to adjust within a network of relationships, so that the quality of a person's health is determined by the degree of conformity to social norms and success of social adjustment (Louw, 2008:45);

- the scientific view – health is seen as a purely scientific matter which involves optimal biochemical and organic functioning of bodily processes and a human is seen as a unity (Louw, 2008:45);

- the medical view – this refers to the harmony of psychophysical systems and this view acknowledges that health is not only a biological or psychological matter; instead, a human being is seen as a unity and complete entity (Louw, 2008:45-56);

- the religious, spiritual view – this view implies the quality of faith and the dimension of the soul, thus, health is viewed from a religious-ethical perspective and is seen as a spiritual state which indicates the quality of faith and the connection with an understanding of God and the field of transcendence (Louw, 2008:46);

- The anthropologic perspective describes man from his identity and determines his self-perception and his approach to life (Louw, 2010:363).

- The teleological aspects of pastoral theological perspectives are important in the descriptive perspectives of healing. The Christian faith is teleological, believing that the creation is in process; that God is at work giving shape to the future. This understanding of God enables believers to hope and participate in this on-going creative process by choosing directions as individuals and communities knowing that they can trust God because He is trustworthy (Lester, 1995:69-70).

2.3.4 Descriptive perspectives on the role of the pastor in healing

Descriptive perspectives on the role of the pastor in facilitating healing through pastoral care are acutely important in this study. Healing, from a pastoral care perspective, refers to the restorative, healing force field of God (Moore, 2004:175).

Capps (1980:11) sees the close relationship between preaching and pastoral counselling and proposes the two as an integrated ministry. He argues that preaching and pastoral counselling have a common structure consisting of four stages: identification of the problem, reconstruction of the problem, diagnostic interpretation and pastoral intervention. He points pastoral counsellors

to preaching for instruction in the diagnostic use of theology. According to Louw (1999:157), pastoral care aims at a transformation that results in recovery, as well as healing.

The participants described how their personal faith and their understanding of God translated into phronesis which produced healing in their lives. The impartation from God to the person who self-injures within the God-man encounter may be significant in understanding how this facilitates healing. In the same way the role of the pastor within a pastoral care encounter influences, changes, renews, takes care of and supports a person within that human encounter (Louw, 1999:13).

2.3.5   Descriptive perspectives on a holistic-systemic approach in healing

The pastoral approach is an important aspect and relevant to understanding the healing process of people who self-injure. This is closely related to the anthropological perspective or the view of a human as a whole entity which necessitates investigating the descriptive perspectives on a holistic systemic approach to healing.

A holistic approach to healing entails a systemic, relational and qualitative interpretation of *soul* in *cura animarum* -- cure and care of human souls (Louw, 2012). Louw argues that healing is found in relational and systemic networks. In order to heal life (*cura vitae*) human relationships as determined by paradigms (patterns of thinking and conceptualisation) and originating from cultural settings, should be healed. The notion of a*colo*-spirituality -- spiritual culture -- was developed in order to link inter-culturality to the trans-cultural notion of grace (the eschatological paradigm). The latter is the prerequisite for an intimate space of unconditional love in order to heal the quality of our human identity and attitude or *habitus* [being functions] within the existential realities of life (i.e. anxiety, guilt or shame, despair, helplessness or vulnerability, anger).

A holistic-systemic approach implies that a person's total being is more important than the functioning of individual bodily parts (Louw, 2008:41). It means that a person should be viewed as a relational and social being that lives within a cultural context. Louw adds that a human being is a moral and spiritually social being, within a dynamic process of meaning-giving. He argues that the components of morality, spirituality and meaning-giving cannot be limited to analytic relationship categories. A further implication of such a holistic approach is that the structures in the community, as well as the dynamics within relationships, must be healed in order to heal the person. Healing implies being/becoming healthy (Roos, 2013:100).

An anthropologic perspective describes humankind from his relationship with God (Louw, 1993:121). Louw explains that this viewpoint is fundamental in describing a theological anthropology. The relation between theological anthropology and psychology as neighbouring

sciences is important as it is impossible to separate humans in two parts: soul (psychology) and spirit (pastorate). Louw indicates how the pastorate finds its own niche within a holistic approach without experiencing neighbouring sciences as threatening. He sees psychology of religion as a science that has not necessarily always received enough attention in the pastorate, but which plays an important role in providing a better understanding of the influence of theological concepts and symbols on human behaviour and experience.

In addition to this the relation between faith and experience is also fundamentally important in the pastoral practice. According to Louw (1993:122), the theological concepts and symbols will remain abstract concepts unless they make an impact on an existential level of the person's psychological structure and influencing and changing his behaviour. He explains that faith means in essence: I believe. In this way faith determines a person's understanding of himself and therefore his or her self-image and identity. Furthermore, faith means that I make choices and act upon them. Therefore, faith and behaviour are not to be separated. The subjective component of faith is important in the pastoral practice.

Within a holistic systemic approach to healing, a pastoral diagnosis in pastoral practice is valuable. Magezi (2007:658) mentions that pastoral diagnosis seeks to understand and analyse the quality of an individual's faith and spirituality. Magezi (2007:658) cites Charles Taylor (1991:61-80) who names this process, "theological assessment". The events taking place in a person's life are understood from a Christian faith perspective, that is, eschatological. An assessment of faith is done in terms of God-images and life's ultimate meaning. However, this does not mean that emotions and experiences are ignored; rather, they are put in a theological frame.

Louw (1999:23) clarifies the concept of pastoral diagnosis by stating that it is simply the interpretation of the person's total holistic existence, not a procedure of classification through which behaviour is categorised. It focusses on clarification, establishing connections, organising data and interpreting behaviour in terms of the quest for meaning. The process of organising, summarising and interpreting data enables a pastoral diagnosis to establish links between faith and life; between God-image and self-understanding; between Scriptural truth and existential context. It focusses on the effect which faith has on: a person's emotional processes (affective dimension); the association between faith and personal motivation (conative dimension); faith as a form of knowledge – rational component (cognitive dimension); faith and the existing concepts, ideas and perceptions (experiential dimension); faith and ethics (ethical dimension); and faith and socio-political dimension (contextual dimension) (Magezi, 2007:659).

In conclusion spiritual healing can therefore be understood as wholeness. Wholeness is attained when one understands that the human soul is not only living in the presence of God but also

within a social community within a cultural system (Louw, 1999:157). In Scripture the word soul refers to human *wholeness* (Louw, 2012). Wholeness implies health in mind, body and spirit; peace in relationships between the individual and others, nature and God (Louw, 2010:360).

A systems approach therefore implies a holistic model in care and counselling indicating an interdisciplinary approach.

2.3.6 Descriptive perspectives on self-injury in practical theology

With regards to research on perspectives on self-injury within the practical theological field, much research is still needed. From psychological perspectives healing can be attained at the cessation of self-injury behaviour. The way in which the components of faith and phronesis bring about healing may result in more than just cessation of self-injury when healing is understood within a theological perspective. In this study the focus was thus not only on how these components contributed to the cessation of self-injury, but also from a theological perspective, how the self-injuring person as a holistic being had been impacted or healed.

Although recent research (Kress *et.al.,* 2004:195-201) has focussed on various psychological factors that influence cessation of self-injury there has been no research that has explored the dynamics of Christian spirituality as it relates to cessation of self-injury, specifically the implications for healing attained through of a personal relationship with Christ or phronesis. Findings from this research can be valuable to those involved in pastoral care to facilitate cessation of self-injury from the perspective of a spiritual holistic healing perspective while utilising the components of faith and phronesis in this process.

Vos (2011:227) examined teachers' knowledge and skills in identifying persons who self-injure in classrooms and providing aid to these learners. The role of community and the pastoral role of the teacher was also examined. Results indicated that the majority of teachers were in favour of being trained to deal with self-injury. Although the research was made in the educational field it highlights the need for research from a practical theological viewpoint.

A pastoral evaluation of self-injury among young people was conducted by Raath (2015:171) who offered pastoral guidelines to pastors in facilitating healing to people who self-injure. He concluded that the Word of God, prayer and the sacrament of Holy Communion proved to be a significant influence in the process of facilitating healing within a pastoral therapeutic environment.

Research on the significance of faith and phronesis in facilitating healing to people who self-injure may add valuable insight to the field of practical theology.

2.3.7 Descriptive perspectives: preliminary conclusions and summary

The descriptive perspectives within the field of practical theology of how faith and phronesis impact and contribute to healing of people who self-injure were explored. The concept of personal faith was explored from the understanding of a faith relationship with God from a Christian spirituality perspective, a pastoral anthropological perspective and a pastoral care perspective. The impartation from God to the person who self-injures within the God-man encounter may be significant in understanding how this facilitates healing.

Furthermore, the descriptive perspectives on how characteristics and dynamics of phronesis impact and contribute to healing within the field of practical theology were explored as well as the concept of healing from a theological viewpoint. The concept of cognition or phronesis (practical wisdom) is important in understanding how it relates to and influences people to cease self-injury; how it translates in people acting responsibly when they receive knowledge for faith.

The role of the pastor in facilitating healing to self-injurers was also indicated. The importance of a holistic-systemic approach in healing was mentioned. Lastly descriptive perspectives on self-injury in practical theology were explored indicating the need for more research within the practical theology field on the phenomenon of self-injury.

The following perspectives emerged from the descriptive research task:

- From the literature, it was evident that the presence of faith in a person's life will predict well-being significantly.

- Christian faith has a dimension of healing which is linked to the work of Jesus Christ on the Cross and the resurrection.

- Christian spirituality is characterised as relational.

- An encounter with God enables people to understand the meaning of everyday life, work, life in their faith community and in general as well as relationships (Louw, 2008:49-50).

- The dynamic relationship between faith and life is evident.

- Phronesis provides insight into functional living in that it counteracts anxiety, doubt and fear by making a life of peace a possibility. For the Christian this insight for right living is gained through their faith experience with God.

- Wisdom can be seen as the most effective guide to having a good life by exploring and gaining insight into the meaning of life.

- Wholeness refers to health in mind, body and spirit; between the individual and others, nature and God (Louw, 2010:360).

2.4 Empirical perspectives on faith and phronesis in the healing of persons who self-injure

The empirical perspectives are discussed by referring to the research design and method that were followed to explore these perspectives, followed by a discussion of the findings.

Before these aspects are discussed, however, the empirical dimension in practical theology needs clarification. Theology utilises certain concepts that reflect certain notions and ideas of a certain reality experience and worldview (Louw, 1993:66). In this respect the human experience and interpretation thereof takes a significant place in the sense of an empirical theology. Louw (1993:66) asks the question if it would not be more correct to speak of an empirical dimension rather than an empirical theology. He concludes that practical theology can be described as empirical theology due to its involvement with praxis especially in the light of the interaction between theology on the one hand and praxis on the other hand. The fact is that theology remains a human science which describes human experience and interpretation.

2.4.1 Research design to explore empirical perspectives

A qualitative research design, namely an explorative and descriptive qualitative design, was used to examine faith and phronesis in relation to the healing process of people who self-injure. This design is contextual and is concerned with the exploration and meaning that individuals and groups ascribe to human problems (De Klerk & De Wet, 2013:395).

Louw (2015:7) offers valuable insight on the nature of such qualitative research. He states that it involves looking in-depth at non-numerical data and is therefore more focussed on idiographic than nomothetic descriptions. Qualitative research is primarily exploratory research and used to gain an understanding of networking paradigms, patterns of thinking, as well as underlying belief systems, reasons, opinions, and motivations.

At the heart of qualitative research is the belief that the perceived reality is created, negotiated and interpreted by the participants in their social, historical and individual contexts (Kuper, Reeves & Levinson, 2008:405) as cited by Roos (2013:34). Qualitative research is a naturalistic and interpretive approach that draws from many disciplines and fields.

The researcher regards the following aspects of qualitative research as important:

- Qualitative researchers believe that since humans are conscious of their own behaviour; the thoughts, feelings and perceptions of the participants are vital.

- How people attach meaning and what meanings they attach are the basis of their behaviour.

- Only qualitative methods, such as participant observation and unstructured interviewing, permit access to individual meaning in the context of on-going daily life,

- Qualitative research is concerned with the truth as an informant perceives it (Burns, 1990:388) as cited by Roos (2013:34).

Schurink (1998:240) includes an important aspect to our understanding of qualitative research when he describes qualitative research as a multi-perspective approach to social interaction. It refers to research methods that enable a researcher to explore and describe a human phenomenon in depth (Denzin & Lincoln, 2003:3). In this qualitative study the experience of personal faith in God and the concept of phronesis were examined to determine how these elements bring transformation in peoples' lives who struggle with self-injury.

2.4.2   Method

During this empirical phase in-depth, semi-structured interviews were conducted with the aim to provide a description of human experience of faith and phronesis in the process of healing from self-injury, as it is experienced by the subjects. The researcher paid special attention during the interviews to remain neutral towards participants in order not to influence their responses or lead them to specific conclusions. An understanding of how participants' experience faith and phronesis in their process of cessation of self-injury enabled the researcher to continue to the next phases as postulated by Osmer (2008:6).

2.4.3   Participants

Individuals were selected to be participants if they met the criteria which are determined by the research question. All participants are older than eighteen years of age. Individuals who had been practising self-injury in their past as well as individuals who are currently practising self-injury were selected as participants. Participants were included when they expressed personal faith in Christ and testified of experiencing a relationship with Jesus as their Saviour within the Christian tradition.

Participants were thus selected on a purposive sample basis, based on the above criteria, in order to collect the richest data (De Vos *et al.,* 2011:392).

All participants indicated that they are Christians. As participants experienced faith in Jesus Christ within a personal relationship with Jesus they were able to answer the research question, unlike individuals who self-injure but do not have faith in Jesus. They were able to report on how their faith and phronesis impacted their healing process. The researcher explored the elements

of the relationship with Jesus Christ with the aim to determine what the characteristics of this relationship were and in which ways these aspects resulted in a deeper cognition or understanding (phronesis) in the participant and how it motivates them to change their behaviour.

The researcher approached several church leaders and pastoral counsellors at churches in Johannesburg and surrounding areas to identify participants. Participants were contacted telephonically or electronically through e-mail to set up an appointment.

A scientific exploration of how faith, a personal relationship with God and phronesis translates to healing within the theological field is necessary to fully understand how these aspects contribute to a person's healing process. Insights and understanding gained from this can be used to determine the degree in which phronesis can be used as an instrument in healing in pastoral care.

2.4.4 Data collection

Qualitative research looks at how to collect the data in context, that is, to look at the situation in context. Kelly (2006:287) points out that the qualitative researcher wants to make sense of feelings, experiences, social situations, or phenomena as they occur in the real world. The aim of qualitative research points to contextual interpretation to understand human beings in their natural settings.

The first phase of collecting data was to contact possible participants telephonically in order to establish whether they would be prepared to partake in the study. During this conversation the concepts of self-injury, faith and phronesis was explained and clarified. The nature, aim and objectives of the research were also explained as well as what would be required from participants. Ethical concerns were discussed and informed consent clarified. Refer to Chapter 1 for a complete detailed description of ethical concerns and obtaining informed consent.

The second phase of data collection was to conduct in-depth, semi-structured interviews with each participant. The purpose of the research has led the researcher to use interviewing as a method to collect information. Interviews were conducted cognisant of information on interviewing and communication technique as proposed by De Vos *et al.* (2011:341-360).

Osmer (2008:62) explains that in semi-structured interviews, an interviewer usually has a predetermined set of questions in a set order. In spite of this, the researcher is willing to depart from this order if the interviewee spontaneously moves into an area to be covered at a later point. These kinds of interviews usually include open-ended questions, which encourage

interviewees to construct their own responses, providing access to their language and meanings (Osmer, 2008:62).

The researcher utilised several communication techniques to enhance the quality of data gathered during interviews. These techniques include paraphrasing, clarification, reflection, encouragement, injecting your own comments to stimulate conversation, reflective summary, probing and acknowledging as described by De Vos *et al.* (2011:341-360).

Open ended questions allow room for the participant to respond in their own terms. Open ended questions do not predetermine the answers and require an answer that is more than just "yes" or "no" (De Vos *et al.,* 2011:343). Asking these questions ensures that a richer data is collected. During these interviews the following questions were asked in an open-ended manner:

- Describe in which ways your faith/personal relationship with God has played and/or is still playing a role in your healing process from self-injury.

- How has phronesis impacted your healing process? If you look back and reflect on the process of healing from self-injury, what is the practical wisdom and insight that you have gained in the process?

- How does your social environment influence your view on self-injuring behaviour? This includes behaviour and opinions of friends, pressure to self-harm through friends and/or social media.

- How does your view/perception of yourself influence your self-injuring behaviour? How would you describe your self-perception while you were still self-harming? If you have stopped with self-harming behaviour, how do you see yourself now? How would you describe yourself now?

The third phase was to record information gathered. Participants granted permission for the interviews to be audio-recorded which was done. These recordings were used to transcribe every interview and to identify and follow up on detail that needed to be clarified.

2.4.5 Analysis and interpretation of data

Effective data analysis requires careful consideration of the design of a study. The aim of data analysis is to transform information (data) into an answer to the original research question (Durrheim, 2006:52). Seidel (1998:3-4) explains that the process of analysing qualitative data is one of breaking up and separating research material into parts or units which enables the researcher to sort the data in types and search for patterns, sequences or whole units. This process helps the researcher to reconstruct the data in a meaningful way.

In this study the participants' experience of how their personal faith and the aspect of phronesis in relation to the healing process of self-injury was analysed and interpreted. The influence of the participants' social environment on their self-injury behaviour and their self-perception before a measure of healing as well as their self-perception after healing was analysed.

The collected data has been read and re-read with the objective in mind to sort the data in conceptual categories related to the specific questions that were asked during interviews, specifically faith, phronesis, influence by social environment and self-perception. In order to do this a coding scheme was developed whereby a code is used to represent a conceptual category. Codes are not only tools to represent data but also to facilitate discovery and further investigation of the data (Seidel, 1998:3). Coded data was then examined to search for similarities and differences, patterns that are repeated and themes.

Answers to the interview questions given by participants were coded and grouped into themes.

2.4.6 Ethical concerns

During this stage of the research the researcher adhered to the fundamental ethical rule of social research which is that participants should not be harmed in any way (Babbie, 2007:27 as cited by De Vos *et al.,* 2011:115). It was explained that participation in the research was voluntary and participants were offered the opportunity to withdraw from the research at any time if they wanted to, which none did. (See Addendum A or the informed consent form). Participants were given the assurance of strict confidentiality regarding all information provided for the objectives of the research. Participants were respected at all times. During the process of research, the identity and privacy of participants is kept confidential. Informed consent was given by participants. (See Addendum A).

The researcher contacted participants after the interviews to inquire if they had a need for personal meetings to answer any questions that they may still have and to offer them the opportunity to read through the transcribed notes of their interview. The participants did not require or request any follow up meetings.

2.4.7 Empirical perspectives: results and discussion

Each participant seemed to be at ease during interviews and interacted comfortably with the researcher. They were willing to share their experiences and the researcher managed to establish a good measure of rapport with participants. Interviews lasted between 45 and 90 minutes. The collected data was transcribed and read repeatedly and information which relates to the specific research questions was identified. This was then grouped into five themes which are discussed accordingly.

2.4.7.1   Theme 1: The role of faith in the healing of persons who self-injure

Sub-theme 1: The love of God as motivating factor to cease self-harm

The theme of God's love was a theme that was repeated in all interviews with participants. Participants' responses all emphasised the transformational impact that the realisation of God's personal love towards them had on their behaviour. Participants' responses are mentioned to provide a clear picture to the reader:

"I would hear God saying that I love you but I was very stubborn and I didn't want to hear it at the time. I wanted to feel sorry for myself. I wanted to curl up and be a victim, because then you are taking matters in your own hands when you are engaging in self-destructive behaviour. I idolised the pain and that was something that I was prone to do and then let the pain dictate to me whether or not God was good. No pain equals good God-pain equals not good God. He doesn't take the pain away but He steps into it. I constantly remind myself that He was there when this or that happened." (P1).

"I thought that if God existed that He would not be interested in me; he would not want to touch me because I was so dirty and I was too worthless to come into His presence. I went to church and the pastor was saying that God loves me; it did not matter where I came from or what I did but that He loved me and that God wanted to pick me up and hold me on His lap. On hearing this I started crying for the first time in eighteen months because I could not cry" (P2).

"I experience a lot of love from Jesus and that helps me" (P3, 6). "It was a revelation to me that God didn't need me to stop with self-harm. He knew it was better for me. It was a huge revelation to realise that He didn't want me to stop for Him but that He wanted it for me because He loved me so much" (P5).

Participants reported that through their relationship with God they were enabled to understand God and His love for them which helped them to understand how God values them. This understanding of God's affection towards them was realised through attending church services, reading their Bibles, prayer and being surrounded by other Christians who helped them and affirmed their loved position and value as human beings.

All participants mentioned that the realisation that God loves them impacted them in two distinct ways: firstly, in the way they viewed themselves and secondly it was a motivating factor for them to cease their self-harming behaviour. This realisation enabled them to change their self-perception from a negative one to a positive one. This cognitive change translated to an affective level as they reported that it helped them to also start loving themselves-knowing that God loved them.

A participant reported that the Lord healed the dead emotions on the inside so that she did not need to cut herself. "I felt emotions on the inside for the first time when I gave my life to Christ." Her act of faith thus enabled her to receive healing through her relationship with Jesus through faith. What is most notable to the researcher is that she stated that she simply believed that God loved her without questioning it.

Sub-theme 1: Preliminary summary and observations

Participants reported that through their relationship with God:

- They were enabled to understand God and His love for them which helped them to understand how God values them.

- This understanding of God's affection towards them was realised through attending church services, reading their Bibles, prayer and being surrounded by other Christians who helped them and affirmed their loved position and value as human beings.

- All participants mentioned that the realisation that God loves them impacted them in two distinct ways:

- firstly, in the way they viewed themselves and

- secondly, it was a motivating factor for them to cease their self-harming behaviour.

This realisation enabled them to change their self-perception from a negative one to a positive one. This cognitive change translated to an affective level as they reported that it helped them to also start loving themselves, knowing that God loved them.

Sub-theme 2: Personal faith offered a better way to deal with problems

Participants reported that faith has helped them to know that there are greater ways to deal with problems than self-injury. They reported that they had learned to go to God instead of their old way of coping with their problems. It is clear that praying helped them in their healing process. The following statements from participants illustrate this:

"When I used to self-harm, I always thought that self-harming was the only solution I had to deal with whatever I was going through. Now that I have a relationship with God and faith in God, it really helps me knowing that there are greater ways to deal with those things than harming yourself. Now I can speak to God about it and read my Bible. I don't have to harm myself" (P3).

"I'm going to turn to God even in times when I don't feel like it" (P1). "When a person is in a difficult situation and you don't know how to handle it one should not go to a coping mechanism

first- one must go to God. Firstly-He is the Comforter. That is what the Bible tells us. Secondly He is the One who knows how to handle the situation and He gives you the wisdom and the ability to cope with the situation" (P2). "I wait on Jesus to give me solutions to the problems that I struggle with" (P3).

"It really helps me to know now that the harming is bad. Before I really didn't know; it was about me having to see myself physically hurt, whereas now I can express myself to God and I feel a lot better. Just by speaking to God I know I will feel much better, instead of focussing on the pain. By speaking to God I don't feel completely alone and isolated and I don't feel that the only thing I have to help me is self-harm. God really helps me" (P4).

Sub-theme 2: Preliminary summary and observation

Participants reported the following:

- That faith has helped them to know that there are greater ways to deal with problems than self-injury.

- That they had learned to go to God instead of their old way of coping with their problems.

- That prayer helped them in their healing process.

Sub-theme 3: My body is a temple of the Holy Spirit

The following quotes from participants are mentioned as it demonstrates how the realisation of their body being a temple of God has changed their view of themselves and their self-injury behaviour: "I remember at church they told us you are made in God's image and you need to take care of your temple. I started feeling guilty and then I stopped. I really felt guilty because I felt God has given me a part of Him and here I was not loving it and not taking care of it. Knowing we are like Jesus helped" (P1).

"When I realised that I am actually worth something I didn't want to hurt myself anymore. It is like when you buy a new car-you won't scratch the car on purpose or bump it because it is valuable. I used to see my body as an old broken car of farm 'bakkie' that can ride through all the thorn bushes and that is fine-you purposefully go through the thorn bush. When this changed I realised my body is a temple and I realised that it is actually not okay to harm myself and then I also did not want to self-harm anymore. I realised that my body is too precious for that. It was as though a little light went on in my mind and I decided that I will not do it anymore" (P2).

"It also helps knowing that my body is a temple of God. I really shouldn't harm it, because I don't think God will like that much! It really helped me because it's my escape kind of thing. It's a new

safe place for me" (P4). "I have always known that my body is a temple of the Holy Spirit and I always felt guilty over everything I did" (P7).

The realisation or cognisance that their bodies are a temple of Jesus caused either guilt feelings or just a new appreciation for their bodies in participants which motivated them to stop self-injury. A second observation was that this knowledge changed the way they treated themselves. It translated into them starting to care for themselves where they previously did not care for themselves.

Sub-theme 3: Preliminary summary and observations

- The realisation or cognisance that their bodies are a temple of Jesus caused either guilt feelings or just a new appreciation for their bodies.

- The realisation motivated them to stop self-injury.

- This knowledge changed the way they treated themselves.

- It translated into them starting to care for themselves where they previously did not care for themselves.

Sub-theme 4: Church attendance vital for healing

All participants reported that going to church positively influenced their healing process. They stated that it re-enforced their knowledge of their self-worth and value as God's temple; church was their place of safety and support; family. Going to church surrounded them with godly people who helped to transform their minds and behaviour.

"I became very involved at church which was a huge part of my healing because that was my family; a place of safety; a place of encouragement; beautiful people who loved me and that was what I needed" (P5). "There was also a time when I started going to a church in Sandton-Rivers. My mom also got into church things and I went to the youth every Friday. That is when I started realising that self-harm is bad. I started feeling scared of it. Every time I would cut myself I would feel scared. Before I used to get excited when I wanted to self-harm. I think it was just going to church; hearing the Word of God and reading the Bible and speaking to God (God is not this scary person whose looking for what you did wrong) and also having friends from church and then I started changing my perspective on cutting. I actually started getting scared of cutting myself. I couldn't do it" (P4).

Sub-theme 4: Preliminary summary and observations

- All participants reported that attending church positively influenced their healing process.

- It re-enforced their knowledge of their self-worth and value as God's temple;

- It became their place of safety and support; it became their family.

- Going to church surrounded them with godly people who helped to transform their minds, behaviour and outlook on life.

Sub-theme 5: The Word of God

Participants all mentioned that a practice that positively impacted their behaviour was reading the Bible. From the interviews it was evident that the reading was accompanied by believing what they read and acting upon it by changing their thought patterns and behaviour. The following responses highlight the importance of the Word of God: "God is also teaching me to read the Bible. He helps me to understand even the things that I don't want to read about" (P1). "During that time I made time to spend with God. I had quiet times in the mornings between six and seven where I read the Bible and spoke to God. I also just used to be quiet with God in nature and look at the mountains" (P5).

"At that stage I used to fill myself with the Word. After making that decision (to heal), I used to listen to teachings; I listened to Radio Pulpit and spent a lot of time in the Word. I printed many Bible verses such as those about the Fruit of the Spirit and other verses and put it up all over my flat. On the mirror was a paper with 'I am a princess of Jesus' written on it. My flat was full of text" (Scripture) (P7).

Through their faith participants were able to recognise that their thoughts of self-injury or self-hatred were untrue according to the Word and they were able to retrain their thought patterns by applying the Word. Healing is produced through of the Word of God is in the sense that it helps people to understand their existential issues by re-interpreting it through the fulfilled promises of God (Louw, 2013:13).

Sub-theme 5: Preliminary summary and observations

Participants all mentioned the following components of their faith that positively impacted their behaviour:

- Reading the Bible. From the interviews it was evident that the reading was accompanied by believing what they read and acting upon it by changing their thought patterns and behaviour.

- Through their faith participants were able to recognise that their thoughts of self-injury or self-hatred were untrue according to the Word.

- They were able to retrain their thought patterns by applying the Word.

Sub-theme 6: Transformation through grace

God's grace was experienced as a component of their faith that brought transformation in their behaviour. Participants formulated their answers as follows: "Realising that God cleanses you from your past helps you to change the way you treat yourself and how you allow others to treat you" (P1). "Grace has always brought me to my knees from the moment I met Christ. It is something that God is still teaching me about. Sometimes I say: Your grace is great but sometimes I say Your grace is too good; I don't deserve it right now-let me do what I deserve right now--self-harm. When I wanted to self-harm it wasn't as if God said if you do this, then…! It was always Him saying: "I love you". This is who I am". There was so much grace and it disarmed me" (P1).

I had always allowed people to abuse me; emotional, physical, verbally because that is what you do with rubbish and that is how I saw myself--as rubbish. That had to first change in my mind as well as the fact that Jesus cleanses you from your past. When I became a Christian I felt dirty. When I looked into the mirror I could not look myself in the eye because I could not face this dirty part of myself. It was too much for me. After turning to Jesus I went through a process where I realised that God had cleansed me--I am not dirty anymore. Yes I had done all those things but it does not stand on record before Him anymore. It is washed away. This knowledge helped me to change the perception that I had of myself and also the manner in which I treated myself and it also changed the relationships that I had with people around me" (P 2).

"I learnt about grace; it's okay to struggle and not get it right; it's okay to miss the mark. It is about getting up again and trying again. It is important that you believe you can no matter how long it takes you. It is important to develop an eternal perspective" (P5).

People's faith is interconnected to their existential realities and needs of life (Louw, 2013:13). Louw (2013:13) explains how grace brings about healing. Grace as a component of faith is an example of the practical way in which personal faith impacts healing. Extending grace to the person who self-injures implies that he is accepted unconditionally for who he is and therefore the fear of rejection is taken away. Grace creates a space for healing to transpire.

Sub-theme 6: Preliminary summary and observations

- People's faith is interconnected to their existential realities and needs of life (Louw, 2013:13).

- Grace as a component of faith is an example of the practical way in which personal faith impacts healing.

- Grace creates a space for healing to occur. Extending grace to the person who self-injures implies that he is accepted unconditionally for who he is and therefore the fear of rejection is taken away.

Sub-theme 7: The empowerment of the Holy Spirit

Another significant component which supported participants' healing process was their dependence on the Holy Spirit. Participants mentioned:

"I could not have done it without the Holy Spirit. It is so easy to fall back to self-harm-so easy-so easy! If it was not for the Holy Spirit I wouldn't have known what Jesus wanted for me. The Holy Spirit is our Helper-to give us a feeling when things are not right and that He wants to give us something better. He helped me to know what Jesus wanted for me and to understand my worth when reading the Bible". The Holy Spirit helped me to understand my journey, unlike the chaos that it was previously. The Holy Spirit was always there to encourage me saying that I'm fighting for something because I am worth it. I never asked for healing but He caused me to want to have it. This is what He is still doing now. I did not ask for a foundation; I did not ask for a family; I did not ask for these things but He knew that it is good for me and He knew that those were the things that I actually wanted" (P5).

"I had to learn to steward my thoughts. Stewardship goes hand in hand with obedience. If the Holy Spirit shows me that my thoughts are incorrect I need to steward those thoughts-He is not going to take them away-I need to steward those thoughts. I need to take responsibility to not think of those things again but to focus my thoughts onto something else" (P5).

Sub-theme 7: Preliminary summary and observations

- Participants were dependant on the Holy Spirit in the process of healing.

- Participants experienced the Holy Spirit as the Person who gave direction and leadership to their process of healing.

- Participants experienced the Holy Spirit as a Helper and an Encourager.

- They mentioned that the Holy Spirit gave them inspiration to continue the process of healing.

Sub-theme 8: A spiritual battle

Although this theme was not mentioned by all participants most participants reported that they realised it was a battle against their spiritual enemy and they needed to take authority over their thoughts and emotions. There was a realisation that the battle was in thinking correctly about themselves and their worth and some participants reported this battle as a spiritual battle. One

participant reported that she realised that it is not normal to self-injure and that it is a demonic action in you that causes it. She reported that people prayed for her deliverance and that it did bring a change in the darkness in her." My mother took me to two or three different people who did deliverance. The deliverance did not make an immediate direct difference that I could feel I am fine now, but it did change the darkness in me." (P7).

"It was so powerful to me when the Holy Spirit showed me what I needed to hear at that time. In my weakness and vulnerability the devil was not going to stop pushing my buttons just because I was having a difficult time. He will push your buttons even more then. It was good to know this because at that time one thinks you are weak. One fills your thoughts with pictures and memories of all the bad things that happened. I call this a dance with the evil one. It is like the little foxes that want to remind you of what the devil says your worth is. He wants to get you back there. What I also realised is that the devil won't stop kicking you when you are lying" (P5).

"I realised that all this destructive behaviour was the devil's plan--he doesn't like it when people like themselves, because when you like yourself in a healthy way (not in a narcissist way) the devil doesn't have control over you anymore and he can't use you anymore" (P2).

Sub-theme 8: Preliminary summary and observations

Although this theme was not mentioned by all participants most participants reported that they realised the following:

- It was a battle against their spiritual enemy and they needed to take authority over their thoughts and emotions.

- There was a realisation that the battle was in thinking correctly about themselves and their worth and some participants reported this battle as a spiritual battle.

- One participant reported that she realised that it is not normal to self-injure and that it is a demonic action in you that causes it.

- She reported that people prayed for her deliverance and that it did bring a change of the darkness in her.

Sub-theme 9: Forgiveness, hope and contentment

All participants learnt about forgiveness which contributed to accelerating their healing process. Faith helped the participants to accept themselves and be content with who they are. Although only two participants reported that their hope is in Jesus to help them with their problems, it was clear from the interviews that all participants gained a sense of hope from their faith. Participants reported experiencing God's comfort, care and help. Two participants reported that God

intervened and saved them from committing suicide. Their faith helped them to find worth and value in themselves. They reported that in addition to self-worth they now have the desire to be used by Jesus.

It took a very long time to forgive everyone but it was a huge part of my healing" (P7). I started to forgive the people who wronged me. It helped me to see other people in a different light; that they didn't always just want to use me. I have learnt from it, and now I can take what I have learnt, and share it with other people as well" (P3).

Sub-theme 9: Preliminary summary and observations

- Participants learnt about forgiveness through their faith which contributed to accelerating their healing process.

- Faith helped the participants to accept themselves and to be content with who they are.

- Although only two participants reported that their hope is in Jesus to help them with their problems, it was clear from the interviews that all participants gained a sense of hope from their faith.

- Participants reported experiencing God's comfort, care and help. Two participants reported that God intervened and saved them from committing suicide. Their faith helped them to find worth and value in themselves.

- They reported that in addition to self-worth they now have the desire to be used by Jesus.

Sub-theme 10: Faith as an active choice

Participants reported that by making an active choice of faith and healing the process of healing was positively impacted. All except one participant reported that they experienced a change from the time they made an active choice of faith. One participant who did not make that choice still remained in a cycle of falling back into self-harming behaviour.

"I stood up (on my 21st birthday) and said that I will live and that I want to live. I spoke before all those people and said that I will do this" (P7). I didn't think that God existed but went to church. I started crying and at that moment I realised this is real. God really does exist and if He can do this for me then I want to follow Him. I gave my life to Christ and decided: whatever will come will come; it is okay because God came in that moment and healed the dead emotions in my heart" (P2).

Sub-theme 10: Preliminary summary and observations

- Participants reported that by making an active choice of faith and healing the process of healing was positively impacted.

- All except one participant reported that they experienced a change from the time they made an active choice of faith.

- One participant who did not make that choice still remained in a cycle of falling back into self-harming behaviour.

2.4.7.2 Summary of the role of faith in the healing of persons who self-injure

Figure 2-2 presents a summary of responses given by participants pertaining to their experiences of faith in their process of healing.
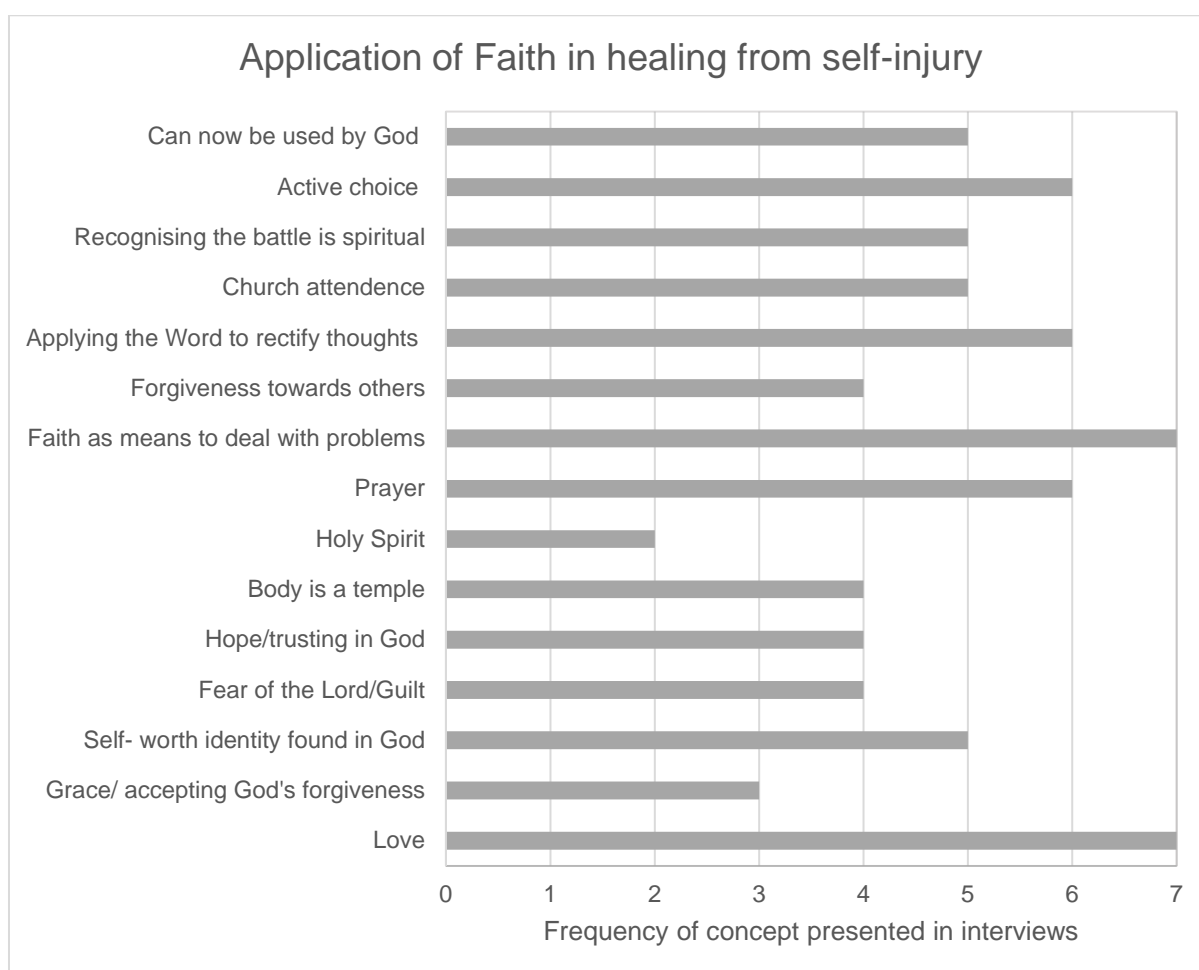
Figure 2-2:   Application of faith in healing from self-injury

2.4.7.3 Theme 2: The role of phronesis in the healing process of people who self-injure

It was quite evident from the interviews that the ability that participants had to apply practical wisdom in their lives impacted their ability to stop their self-injury behaviour. It was clear that participants who demonstrated a greater degree of phronesis achieved a greater degree of healing. Phronesis can be described as practical wisdom or practical rationality. Phronesis emphasises reflection (both deliberative and that revealed through action) as a means to inform wise action, to assist one to navigate the variable contexts of practice, and as directed toward the ends of practical wisdom (Kinsella & Pitman, 2012:35).

These words of a participant describe how phronesis influenced the healing process in her life: "The Holy Spirit gives us the wisdom to see what happens when we say no to the Lord. In the past everything was just chaos but now my eyes are open and I can see why the Lord asks certain things and it makes sense to me. The Lord knows that we like to understand and He wants us to understand. It makes the journey easier because it makes sense" (P5).

The following sub-themes that relate to phronesis were repeatedly mentioned in interviews and are shortly mentioned. Responses of participants are shortly reviewed after which the various aspects of phronesis as reported by participants are summarised.

Sub-theme 1: The wisdom of believing and applying God's Word in healing

Through analysing the responses of participants it is clear that not only reading but also believing and applying the Word of God was paramount in the process of healing. Participants mentioned that reading the Word changed their perspectives of themselves; it also served to help them at times when they were tempted to self-harm and it helped them to correct incorrect and irrational thoughts and belief systems. Furthermore participants mentioned that not only reading but believing the Word and speaking it over themselves made a difference.

"He gave me Scripture to dwell on. He gave me the Scripture of Jacob wrestling the angel in Genesis. God is also teaching me to read the Bible. He helps me to understand even the things that I don't want to read about. While I'm reading I write out questions asking God why did this happen; what does it mean? The Holy Spirit actually reveals things to me as I read and I would pray as I read. I was reading the Bible as a religious narrative and I stopped doing that, because I wanted to have gravity; I wanted it to become alive. That is happening now (in the healing process) and it is helping me a lot; reading and speaking the Word. I was very spiritual but I never really had the Word. I had some parts of the Word. God is helping me a lot with reading my Bible. You won't self-harm when you have the Word and when you believe the Word and when it's in your heart" (P1).

"I realised the value of praying and speaking truth over myself. When I had thoughts in my mind of: 'you are worthless' I realised that these are not my own thoughts; these are thoughts that the devil thinks of me and it is not true. When these thoughts came I didn't allow it to ponder and turn around in my mind and I didn't allow it to become stronger thoughts. I took these thoughts captive and said: 'Thought, you do not belong to me; you are not from God - stop or go away'. After that I prayed the Blood of Jesus over me and I started speaking God's truth that is written in His Word over myself. I made a point of holding on to certain Scriptures which I repeatedly spoke over myself. Sometimes it was really difficult to resist these negative thoughts but the more one does it the easier it becomes. I continually spoke God's truth over myself and I realised that this is the best weapon I have against anything that attacks my self-perception because it's all in your mind. I am a very practical person - I must see or hear or feel something to know that it is real. So when I speak it over myself it carries more weight for me" (P2).

"I would repeat Bible verses aloud every morning until I believed what I was saying" (P6). "I printed many verses for instance about the fruit of the Spirit and other verses which I put up all over my flat. These verses helped me to find the right verse when I needed it" (P7).

Sub-theme 1: Preliminary summary and observations

- Through analysing the responses of participants it is clear that not only reading but also believing and applying the Word of God was paramount in the process of healing.

- Participants mentioned that reading the Word changed their perspectives of themselves; it also served to help them at times when they were tempted to self-harm.

- It helped them to correct incorrect and irrational thoughts and belief systems.

Participants mentioned that not only reading but believing the Word and speaking it over them made a difference.

Sub-theme 2: The wisdom of prayer, singing and praying aloud

Participants reported that prayer was part of their journey to healing. Participants reported how speaking to God about their self-harm positively impacted them. Participants also mentioned that praying with others (friends or their family) helped them. Furthermore there seems to be significant evidence that praying aloud was more effective than silent prayer.

"Something God has helped me with is to sing and pray out loud. I never used to sing stuff out loud. When I prayed it was internal and now God has taught me to pray out loud. He has taught me how to say certain things out loud and then I get peace. I will vocalise things to say this is

who God is, because sometimes I need to hear it. This is who God is and this is who I am" (P1). "I realised the value of praying and speaking truth over myself" (P2).

Sub-theme 2: Preliminary summary and observations

- Participants reported that prayer was part of their journey to healing.

- Participants reported how speaking to God about their self-harm positively impacted them.

- Participants also mentioned that praying with others (friends or their family) helped them.

- There seems to be significant evidence that praying and singing aloud was more effective than silent prayer. These findings correlate with research on liturgy and the notion of celebration in church communities. Studies by De Klerk and Kruger (2016:par.1) indicate that liturgy and celebration has the potential to change people and cultures; it teaches, forms, re-forms or transforms our reality. The self-understanding of the individual worshipper as well as the corporate worshipping community is transformed. In this sense the cognition of self-schemas as well as social cognition of social schema is transformed and healed.

Sub-theme 3: The wisdom of guarding your thoughts and speaking against the lies

The role of cognitive thought patterns in the person who self-injures was seen as an important factor from a pastoral viewpoint in research conducted by Raath (2015:155). He found that continuous daily negative thought patterns contributed to an escalation of the existing problem. Due to the fact that these negative thought patterns mostly originated in early childhood through children modelling negative role-models, it became transferred to negative thought patterns concerning God.

The following responses of participants illustrate the importance of firstly recognising negative thoughts and then correcting these thoughts with Biblical truths:

"The Lord told me to guard my thoughts. That contributed to my healing: to realise that what I think matters! Stewardship goes hand in hand with obedience. If I have to steward my thoughts then I know that the thoughts that the Holy Spirit showed me which are wrong I have to steward. He is not going to take them away, I have to steward those thoughts. I need to take the responsibility not to think on those things but to think on something different" (P5).

I learnt that the negative thoughts in my mind were lies and that those thoughts were not from me. I had to accept myself and say out loud to myself every day that I love myself" (P6).

"At that time I used to get bad thoughts all the time. I would depreciate myself and belittle myself in my thoughts. I didn't care anymore about who I was. A huge practical thing for me was that I

had to learn to love myself. A counsellor had once told me that I should stand in front of the mirror every morning and say to myself that I am beautiful and that I am Jesus' princess even if it feels like you are lying to yourself. I got up every morning and I couldn't believe what I was saying but I spoke against the lie. This was a huge part of my healing; to learn to love myself again. If you lie long enough to yourself you eventually start believing yourself – the lie. We are what we think. It was very helpful to do that" (P7).

"After I gave my life to Christ and stopped with the self-harm I could see the negative thoughts for what they were and say no to it because that is not what God is saying over me. I could go back to my identity that I found when I gave my life to Christ; the identity within God - which says that I am valuable. I gave control to God and asked Him to teach me what my value is and how I can submit my thoughts to Him instead of submitting my thoughts to all the negativity" (P2).

Sub-theme 3: Preliminary summary and observations

- Negative thought patterns are an aspect of self-injury that all participants experienced.

- Taking responsibility to guard thoughts was seen as wise and helpful.

- The realisation that negative thoughts were not true according to the Bible's teachings helped participants to reject lies and negative thoughts.

Sub-theme 4: The wisdom of surrounding yourself with godly people

The wisdom of surrounding oneself with godly people was a recurrent theme mentioned by participants and it proved to be an essential aspect in procuring healing. From the research it is clear that the impartation from people in the lives of participants was mostly on two levels: firstly influence on an emotional level where friends or family impacted either positively or negatively on their affective state and secondly as a supportive role where support and accountability became viable. The people who were allowed to impart in participants lives contributed immensely towards healing. The following responses illustrate this important aspect:

"A practical thing that I did was to surround myself with good Christian people. I was in a church small group and the worship in church was like food for me" (P7). I learnt the importance of friends. It has a huge effect on your life. At the end of the day friends influence your emotions. The type of people who you surround yourself with can sometimes make you feel sad. It is important that your friends serve the Lord with you because it has a positive effect on your life. The wrong friends influenced me negatively to do wrong things and to experiment with the wrong things that make you sick. I used alcohol and drugs because of this" (P3).

"I had friends who prayed with me about my self-harm and they walked the journey with me. If you try to overcome it on your own it will not work. The people who I trusted with this never judged me. They never acted without love towards me - they handled this so patiently with me." (P2).

"What also really helped me is to be surrounded by Godly people; people who also have a relationship with God that can help me. At times I would feel I'm alone; God is not here; He doesn't love me, but then I would see one of my godly friends and they would encourage me to read my Bible; believe in God and pray to God. It has really helped me to get over this self-harming behaviour. They would ask me if I'm okay and it is so great because you can see God through them. I also feel if God can do that for them He can also do that for me. It helps build your faith to have godly people around you" (P4).

"It is important to surround yourself with people because then you are not focussed on yourself. There are other people that can also see what's going on. What I have found is that when you are alone your thoughts and problems seem to be bigger than they really are" (P4).

Sub-theme 4: Preliminary summary and observations

- Surrounding oneself with godly people is seen as necessary in the process of healing.

- It provides encouragement and support.

- People who affirmed participants' new identity and worth contributed to their healing. The importance of a spiritual family and community is described by Bridges (2012:2) who writes that the union with Christ that a Christian experience brings him into a spiritually organic community. It is not common goals or purposes that puts Christians into a community, rather it is the fact that Christians share a common life in Christ which brings them in relationship with one another. In addition to this Rader (1970:39-40) explains that koinonia also alludes to the specific interdependence and responsibility which Christian believers have with each other; as a recognisable togetherness that people felt in their whole being, their mind and body. He observes that this relationship of koinonia results in the healing of human personality in the entirety of its components.

Sub-theme 5: The wisdom of eliminating unhealthy activities and relationships from your life

Participants reported the value of eliminating unhealthy activities that feed into self-harming behaviour as well as relationships that hinder the process of healing. It seems that these activities added to the perpetuation of self-injury and that healing would have taken much longer

without implementation of this wise action. The following is an indication that this is a realisation that participants had of the importance regarding this aspect:

"I deactivated Facebook. The things that are putting cancer in your life you need to get rid of" (P1). "Don't be in that environment that could stimulate your self-harm. I used to be in my room a lot and I would feel so locked in like this is all that I have" (P4).

"In my life I had a couple of unhealthy relationships. I had a boyfriend who verbally and physically abused me. Furthermore I had other friendships where people just didn't care. If you are in a difficult situation those friends just walk away - they are not there when things are difficult. That caused me to feel alone and abandoned. One feels like that when someone leaves you next to the road and drives off. That also caused me to self-harm in order to cope with that (P2).

"Something that took a long time to eliminate from my life was pornography. I realise now when I look back that the more I exposed myself to pornography and everything that went with that, the more I struggled to overcome self-harm; the more I was in temptation to self-harm. The concept that comes from pornography is that you are worth nothing and that feeling was already inside me. That concept spoke to the hurt inside of me and made it stronger (P2).

"Another thing that was beneficial for me was to end a romantic relationship that I was in when I became a Christian. There were things that happened in that relationship that was not healthy because it started in that place of self-harming where I felt worthless. The other person was also in the habit of self-harming and he also did not have a healthy self-perception. It took a while for me to loosen myself from that situation but something (healing) started happening when my heart was at a place where I was not bound to another person anymore" (P2).

"Your choices are important. I wanted to go to the dam today to be alone and think, but on the other hand then I could start thinking about suicide. Sometimes you know that you will meet the wrong people there and they will put you right back where you were" (P3).

Sub-theme 5: Preliminary summary and observations

Participants reported the value of eliminating unhealthy activities that feed into self-harming behaviour, as well as relationships that hinder the process of healing.

Sub-theme 6: The wisdom of knowing your identity

Participants reported that the realisation of their true identity significantly impacted the way in which they dealt with self-harm. It helped them to separate themselves from unhealthy relationships and activities. They reported that by knowing their identity as a Christian they were helped to change their perspective of themselves and consequently their self-harming behaviour. In conjunction with gaining an understanding of their identity in Christ they gained an understanding of the nature of their relationship with God. The following responses are included to illustrate this important aspect:

"My pain is not a medal. It's not a trophy like: Oh my dad hurt me. I'm not a victim anymore. Understanding your identity is important. If you don't know who you are you will fall for anything, and you will think you are a victim. Know that you are not a victim because of what Jesus did on the cross" (P1).

"The Lord took me on a journey where He taught me about my self-worth - that I am worth something - only me, without my degree; without everything that I have - that I am worth something to Him. I believed it and the fact that I believed it was like a brick in the wall of my healing. I believed that I had enough worth that He died for me. When I started believing this I could stand on my own two feet and say to what must go (negativity) - go and what must come - come" (P5).

"The Lord showed me that I am His beloved daughter in whom He is well pleased and that I am fearfully and wonderfully made. These were things that were in the Bible and now I did not only read it, but I understood it. The Holy Spirit helped me to understand it because without the Holy Spirit we cannot understand it - it is only words in a book" (P5).

"Self-harm is an addiction. Even if you don't have the emotional need to do it your body still craves the rush. Every time I want to self-harm I have to remind myself that I am a child of God and that I love myself" (P6).

"I did a course that our church offered which is about our identity. At that course something just changed in my heart when I realised that I am not an imposter - I did not enter by the back door (spiritually speaking). I belong there - with God. I am valued and worthy. That is when the light went on for me. This is something that I held onto. After this a time of disagreements with friends followed where people didn't affirm me in who I am or in friendships where I realised that I actually belong to God -- I do not belong to these old things anymore. It was a process of increasingly and repeatedly establishing who I really am. It is not only in your mind; it is now in your heart" (P2).

Sub-theme 6: Preliminary summary and observations

- Participants reported that the realisation of their true identity significantly impacted the way in which they dealt with self-harm.

- It helped them to separate themselves from unhealthy relationships and activities.

- They reported that by knowing their identity as a Christian they were helped to change their perspective of themselves and consequently their self-harming behaviour.

Sub-theme 7: The wisdom of being accountable

Being willing to hold yourself and your healing progress accountable to others is an important factor in achieving healing. Accountability made a significant difference in the degree of healing in participants' lives. The following illustrates the value of accountability:

"When I felt the temptation to cut myself I had to go and tell someone immediately. My mother helped me a lot in this. It is a very difficult thing to do because you don't really want to tell anybody because you actually do want to cut. She needed to know in order to help me" (P7).

"When you have been using self-harm as your coping mechanism for years and something bad happens self-harm is the first thing that you grab at. For me the greatest help was to say to my mother that I feel bad so that she did not leave me on my own. It also helped me because it helped me to learn myself out of the habit" (P6).

"I used to pray with friends who walked the journey with me. One cannot overcome self-harm on your own. They held me accountable and used to celebrate with me every time I did something right. I realise now when I look back – the process of celebrating every small little victory was so valuable because it makes you feel as though you can achieve this - you can do this. It gives a person courage for that which is still ahead. The people who I trusted with these things never judged me. They never acted in an unloving manner. They patiently handled this with me" (P2).

Sub-theme 7: Preliminary summary and observations

- Being willing to hold yourself and your healing progress accountable to others is an important factor in achieving healing.

- Accountability made a significant difference in the degree of healing reached in participants' lives.

- The value of accountability is mentioned by the participants.

2.4.7.4 Summary of various aspects of phronesis as reported by participants

From the above empirical results, a summary of participants' phronetic practices which they applied during the healing process of self-injury is compiled and presented:

- Singing and praying out loud.

- Vocalising who God is. Speaking and praying the truth of God's word over oneself.

- Reading the Bible. Print verses and put it up in your room.

- Know that you are not a victim.

- Eliminate circumstances and relationships in your life that stimulate self-injury.

- Don't first go to a coping mechanism when things are tough but go to God. Spend time with God.

- Cultivate godly relationships with people who love you and speak truth into your life. They influence your emotional state.

- You need friends, people to help you to overcome unhealthy habits, celebrate small victories and pray with you.

- Physical exercise in a healthy way; not for punishment but enjoyment.

- Establish your identity in God that says you have worth; you are valued.

- It helped to remember that I should be an example to my children.

- Speak to someone or a counsellor about your problems.

- Avoid having anything close by which one can use to self-injure.

- Keep a diary; write poems.

- Write your anger down or draw a picture and then cut the paper.

- Don't isolate yourself.

- Listen to worship music.

- Going to church gives you positive re-enforcement about yourself and how God loves you.

- Allow yourself to cry; allow your emotions to happen.

- Repeat good things people have said about you; compliment yourself daily.

- Have a visual reminder: "No more cutting" up on your wall.

- Stewardship of your thoughts. Don't keep filling your mind with the bad memories and images; it reminds you of what the devil says your worth is. Discipline your thoughts. Control negative thoughts by actively planning the next day.

- Know that the devil won't stop pressing your buttons just because you're in a bad space.

- Be obedient when God leads you to do something.

- Have an accountability partner.

- It's important to have an eternal perspective and believe - doesn't matter how long it takes you.

- It's important to see that other people also struggle - realising your world is not the only one.

- Steward the whole journey of healing. Take responsibility.

- Get into nature and let God heal you.

- Have Holy Communion. "This helped and we did it often, sometimes every day. It was a large part of my healing journey. I experienced immediate relief after having communion" (P7).

- Stop depreciating yourself in your mind.

The above summary of participants' phronetic action which they applied during the healing process of self-injury is illustrated in the following figure 2-3:

Figure 2-3:   Application of phronesis in healing from self-injury

2.4.7.5 Theme 3: The influence of social environment on view of self-injury

Within the context of a holistic approach it is valuable to investigate the different ways in which the participant's social environment contributed to their view on self-injury and their behaviour. The factors that are identified by participants are useful in providing guidelines in the direction that phronesis may be implemented in the healing process.

Participants' social environment significantly influenced them to see self-injury as a coping mechanism and they all reported that their friends introduced them to self-injury as a way out or as a coping mechanism in stressful situations and with negative emotions.

The following aspects were identified as factors within their social environment that impacted their view on self-injury: These aspects are described as themes and participants' remarks are mentioned to provide insight in the way their opinions and attitudes towards self-injury were formed.

Sub-theme 1: The influence of friends

Participants reported that they initiated self-harming behaviour due to the influence of friends. A participant described it as follows: "I would never have cut myself if I had not seen my friend doing it" (P7). Furthermore the influence of friends was seen as a result of abusive and unhealthy environments where behaviour of friends increased feelings of unworthiness and self-loathing.

"The friends that I had while I was actively injuring myself were selfish, depressed and verbally and emotionally abusive. This contributed to my perception of myself that I am not valuable. Our group of friends also participated in a sport (skateboarding) where one was hurt badly. There is nothing wrong with the sport but the way that we did it was not right. We did so many stupid things to see who had the biggest scars afterwards. This created the perception with me that one had to get hurt - it was good and popular to get hurt. One of my friends specifically introduced me to self-injury. I also had friends who used to drink a lot of alcohol which is also destructive. Immediately you are in an environment where one does not respect oneself or the people around you" (P2).

"I was raised in a Christian home and my parents are still married. I had a solid foundation so there was no reason for me to look for attention like this. When I was sixteen I made friends with the wrong people. One of my friends scratched herself - she hurt herself very badly with her nails. I was also very hurt and wasn't sure where these feelings came from. I was angry at life and very angry with my parents. One day I saw my friend scratching herself. We never spoke about it. One day when I was feeling very bad I also started to scratch myself and hurt myself. It became worse and I started using razor blades and it became out of control. I think I would never have cut myself if I had not seen my friend do it. I would have abused tablets or drugs but I don't think I would have thought of cutting on my own. Two of my friends had a huge influence on me to injure myself" (P7).

"When I was admitted to a psychiatric hospital my self-injury escalated because I learnt even more ways to self-harm from the friends I made in hospital. I left there with more knowledge and new ideas on self-injury that I had before" (P3).

Another participant surrounded herself with friends who practised self-injury: "I had a friend in Grade 9 who used to self-harm. I was always crying and she said I should try self-harm as it really helps. That's how I started. I surrounded myself with people who cut themselves at school" (P4).

From the results it is clear that friends played a significant role in not only introducing participants to self-injury, but also in some instances creating fertile soil for self-injury to escalate by creating environments where participants experienced a sense of rejection and low self-esteem.

Sub-theme 2: The influence of music

Participants younger than 30 years reported that they were influenced by music to start self-injury. Firstly the lyrics of the music promoted self-injury behaviour and secondly the culture (how to dress and how to behave) that was promoted by musicians, influenced participants significantly to start self-injury. The following words describe how music influences people in this regard:

"There was this thing called Emo which was about being cool to be depressed; it's cool to dress in all black clothing. It's these lies that come to you. When you are young you try to find yourself. I listened to a lot of rock growing up, not Christian rock but secular rock. A lot of these rock stars feed on that; they feed on the fact that a lot of the young people are going through pain and their parents are doing this and that; and they want to find their identity. The rock stars are inviting the young people to come with them, because they can help. A lot of the music was about pain and anger and I felt like these guys understand me but it was actually a self-destructive cycle because I was feeding into this stuff. I would meditate on the words of the songs and I would sit at the back of the class and write the words of the song on my notebook. I would see self-destructive behaviour in the music videos. These are your favourite bands. Once you have an attachment to something you really like, you start to follow them in the way you dress or behave" (P1).

Another participant reported how certain music, for instance heavy metal promotes self-injury as the only option that people have to cope with their problems. She reports: "The music you listen too is also important. I used to listen to heavy metal; it was not devilish but was really hectic; like angry music. The lyrics are so bad and just speak about self-harm and how by self-harming it's the only way to know that you are alive".

It seems that participants' attitudes and opinions of self-injury were significantly impacted and formed through the music they listened to. Participants who were older than 30 years did not mention music as an influencing factor in their behaviour.

Sub-theme 3: The influence of internet

The internet played a direct role in participants' choices regarding self-injury. Participants reported that through the internet they were able to see how to injure themselves and also meet others who practised self-injury. The internet contributed directly to influence participants to self-harm by providing information and visual pictures of self-injury. The internet contributed indirectly to self-harm by providing pornographic material which led to self-injury. It also provided a place of belonging and acceptance for people who felt rejected and alone. Participants reported the following: "There is a whole self-harm culture on the internet. It can be very harmful".

"On the internet forums were all the other teenagers. I would be on the forums and meet the other teenagers and they would also be depressed and I would see them self-harming and think: Oh, that's how you do it. It was like a sick and twisted society of people who are broken but they were just embracing each other".

"I was introduced to self-injury through movies and also because I followed many self-harm blogs on the internet and looked at many pictures and photos of people who harmed themselves. It was almost like a type of pornography".

"I was introduced to pornography and I realise now when I look back that the more I looked at pornography and everything that went with that, the more I struggled to overcome self-injury; the more I was in temptation to injure myself. The perception or image that comes from pornography is that one is worth nothing and that feeling was already inside of me. That perception spoke to the hurt that was already in my heart. It made it stronger".

Sub-theme 4: The influence of social media

Social media such as Facebook promoted self-injury in participants' lives. Furthermore the media played a significant role in forming participants' ideas of what is needed to be acceptable in youth culture. Participants who were subjected to peer pressure to fit in (to look and act in certain ways which are portrayed as the approved way) used self-injury as a means to cope with feelings of rejection and failure when they perceived themselves as not being able to fit in. The following reports from participants are mentioned:

"Media plays an incredible role. I don't think people realise the role that it plays especially with regards to young girls and woman. I was never naturally petit or thin and had to work so much harder that the other girls to stay thin. Nobody ever said anything about it but there was always

the pressure to be beautiful and thin because my friends were thin and I wanted to fit in. I tried to find my identity in all these things: academics, sport, popularity, but it did not work. The more I tried, the less it worked and the more I became frustrated and angry."

"Social media also played a role because I use to see how everyone cut themselves on Facebook. I used to think that Emo was cool. I would go to school and leave my jersey a little open so that people could see that I have cut and I would think that that was so cool. There were a lot of pictures on Facebook of Emo people wearing black which made it look as if cutting yourself is so cool; and that played a big role for me."

A summary of participants' reports of how the social environment influenced them to self-injure is illustrated in Figure 2-4.
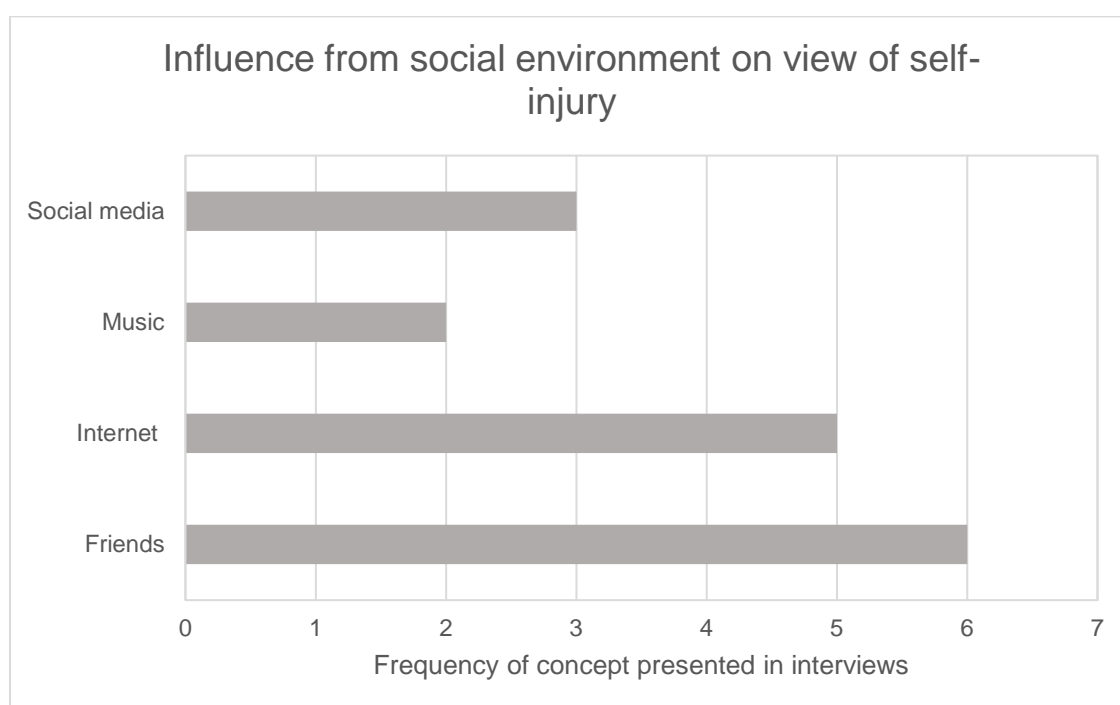
Figure 2-4:   **Influence from social environment on view of self-injury**

2.4.7.6 Theme 4: Self - perception before healing

Sub-theme 1: Intense self-hatred and dislike of themselves

Participants reported an intense self-hatred and dislike of themselves. The following responses of participants portray their deep dislike of themselves:

"Self-hatred and a poor self-image were the two things which influenced me the most. I was the ugliest, most horrible thing on earth. I used to swear at myself in my thoughts that nothing could wash me clean again. With everything that I had inside me I believed that I deserved nothing

good. I remember how uncomfortable I was in my own skin and how I abhorred myself. I wanted to tear the skin off of my body. I had never experienced a hatred like I had for myself" (P6).

"I didn't like myself. Really, I wanted to destroy myself. I hated being alive but strangely I didn't want to die. I hated that I existed enough to have to die - because then it is like you existed and you die and people cry at your funeral. I actually wanted to disappear into nothing. That would have been awesome! Nobody would even know me then. I hated myself! I did not like myself. I didn't even want to die because I felt I was so undignified that I cannot even die" (P1).

Another participant viewed herself as not having any self-confidence "I didn't love myself and I didn't care what happened to me or what impact cutting would have on my body. I didn't view myself in a positive manner. I was just a kid and I didn't really care about myself" (P4).

Another participant hated her own femininity: "I hated being a woman" (P5).

Sub-theme 2: A perception of having no value or self-worth

The theme of having no value or self-worth was repeated in every interview. Participants reported feeling that they have no value or worth.

A participant reported that she perceived herself as "broken and totally lost. I tried to find my identity or value in many things; academics, singing in the choir, sport and being popular but these things didn't give a sense of identity. The more it didn't work the more I became angry and frustrated. My parents' divorce was traumatic and what the child experiences and inherits from this was that I am worth nothing" (P5).

"The friends that I had while I was self-harming were very selfish, depressed and verbally and emotionally abusive. This contributed to my perception that I had no value or worth" (P2). "I feel worthless and a failure" (P3).

Sub-theme 3: A perception of being ugly

Participants reported feeling like a failure, ugly, fat, worthless and a disappointment to everyone. All participants verbally abused themselves in their thoughts. The intensity of their feelings can be depicted in their statements:

"Many things happened to me that contributed to me feeling ugly. I was ugly - my heart was ugly; my eyes were dead; my whole being was ugly and I didn't like myself. From there it was just downhill. My weight was huge" (P7).

One participant viewed herself as "living like a dead person - there was no love in me". She believed that she did not deserve anything good. She reported that she rejected her whole being.

"I felt much rejected and wanted to punish myself by hurting myself. I felt I wasn't good enough for other people. They are better off without me. I felt like I was a failure" (P3).

A summary of participants' self-perception before healing is now presented in figure 2-5.

Self-perception before healing of self-injury

- Hate myself/don't love myself — 5
- Have no value or worth — 4
- Feel like a failure — 1
- Feel ugly/dirty — 5
- Feel rejected/reject myself — 6
- Don't care about myself — 4

Frequency of concept presented in interviews
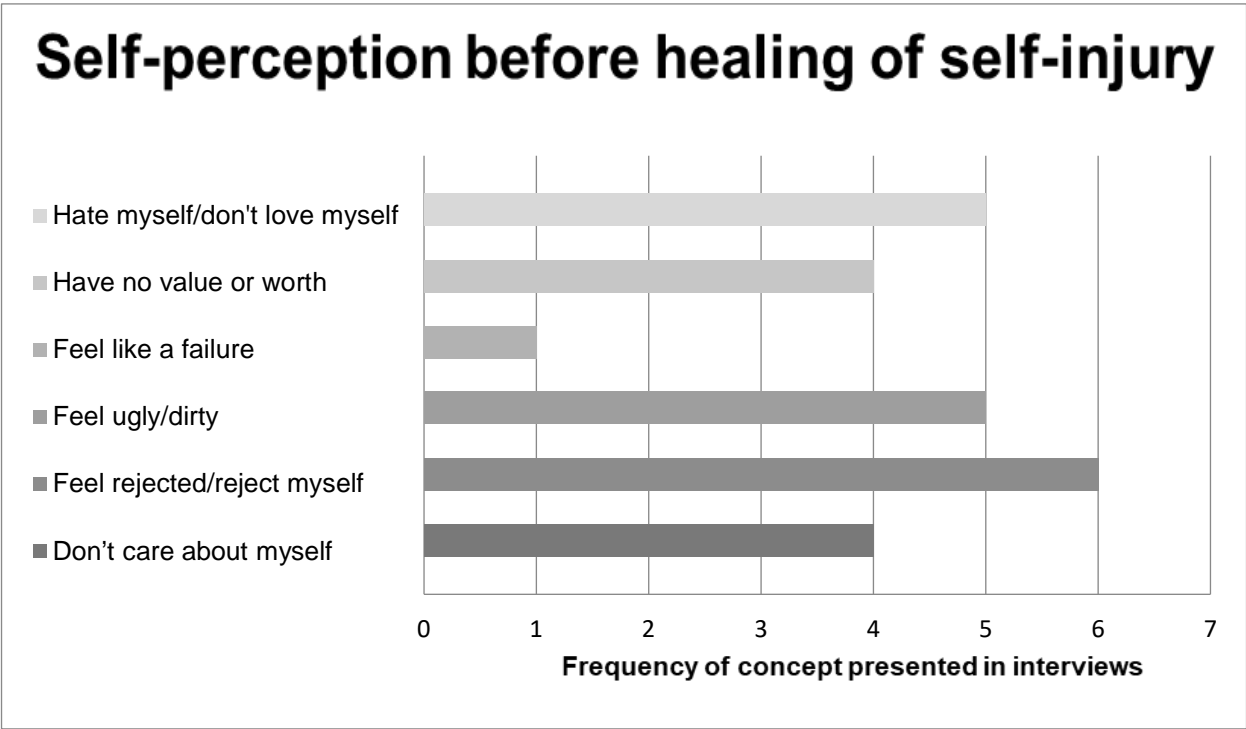
Figure 2-5:   Self-perception before healing of self-injury

2.4.7.7 Theme 5: Self - perception after healing

All participants except for one reported a significant change in their self-perception before and after healing. The participants also mention that it is their faith in God that has enabled them to make such a significant change. They all contribute the change to the relationship that they have with God and all the practices that originated because of this relationship, for instance prayer, reading the Bible and attending church. The knowledge that participants gained through reading the Bible and listening to Biblical teaching was largely about their identity in Christ, namely belonging to God as His redeemed child which helped them to see their value and self-worth which transformed their self-perception. The following responses are mentioned:

Sub-theme 1: A new perception of healthy self-love

Participants reported that they do not hate themselves anymore although there were times that they still did not like themselves. The difference was the intensity of the self-evaluation. Where they previously hated themselves they now would experience occasions where they did not like themselves but it did not transpire into self-hatred anymore. They reported a marked change in the way they deal with negativity mentioning that they have learnt to deal with negativity in a new way, without blaming themselves or hating themselves. Participants who have ceased from self-injury for a longer period testified that the healing was so profound that they cannot think they did self-harm; it felt as though it was another person. The following responses are an indication of their changed self-perception:

"Then I learned to see myself in Christ. I am not angry anymore. I never thought I would be like this--(without anger). Yes I want to see God in me. I love the person that I am when I'm with God. When you don't have quiet time with God for a very long time—that person that I am then--that person I really don't like but I don't hate that person. I love the person that God has made me and I believe that person has a crazy relationship with God" (P1).

"I love myself; I see the good in myself. I also see the negative but I choose to work on the negative instead of blaming myself and depreciating myself. I still am human and I get days that my self-perception is poor" (P6).

I see beauty in things and praise the Lord for everything even the 'Joburg' smokiness. It is amazing to see how a person's heart can be changed completely. I think back and think how did I ever do it? I am made new in every area of my life. I cannot think that I did those things – it is so far removed from me now. I cannot be the same person. There is definitively hope - there is hope for everybody" (P7).

The following participant reported the following after ceasing from self-injury for a period of seven years: "When I speak about these things it is as though I am speaking of somebody else - somebody that I don't know any more -- I am literally speaking of somebody else. I cannot believe that it was me. Every time that I think of it I cannot believe how far the Lord has brought me and without Him I would not have been where I am now. My heart is so free; my heart is exactly the opposite of what it was. I hated being a woman and I had no self-worth but now my heart is to help young women understand their worth" (P5).

Sub-theme 2: A new perception of self-worth and value

"I used to think I'm ugly. Now I see myself different. I understand God's image and that I am made in God's image. That is the most important thing. God planned to make me with a purpose. Before I didn't care at all. Now I wouldn't dare to harm myself. Now I respect myself

enough to not do that to myself. Self-harm doesn't only hurt you; it hurts other people too. I can just imagine what it must have been like for my mom when she would see those cuts on me. Now I respect myself and I also respect the people close to me. In order for you to heal you have to change your mind and the way you think about yourself" (P4).

"I realised that I am very valuable because Jesus died on the cross for me. That in itself is huge for me. The first thing that happened was that my self-perception changed from a negative perception to a positive perception. This helped me see my body as precious and something that I should not harm" (P2).

"After my conversion I went through a process where I realised that God has cleansed me -- I am not dirty anymore. That helped me to change the perception of myself and the way that I treated myself. It also changed the relationships that I had with others around me. Suddenly I wasn't the submissive floor rag anymore. I could stand up against people and say – no, you cannot treat me like this -- you cannot speak to me like this -- you cannot expect this of me. It gave me the self-confidence to insist that people treat me as though I am worth it and valuable, which was totally new to me" (P2).

"I see myself as someone who is worthy not because I have done something to be worthy but because Jesus came and took me out of my worthless position and He made me worthy. This ensures that I cannot be proud over what I am or who I am because I did not deserve it. This keeps me in total dependency on God. It is not a sick emotional dependency that I have on people" (p2).

"If God wants to go live somewhere he won't want to live in a shack. He will want to live in a temple. The fact that He chose to live inside me means that I am a temple of Him and that really contributed to having a good self-perception" (P2).

Sub-theme 3: A perception that I was created with purpose

Participants mentioned that they see their lives as purposeful and that they have an expectation for the future.

"I have learnt that we have all been born for a reason. We are not here by accident. It is not by accident that we are who we are. We were not an accident. Our personalities and everything about us was planned. Our work and the people who we interact with are planned and I see myself as a piece in this puzzle. If you do not have all the pieces in the puzzle you can throw the puzzle away. Therefore I see myself as totally necessary for where I am now. The Lord has placed me here" (P2).

"God planned to make me with a purpose" (P4). "At this stage I feel that I can reach out to other people that have the same problem as me. That is what I want to do one day" (P3).

2.4.7.8 Summary of participants' self-perception after healing

Participants reported the following regarding their self-perception after a process of healing had been achieved:

- I learned to see myself in Christ.

- I am not angry anymore.

- I have hope and there is some joy in me.

- I love who God made me. I love the person that I am when I'm with God.

- I have so much value that Jesus died for me. I am worthy not because I have done anything but because Jesus took me out of my worthless position and made me valuable.

- I am not an accident; I have been born for a reason.

- God has placed me here and therefore I am necessary now for where I am. God made me with a purpose. (Destiny)

- I realise how little we can do if we don't have God with us and the Holy Spirit in us. (Humility)

- I know I am a temple of the Holy Spirit and that contributes to me having a healthy self-perception.

- I feel that if you have Jesus in your life that nothing is impossible.

- I feel more positive about myself.

- I feel that I can reach out to other people who have the same problems.

- I understand that I am made in God's image.

- I respect myself now.

- I see myself as a strong person knowing how far I have come.

- I can open up and share my feelings now.

- I have accepted myself with things that can't change.

- It is as though I am speaking of someone else now when I look back. I am not the same person anymore.

- I have compassion for young women to teach them about their self-worth.

- I'm not a finished work.

- I realised that your testimony is not a crutch but your sword and there is no shame in your sword.

- God showed me that He created me perfect.

- I choose to work on negative things instead of rejecting myself over negative things.

- I still become anxious between people because I feel they judge me.

- I am blessed.

The following figure illustrates the summary of participants' self-perception after healing.

Self-perception after healing of self-injury

Frequency of concept as presented in interviews

Category	Frequency
I Love who God made me	3
God made me worthy	3
God planned me purpose	2
I am a temple of God	2
I am made in God's image	1
Love, respect, accept myself	6
I learnt to see myself in Christ	2
More sociable/open about feelings	1
I am a totally different person	2
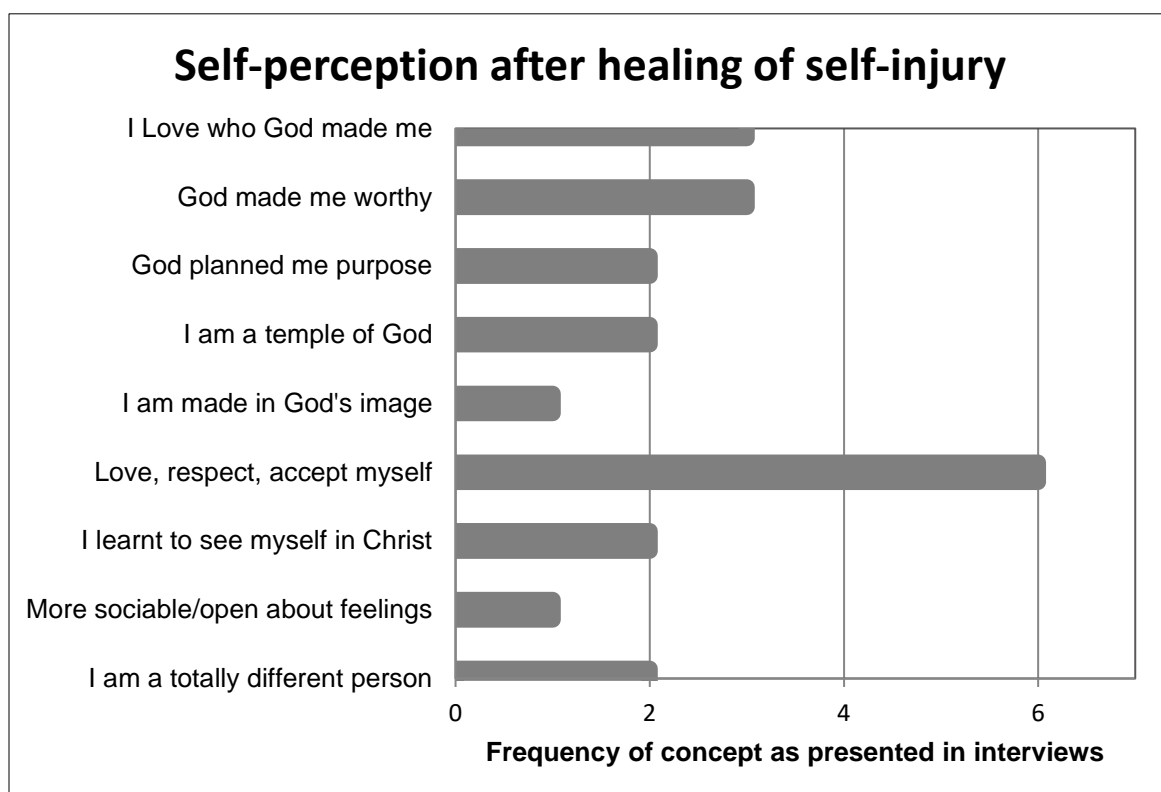
Figure 2-6:   Self-perception after healing of self-injury

2.5 Empirical study: Summary and conclusion

During the descriptive-empirical task a qualitative research was implemented by conducting seven in-depth semi-structured interviews to obtain data on the function of faith and phronesis in the healing process of people who self-injure.

Results from this study clearly indicate that faith in and a personal relationship with God positively influenced healing. The most significant phenomenon from the results was that people who hated and disliked themselves to the point that they engaged in self-injury were impacted to such an extent to stop self-injury when they had a realisation that God loves them. God's personal love towards each participant was the most significant factor which brought about change. The way in which participants received and accepted His love, comfort and care enabled them to start loving themselves. This love was perceived and experienced within an interactive faith relationship with God. Participants reported that their journey was one of speaking to God and hearing from the Holy Spirit who gave directions and guidance. A meaningful relationship with God thus met the needs of participants to belong, to be loved and to be regarded as someone who is valuable and worthy. This relationship can be seen as therapeutic in itself as it created the opportunity for participants to express their feelings and hurts to Someone who accepted them unconditionally and without judgement.

Research findings indicated that being in relationships within a community of believers impacted healing positively. Within this community participants prayed together; they found support and practical assistance without the fear of rejection or judgement. It offered them the opportunity for being accountable to each other which contributed to healing. Apart from the relationship with God, the relationships within the faith community also met emotional needs of belonging and acceptance which had not been met in previous relationships.

The essential role the Word of God played in participants healing process was also a significant factor. The Word that was taught to participants helped them to view themselves as worthy and valued; it helped them to forgive others which enhanced their healing; it helped them to rectify incorrect thinking patterns which caused self-injury; it helped them to gain insight into their problems. The Word was activated through their faith and when spoken or proclaimed over themselves became a powerful tool in ceasing with self-injury.

Accepting God's grace and forgiveness was also reported as a significant factor in facilitating healing. It helped participants to see themselves as worthy and acceptable which influenced their self-perception and enabled them to accept and love themselves. Many participants who suffered from guilt feelings and who used self-injury to punish themselves could deal with feelings of guilt through accepting grace and forgiveness.

Through participants' faith they experienced hope. Many testified that they did not think that they could be helped. They reported that they never expected that they would ever be able to cease with self-injury. They thought there was no solution or hope for them until they realised that their faith and relationship with God not only created a sense of hope but also proved to be a healing factor in their lives. According to Louw (1999:15), the acceptance of hope in Jesus Christ is part of the convergence point when salvation, change, renewal, recovery and growth of a person in Christ, based on God's grace converge.

From the data it was clear that the participants were each at various stages of spiritual growth and spiritual maturity and it was clear to the researcher that the measure of healing which has been achieved was correlated to the measure of spiritual maturity of the participant. Where participants made an active choice to put their faith in Jesus a greater measure of healing and phronesis was reported. One of the participants had not ceased from self-injury yet and she reported the least phronesis and also indicated with her answers that she experienced less spiritual growth and less understanding of faith compared to the other participants.

The second question that participants answered was to indicate how phronesis influenced their healing process. Through analyses of the data the value of phronesis was highlighted. Participants mentioned practical wise actions that they took which helped them in cessation of self-injury. Many reported that some of these actions were prompted by the Holy Spirit while other actions were suggested to them by counsellors. It is evident that healing without phronesis (wise practical actions) would be very difficult to attain. The data concerning phronesis has tremendous value for pastors and pastoral counsellors who counsel people who self-injure. See paragraph 2.4.7.4. for a summary of phronetic actions which empowered participants to cease self-injury.

The influence which participants' social environment had on their view of self-injury was analysed. It was found that friends directly and indirectly influenced participants to start with self-injury. Social media, internet blogs and music contributed to this and were instrumental in showing participants how, what and where to self-injure. Seeing others who self-injured normalised the behaviour and made it easier to do it themselves.

The last question pertained to the view that participants had of themselves before and after healing from self-injury. There is a stark contrast between their self-perception before and after cessation of self-injury. They all reported a severe negative self-perception before engaging in a faith relationship with God. They all reported a process of gradual change in self-perception. Hearing and believing the Word of God, correcting negative thought patterns about self, living daily in a close love relationship with God, establishing relationships in a faith community, taking responsibility to be accountable and actively choosing wise practical actions contributed to a

changed self-perception. Two participants boldly stated they their experience was that they did not recognise their former selves. This is a testimony of the power of faith and phronesis in synergy to bring about healing to such a degree.

One of the observations that the researcher made throughout the process of data gathering was the exceptional willingness with which participants approached the interviews. All participants were eager to impart their experiences if it could help others who were also struggling with self-injury. All participants except for one had already ceased self-injury.

2.6 Descriptive - empirical perspectives of the role of faith and phronesis in the healing of people who self-injure

In this chapter, the researcher gave descriptive perspectives within the field of practical theology followed by empirical perspectives concerning the concepts of faith and phronesis and how these aspects impact and influence people who self-injure to cease their self-harming behaviour. The concept of healing was explained and highlighted from a theological perspective.

The results indicated that faith, as experienced in a relationship with Christ positively impacted on cessation of self-injury. The dynamics of encounters between participants and God in their faith relationship culminated in opportunities where participants gained a measure of phronesis or practical wisdom which largely contributed to their ability to cease self-injury behaviour.

Taking the theological understanding of the concept of healing into consideration, it is clear that participants not only managed to cease from self-injury, but experienced healing in a holistic manner. They experienced that Christian faith has a dimension of healing which is linked to the work of Jesus Christ on the Cross and the resurrection. The experience of healing was in totality of their being. In the context of pastoral therapy, healing must be understood theologically as a result of God's faithfulness and mercy.

The relation between faith and experience is also fundamentally important in the pastoral practice. According to Louw (1993:122), the theological concepts and symbols will remain abstract concepts unless they make an impact on an existential level of the person's psychological structure and influencing and changing his behaviour. He explains that faith means in essence: I believe. In this way faith determines a person's understanding of himself and therefore his or her self-image and identity. Furthermore faith means that I make choices and act upon them. Therefore, faith and behaviour are not to be separated. The subjective component of faith is important in the pastoral practice.

The empirical research indicated that participants' healing was positively impacted by liturgical elements of worship, singing, corporate and individual prayer, caring for one another and

reading and proclaiming the Word. Through these elements the pastorate coherently integrates with other disciplines in practical theology. The importance of being integrated in a caring faith community or spiritual family for healing was evident.

Analyses of participants' responses revealed how their faith helped them to make wise choices and act upon them. Through their faith they were able to gain an understanding or phronesis, of their own identity, worth and value which greatly changed their self-perception and their network of social human relationships.

Spiritual healing therefore refers to wholeness. Wholeness implies that the soul living in the presence of God and in a social community of human relationships, within a cultural system is healed (Louw, 1999:157).

CHAPTER 3: INTERPRETATIVE PERSPECTIVES ON FAITH AND PHRONESIS IN THE HEALING OF PERSONS WHO SELF-INJURE

3.1 Interpretative perspectives on faith phronesis and self-injury: introduction

Osmer (2008:4) describes the interpretative task as a process of gaining understanding of why patterns and dynamics are occurring. Our understanding is enhanced by drawing on the theories of the arts and sciences. During this phase Osmer asks the question: why is this happening? In this chapter, the perspectives of the neighbouring sciences of psychology, sociology, philosophy, cognition and ethics are examined.
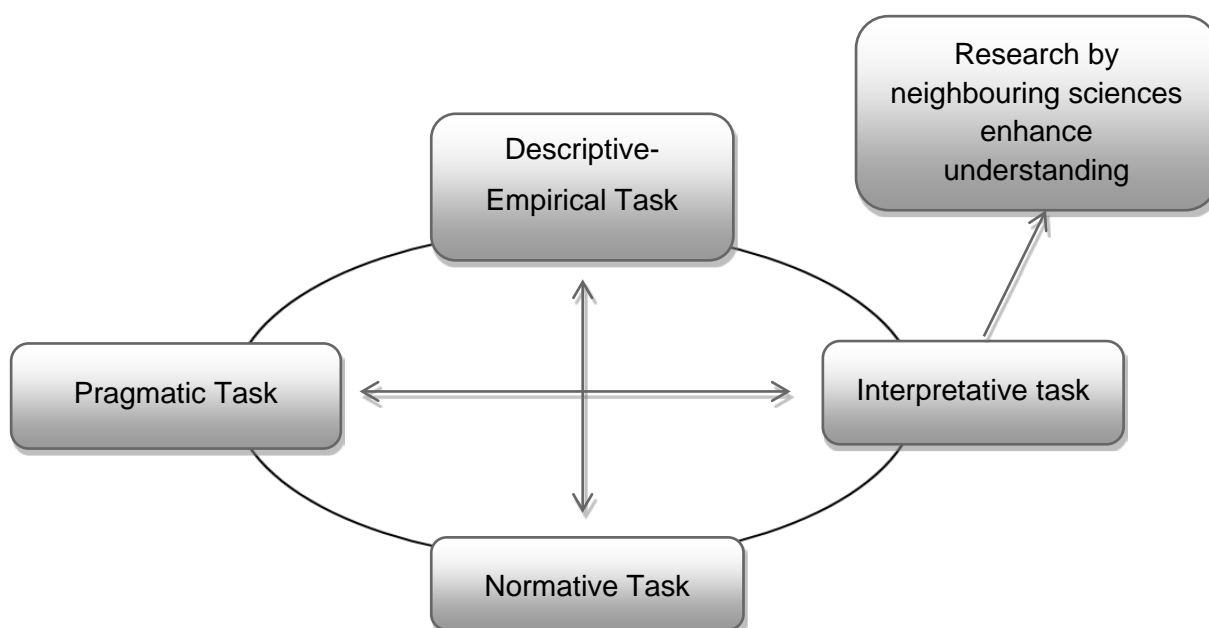
Figure 3-1: **Osmer's second phase: why is this happening?**

Practical theology examines the communicative acts of people in church and in society (Kruger, 2016:2). In this study the communicative acts of people who injure themselves because they often do not understand themselves or life in general, is examined. The fact is that this problematic behaviour can be over simplified. In light of the possible danger of oversimplification, a unique inter- and intra- disciplinary approach as suggested by Cartledge (1999:98-104) was followed.

3.2 Interpretative perspectives on faith phronesis and self-injury: objective

In this chapter the aim is to investigate perspectives from neighbouring sciences which also provide a unique perspective on human behaviour. The aim is specifically to gain insight from these disciplines in what happens in peoples' lives that could be the underlying reasons for a

lack of understanding of themselves that may lead to self-injury. Immink (2014:1790) mentions that practical theology is about people and their lives as cited by Kruger (2016:1).

Practical theological investigation is concerned about the acts of knowledge about (self-injury), knowing how to be, knowing how to do and knowing how to live (in attaining healing) (Prétot, 2015:5) cited by Kruger (2016:1). Kruger (2016:1) mentions that practical theological research is dealing with this complex reality of knowing which is important in order for persons (who self-injure) to participate meaningfully and in a participatory manner in church and also in society.

With the purpose of a more comprehensive understanding of how faith and phronesis impact individuals who self-injure it is essential to begin with a comprehensive exploration of the phenomenon of self-injury. In the first part of this chapter, psychological and social perspectives are explored regarding the definition of self-injury, as well as common misconceptions and the reasons for it. The prevalence of self-injury globally as well as nationally is also explored, followed by an in-depth look at the world of the adolescent. The onset of self-injury is typically during the adolescent years and therefore an overview of the psychological and social typologies of adolescence is necessary. Furthermore, a literature review is provided on factors that contribute to cessation of self-injury from both psychological and social science perspectives. The objective was to research the importance of faith and phronesis in the healing process of the person who self-injures.

Practical theological perspectives are to be offered in which the importance of faith and phronesis in the healing process of persons who self-injure is indicated.

3.3   Interpretative perspectives on self-injury

Following an inter- and intra- disciplinary approach as suggested by Cartledge (2003:15) the chapter is undertaken from a practical theological vantage point following a discourse between Practical Theology, Social Psychology, Cognitive Psychology, Sociology, Philosophy and Ethics.

3.3.1   Interpretative perspectives from the field of social psychology on self-injury

The field of Psychology studies human behaviour and in this section, the etiology and function of self-injury are examined from this perspective. Within this section various definitions of self-injury together with common misconceptions are examined, followed by the prevalence of self-injury and the historical-biographical background and environment of the adolescent as the onset of self-injury is often within the adolescent years.

The bio-psycho-social framework as described by Walsh (2006:57) provides an excellent avenue to understand the causes and nature of self-injury and was examined in depth. A thorough examination of the causes and nature of self-injury is important as it provides pointers

to the researcher for the application of faith and phronesis as important factors in the healing process of self-injury.

The researcher also drew on the results from previous research on cessation of self-injury to gain insight concerning factors relating to cessation of self-injury.

3.3.1.1 Interpretative perspectives from social psychology: defining self-injury

It is important to clarify the definition of self-injury (Penner, 2008:32). How we define the behaviour indicates nuances of understanding and communicates attitudes that shape our ways with dealing with it.

Certain standard terminology has been used among researchers in the study of self-injury (Nixon & Heath, 2009:3). Deliberate self-injury includes a broad range of self-harm behaviours (e.g. self-injury, self-poisoning, and the deliberate abuse of substances and alcohol to harm oneself) and does not distinguish whether suicidal intent is present or not. An act of deliberate self-injury, by definition can therefore include a serious suicide attempt such as hanging or jumping from a height, or superficial wrist cutting with no suicidal intent (Nixon & Heath, 2009:4).

Self-injury has been recognised as a trans-diagnostic behaviour. In the Diagnostic and Statistical Manual of Mental Disorders IV (American Psychiatric Association, 2000), self-injury appeared only as a symptom of borderline personality disorder (BPD). However, studies have indicated that self-injury co-occurs with many other externalising and internalising disorders, including major depressive disorder, post-traumatic stress disorder, generalised anxiety disorder, obsessive-compulsive disorder, substance use and eating disorders, as well as a range of personality disorders (Bentley *et al.,* 2014:2). In the current version of the DSM V (5th ed.; DSM–5; American Psychiatric Association, 2013), self-injury (NSSI) is included in Section III as a condition that requires further study, which signals possible future official adoption.

The term Non-suicidal self-injury (NSSI), is clearly defined in section III of the new Diagnostic and Statistical Manual of Mental Disorders (DSM-5), and is described as intentional self-inflicted damage to the surface of an individual's body without conscious suicidal intent (American Psychiatric Association, 2013). From this definition it is not clear whether tattooing or body piercing can be regarded as self-injury. Nixon and Heath (2009:4) therefore define self-injury as purposefully inflicting injury that results in immediate tissue damage, done without suicidal intent and not socially sanctioned within one's culture nor for display. It therefore excludes extreme tattooing or body piercing, body modification, and culturally sanctioned ritualistic injury or mutilation. Self-injury includes, but is not limited to, cutting, pin-scratching, carving, burning and self-hitting.

Walsh (2008:4) adds a motivational element to his definition of self-injury indicating that self-injury is intentional harm to the body with the aim of reducing psychological distress although it is socially not acceptable.

From this it is clear that self-injury is not intended as a means to suicide, but rather as a means to reduce intense psychological distress. Walsh (2008:7) clarifies the distinction between suicide and self-injury by adding that the intent of the self-injuring person is not to terminate consciousness, but to modify it.

Penner (2008:32) agrees that self-injury[1] is an attempt to alter one's emotional state by inflicting physical harm on one's own body without the intention of committing suicide. Self-injurers seek to change how they feel by hurting themselves. He explains that it is a very effective method, but only temporarily, whether it is used to create feelings that don't exist or to numb feelings that are overwhelming.

In summary one can conclude that in the light of the above definitions of self-injury, it seems that emotional pain and psychological distress are underlying factors in self-injury behaviour. Negative emotions associated with self-injury would include feelings of worthlessness, hopelessness, depression, disappointment, loneliness, guilt, anger, shame, and self-hatred. Self-injury is then used as a way to cope with overwhelming negative feelings. For some people self-harm is a way to cope with the absence of emotions; where no emotions are experienced and the self-injury helps them to feel alive again. It seems that people use self-injury to control and manage their emotions. The intense relief that is experienced by hurting themselves can become addictive. An addictive cycle of pain-self-injury-relief-self-hatred and other negative emotions-pain becomes a behavioural pattern.

The concept of faith when applied in the life of the person who harms himself will then intervene in this addictive cycle and bring change; not by providing another coping mechanism but by bringing healing to the original causes of the pain. Phronesis or practical wisdom when applied will intervene in dealing with the psychological distress by providing knowledge and practical wisdom for dealing more constructively with circumstances that lead to self-injury.

3.3.1.2 Interpretative perspectives from social psychology: clarifying misconceptions of self-injury

In order to gain a comprehensive understanding of self-injury as required by Osmer's interpretative phase it is vital to be aware of incorrect assumptions and myths of self-injury. Penner (2008:35) explains that eager helpers may create explanations that link self-injuring

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[1]   Self-injury is seen as intentional self-inflicted damage to the surface of an individual's body without conscious suicidal intent (American Psychiatric Association, 2013).

behaviour to something that they are familiar with. This has led to a number of myths and misunderstandings which are discussed briefly:

- **Physical pain is not the aim of self-injury**

Selby *et al.* (2013:417) mention that although self-injury is an attempt to reduce or escape from negative emotions, a less common but frequently reported motivation for self-injury pertains to automatic positive reinforcement (APR) wherein sensations arising from self-injury reinforce and promote the behaviour. Selby *et al.* (2013:417) report that many self-injurers report pain analgesia during self-injury, yet there is also evidence that pain might act in some way as an APR function for some self-injurers. They conclude that although many self-injurers may be attempting to feel pain at times just to feel something and avoid a sense of numbness, different people or different scenarios of self-injury may involve attempts to elicit other sensations.

Research by Voon *et al.* (2014:487) report that the reason for self-injury is generally not a deficit in coping skills; self-injury is specifically related to coping with emotional distress. Their research indicates that individuals with a history of self-injury tend to experience more frequent and negative emotion, are more likely to experience their emotions as overwhelming and uncontrollable and are more likely to report psychological distress. They state that individuals who have engaged in numerous episodes of self-injury report feeling more soothed, relieved, and calmer after an episode of self-injury.

The definition that Hicks and Hinck (2008:409) use for self-injury clarifies this component well: "Self-injury is defined as the intentional act of tissue destruction with the purpose of shifting overwhelming emotional pain to a more acceptable physical pain."

- **Self-injurers are not mentally ill or psychotic**

In the scope of this study it is important to distinguish that self-injuring individuals are not mentally ill. Although mental health diagnoses could be made in individuals who self-injure, the presence of self-injury does not imply the presence of any mental health problem (Klonsky & Muehlenkamp, 2007:1045-1056). Although self-injury is one of the diagnostic criteria for a diagnosis of Borderline Personality Disorder (BPD), self-injury in and of itself does not qualify a person for this disorder.

Psychotic people have lost contact with reality and according to Hicks and Hinck (2007:412), chronic self-injurers have enough contact with reality to realise that their acts often leave ugly scars. Hawton and James (2005:891) have concluded from their research that there are strong links between suicide and previous self-harm. They have found that psychological post-mortem studies of suicides show that a psychiatric disorder, usually depression, rarely psychosis, is

present at the time of death in most adolescents who die by suicide. A history of behavioural disturbance, substance misuse, and family, social, and psychological problems is common.

If one assumes that self-injurers are mentally ill it can result in poor treatment outcomes (Ernhout & Whitlock, 2014:2). The DSM-V has listed Non-Suicidal Self-Injury in Section III as a disorder that requires more study, setting the stage for a separate disorder of self-injury (Ernhout & Whitlock, 2014:2).

- **It's not just an attempt to get attention**

Many individuals who self-injure testify of betrayal, abandonment, and brokenness. Their self-injury is not just a cry for attention but is the indication of a real need for relational affirmation (Coetzer, 2011:16).

The research conducted by Clark and Clark (2007:72-75) offers a possible answer to clarify this myth. They have studied more than a thousand adolescents and have concluded that adolescents have been systemically abandoned. The impression that emerged from every conversation, e-mail, poem, song and note that they received from more than a thousand adolescents was that these young people felt abandoned and alone. From the results of this research it seems that the self-injury is thus an indication of the neglect of relational needs of people who then turn to self-injury.

- **Self-injury is not only found among females**

This is a common assumption but untrue. Females account for approximately 60% of elementary aged children and 80% of middle to high school aged adolescents who self-injure (Ryan *et al.,* 2008:239). Ernhout and Whitlock (2014:2) report that self-injury is on the increase in male populations with one study finding the largest rise of +194 in males ages 15-24. They indicate that gender plays a role in the form self-injury takes: females tend to cut and scratch more while males tend to punch, bang or burn themselves.

A ten year follow up study to determine self-injury amongst 18-year-old males found a prevalence of 4.0% (Haavisto *et al.,* 2005:912-921). Another study by McMahon *et al.* (2012:490-497) found the odds ratio of lifetime self-harm was four times higher for boys who had been bullied than those without this experience. Walsh (2006:59) mentions the interesting findings of a study conducted by Gratz *et al.* in 2002 where in a racially diverse nonclinical sample of 133 college students, 36% of the women and 41% of the males reported having self-injured.

Taylor (2003:83) argues that self-injury in men is even less acknowledged, accepted and understood than it is in women. In his research he found that men often feel that they do not have the support they need, and that they were marginalised because they self-harmed.

- **It is not a failed suicide attempt**

Self-injurers claim that they self-injure as a precaution against suicide by releasing intolerable feelings (Best, 2006:4). Penner (2008:39) explains that self-injury is a response to deep pain, brokenness, betrayal, abandonment, despair and depression, but self-injury is a temporary release; it does not change underlying problems. This may lead to a deeper sense of despair and gloom, increasing feelings of despair and the self-injurer may realise that self-injury is failing them in the long run, increasing the risk for suicide. Penner (2008:35) quotes the words of a self-injurer which clearly illustrates that self-injury is not just a failed suicide attempt:

"There is no hazy line. If I'm suicidal I want to die, I have lost all hope. When I'm self-injuring, I want to relieve emotional pain and keep on living. Suicide is a permanent exit. Self-injury helps me get through the moment."

Self-injury is a major risk factor for suicide. An estimated 70% of adolescents who engage in repetitive self-harm also attempt suicide (Swahn *et al.,* 2012:179). It is however important to differentiate suicide attempts from self-injurious behaviour. Walsh (2006:6) discusses nine points of distinction between self-injury and suicide which are presented in Table 3-1.

Table 3-1:   Differentiating suicide attempts from self-injurious behaviour

Assessment Focus	Suicide Attempt	Self-injury
1. What was the expressed and unexpressed intent of the act?	To escape pain; terminate consciousness	Relief from unpleasant affect (tension, anger, emptiness, deadness)
2. What was the level of physical damage and potential lethality?	Serious physical damage; lethal means of self-harm	Little physical damage; non-lethal means used
3. Is there a chronic, repetitive pattern of self-injurious acts?	Rarely a chronic repetition; some overdose repeatedly	Frequently a chronic, high-rate pattern
4. Have multiple methods of self-injury been used over time?	Usually one method	Usually more than one method over time
5. What is the level of psychological pain?	Unendurable, persistent	Uncomfortable, intermittent
6. Is there constriction of cognition?	Extreme constriction; suicide as the only way out; tunnel vision; seeking a final solution	Little or no constriction; choices available; seeking a temporary solution

Assessment Focus	Suicide Attempt	Self-injury
7. Are there feelings of helplessness and hopelessness?	Hopelessness and helplessness are central	Periods of optimism and some sense of control
8. Was there a decrease in discomfort following the act?	No immediate improvement; treatment required for improvement	Rapid improvement; rapid return to usual cognition and affect; successful "alteration of consciousness"
9. What is the core problem?	Depression, rage about inescapable, unendurable pain	Body alienation; exceptionally poor body image in clinical populations

- **It is not just another teenage phase that will pass**

It is a fallacy that self-injury is just a phase that will pass. Coetzer (2011:15) reports that this behaviour can last well into adulthood, 15-20 years or even longer after the initial stage. Coetzer (2011:16) notes how each new generation of adolescents engage in their own new trends and fads in its quest to create a unique generational identity. Many eager helpers may regard self-injury as a trend to create identity which is a myth. Self-injury is not a quest to create a unique generational identity, but is a highly addictive, life altering, self-destructive choice.

If the parent or care-giver regards the behaviour as another phase that will pass the emotions and problem of the person who self-injures is not validated. Validation involves communicating your understanding of a person's experiences from their perspective and establishing that what the person is expressing and feeling makes sense to you given the context in which it is being expressed. Validation also communicates to the person that his experiences are taken seriously enough to try to understand them (Kerr *et al.,* par 27). When the person's feelings and behaviour is invalidated and regarded as a passing phase, the person may feel more isolated in his problem and the risk of perpetuating the self-injury will be increased.

In addition to validating the person's feelings, the knowledge that self-injury has been shown to be a strong risk factor of eventual suicide attempts is important (Swahn *et al.,* 2012:179). The understanding self-injury as a serious complicated phenomenon is necessary, realising that it may be a warning sign for suicide attempts.

This is important for parents and practical theologians to take into account when dealing with and treating people who self-injure. Reisner *et al.* (2014:546) recognise the importance of protective factors and resilience resources to help people who self-injure. They see resilience resources as positive factors that are external to the individual and that help people to overcome risk. Examples of these external resources are having family support, having a supportive adult

in school or adult mentor, community engagement (e.g., volunteering, participating in clubs and extracurricular activities), and positive peer engagement (e.g., sports team involvement).

A fuller understanding of the social environment surrounding the person who self-injures is important as youth are uniquely dependent on and accountable to the social systems (e.g., families, schools, peer groups). Family support especially has been found to be a significantly protective factor for both self-harm and suicide attempts (Reisner *et al.,* 2014:546).

Understanding that it is not just a phase that will pass is therefore important as it determines one's approach in dealing with self-injury.

- **It's not an extreme version of tattoos and lip rings**

According to Penner (2008:38), there is a substantial difference in motivation between tattooing and self-injury. Those who engage in body modification like tattoos and piercings do so to create a look they find more attractive or to express their uniqueness. Self-injurers know their wounds are not attractive and are mostly ashamed of it.

Research indicates the connection between shame and self-esteem, body image and sexuality, anger, relationships, addictive behaviours, and acts of self-neglect and self-sabotage (Potter-Efron & Potter-Efron, 1999: par. 1). Hartling *et al.* (2000:2) states that shame is described as an experience of the self, a failure of being and an overall sense of deficiency. It is also seen as an awareness of unworthiness to be connected relationally and a deep sense of unlovability.

People with these feelings of unworthiness and unlovability will find it difficult to navigate a path of phronesis (wise choices) in their healing process. The feelings of shame will have implications on their choices in several ways: in their approaching God with requests and trusting Him; in connecting relationally within a faith community as it would inhibit spontaneous relationships. Asking for help and relying on others will be difficult for a person whose self-esteem is established on shame.

3.3.1.3 Interpretative perspectives from social psychology: prevalence of self-injury

The prevalence of self-harm is not easily determined as it is by nature a secretive act. Estimates vary enormously depending on the definition of self-injury, survey type, participants interviewed, age of participants, population studied and the time-frame covered. In addition, prevalence estimates depend heavily on the detection tools, whether these are anonymous, self-reported or interviewer administered; whether they are based on a simple yes or no answer about the presence or absence of self-harm, or whether they provide participants with a list of possible self-harm behaviours. The questionnaires based on a yes or no answer typically yield

significantly lower estimates of the prevalence of self-harm than the questionnaires detailing the possible self-harm behaviours (Ougrin, 2014:349).

Brunner *et al.* (2014:337-348) conducted a study investigating the prevalence of self-injury across 11 different countries. According to this extensive study, the life time prevalence of self-injury in adolescents is about 28%. This figure does not include the young people who self-harm by means other than self-injury (principally those who self-harm by self-poisoning). The tool used in the study did not allow for a differentiation between the young people who self-injured with and without suicidal intent, although the answer to this question might be of clinical importance.

Swannell *et al.* (2014:273) has found self-injury prevalence to be 17.2% among adolescents, 13.4% among young adults, and 5.5% among adults. As far as could be determined there have been no recent national representative studies to determine the prevalence of self-injury in South Africa. Knowing that self-injury is a major risk factor for suicide, an examination of suicide rates among adolescents in South Africa could be valuable. An estimated 70% of adolescents who engage in repetitive self-harm also attempt suicide (Swahn *et al.,* 2012:179).

According to statistics quoted by the South African Depression and Anxiety Group (SADAG: 2013), 9.5% of South Africa's youth consider suicide as the only solution to their problems. Suicide is the fastest growing, and second leading cause of death in the 15 to 19 age group. The recent National Youth Risk Survey found that an alarming number of high school teens were depressed and suicidal - over 20% had considered suicide during the last month (SADAG, 2013).

In South Africa suicide rates are believed to be higher than the worldwide average. In the last 45 years suicide rates have increased by 60% worldwide. This increase might be partly caused by better registration procedures in many countries, with data available from 105 countries at the last update in 2011 as compared to 11 countries in 1950 (Shilubane *et al.,* 2013:par 5). Given the findings of Swahn *et al.* (2012:179), that an estimated 70% of adolescents who self-injure also attempt suicide, the prevalence of self-injury in South Africa may also be estimated as possibly being higher than worldwide average although this needs to be established through surveys.

3.3.1.4 Interpretative perspectives from social psychology: self-injury and the adolescent

In the search for answers to Osmer's question as to why self-injury is happening it is valuable to explore the existential experiences of the adolescent. The concept of systemic abandonment and the psycho-social environment of the adolescent were explored.

3.3.1.4.1 Systemic abandonment of the youth

The notion that adolescents have been abandoned by the cultural system of modern society is postulated by Clark (2011:7). He explains the term "systemic abandonment" by describing that the dominant culture has seen the young as its most sacred treasure throughout time and in every society. Because of this, the human life span has historically been understood as having only two primary stages: childhood and adulthood. Children were viewed as a precious and nurtured resource and as such were guided into their place in the world by those who were responsible to care for them in their family and community. Once a child had completed the rituals, rites of passage and training experiences necessary to be accepted into interdependent relationships within the adult community, he or she was fully assimilated as an adult member of that community. Clark argues that formalised processes of incorporating the young into adulthood have been devalued, especially in the United States (Clark, 2011:7).

Clark (2011:8) states that culture has changed so quickly that the developmental, societal, and relational needs of children have been neglected in recent decades and by the time children reach adolescence they have been left on their own to attempt to navigate the path toward adulthood. He terms this a process of systemic abandonment of our youth.

He continues and argues that we are a culture that has forgotten how to be together. We have lost the ability to spend unstructured time just being relaxed. Rather than being with children in creative activities at home, we as a culture have looked to outside organisations and structured agendas to fill their time and dictate their lives. The problem is not simply organised activities and sport. It is the cumulative effect that children experience as they grow up within the social culture. Apart from this, adolescents have suffered the loss of safe relationships and intimate settings that served as the primary nurturing community for those traveling the path from child to adult (Clark, 2011:34).

Taking cognizance that many adolescents may be experiencing a sense of abandonment by the broader community, the psycho-social environment of the adolescent is now examined.

3.3.1.4.2 The psycho-social environment during adolescence

The age of onset of self-injury is typically during the adolescent period, around age 14 years (Nixon & Heath, 2009:5). Given this, an exploration of the psycho-social environment of the adolescent and the difficulties which adolescents are faced with proved to be valuable for the purposes of this research.

Adolescence is a time of great physical, psychological and social change. Emerging sexuality, the quest for independence and simply wanting to "fit in" are issues that make the adolescent

years confusing and challenging. Adolescents face significant stress and loss as they transform emotionally, psychologically, and physically; separate from their families; discover themselves; build intimate relationships outside the family; and search for meaning (Demming, 2008:7-8).

In this search for meaning adolescents often turn to the Internet. Ernhout and Whitlock (2014:3) mention that it is common for individuals who feel isolated in life to use on-line connections as an attempt to meet core acceptance and belonging needs. While the Internet can increase feelings of connection and acceptance, it can also exacerbate harmful behaviour. As already mentioned, self-injury has become increasingly visible as adolescents freely post their pictures of self-injury on Websites and write about their pain and self-injury.

In addition to their search for meaning many adolescents complain about experiencing high levels of stress due to excessive amounts of homework and parental pressure to succeed academically. They have many concerns with their future careers and the unstable economy. The trend is that parents also overload their children by over scheduling them in too many extracurricular activities (Selekman, 2009:4). Selekman argues that the desperation to succeed at all costs has resulted in high rates of anxiety, depression, eating disorders and self-harming among adolescents.

Research by Courtney-Seidler *et al.* (2014:38) also confirms the experience of higher stress levels during adolescence. Their research indicates that adolescents also exhibited greater stress responses as indicated by neuroendocrine and cardiovascular responses such as cortisol, blood pressure and heart rate, than younger subjects when faced with situations simulating performance evaluation and social rejection.

Compounding this difficulty is the indications that the relational needs of adolescents have been neglected as highlighted by Clark (2011:8.). The importance of having an experience of belonging in relationships with others is mentioned by Skidmore (2013:3-4). A sense of connectedness to one's parents, family, non-family adults, and school is an established protective factor against health risk behaviours, suicide and self-injury. In contrast, the perception of being unwanted, expendable, or otherwise burdensome on loved ones is associated with suicidality in adults and adolescents.

The effects of a lack of connectedness have been researched by Joiner *et al.* (2012:3). They propose a theory that individuals are most likely to attempt suicide when they have high levels of *perceived burdensomeness, thwarted belongingness* and *acquired capability* for suicide. They describe *perceived burdensomeness* as a sense of being a burden on one's family or friends, *thwarted belongingness* as a feeling of the lack of connectedness to important others and *acquired capability* for suicide as emerging from painful and provocative experiences. These

experiences produce a diminished sense of anxiety associated with pain and fear of hurting oneself, effectively increasing one's capacity for lethal self-injury.

Skidmore (2013:11) was particularly interested in Joiner's interpersonal theory of suicide and how these elements may apply to self-injury. Her research assessed levels of perceived burdensomeness and thwarted belongingness in an adolescent sample of 114 self-injurers with the average age of 15.3 years of age. Skidmore (2013:34) found that both thwarted belongingness and high perceived burdensomeness independently predict higher frequency of self-injury and risk for suicide.

The intense negative reactions evoked in others, and the shame, guilt and remorse experienced by self-injurers may disrupt personal relationships (Voon *et al.,* 2014:487) thus increasing their relational needs for belonging and feeling worthy.

Self-injury being often a secretive act can carry an influence into the rest of a person's life. Self-injury is known to be a source of guilt and shame and knowing that something needs to be kept secretive will influence social interactions. This may range from wearing clothing to hide scars and wounds to restricting close relationships. Hastelow (2012:38) indicates how this can impact on a person's psychological well-being, potentially increasing the need for self-injury, and limiting social support. In turn the social stigma attached to self-injury will have an effect on social experiences.

In conclusion it seems that from the above-mentioned research that culture has changed so quickly that the developmental, societal, and relational needs of adolescents have been neglected. Self-injurers may experience a need to belong and connect in relationships. It seems that these needs have not been adequately met in many modern families where adolescents have suffered the loss of safe relationships and intimate settings that served as the primary nurturing community for those traveling the path from child to adult. The easy accessibility of social media and Internet websites have resulted in many adolescents turning to these to fulfil their needs, which complicates the issue of self-injury as it is normalised through social media and the internet and becomes more contagious.

3.3.1.5 Interpretative perspectives from social psychology: why self-injure? The functions of self-injury

A thorough understanding of the causes, nature and cessation of self-injury is necessary before spiritual interventions can be applied effectively in the process of healing.

The complexity of self-injury is complicated by the fact that many young people who self-injure often cannot verbalise the reasons for their behaviours (Williams & Gilligan, 2011:15). They

suggest that the most common reasons for young people to self-injure are often: poor quality of attachments between parents and their children; an inability to soothe or self-regulate during periods of emotional distress; an inability to 'fit in' with peers and the affiliation with negative peer groups.

From a phenomenological perspective self-injury may be seen as a punishment on the body which is felt to be unclean or disgusting (as, for example, in the aftermath of sexual abuse); as a release of filth or evil which, at some level of consciousness, the person feels is within them; or as an opportunity, in tending the wounds, to provide tender loving care for oneself when this has not been forthcoming from significant others (Best, 2006:5).

Best (2006:6) adds that from psychodynamic/psychotherapeutic interpretations attention is given to the process of *dissociation*. By 'dissociation' is meant 'a psychological mechanism that allows the mind or body to split off or compartmentalise traumatic memories or disquieting thoughts from normal consciousness. Dissociation may be associated with anaesthesia, which goes some way to explaining why the normal aversion to pain fails to constrain the behaviour, but in other cases, the pain may play an essential role. In some cases, dissociation is the goal of self-injury.

Some of those who self-injure describe the experience as shifting the focus of attention from what is going on inside (the emotions) to what is 'outside' (the skin and the world beyond) in order to release an emotional overload which is 'too real', 'out of control' and 'overwhelming'. Others use the pain to re-integrate the physical and the emotional dimensions of the person, thus overcoming the feelings of unreality and numbness which accompany dissociation (Best, 2006:6).

A literature review of the empirical research on the functions of self-injury was conducted by Klonsky (2007:226-239). Results from 18 studies provide converging evidence for an affect-regulation function. Research indicates that: (a) acute negative affect precedes self-injury, (b) decreased negative affect and relief are present after self-injury, (c) self-injury is most often performed with intent to alleviate negative affect, and (d) negative affect and arousal are reduced by the performance of self-injury proxies in laboratory settings. Studies also provide strong support for a self-punishment function, and modest evidence for anti-dissociation, interpersonal-influence, anti-suicide, sensation-seeking, and interpersonal boundaries functions.

In addition to the findings of Klonsky (2007:226-239) an analysis of behavioural, physiological and self-report data suggest that self-injury serves both an intrapersonal function i.e., decreases aversive affective/cognitive states or increases desired states and an interpersonal function i.e., increases social support or removes undesired social demands (Nock, 2010:339-363).

The phenomenon of self-injury is now discussed from a bio-psycho-social framework as postulated by Walsh (2006:57).

3.3.1.6 Interpretative perspectives from social psychology: the bio-psycho-social framework applied to self-injury

The bio-psycho-social framework as described by Walsh (2006:57) provides an avenue for practical theologians to understand the experiences of people who self-injure. Self-injury as a bio-psycho-social phenomenon includes five interrelated dimensions. The environmental domain includes environmental elements, the biological domain focusses on biological and neurological influences, the psychological domain focusses on cognitive and affective factors and the social domain examines social, cultural and familial influences of self-injury. For the large majority of individuals, all five dimensions play a role in the emergence and recurrence of self-injury. The mix of dimensions is unique for each individual. A dimension that Walsh (2006:57) does not add is the spiritual dimension and elements such as the function of faith and phronesis, the perception of God or God-schema which was explored in addition to the mentioned five dimensions. The bio-psycho-social dimensions that Walsh (2006:57) proposes are now discussed:

3.3.1.6.1 Environmental dimension

The environmental dimension contributing to the occurrence of self-injury includes three basic categories: family historical elements, client historical elements and current environmental elements:

- **Family historical elements**

These elements refer to key aspects of the history of the nuclear, extended or surrogate family that have been 'observed' but not directly experienced (Walsh, 2006:58). On a daily basis, family environments teach children behaviours via modelling, reinforcement, punishment and extinction. Witnessing self-destructive behaviour in family members can convey such messages as:

- "Life is overwhelming."

- "Life is not worth living."

- "Distress can be relieved by behaving self-destructively."

- "Others cannot help my pain."

- **Client historical elements**

Client historical elements include those elements in the individual's personal history that have been directly experienced, as opposed to being observed. Research has empirically associated self-injury to the death of a parent or other care-givers, loss through separation, divorce or placement outside the home, and experiences of neglect and/or emotional, physical and sexual abuse (Walsh, 2006:59).

- **Invalidating environments**

An invalidating environment is one that responds to the individual's communications of his/her internal emotional experiences with scepticism, derision, or punishment (Courtney-Seidler *et al.,* 2014:36). They explain that invalidation questions the accuracy of the individual's experience and representation of his/her emotions, either overtly or in more subtle ways, and may even suggest that the emotional responses of the individual – positive or negative – result from undesirable personality traits, such as being manipulative, overly sensitive, dramatic, or paranoid. This is especially true when events in the environment don't appear to support the validity of an emotional response, or one of such intensity or duration. Additionally, while such pervasive invalidation may be distressing for those with normative capabilities to regulate emotions, it is even more challenging for individuals who experience their emotional states as highly intense and difficult to manage, and can exacerbate their disposition toward dysregulation.

The view of one's emotional experiences as generally "wrong" in some way can become internalised by some individuals, leading to mistrust in the accuracy of emotional responses and shame in the face of their inability to easily resolve problems. Over time, the individual seeks out external cues for appropriate emotional responses to events and punishes him/ herself for failures to navigate difficulties more skilfully, leading to the development of maladaptive behaviours including but not limited to suicidal and non-suicidal self-injurious behaviours (Courtney-Seidler *et al.,* 2014:36).

When the affective experiences of children of often ignored, denied, ridiculed or condemned i.e. invalidated, such experiences may result in children questioning the accuracy, or even the very existence, of their own internal feeling states. Invalidating environments within the family may differentially reinforce only the most extreme of affective responses. When a child communicates that he is distressed and his communication is ignored by invalidation, he may resort to extreme behaviour such as a tantrum to receive a response. This pattern when repeated, reinforces maladaptive behaviour, while adaptive behaviour is extinguished, resulting in an emotionally dysregulated person (Walsh, 2006:60).

An investigation of familial emotion socialisation among parent-teen dyads found that self-reported dysregulation in parents was correlated with higher rates of invalidation of their adolescents' emotional expression, which predicted adolescent emotion dysregulation (Courtney-Seidler *et al.,* 2014:37)*.* This finding suggests that dysregulation may be transmitted from parent to child not just via biological processes but also by way of modelling and social transactional processes.

In addition to the strong role of family in the social transactions governing the development of emotion regulation capabilities, socio-cultural factors exert a strong impact, particularly during adolescence (Courtney-Seidler *et al.,* 2014:37).

- **Family and environmental strengths and assets**

Walsh (2006:61) explains that it is important not to forget the strengths of a family. These strengths serve to mitigate the risk of self-injury and can positively impact on reducing the self-destructive behaviour. When conducting a strengths-based analysis of the families of self-injurers the strengths within the following areas should be identified:

- The home and extended family

- The neighbourhood, and related networks

- School and employment sectors

- Financial resources and management

- Cultural identity and resources

- Recreational activities and hobbies

- Religious and spiritual beliefs and institutional support systems

- **Current environmental elements**

Walsh (2006:96) defines environmental elements as events or activities in the environment of the self-injurer that trigger an episode of self-injury. External events that may trigger an episode could be the loss of a relationship, interpersonal conflict, performance pressure, frustration about unmet needs, social isolation and seemingly neutral events that trigger associations with previous trauma.

However, the literature on the development of self-injury suggests specifically that it is childhood experiences that take place in the family that are most likely to be associated with this behaviour. These factors include a dysfunctional family background, childhood abuse (physical

and sexual), insecure attachment or some interaction of all three alongside a personal or individual biological vulnerability.

3.3.1.6.2 Biological dimension

Walsh (2006:62) recognises the complex relationship between biology and self-injury which has become an emerging focus of empirical research. Research by Ballard *et al.* (2010:327-334) explain that adolescents and young adults may be particularly vulnerable to self-injurious behaviours due to neurological developmental changes in the processing of distress and pain. Additionally, emotional distress and physical pain neural pathways may have been altered in these individuals, leading to the development of self-injury behaviours during adolescence. Changes in on-going brain development may lead to further emotional dysregulation and poor impulse control.

The following aspects of this dimension are discussed shortly:

- **Biological vulnerability to emotional dysregulation**

Walsh (2006:63) mentions that biological causes could range from genetic influences to unfortunate intra-uterine events to early childhood environmental effects on development of the brain and nervous system**.**

- **The biochemical dimensions to self-injury**

Walsh (2006:63) reports on research which has linked diminished serotonin levels with impulsive aggression and self-injury, concluding that this may facilitate self-injury. Selekman (2009:6) similarly reports that self-injuring adolescents have lower levels of serotonin than the average person, which may cause difficulties with depressed mood, anxiety, rumination, obsessive thoughts and impulse control.

Self-injurers may have lower levels of cortisol, which is secreted by adrenal glands when experiencing higher levels of stress. The diminished level of cortisol may cause an adolescent to be more emotionally and biologically reactive to environmental stressors than the average person (Selekman, 2009:6). Self-injurers may react more intensely to these stressors, being more impulsive and aggressive and turn to self-injury to regulate their intense emotional states. Selekman (2009:6) adds that self-injurers have increased levels of nor- epinephrine, a bodily stress chemical secreted during the fight or flight response, which also triggers impulsivity and emotional reactivity.

- **Endogenous opioid system dysfunction**

Self-injury may be used to elicit endogenous opioids[2] through deliberate tissue damage, and the release of these opioids may result in pain analgesia and act like a natural drug that results in feelings of euphoria. Selekman (2009:7) writes that many self-injuring clients have much higher levels of endorphins in their bloodstreams than the average person. This increases the likelihood of experiencing numbness and dissociation when experiencing negative emotions.

Plante (2007:104) writes that "the brain serves as a 24-hour pharmacy". He states that the endorphins are natural opiates that quickly numb away emotional pain and distress and produce pleasure and in some cases, a rush sensation. This becomes a form of self-medicating. Self-injurers learn how to use their self-harming behaviour to regulate their neurochemistry (Selekman, 2009:7).

- **Diminished pain sensitivity**

Research indicates that some self-injurers have diminished responsiveness to physical pain (Walsh, 2006:65; Selekman, 2009:6). Selby (2013:422) states that there is evidence that repeated self-injury may result in gradual conditioning to pain, which may further decrease fear of pain, ultimately eroding fear of pain as a barrier to suicidal behaviour.

- **Self-injury behaviour as an addiction**

Like any addiction self-injury in its early stages produces highly desirable effects -- it can mask or control pain, cause one to be noticed and cared for, or provide a temporary sense of calm and control. However, these desirable effects last only for shorter and shorter periods of time (Coetzer, 2011:35). The following quote by Penner (2008:99) illustrates this point:

"I used to feel good for at least a couple of days after hurting myself. But now I'm lucky if it feels good for 10 minutes. I have to hit harder and do it more often just to keep going".

Selekman (2009:7) mentions that the behaviour of self-injury follows the same predictable route in behaviour, thinking, and conducting relationships as addictions do. Similarly to substance dependency, self-injurers show signs of a compulsion to self-harm, loss of control, continued self-injuring behaviour in spite of serious consequences, such as severe physical damage and infections, family and/or relationship difficulties, loss of friends, occupational or school difficulties, and poor choice making in all areas of their lives.

Once dependency follows with the self-injuring behaviour, it is quite common for these individuals to become cross-dependent on bulimia, binge drinking, and other substances of

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2   Opioids are any of a group of natural substances, as the endorphins, produced by the body in increased amounts in response to stress and pain.

abuse, and they may engage in unsafe, unprotected sex with multiple partners to elevate their moods, obliterate unpleasant thoughts and feelings, or soothe themselves when they experience emotional distress. Once the analgesic properties of the endorphins wear off a few hours later, moderate to severe self-injurers often experience withdrawal symptoms like irritability, emotional distress and cravings. They are highly reactive to stressors in their home and/or school environment. Overstimulation of the endogenous opioid system can lead to actual withdrawal symptoms. The self-harming individual is willing to endure serious bodily disfigurement and more severe deep tissue damage to his or her body to obtain the reward, which is all endogenous opiates (Osuch & Payne, 2008:79-109).

The first two dimensions of the bio-psycho-social framework of Walsh (2006:57) have now been discussed i.e. that of the environmental and biological dimension. The cognitive, affective and conative or behavioural dimensions are now discussed. These three dimensions are closely related as a person's attitudes is determined by the interaction of these components. Kruger (2002:137) indicated that attitudes consist out of three components, namely:

- A cognitive component (thoughts and beliefs).

- An affective component (evaluation of things and emotions).

- A conative or behavioural component (motives and intentions as ways in which attitudes are expressed).

With the help of attitudes, people make favourable or unfavourable evaluations of the objects of their thought (Kruger, 2015:3). Kruger mentions that changes in one of the components also influence the functioning of the other components. A different way of thinking will definitely influence people's feelings, their behaviour and also the other way around. In the context of self-injury this implies that a distorted way of thinking could result in negative feelings and actions.

A change in one of the dimensions will lead to change in the other components too. The environmental dimension inevitably will affect all the other dimensions. The volitional dimension of the person is the cognitive process by which a person chooses or decides upon his actions and will be influenced and guided by the cognitive, affective and behaviour dimensions. Emphasis will be focussed on the cognitive dimension without neglecting the important role of the other dimensions. The cognitive dimension is highlighted as it relates to phronesis and is central in facilitating healing.

3.3.1.6.3 Cognitive dimension

In order to understand the reasons why individuals self-injure, it is necessary to gain a proper perspective of the typical cognitive processes that precede the emotions and behaviours associated with self-injury. Understanding these processes will enable and direct the practical theologian towards dealing with individuals who self-injure.

Thoughts, assumptions, rules, attitudes and core beliefs are all part of the cognitive dimension (Walsh, 2006:150-152). Thoughts play a fundamental role in the onset and continuation of self-injury. When a thorough cognitive analysis is performed with self-injuring individuals, complex layers of negative, pessimistic core beliefs, attitudes, rules, assumptions and automatic thoughts often emerge. Walsh (2006:164) quotes Aaron Beck (1995) who suggested that the negative core beliefs of individuals fall into two basic categories: incompetence (e.g., "I'm stupid") and unlovability (e.g., "I have no friends"). Core beliefs are the bedrock of cognitive processes. They are derived from early life history and are mostly firmly held.

Walsh (2006:158) emphasises the importance of identifying and challenging irrational thoughts and beliefs. In his experience one of the most common automatic thoughts that precede self-injury is "Cutting, (or other self-injury) is the only effective solution." The following are irrational thoughts that are frequently associated with, and used to justify self-injury:

- "Self-injury doesn't hurt anyone."
- "It's my body and I can do whatever I want."
- "Giving up self-injury will only make me hurt more."
- "The scars remind me of the battle."
- "It's the best way to show others my pain."
- "No-one knows I self-injure anyway."
- "It keeps people away."
- "It's the only way to know if people really care about me."
- "Negative attention is better than none."
- "I need to be punished - I'm bad."
- "If I don't self-injure, I'll kill myself."

The core beliefs of some self-injurers, in particular those who have survived trauma such as abuse, are so profoundly self-denigrating and engrained that they are nearly impossible to modify with cognitive strategies alone. The therapeutic relationship itself becomes the vehicle

that is restorative for the self-injurer, enabling a slow but sure modification of dysfunctional core beliefs. If the self-injurer is affirmed as lovable and competent in a fundamental, subtle and sustained way in a caring professional way within the boundaries of an appropriate therapeutic relationship, the dysfunctional beliefs can be countered and replaced (Walsh, 2006:164-165).

The practical theologian has the task of imparting not only biblical truth in countering dysfunctional beliefs, but also the task of imparting the practical love and acceptance of Christ to the self-injurer. A different way of thinking will definitely lead to an attitude change as mentioned before and will impact the affective and behavioural dimensions as well. The normative task of the practical theologian in challenging these dysfunctional thoughts and beliefs is discussed in more detail in Chapter 4.

3.3.1.6.4 Affective dimension

Understanding why adolescents injure themselves is crucial if one is to find a solution for this phenomenon. Hollander (2008:7) offers two reasons for self-injury which are related to affect: (1) to control the extremely painful and frightening experience of overwhelming emotions, and (2) to escape from an awful feeling of being numb and empty.

According to Walsh (2006:67), most individuals self-injure to reduce or eliminate affective distress. He mentions that self-injuring individuals report a wide range of emotions preceding their acts of self-injury, including anger, anxiety, tension, sadness, depression, shame, worry and contempt. It is important to recognise the close link between the cognitive and affective dimension, as these emotions emerge from the irrational, self-blaming, distorted cognitions that precede them.

Some self-injurers report feeling "dead," "empty," "like a robot," or "like a zombie" and start self-injuring in an attempt to restore a sense of being alive. Walsh (2006:47) adds an important insight concerning the affective dimension: self-injury temporary reduces tension and restores a sense of psychological equilibrium. It also provides a sense of control and empowerment.

Pastoral counsellors need to identify the most important and recurrent affective triggers for each individual when assessing persons who self-injure. Not only identifying but also understanding how these affective triggers may result in negative thoughts and distorted rationalisation is important in order to facilitate healing and a change in attitude.

3.3.1.6.5 Behavioural dimension

This dimension consists of overt actions that immediately precede, accompany, and follow acts of self-injury (Walsh, 2006:68). Typical behavioural antecedents include conflicts with family or/and peers, isolation, failure at an activity, sexual behaviour, substance abuse, or eating

disordered behaviour. Research shows a correlation between self-injury and eating disorders (Kerr *et al.,* 2010:241).

When the behavioural dimension is explored the person's behaviour cannot be seen in isolation from his social and family background. As typical behavioural antecedents include conflicts with family or feelings of isolation, a brief examination of the quality of family relationships is valuable for a fuller understanding of the behavioural dimension of self-injury.

In this regard research by Logan (2013:5) provides insight in the family environment of people who self-injure. She has found that poor family relations seem to have an impact on the prevalence of self-injury, with rates of the behaviour increasing as perceptions of family relationships decrease. For example, those engaging in self-injury are more likely to report lower levels of trust, lower feelings of care from family members, more feelings of alienation within the household, and more feelings of failed protection from their families (Bureau *et al.,* 2010) as cited by Logan (2013:5). She has observed that families of individuals who self-injure have been shown to display less positive emotions and higher rates of negative emotions when communicating with one another than a non-injuring population. They further display less cohesiveness, or feelings of closeness with one another than people who do not engage in this behaviour (Logan, 2013:6).

Another behavioural antecedent is sexual behaviour. Research (Hicks & Hinck, 2008:410; Penner, 2008:95) indicates that most people who self-injure report a history of childhood sexual abuse.

In addition to poor quality of family relationships another factor that leads to the act of self-injury is the fact that adolescents who have experienced an abnormal or stressed puberty would most probably not have the emotional capacity to deal with negative situations and incidents in their lives which could lead to using self-injury as a coping mechanism (Raath, 2015:87).

In conclusion the dynamic interaction between the various dimensions needs to be considered as a person's attitudes is determined by the interaction of these components (Kruger, 2003:137). As mentioned before changes in one of the components also influence the functioning of the other components. A different way of thinking will definitely influence people's feelings, their behaviour and also the other way around and the interaction of all three these components will impact the attitude of the person who self-injures.

3.3.2 Interpretative perspectives from sociology on self-injury

Social factors appear to play a small but important role in the development, function, and maintenance of self-injury according to Sugimoto (2014:31). She explored social factors which

influenced individuals who self-injure and found that in a sample of university students (N = 728), 86% of students knew someone who engaged in self-injury. In another sample of non-clinical adolescents (N = 274), 70% of participants reported they had told someone about their self-injury; mostly a friend. Numerous (44.3%) adolescents also reported that they had up to three friends who engaged in self-injury. It is therefore evident that it is important to consider social factors when exploring the phenomenon of self-injury.

3.3.2.1 The social transformation of self- injury: Adler and Adler (2011)

Sociologists very seldom study self-injury as it is apparently a psychological matter (Brossard, 2014:559). Adler and Adler (2011:2) describe what they term as the social transformation of self-injury. They describe how the rise of self-injury has been accompanied by a significant transformation in its prevalence and social meaning. The past several centuries saw self-injury as a form of psychological pathology or mental illness. During the 1990's the behaviour began to expand, taking on new connotations and converts as it did. Self-injury changed from being the limited and hidden practice of the psychologically disordered to becoming a cult youth phenomenon, then a form of more typical teenage anguish.

Self-injury became associated with different groups who used it in numerous contexts to express their anguish and disaffection with society. Unconventional youth used it to claim membership and express status in an alternative, hard-core punk subculture that over time morphed into the Goth and later the Emo subcultures. Adolescents used it as a mechanism to cope with the traumas typically associated with the dramatic physical and personal changes, shifting social alliances, identity uncertainty, raw nastiness, inarticulateness, insecurity and general emotional drama associated with the 'tween and teenage years of life (Adler & Adler, 2011:2).

Adler and Adler (2011:2) continue and indicate how self-injury took on new social meanings. While remaining a behaviour practiced by psychologically troubled individuals, it also became a legitimated mode of emotional expression and relief among a much wider population. Society learned that people who were neither mentally ill nor suicidal were using self-injury to cope with life's difficulties. It became a socially learned and contagious behaviour; a sociological occurrence. Early in the twenty-first century self-injurers found a common community and that in cyber space, where they could communicate, learn from one another, and offer one another knowledge and understanding.

Studies investigating Internet activities related to self-injury suggest a strong adolescent audience (Duggan *et al.,* 2012:56-67). Researchers examined the content across informational/interactive websites, social networking websites, and the popular video-sharing website YouTube, in order to provide a multifaceted description of online content related to self-

injury. Results indicate that peer driven informal websites have a variety of triggering content and are accessed more often than professionally driven websites. Self-injury is strongly represented among social networking websites, and YouTube, evidenced by large group memberships and video view counts.

Exponential growth of self-injury during the last decade is indicated by an analysis of user-generated online content featuring self-injury which includes photo's digital videos, poems, blogging and drawings (Seko *et al.,* 2015: par 1). A study conducted by Lewis *et al.* (2010: par 1-4) revealed that one of the fastest growing online activities among youth is the use of video-sharing Web sites. This study examined the accessibility and scope of self-injury videos online. Using YouTube's search engine, the 50 most viewed character (i.e., with a live individual) and non-character videos (100 total) were selected and examined across key quantitative and qualitative variables.

The results showed that the top 100 videos analysed were viewed over 2 million times, and 80% were accessible to a general audience. Viewers rated the videos positively and selected videos as a favourite over 12 000 times. Explicit imagery of self-injury was common. Specifically, 90% of non-character videos had non-suicidal self-injury photographs, whereas 28% of character videos had in-action non-suicidal self-injury. For both, cutting was the most common method.

The researchers concluded that these self-injury videos on YouTube may foster normalisation of self-injury and may reinforce the behaviour through regular viewing. These videos largely provide information on self-injury and/or express a hopeless or melancholic message. Parents, teachers and pastors will benefit from being informed about these videos which may lead to more open and informed discussions about self-injury (Lewis *et al.,* 2011: e556).

The social transformation of self-injury has been accelerated and self-injury has been normalised by means of social networking websites and video-sharing website such as You-Tube.

3.3.2.2 The daily self-injuring process Brossard (2014)

Brossard (2014:559) proposes another sociological approach to the phenomena of self-injury. During his research he compiled the narratives in which his interviewees related their everyday life in order to describe a *daily self-injuring process*. The term "*daily self-injuring*" does not mean that self-injury occurs every day. The term emphasises the fact that Brossard's analysis focusses more on the daily routine than on the general sense of this behaviour. Brossard (2014:561) states that self-injury is a multi-step process, a succession of activities leading to self-injury. The process usually starts with an interaction that disturbs the person, creating a feeling of misunderstanding, uncertainty or injustice. He describes trigger events as

embarrassing situations with no physical or verbal reaction from the one who has been embarrassed. As the day continues, the individual's mind focusses, wanders, extrapolates, rehashes, and his inner conversation runs a loop.

Brossard (2014:563) describes how these inner thoughts seem to gradually *autonomize* from the situation in which they originate. The autonomization of thoughts can therefore be defined as a kind of inner conversation that follows an embarrassing interaction, but the topic of which is no longer the embarrassing interaction. This culminates in self-injury as individuals subjectively see it as a practical activity for releasing emotional trouble and thus maintaining the social interaction order around them.

3.3.2.3 The biosocial model Linehan (1993)

Linehan's Biosocial Theory (1993) suggests that a problematic interaction between a biologically vulnerable individual (in relation to self-injury) and an invalidating environment produces emotional dysregulation in individuals. The two key components of his theory are a biological vulnerability relating to self-injury and an invalidating environment (Courtney-Seidler *et al.,* 2014:38).

Linehan (1993) describes invalidation as the process when an individual experiences that the accuracy of his or her emotions are questioned. People in the individual's social environment react to his or her emotional responses in such a way that it is suggested that their emotion is wrong in some way. Furthermore there is often a subtle suggestion that the emotional responses of the individual – positive or negative – result from undesirable personality traits, such as being manipulative, overly sensitive, dramatic, or paranoid (Courtney-Seidler *et al.,* 2014:35-38). They describe how the invalidation is perpetuated due to the characteristics of an emotionally dysregulated individual (sensitivity, reactivity, and slower return to emotional baseline), making it more likely that the individual's social environment will respond to the expression of emotion with invalidation more chronically.

Linehan's Biosocial Theory has gained further support from the past twenty years of research examining the biological and environmental factors that may contribute to emotional dysregulation, suicide, and self-injury. Early experiences of invalidation in childhood and adolescence yield outcomes such as self-injury, suicidal behaviour, and poor interpersonal functioning (Courtney-Seidler *et al.,* 2014:38). Skills to regulate emotions are to be developed as an intervention in self-injury.

3.3.3 Interpretative perspectives on healing of persons who self-injure from psychology and sociology sciences

To facilitate healing to the person who self-injures it would be important to assess the function that self-injury has for each individual or determine the need that drives the behaviour.

Research has suggested that self-injury may act as a coping mechanism for some individuals to navigate a difficult adolescence. It is regarded as a temporary behaviour that is engaged in for a limited period and once the situations were resolved, the behaviour was no longer needed (Sugimoto, 2014:32). Lifetime self-injury was associated with a diagnosis of depression, non-heterosexual orientation, a diagnosis of depression and affective dysregulation (Sugimoto, 2014:21).

Sugimoto (2014:201) found that participants stopped with self-injury due to the fact that the consequences of self-injury which were described as increased interpersonal difficulties began to outweigh its benefits e.g., the intrapersonal stress relief. The consequences were seen as problematic in the lives of people who self-injured. Another reason that was reported for cessation of self-injury was a conscious decision to stop self-injury and to a lesser degree people reported that a major event lead them to cease self-injury.

Sugimoto (2014:201) concludes that participants recognised self-injury as an unhealthy means of coping, and were internally motivated to change their behaviour. A variety of cognitive and behavioural replacement strategies were utilised to deal with the urge to self-injure. The most common strategies were exercise and distraction techniques such as watching television, creating art, reading, and writing. Social support, such as speaking with others, was noted as an effective way of dealing with the urge to engage in self-injury. Furthermore the use of a counsellor and therapeutic interventions were beneficial in reducing self-injury.

In addition to this, more research has indicated that two important factors contribute to a cessation of self-injury (Kress *et al.*, 2004:195-201). The first factor that contributes to a cessation of self-injury is to develop an ability to identify and express feelings verbally. The second factor contributing to a decrease in self-injury is learning to use behavioural alternatives to self-injury. Encouraging the person to be around others when wanting to injure can be helpful, as self-harm is rarely done when others are nearby.

3.4 Interpretative perspectives on phronesis

The intra-disciplinary academic approach places one discipline in a privileged position and uses other disciplines in a supportive role (Cartledge, 2003:248). Perspectives offered by Theology will be placed in this privileged position with insights from the field of philosophy, ethics,

cognitive sciences and sociology in a supporting role as it pertains to the characteristics of phronesis and how these aspects influence the cessation of self-injury. The aim is to work towards attaining an answer to Osmer's question of why this is happening.

3.4.1   Interpretative perspectives on phronesis from the field of practical theology

The place of phronesis or practical wisdom has been recognised by practical theologians within their hermeneutics. This acknowledgment has attributed to a flourishing dialogue between practical theology and ethics, philosophy, systematic theology, and the social sciences (Lavallee, 2013: par. 1-2). Practical theological research has to do with extensive knowing (cognition) on various levels (Kruger, 2016:1). Prétot (2015:5) mentions that these levels include knowing about the acts of knowledge, about knowing how to be, knowing how to do and knowing how to live as cited by Kruger (2016:1).

Browning advocates retrieving Aristotle's practical reason as a distinctive kind of knowing in practical theology. He sees practical reasoning as including narrative, imagination, discernment, perception, communal wisdom, and moral vision as indispensable aspects of the human knowing that informs intention and action. These aspects contribute to practical wisdom being a deeply integrative way of knowing and living (Cahalan, 2016:9). He explains that the value placed on abstract, objective, theoretical knowledge which was seen as central to the Enlightenment project and the pillar of higher education, is too limiting. Neither theory nor critical thinking is rejected, but they are not ends in themselves; rather, they are integral to practical knowing. Theoretical knowing has been viewed by educators as the highest knowledge while they have rejected other kinds of knowing.

In addition to this Kruger (2016:1-2) recognises the value of phronesis in the life of the church as well as the broader community. He mentions that cognition or phronesis is the process of trying to make sense of things, life itself and events in people's lives. He explains that the very fact that participatory acts in church and in life are also touching my life (sense of life) clearly putts the aspect of cognition on the agenda of practical theological research. The importance of cognitive aspects of human life is recognised in order for persons to participate meaningfully and in a communicative manner in church and also in society (Kruger, 2016:1).

The early church recognised the importance of cognition (phronesis) in the way they presented Jesus to the world. Coe and Hall (2010:14) mention the importance of presenting Jesus Christ as an intelligent, competent person who could speak authoritatively on any subject. Paul presents Jesus not only as a Saviour but as the wisest, most intelligent person. He states in Colossians 2:2-3 that all the wisdom of the Greeks and Jews was ultimately immersed in Jesus Himself. According to Coe and Hall (2010:14), the church in the early centuries presented Jesus

to unbelievers specifically because he was wiser; more intelligent than Aristotle, Plato, Moses or anyone else.

The early church had an understanding that the spiritual life was one of a quest for a good life, meaning a life of wisdom, knowledge, beauty and goodness. A life of discipleship was seen as the wisest, most reasonable form of life in contrast to a life of unbelief which was seen as foolish and absurd (Coe & Hall, 2010:14).

It is in the combination of faith and phronesis that a fuller potential for achieving cessation of self-injury is realised. Phronesis (cognition) is not a mere intellectual concept but deals with the understanding of the mind of Christ (to be His followers), the insight on what is right for daily life, what the driving force behind decisions is, sober judgement according the living faith and the quest for wisdom in church and society (Kruger, 2016:1). It is in this sense that phronesis offers the potential for the person who self-injures to cease from self-injury.

Furthermore, Louw (2015:64) indicates that the concept of cognition is meaningful in the context of the Christian faith, when wisdom becomes the driving force behind the actions of religious communities. When this search for wisdom is aligned with the intention of God's will for human life (the mind of Christ), and is applied in a faith relationship with God, healing in the lives of people who self-injure can transpire.

The encounter of the Gospel with people's lives can be described as a life-long learning process (Louw, 1993:55). In this process people are learning more about God (theological learning), but they also learn about themselves (anthropology). This is happening through the sense of cognition but also faith. Cognition and the event of knowing are fundamental aspects pastoral care is dealing with (Louw, 1993:55). It must be remembered that people's emotional experiences are influenced, not only by their concrete situation, but also by their cognitive observation, appraisal or interpretation of that particular situation (Kruger, 2016:17). Taking the cognitive appraisal and interpretation into account when caring for the person who self-injures is important in making sense of the underlying reasons why people engage in self-injury.

Another important aspect to remember when utilising faith and cognition in the process of healing is the practice of discernment. Lavallee (2013:par.1-2) studied the functioning of cognition and argues that practical wisdom is tradition-constituted, and within Christian tradition, practical wisdom is characterised by the practice of discernment. Practical theological hermeneutics and practical wisdom are more than a method of inquiry, but a virtue and practice embodied by Christian communities and constituted by Christian tradition.

The knowing or wisdom that comes from faith is both cognitive and affective and influences one volitionally-- indicating that one's will and choices for behaviour are integrated in this knowing. A

valuable contribution in this field was made by Cahalan (2016:10). She studied practical wisdom and its integration in theological education for ministry and explains that practical wisdom is integrative knowledge that encompasses the full dimensions of a human being, knowing, and acting. She identified eight ways of knowing that are essential to wise practice:

- Situated awareness is noticing and describing contextual factors

- Embodied realising is developing skilled competence in bodily action

- Conceptual understanding is comprehending and remembering key information

- Critical thinking is analysing and evaluating concepts and actions

- Emotional attunement is identifying and using awareness of feelings and affective states

- Creative insight is developing imaginative and creative responses

- Spiritual discernment perceives what is of God and not of God

- Practical reasoning is problem-solving, forming judgments, and acting wisely.

Thus, according to Cahalan (2016:10), practical wisdom is what emerges from the integrating work of drawing together these multiple kinds of knowing. Such learning and knowing takes place over time, although the process is not linear or simple; it is not mastering a body of ideas or the interpretation of texts but rather the kind of knowing that emerges and develops from engaged, embodied practice, which is when a leader knows what to do, why to do it, and how to do it for the sake of God's people and in the context of this study, for the sake of the person who injures himself.

3.4.2 Interpretative perspectives on phronesis from the field of philosophy

The exposition of the insights of Plato, Aristotle and Thomas Aquinas are valuable to highlight the importance of knowledge for practical theological epistemology (Kruger, 2016:4).

- **Plato's view on phronesis**

Plato firmly believed that the uniqueness of humankind, the humanity of human beings, can be attributed to his ability to think. Plato believed that knowledge is made perfect by faith, which transforms knowledge into meaning and purpose. He argued that thought is both necessary and inadequate. It is necessary because it has to open the way to faith, but it is also inadequate because deeper insights are felt as well as understood. Human thought reaches beyond the senses to grasp the eternal (Kruger, 2016:4).

- **Aristotle's view on phronesis**

The understanding that Aristotle had of phronesis is significant in the context of this research. For Aristotle, phronesis is an intellectual virtue that relates the highest truths and moral telos to everyday actions and decisions, an intelligence that draws insights from many situations in order to judge what to do in a particular instance. Phronesis is neither scientific (episteme) nor craft (techne) knowledge. It is a distinctive kind of integrative knowing, taking account of multiple sources of information and combining them in ways that renders insights into action, information into judgment (Cahalan, 2016;8).

Aristotle was concerned about the question: what is the best possible way in which a person can live? Flourishing of life has to with acting according to virtue and intellect (Kruger, 2016:5). The Hebrew word for wisdom (*hokmah)* can be translated as "skill for living" (Coe & Hall, 2010:366). Their interpretation is that skilful living involves fearing God (Proverbs 1:7) and following God's principals in order to lead a flourishing life which is to understand how to live a life according to God's design.

Aristotle sees phronesis as a uniquely self-involving way of thinking that is transformative of the thinker. He translates phronesis as mindfulness, and states that phronesis is essentially what distinguishes ethical thinking (Parsons, 2012:442). Aristotle differentiates phronesis from other forms of reasoning, like techne and episteme that have figured more prominently in western moral philosophy since his day.

A broader understanding of the concept of phronesis is useful. Aristotle contrasts techne and phronesis. Techne and phronesis guide the thinker through the world of everyday actions and concerns, and of things that are made or produced. By means of techne, the world gives itself to manipulation by human hands and to the devising of ever new things to be produced. Techne produces a result, a product that is detachable from the thinker, separated as a thing from the one who planned and executed its crafting (Parsons, 2012:443).

Parsons (2012:444) describes phronesis in contrast to techne as the way of being mindful and prudent, of thinking carefully about what lies ahead, of realising that the next step to be taken is important, and understanding why this is so. In this sense, phronesis is a way to attune oneself to what is to come and a preparation in the soul for its arrival. Parsons (2012:444) explains that Aristotle sees phronesis as a knowing that issues in an action, praxis, essentially related to or entwined with the being of the one who is mindful. This action is not the result of a prior plan, rather the how of its taking place, the manner of its enactment. Being mindful is accomplished in something happening, in an action that is transparent, allowing one distinctly to see one's own self and at the same time what it is one has sought.

Parsons (2012:445) expounds the concept of phronesis by explaining that phronesis strains forward towards that for which something is to be undertaken. It seeks that for which an action is to be done, which is its end. It is in this sense that the soul reaches out ahead of itself to come to know itself. Phronesis then begins not in a premise, a statement of principle posited in advance, but rather in a proairesis, a process of considered decision-making by which an end is grasped and made one's own. Proairesis indicates purpose; it is that decisiveness by which what lies ahead is taken hold of and then becomes decisive in one's own life (Parsons, 2012:445).

According to Aristotle, as described by Parsons (2012:446), it is in this manner that phronesis can bring transformation in a human being. He describes it as a movement towards what is to come to be. Phronesis begins at its end with the discernment of the hou heneka; the for-the-sake-of-which; that has the power to transform the thinker's own being in how the thinker acts. Each action done for-the-sake-of-which- is formative of character; it moves the phronetic person towards what she is to become, taking her into her own future.

Aristotle shows how phronesis reveals and preserves something distinctive to human being to which the other ways of knowing do not do. For with each well-considered action the phronetic person gathers the strengths that embody that for which she lives and that become habits of her character by which she is known also to others (Parsons, 2012:446). Phronesis enables the person to overcome the distractions of things, bringing discernment for the person as which wise action to take.

- **Thomas Aquinas's (13th century) view on cognition (phronesis)**

Thomas Aquinas emphasised a reasonable faith; the process in which people are trying to make sense about faith. Aquinas explained that faith also consists of knowing. He regards prudence as the highest moral virtue because it integrates other virtues and comprises eight elements that come together in a prudent person who is wise in action. To be prudent and make wise decisions requires drawing upon memory, understanding, and reason; it demands dispositions of docility (learning from others) and shrewdness (learning from one's self); it requires exercising the imagination regarding various courses of action and their consequences—what Aquinas called foresight, circumspection, and caution (Cahalan, 2016:80).

Aquinas distinguished a knowing (cognition) about God and knowledge of the cosmos (Kruger, 2016:5). In the context of faith and phronesis in healing people who self-injure the above contributes to a more comprehensive understanding of the concept of phronesis.

3.4.3 Interpretative perspectives on phronesis from the field of ethics

Within the framework of modern ethics the church plays an important role as a moral agent in civil society, creating a moral sense of what is right among people. Vorster (2017:19) argues that the kingdom of God and the reign of Christ has a unique moral nature and quality which he summarises in the words of the great commandment. He describes the moral responsibility of the church as that of love; the love of God and fellow human beings. Vorster (2017:23-24) describes the ethical responsibility of the church as the development of awareness, values, knowledge, willingness and abilities of individual Christians; in a sense it is the development of phronesis.

The development of ethical awareness or moral sense of what is good is a continuous activity within the life of the church, the worship, preaching, and the prophetic witness of the church. Vorster (2017:24) emphasises that the church should be an example of a high moral standard; should testify about the moral implications of the reign of Christ; and that Christians are equipped to fulfil their calling as moral agents in society.

Phronesis and ethical thinking are closely related. The understanding that Aristotle had of phronesis was that phronesis is a uniquely self-involving way of thinking that is transformative of the thinker (Parsons, 2012:442). She describes phronesis in terms of mindfulness, and indicates that mindfulness has shown to distinguish what is essential to ethical thinking. Parsons argues that this philosophical groundwork may clear a way for theology likewise to be understood anew.

Within the context of theology Parsons (2012:443) sees theology as the working out by means of cognition and phronesis the salvation disclosed through faith in the believer's soul. She mentions that the two phenomena, mindfulness and faith, contain what is essential to the practice of Christian ethics. She describes that phronesis has six primary aspects:

- Phronesis is an intellectual virtue concerned with truth about mutable matters and with particulars.

- Phronesis is ends driven where the end is the whole good of the person.

- Phronesis results in action.

- Phronesis is deliberative rather than intuitive.

- Phronesis is irretrievably connected with moral virtue, providing the right reasoning for achieving the ends that are determined by moral virtue.

- The union of phronesis and moral virtue is dependent on the pre-existence of natural, intellectual and affective qualities.

3.4.4   Interpretative perspectives on phronesis from the field of cognitive sciences

Cognition refers to the way one looks at things - one's perceptions, mental attitudes and beliefs. In the view of how persons who self-injure can attain healing through phronetic thinking and phronetic action the perspectives of cognitive science is valuable especially relating to the domain of emotion. Kruger (2016:17) mentions that people's emotional experiences are influenced, not only by their concrete situation, but also by their cognitive observation, appraisal or interpretation of that particular situation.

Mitchell (2006:68) studied the healing power of faith and mentions that all one's moods are created by one's thoughts or cognitions. She mentions that research has documented that the negative thoughts that cause a person's emotional turmoil nearly always contain gross distortions. Although these thoughts appear valid, the person learns through cognitive therapy the irrationality of thought patterns. Determining the value of cognition in dealing with questions related to healing of the person who self-injures is important.

Within the field of cognitive psychology cognitive functioning as well as cognitive distortions has received attention. The following aspects that influence the acts of people highlighted by Fiske (2004:123–127) is mentioned in relation to the phenomena of self-injury:

- People often try to cut corners when trying to make sense of other people which is called the functioning of cognitive misers. Cognitive misers can be described as the idea that people are so limited in their ability to think and make inferences that they take mental shortcuts whenever they can. When self-injury has become a habit, cognitive reasoning related to self-injury may become automatic in the sense that the person's cognitive assessment of his situation is influenced by cognitive misers.

- People's (social) cognition must be accurate enough to guide them through their everyday interactions. Self-injury has become a socially accepted behaviour as people are made more aware of self-injury through internet web pages and social media. Research (Guerra *et al.,* 2013:1) indicated that self-harm behaviour is normalised and promoted by web pages. Persons who self-injure may find social acceptance by connecting with similar people through social media and web pages, which in turns re-enforces their self-harming behaviour. The understanding people have of themselves in their social worlds also play a significant role in self-injury (Fiske, 2004:152-153) (See Chapter 1). In relation to healing it is important that people's cognitions must also be flexible enough to change with changing contexts and circumstances.

The functioning of cognitive distortions was studied by Louw and Edwards (1998:548–549) who identified the following types of cognitive distortions:

- Overgeneralisation. In this kind of distortion people tend to think of other people in a generic way. In the case of cultural and ecclesiastical differences people often think that other people are their enemies or opponents. In relation to self-injury, these distortions are to be corrected.

- Arbitrary conclusions. People tend to make conclusions without the full picture of knowledge and insight in other people's lives. The onset of self-injury is mostly in adolescence when the adolescent has not yet developed the capacity to make conclusions based on full knowledge and insight.

- Selective abstraction. People tend to focus on a small part of reality while they are ignoring other important facts.

- All-or-nothing-thinking. People tend to think that people are making sense to them or they do not.

The cognitive functioning as well as cognitive distortions of people who self-injure should be assessed in order to identify irrational thought patterns in the process of facilitating healing to people. Other domains which are investigated by cognitive science include research into thinking processes and the architecture of the brain (Kruger, 2016:2). This research is particularly important, considering the addictive nature of self-injury and how the brain responds to the act of self-injury.

In addition to these cognitive distortions, the roles that self-schemas play in persons who self-injure become important. Schemas can be seen as everyday subjective theories about how the world operates, including whom God is and how He operates (Fiske, 2004:152). The schemas of self-injurers need to be taken into account in order to firstly identify and expose faulty schemas and secondly correct schemas according to the Word of God. Irrational cognitions and belief systems may lead to dysfunctional schemas and cause self-injury behaviour to be perpetuated.

As a persons' faith grows and he or she develops a biblical worldview, a significant change in the way they view themselves will take place. Irrational self-schemas and God-schemas need to be corrected and will eventually lead to a place of wholeness and healing. The apostle Paul urges believers to renew their mind in Romans 12:2.

The task of practical theologians is not only to understand the community of faith but also in helping people to discover answers (the sense) of the praxis of life (Kruger, 2016:2); specifically

to help persons who self-injure to discover answers and solutions offered by cognitive sciences in relation to thinking processes in self-injury.

3.4.5 Interpretative perspectives on phronesis from the field of sociology

3.4.5.1 Phronesis self-injury and social roles (Fiske 2004)

Apart from the need people have to be socially accepted, the understanding people have of themselves in their social worlds also play a significant role in self-injury. Fiske (2004:152-153) highlights the impact of social roles and how people act differently in different situations. She explains how social 'schemas' guide people to make sense of their worlds - to encode (attend and interpret), remember, and respond (judge and interact) in their social worlds. She defines schemas as everyday subjective theories about how the world operates. She explains that people have self-schemas which comprise their most salient and central understandings of themselves.

In exploring the role of self-schemas in self-injury the research of sociologist Erving Goffman - on how people wear masks and act in front of other people is relevant. Theatre is seen as a metaphor for social life; the ways in which individuals present different 'characters' and perform within teams of 'actors' in everyday life. Goffman describes what he sees as the presentation of self in everyday life: how we show ourselves to others and simultaneously determine which aspects are visible and which are hidden (Calhoun *et al.,* 2012:46). In relation to phronesis and self-injury the wearing of masks need to be identified in order to embrace healing through phronesis (wise choices).

3.4.5.2 Phronesis, self-injury and collective conscience (Durkheim 1858-1917)

The social schema of the person who injures himself needs to be examined and identified in order to expose dysfunctional social schemas. In this respect the work of Durkheim (1858-1917) is valuable and may provide insight in the context of phronesis and self-injury. The general acceptance of sociology as an academic and scientific discipline can be largely attributed to Durkheim (1858-1917). Durkheim, a sociological realist explored the cultural consequences of social change and the emergence of individualism. He argued that social facts are explicable only in relation to other social facts.

Durkheim argued that the moral values of individualism are essentially products of our social experience. In the same way he believed that the concepts which enable us to understand the world are similarly products of our social experience. As a moral individualist, he believed that individual freedom and reason were the highest values one could attain. Durkheim believed that these values were arrived at as a result of the evolution or change of human society. Durkheim

described a "collective conscience" which is created through transformation of the type of social solidarity which brings about changes in people's sense of belonging, in their general social awareness (Noble, 2000:170).

Research by Ennis (2015:1) confirms the notion of a "collective conscience" and social awareness. She explored the reasons people who self-injure posted online content on social media webpages. Results indicated that this content was posted online to serve two functions: 1). a social motivation function for the purpose of gaining social attention and manipulation in order to attain reactions and 2). to express an emotion, or to connect emotionally and socially with others.

Social cognition is about the way we make sense of other people and ourselves (Fiske &Taylor, 2008) cited by North and Fiske (2012:81). Social psychology studies the influence of people on other people's thoughts, feelings and behaviour (North & Fiske, 2012:81). The influence of social media on people who self-injure has been found to increase social support while it decreases social isolation (Lanham, 2017:1-3). The Internet allows individuals of similar backgrounds, experiences, and struggles to connect socially. However, social support can serve either as reinforcement for healthy ways of living or it may encourage unhealthy behaviour such as self-injury.

The Internet provides opportunities for self-injurers to communicate openly and honestly with others in a safe environment. It allows them to converse with others about very sensitive and difficult issues that they might not share with people in their everyday lives. Social cognition for people who self-injure is thus increased by utilising the internet. This strong sense of identity and social acceptance is rewarding for the person who struggles to connect relationally or who is sensitive to rejection. Individuals may derive a sense of character by being labelled a "cutter" or self-harmer thus reinforcing the social schema and social roles that the person has developed.

3.4.5.3 Phronetic social science (Flyvbjerg 2012)

The term "phronetic social science" was coined in *Making Social Science Matter* (Flyvbjerg *et al.,* 2012:285). This was the first organised volume of empirical-practical work in phronetic social science. Although phronesis was regarded as an important concept no one had developed the theory and philosophy of phronesis into a practical methodology that could be applied by researchers who wanted to practice a phronetic social science. In phronetic social science, "applied" means thinking about practice and action with a point of departure not in top-down, decontextualised theory and rules but in "bottom-up" contextual and action-oriented knowledge.

According to Flyvbjerg *et al.* (2012:285-297), phronesis is a skill and that having phronesis is iteratively dependent on practicing phronesis. The phronetic conception of social research

114

returns social science to society and its politics, to concern itself with society's improvement and to enter into public dialogue and praxis.

3.4.6 Interpretative perspectives on the transformational value of phronesis

In research on how healing is realised the value of phronesis has been highlighted. As described before, phronesis doesn't begin in a premise, a statement of principle posited in advance, but in a proairesis, a process of deliberate or considered decision-making on the basis of character. The word proairesis originated from Aristotle who claimed that proairesis is the self; it defines who we are; it indicates purpose; it is that decisiveness by which what lies ahead is taken hold of and then becomes decisive in one's own life. According to Aristotle as it is in this manner that phronesis can bring transformation in a human being (Parsons, 2012:446).

In addition to this, the systems analysis approach to healing is noteworthy in this context. This approach assumes that healing can only come when a person is aware of how current knowledge impacts upon life and how one accepts, lives, and comes to terms with that current and particular framework of meaning (Stutzner, 2015:11). He argues that a new philosophy of life is needed where a person broadens one's worldview by using system concepts. The basic assumption is that in order to be healed on a spiritual level, more is at stake than merely the human person or an individual 'soul'. He argues that the paradigms that motivate human behaviour and determine frameworks of meaning should also be healed. Patterns of thinking are paradigms that contain within them, inter alia, a person's spirituality, life views and framework of belief or convictions.

Apart from healing patterns of thinking and paradigms, another aspect of healing is emphasised by philosophical counselling. Philosophical counselling realises that the outside world and the framework for meaning, including the interpretation of events, need to be changed for healing to take place. Healing requires more than empathetic listening and talking or just verbalising feelings. Healing also requires paradigmatic changes and the development of a functional philosophical disposition toward your situation. Philosophical counselling asks the question what is your framework for meaningful living? This question cannot be separated from its philosophical context, which is determined by different schemata of interpretations and patterns of thinking or paradigms (Louw, 2011:3-4).

In philosophical counselling, aesthetics is more fundamental than ethics and morality. It is about the beauty of life, which is the mode by which one interprets the challenges in life in order to grow into a deeper sense of significance and gratitude. In this sense, philosophical counselling probes into the human art of daily living and wisdom decision-making. 'Philosophical counselling is a practical application of what has been largely an academic pursuit; it is a contemporary

pragmatism whose goal is to deal with what actually matters in people's everyday lives and to re-establish theory as a useful instrument to a higher philosophical practice: the art of living wisely well (Louw, 2011:3-4).

In essence, philosophy is a passion for healing in order to use astonishment and amazement as a tool to bring about a profound transformation of the individual's manner of seeing and being, a transformation of our vision of the world and a metamorphosis of our intentionality. It is called a 'worldview interpretation' or wise therapy (Louw, 2011:4).

The shift towards philosophically counselling is a shift towards wisdom and its connectedness to meaning, future orientation, life views and the realm of ideas or convictions. Its aim is to help you apply the narrow insights that you learn about yourself to the big picture of your life; to integrate every conceivable insight (psychological insights being just one kind) into a coherent, workable outlook on and approach to life (Louw, 2011:5).

The pastor or pastoral caregiver should assess the understanding of the spiritual needs of the person who self-injures by assessing the wisdom of paradigms. At a spiritual level, these patterns are to be assessed so the individual's framework of meaning may be addressed to lead to a more holistic healing. The healing of paradigms is a spiritual matter and is closely related to frameworks of meaning. Certainly, paradigms contain the concepts and beliefs that are organised into particular patterns of thinking, established convictions and all kinds of belief systems. These patterns always constitute very particular presuppositions and ideologies as experienced through life (Stutzner, 2015:11).

In addition, because paradigms are expressions of a faith system, they contain within them attitudinal value; thought judgments, and conscious memory. Furthermore, in their most basic form they constitute concepts and in their more developed sense they constitute schemas. The assumption is that such a faith system reveals the internal relationship between the person and God. Consequently, it also reveals the relationship between the person and himself as well as the world. In this regard, Stutzner (2015:12-15) argues that philosophical counselling can play a decisive role in a more inclusive and integrative approach to spiritual healing and wholeness.

Practical theology and pastoral care operates within a faith paradigm, while philosophical counselling operates within an existential and ethical paradigm. In its connection with the sciences, the Bible still brings about a radical change as the inner framework of a person is changed. In this case, sanctification reflects the change of the soul in the state of growing in divine grace (Stutzner, 2015:16). Scripture is clear that God wants us to be like Him in every facet of our lives, including our intellectual life according to Coe and Hall (2010:15). We are transformed spiritually by having the categories of our minds renewed (Romans 12:1-2).

3.5   Interpretative perspectives on faith

Intra-and inter-disciplinary perspectives on faith from the field of theology are now discussed. In this section, the nature of faith, as well as how faith relates to healing are examined. This is then contextualised within the scope of this study to explore how faith may contribute to healing of people who self-injure.

3.5.1   Interpretative perspectives on faith from the field of practical theology

3.5.1.1   The nature of faith

Faith is often seen as reception of the gospel, and receiving with consent the implanted Word which is how the soul is saved according to the writer of the book James (Pierre, 2010:53). According to Minirth and Meier (2002:197), faith in Jesus Christ and the principles of the Word of God is the beginning of all solutions. They describe belief in Christ as a choice of the will; explaining that belief is simply to realise what Christ had done for us and accepting His sacrificial death for us (Minirth & Meier, 2002:136-137).

Mitchell (2006:133) emphasises that faith is more than mere belief. It also implies dependence and trust and because it incorporates dependence and trust is also embodies action. She writes that faith is presented in Hebrews 11 in the context of words that describe faith as assurance, endurance and a firm hope in the promises from which we do not shrink back. In this sense faith is eschatological and faith cannot be separated from hope. The language of faith (believe, trust, faithful) is essential in human relationships in general but faith gains a special biblical connotation from the interaction of God with humanity; His reliability and our response of trust in Him. Mitchell (2006:133) emphasises that faith comes from God through the Holy Spirit who works faith in people. Man cannot produce faith and it is presented to man as a gift or 'saving grace' according to Scripture.

The Gospel presents the historical facts of Christ's substitutionary death, His burial and His resurrection. Faith is the belief of these remarkable facts and not just the recognition of these facts (Mitchell, 2006:133). She explains that a person may know all about Christ as revealed in the Bible and may even believe that the Word of God is true, and yet not have real faith in Him as his personal Saviour. Agreement by the mind is not the same as the surrender of the heart. The Bible records in James 2 verse 19 how Satan and his demons believe in God to the extent that they tremble with fear of Him. Faith not only accepts, but believes and applies the facts (Benson, 2003:30). Faith thus involves the affections, the will and the intellect. God never bypasses the mind but works through it and people are transformed by the renewing of their minds (Anderson & Anderson 2004:56).

Apart from the fact that faith is seen as a response of trust to God, faith also enables the seeking soul to penetrate into the spiritual realm as faith is the source of all spiritual achievement (Mitchell, 2006:135). Fitzpatrick (2002:185) states that faith is the knowledge of God's character, the belief that he is able to do all that He has promised, and the trust to follow Him wherever He leads as cited by Mitchell (2006:135).

Louw (1993:147) summarises the nature of faith as follows:

- Faith is essential obedience

- Faith has a witness character

- Faith as related to the Person of Christ and not an object

- Faith is in relation to the Christian church

- Faith implies knowledge based on the resurrection of Christ which results in wisdom

- Faith is an assured confidence

- Faith as partner of the resurrection power of Christ

- Faith is grounded in hope

3.5.1.2 The transformational and healing nature of faith

Jacobson (2014:128) writes that people need to make sense of their lives and that the use of stories and narratives is a key component in this task of making sense. He claims that human identity is inherently narrative: we are our stories. The healing value of faith can be seen in its way that faith changes who we are. Jacobson (2014:129) states that faith in Jesus requires a formation, or trans- formation and alteration, of one's self-definition; a change of identity. When entering into a relationship with Christ, it includes a particular identity—the identity of Christian.

Mitchell (2004:5) agrees and adds that the surest route to overcoming problems and becoming the person one was meant to be is reconnecting with God and with one's community. This kind of relating depends entirely on deep fellowship with Jesus Christ and then spills over on to other people with the power to change their lives (Mitchell, 2004:5). It is in this sense that the relationship with Christ which the person who self-injures enters into translates into healing.

A study by Powel *et al.* (2012:177) examined students development of faith during their college years and found that three specific areas influenced their development of faith: (a) discovering self and an authentic connection with self, (b) discovering others and an authentic connection with others, and (c) discovering God and an authentic connection with God. Students who were able to accept themselves and who were able to express their true selves to a supportive person reported growth in faith, self and perception of God.

Roos (2013:136) clarifies that Christian faith has a dimension of healing which is linked to the work of Jesus Christ on the Cross and the resurrection. He states that healing does not involve only the inner 'soul', but the totality of a person's being. Scripture portrays faith in Christ as the foundational means of the restoration of human function (Pierre, 2010:80). Transformation and change is possible due to the power in the reconciliation work of Christ to enable a person to change his or her behaviour in the sense that he changes his or her circumstances of life (Louw, 1993:113).

Pierre (2010:14) argues that "Scripture's model of the internal workings of the human person, which can be referred to as the heart, involves cognitive, affective, and volitional (the power to choose) aspects and that faith in Christ is the means by which all of these are restored to proper functioning." These internal dynamics are the result of God's design of human beings to function as His image, in relationship with Himself and others in the context of their personal circumstances, though this dynamic was crippled at the fall.

Scripture centres upon faith in Christ as the means by which this creational design is restored and unified to function rightly. The person who self-injures' heart's functioning is changed in cognition, affection, and volition as a person relates rightly with his Designer and Redeemer through faith. Faith in Christ is necessary for the proper functioning of the human heart. The heart, as represented in Scripture, is the inner life that one lives before God and himself, a life that is unknown by others because it is hidden from them (Pierre, 2010:4-5).

In the context of faith and healing the mechanisms of hope need exploration. Through faith in God hope emerges. Louw (1985:96) mentions that hope becomes grounded, through the Cross, and creates a sense of belonging and security which is essential for the person who self-injures and who is struggling to find a sense of security. Pastoral care and pastoral therapy can also be viewed as mechanisms of hope.

Pastoral care is about Christian hope, and pastoral therapy offers hope for faith maturity and healing. It provides a source of hope for the future. Louw (2006:15) states that hope correlates with two core aspects: firstly, a person's attitude or approach toward the trauma and crisis must change to alter the perspective. Attitude and approach are the only variable factors of suffering. Secondly, an external support and faith anchor is needed, in order to look past the loss and crisis. In the lives of people who self-injure these two aspects are needed for hope to emerge. Stutzner (2015:iii) highlights the connection between faith, hope and meaning in healing.

In the context of pastoral therapy, healing must be understood theologically as a result of God's faithfulness and mercy. Louw (2008:11) states that 'cura vitae' (the healing of life) is about a theology of life and the healing of life from the perspective of Christian spirituality. It is about how

new life in the risen Christ and the indwelling presence of the Spirit can contribute to the empowerment of the person who self-injures. It is about giving meaning to life within the reality of suffering, human vulnerability, and the ever-present predicament of trauma, illness and sickness.

3.6 Interpretative perspectives on self-injury, faith and phronesis: summary and conclusion

A literature study in the neighbouring sciences regarding self-injury, faith and phronesis was conducted to gather insight in the way the aspects of faith and phronesis influence the cessation of self-injury.

Walsh (2008:4) describes self-injury as intentional, self-effected, low-lethality bodily harm of a socially unacceptable nature, performed to reduce psychological distress.

In the search for answers to Osmer's question as to why self-injury is happening the existential experiences of the adolescent were explored. The age of onset of self-injury is typically during the adolescent period, around the age of 14 years (Nixon & Heath, 2009:5). Adolescence is a time of great physical, psychological and social change. The concept of systemic abandonment (Clark, 2011:8) and the psycho-social environment of the adolescent was discussed in relation to the influence on the person who self-injurers. Culture has changed so quickly that the developmental, societal, and relational needs of children have been neglected in recent decades and by the time children reach adolescence they have been left on their own to attempt to navigate the path toward adulthood.

Self-injurers may experience a need to belong and connect in relationships. It seems that these needs have not been adequately met in many modern families where adolescents have suffered the loss of safe relationships and intimate settings that served as the primary nurturing community for those traveling the path from child to adult. The easy accessibility of social media and Internet websites have resulted in many adolescents turning to these to fulfil their needs, which complicates the issue of self-injury as it is normalised through social media and the internet and becomes more contagious.

An analyses of behavioural, physiological, and self-report data suggest that self-injury serves both an intrapersonal function i.e., decreases aversive affective/cognitive states or increases desired states and an interpersonal function i.e., increases social support or removes undesired social demands (Nock, 2010:339-363).

Interpretative perspectives from the science of sociology have indicated that self-injury has become a sociological occurrence. Adler and Adler (2011:2) have indicated how self-injury took

on new social meanings. While remaining a behaviour practiced by psychologically troubled individuals, it also became a legitimated mode of emotional expression and relief among a much wider population. Society learned that people who were neither mentally ill nor suicidal were using self-injury to cope with life's difficulties. It became a socially learned and contagious behaviour. During the twenty-first century self-injurers found a common community and that in cyber space, where they could communicate, learn from one another, and offer one another knowledge and understanding.

Research indicates that cessation of self-injury is linked to people realising that self-injury is an unhealthy means of coping, as well as an internal motivation to change their behaviour. Other factors that contribute to cessation of self-injury is developing an ability to identify and express feelings verbally and learning to use behavioural alternatives to self-injury. Encouraging the person to be around others when wanting to injure can be helpful, as self-harm is rarely done when others are nearby.

Christian faith has a dimension of healing which is linked to the work of Jesus Christ on the Cross and the resurrection (Roos, 2013:136). The practical manner in which faith and phronesis contribute to the cessation of self-injury needs clarification. Kruger (2003:461-484) states that all teaching and learning about God and the Gospel has implications for people's lives. He mentions that all teaching about God must lead to change in the way we think about God and about reality. People's God-schemas, self-schemas and social schemas are inevitably going to be changed when confronted with the Gospel. This is even more evident for the person who self-injures.

In Romans 12:2 something of a paradigm for true change is found (Kruger, 2003:461-484). He argues that Paul is stating that any transformation in people's lives is transformation according to God's will. Kruger explains that two verbs are used in Romans 12:2 and both are present passive imperatives that denote the continuous attitudes believers must retain. The first attitude has to do with refusal to conform to the world's way of doing. The second attitude has to do with transforming according to God's will.

In Romans conforming to the world is contrasted with being transformed to the image of Christ. In this concept of transformation the second Greek word that is used for the concept of form, is the word morfe. In the concept of morfe, the essence of inward substance is found (Kruger, 2003:461-484). The idea is that believers must be transformed in their innermost being or inmost nature. The concept is therefore denoting the idea of complete change and therefore it a transformation away from the standards of this world into the image of Christ (Kruger, 2003:461-484).

The transformation (renewal of mind) is the work of the Holy Spirit and the means whereby it happens is through the renewal of mind. Through faith and a relational bond with Christ the person who self-injures receives knowledge and truth as presented in the Gospel. When this truth is internalised (cognitively and affectionately accepted in the heart as true) it starts to reflect as an outward presence of phronesis bringing change and transformation.

The Scripture model as proposed by Pierre (2010:14) of the internal workings of the human person, which can be referred to as the heart, involves cognitive, affective, and volitional (the power to choose) aspects. He sees faith in Christ as the means by which all of these are restored to proper functioning. Through faith in God hope arises, creating a sense of security and belonging.

The place of phronesis or practical wisdom has been recognised by practical theologians within their hermeneutics. Practical wisdom is seen as a deeply integrative way of knowing and living (Cahalan, 2016:9). Phronesis deals with the cognitive (thoughts), affective (feelings or will) and also conative (acts and behaviour) aspects of life (Kruger, 2016:1-2).

The value of phronesis in the life of the church as well as the broader community has been recognised (Kruger, 2016:1-2). Practical theological hermeneutics and practical wisdom are more than a method of inquiry, but a virtue and practice embodied by Christian communities and constituted by Christian tradition.

The shift towards philosophically counselling is a shift towards wisdom and its connectedness to meaning, future orientation, life views and the realm of ideas or convictions. Its aim is to help you apply the narrow insights that you learn about yourself to the big picture of your life; 'to integrate every conceivable insight into a coherent, workable outlook on and approach to life' (Louw, 2011:5).

The concept of cognition is meaningful in the context of the Christian faith. Wisdom is seen as the driving force behind the actions of religious communities especially when this search for wisdom is connected to the intention of God's will for human life (the mind of Christ). Practical Theology deals with the praxis of God and His involvement or engagement in human lives (Louw, 2015:64).

CHAPTER 4: NORMATIVE PERSPECTIVES ON FAITH AND PHRONESIS IN THE HEALING OF PERSONS WHO SELF-INJURE

4.1 Normative perspectives: introduction

Osmer's (2008:10) third phase begins with the question; what ought to be going on? Given the complexity of the causes, functions, and nature of self-injury, a thorough, comprehensive, cognitive understanding of this behaviour is necessary from a normative perspective. Chapter 4 serves to add valuable normative insight and understanding regarding self-injury creating a solid foundation for pastoral guidelines in caring for people who self-injure. The following diagram illustrates Osmer's approach to research and shows that the normative task is addressed in this chapter:
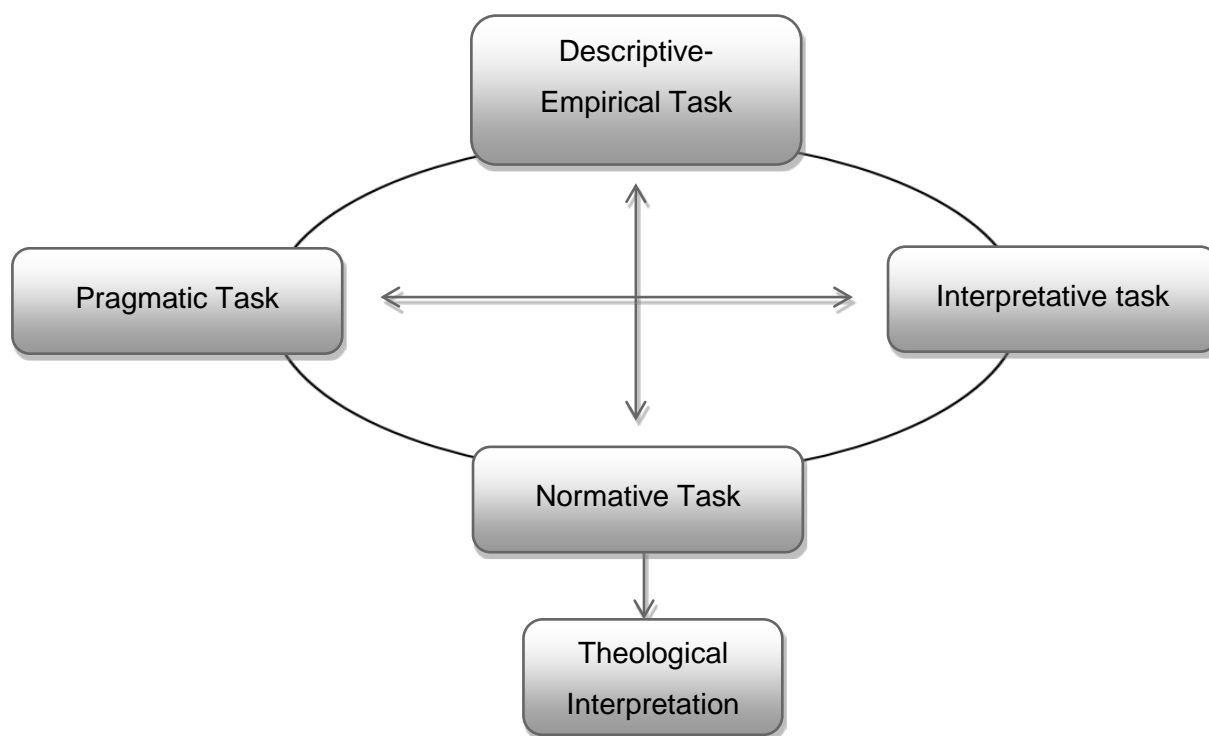
Figure 4-1:   Osmer's third phase: what ought to be going on?

Osmer proposes three approaches to this task:

- Theological interpretation where theological concepts are used to interpret particular episodes, situations and contexts.

- Ethical reflection where ethical principles, rules or guidelines are used to action towards moral ends.

- Good practice where norms are derived by exploring models of such practice in the present and past or by engaging reflectively in transforming practice in the present (Osmer, 2008:161).

In this chapter, the first approach that Osmer proposes, that of using theological interpretation and theological concepts to interpret episodes, situations and contexts of self-injury is utilised. According to Pierre (2010:4), both the content and the purpose of Scripture reveal foundational truths about the nature of human beings and how they function. This is applicable to people who self-injure and therefore the nature of self-injury, faith and phronesis in the healing of persons who self-injure is examined from a theological perspective.

The research topic lends itself to a specific accentuation on the revelation in Scripture of God's intention to restore humanity (His image, also referred to as Imago Dei) through faith in Christ. The researcher agrees with the viewpoint of De Klerk and Van Rensburg (2005:3) which is that Scripture is God's revelation to us in specific contexts that we may experience, even in the context of self-injury. De Klerk and Van Rensburg (2005:3) emphasise that the Bible is a gift of God that we have received through grace and that the Bible has the power to motivate us to preach, to counsel others and to inspire us to be witnesses of God's great deeds. This is relevant in the normative task regarding faith and phronesis in the healing of people who self-injure.

4.2 Normative perspectives: objectives

The objective of this chapter is thus to determine a normative perspective, from a theological viewpoint, of relevant concepts in this phase of the study, namely Imago Dei, self-injury, faith, phronesis and healing. This perspective is examined by doing exegesis of related Scripture passages that may provide pointers to develop pastoral guidelines for facilitating healing to the person who self-injures.

Following the guidelines provided by De Klerk and Van Rensburg (2005:3-106), a theological interpretation of the following Scriptures is explored through exegesis:

- Genesis 1:26-28: Imago Dei

- Leviticus 19:1-2, 28; 21:5 Self-injury and holiness unto God

- 1 Kings 18: 26, 28: Self-injury and idolatry

- Proverbs 1:7 Phronesis, wisdom and the fear of the Lord

- Mark 5:2-8: Self-injury and Jesus

- Philippians 2:5: Phronesis and the mind of Christ

- 2 Corinthians 5:17 A new creation

- Hebrews 11:1: Faith

Scriptures for exegesis have been selected for the value they add in increasing theological interpretation of concepts examined in this study. The concepts have been ordered according to the progressive rationale of themes and with regard to the revelation-historical line of development in the Bible according to the numeric order in the Bible.

Genesis 1:26-28 illustrates the nature of human created-ness in Imago Dei and this concept has been selected as a point of departure which forms a solid basis for understanding the normative perspectives that follow. The healing process of the person who self-injures will be incomplete without a firm understanding or cognition of his own created-ness in the image and likeness of God and the implications that this cognition bears on his life and behaviour of self-injury.

Leviticus 19:1-2, 28; 21:5 follows and has been selected to examine the relation between holiness and healing. It is important to understand and recognise the crucial role that holiness plays in the process of healing for the person who self-injures. The person who has an understanding or cognition of his created-ness in Imago Dei will naturally choose to live a holy life - as being set-apart and consecrated unto God. Apart from the natural choice these verses highlight the ethical implication of holiness which the person who self-injures needs to understand in order to embrace healing.

1 Kings 18: 26, 28 have been selected for exegetical study to examine the relation between idolatry and self-injury which further broadens our understanding of holiness (set-apart unto God) in relation to idolatry and self-injury. In these verses insight can be gained on the nature of self-injury and how God views and abhors idolatry and the trust that people put in idols for meeting their needs. These verses emphasise once again the importance that God places on living a holy life - separated and consecrated unto God. People who use self-injury as a means to release intense negative emotions thus may rely on self-injury to manage their emotional needs. Exegesis of these verses could motivate the person to rely on God instead within the context of a holy relationship with the God who has created him in His image and likeness.

Proverbs 1:7 has been selected as this passage of Scripture provides instructions on gaining a sense of phronesis or practical wisdom. The wisdom writings in Scripture offer advice on most of human experience and are aimed at making man fit for a life well lived (Brunsdon, 2015:4). The person who self-injures will benefit from a comprehensive understanding of the concept of the fear of the Lord -*'yir'at Yahweh'* – which usually means "revere in awe of" *Yhwh* indicating the covenantal nature of God. A thorough understanding of - *'yir'at Yahweh'* will enhance cognition

of Imago Dei and the concept of holiness. In this regard the wisdom Scriptures have value in the process of healing and cessation of self-injury.

Mark 5:2-8 follows and has been selected for exegesis as it provides a biblical example of self-injury in the New Testament and further enhances our understanding of the total despair and anguish of the person who self-injures as it is described here. In addition to this a description of the response of Jesus to someone who practises self-injury is portrayed in detail. This passage of scripture is therefore useful to offer hope to the person who engages in self-injury where hope is a much-needed component in the healing process. These verses add value and are useful in the formulation of pastoral guidelines for dealing with self-injury in practice.

Philippians 2:5 has been selected as the importance of developing the mind of Christ in cessation of self-injury is highlighted in this passage of scripture. The measure of success in cessation of self-injury is related to the measure in which the person has managed to apply phronesis in his healing process. Reasoning is transformed and becomes theological, leading to a process of change in all thought processes which include correcting faulty God-schemas and self-schemas. Guidelines for pastoral care envisage a practical wise application of knowledge gained in the previous exegetical exercises and aims to provide a practical nature to guidelines.

2 Corinthians 5:17 is the next portion of Scripture chosen for this chapter as it provides a deeper understanding of the quality and nature of healing that is achieved for the person who self-injures. Exegesis of this passage indicates that healing is more than merely cessation of self-injury or developing self-love. Healing is understood in a holistic manner. Renewed thought processes eventually translate into changed behaviour when the person who self-injures acts on the understanding (cognition) that he has gained and applies phronesis and faith in the process of healing which will eventually result in transformation. A normative understanding of the factors that encompass healing is necessary to ensure healing will prevail and lead to permanent change.

Hebrews 11:1 is the last passage of Scripture chosen for this study as this passage provides a clear understanding of the nature of faith and explains how the dynamics of faith may contribute to the healing of people who self-injure. In the context of all the above scriptures, seen from a pastoral viewpoint, faith is how the person who self-injures is able to embrace healing. Through this study, it is the researcher's hope to make a valuable contribution to the pastoral field regarding the research question which is important given the central research statement.

In this regard, the following are discussed:

- Imago Dei. As humans are created in the Image of God the theological concept of Imago Dei (image of God) will be explored in order to gain an anthropological insight in the context of healing.

- Self-injury. Understanding self-injury as a human behaviour within a theological framework is necessary to facilitate wholeness and healing to the person in totality of his being.

- Phronesis. A theological perspective of the concept of phronesis is necessary to utilise this concept in theological practice in the context of healing of persons who self-injure. All good theology is a theology in process; it is practical theology or theology that is reflective, in dialogue with experience. This kind of theology is based on phronesis – developing practical Christian wisdom for living; for answering the key question of our day: how then shall we live? (Rooms, 2012:84). This phronetic theology is searched to find an answer to this question for the person who self-injures.

- Faith. A theological interpretation is presented of faith and provides a Christological dimension to healing.

- Healing. A theological interpretation with the emphasis on a teleological dimension to healing.

In the following sections normative perspectives on each of these important concepts are presented.

4.3   Normative perspectives

4.3.1   Normative perspectives on Imago Dei and its relation to healing of people who self-injure

A theological perspective on Imago Dei will provide possible answers to the question that Osmer (2008:10) poses in the third phase of research, namely: what ought to be? The creation of humankind provides the reader with an understanding of man in relation to God (Vorster, 2011:593). An understanding of the creation of mankind is necessary to comprehend the manner in which healing is attained for the person who self-injures.

An exegesis of Genesis 1:26-28 followed by the implications of Imago Dei for the person who self-injures are discussed.

Genesis 1:26-28: "Then God said, "*Let us make man in our image, after our likeness.* So God created mankind *in His own image*, in the image of God He created them; male and female he created them. God blessed them and said to them: "Be fruitful and increase in number; fill the earth and subdue it. Rule over the fish in the sea and the birds in the sky and over every living creature that moves on the ground.""

4.3.1.1 Word study of important concepts of Imago Dei

The following words and phrases are researched:

- 'Let Us make man in our image,

- According to our likeness',

- 'And let them have dominium', and   .

- 'Adam'.

1. **Let Us make man in our image:** בְּצַלְמֵנוּ   **(b·tzlm·nu) (in·image-of·us)**

According to Louw and Nida (1989:65), the word 'image' is translated as:

- An object which may not necessarily be three dimensional

- But which has been formed to resemble a god, person or an animal".

2. **According to our likeness:** כִּדְמוּתֵנוּ **(k·dmuth·nu) (as·likeness-of·us)**

Louw (1993:124) states that:

- Both terms -- image (*tzlm*) (*tselem)* and likeness *(dmuth)* are used interchangeable.

- These terms are not differentiated easily.

- These terms can be interpreted as synonyms.

- According to the Hebraic use of parallelisms, these words explain each other.

- The literal sense of image is a 'resemblance' or 'shadow'.

In addition, Wood *et al.* (2004:827) note three things that pertain to our understanding of this phrase:

- The expression 'let Us' implies a personal capacity. It refers to the human capacity to relate to God in worship and obedience which animals do not have. This is contrasted to 'let there be.'

- The word "likeness" describes human beings as not only representatives of God but also as representational of God.

- Humans are the only part of creation that is created in God's image/likeness. This fact sets human beings apart from everything else God has created. Humankind's supremacy and uniqueness is thereby emphasised.

Douglas (1990:508) furthermore mentions that:

- Many interpreters have thought to locate the image of God in man's reason, creativity, speech or spiritual nature, but he argues that it is the whole of man that is the image of God.

- The whole man, body and soul, contains the image of God.

Longman III (2013:24) adds more insight and argues that:

- A distinctive capacity for relationship with God is made available to human kind.

- This is because humans have been created in the image of God and God breathed His breath in humans.

Brueggemann (1982:31-35) explains the concept of Imago Dei as follows:

- The special clustering of the word "create" in verse 27 suggests that the text wishes to focus on the creation of humankind. The creation of humankind is celebrated.

- Human persons are honoured, respected, and enjoyed by the one who calls them to be.

- This gives human persons their inalienable identity.

- Humans are the only creatures to who God speaks directly. This creature has a different, intimate relation with the Creator.

- This is the one to whom God has made a peculiarly intense commitment (by speaking) and to whom freedom has been granted (in responding).

- God is imaged in the world in only one way which is through humanness.

- Humanity discloses to us something about the reality of God. This God is not known through any cast or molten image but only through humans.

- It is now generally agreed that the image of God reflected in human persons is after the manner of a king who establishes statues of himself to assert his sovereign rule where the king himself cannot be present.

3. And let them have dominion:

Longman III (2013:25) argues that:

- The fact that humankind is given stewardship of the rest of His creation implies the notion of relationship with humankind.

- The relationship of man to the rest of creation is now defined to be one of rule and supremacy.

- The employment of the plural (them) is an indication that not simply an individual was to be created, but many individuals.

- In addition, Louw (1993:127) states that the dominion of mankind is a result of Imago Dei.

Brueggemann (1982:31-35) explains the concept of dominium as follows:

- The human creature attests to the Godness of God by exercising freedom with and authority over all the other creatures entrusted to its care.

- The Image of God in the human person is a mandate of power and responsibility.

- The dominion mandate is with reference to the animals.

- The dominance is that of a shepherd who cares for, tends, and feeds the animals.

4. Adam:

According to Longman III (2013:24-25), the word Adam can be understood as:

- The word Adam אָדָם (Ἀδάμ) refers to the first human or to humankind ("like humankind").

- The word Adam serves both as a proper name and as meaning simply "human".

- There is disagreement as to when the text is referring to humankind and when it is referring to Adam as a reference to the first man's name.

- "Adam" is descriptive of either his colour, to be red;

- Or his appearance, from a root in Arabic which signifies "to shine," making Adam "the brilliant one".

- Another Arabic root of the word Adam means "to bring or hold together".

- It relates to his compactness, both as an individual and as a human race.

- It relates to his nature as God's image.

- The word "dam" relates to likeness; or his origin, 'from the ground' (Longman III, 2013:25).

4.3.1.2 Implications of Imago Dei for healing of the person who self-injures

The question that arises is how does Imago Dei relate to self-injury? King and Whitney (2015:50) indicate that the ontological difference between the created and the Creator, results in humans being unable to completely understand the nature of God's image in us. However, the implications of Imago Dei in relation to healing are important for this study. This study therefore examined the ways in which the Imago Dei pertains to the healing of the person who self-injures.

The fact that people are created in the Image of God is regarded as the most fundamental truth about human beings. Ferguson and Wright (1998:178) indicate that it is folly to ignore our Creator and His instructions given at creation or man's spiritual uniqueness and stewardship over creation. The uniqueness of humankind is found in his God-given responsibility and freedom of will and choice. The responsibility that man has been given implies accountability which includes being accountable on how man cares for his own being and body, as man is created in the Image of God. More importantly, is the knowledge that the Imago Dei concept helps people to self-transcend in the search for a deeper understanding of their lives and destinies, in light of the revelation recorded in the Bible (Lidums, 2004:9). It is in this sense that Imago Dei significantly influences the healing process of people who self-injure.

The researcher has the understanding that a comprehensive understanding of Imago Dei will have a positive influence on the self-schema of the person who self-injures (see Chapter 1) and could lead to changes in his cognitive evaluation of himself and his worth and human value (see Chapter 2). Once the new cognition of self-schema is based on Imago Dei and embraced affectively a changed identity and behaviour could result.

The implications of the concept of Imago Dei will be discussed from two vantage points, firstly from an anthropological perspective and secondly from a teleological perspective.

4.3.1.2.1 Implications from an anthropological perspective

In examining the functions of self-injury and determining the aspects that would contribute to the cessation of self-injury it becomes necessary to understand the person who self-injurers from a theological anthropological viewpoint. Louw (1993:121) emphasises that man can only be understood from the framework of his relationship to God. He states that a theological anthropology presents man from a specific perspective, which is man in his spiritual

directedness on God and God's involvement with man in terms of his existential meaning and eternal destiny.

Louw (1993:123) has made an important contribution to a theological anthropology for pastoral ministry. He stresses that the terms Imago Dei and man as a living being *(nefesj)* are both focussed on the fact that the uniqueness of mankind is contained in the fact that man is a being who is dependent on God and that his destiny can only be interpreted from his relationship with God. Within a theological anthropology man is a being who is directed and focussed on God and who will display the glory of God in such a way that the whole of creation will receive knowledge of God's faithfulness and grace (Louw, 1993:123). It is thus the foundation for cognition. Created in Imago Dei results in responsibility and accountability as is clearly indicated in Genesis where man is given responsibility to live and rule over creation.

According to Louw (1993:123), in this sense, humankind as a living being (*nefesj)* is differentiated from animals as man's whole life and his uniqueness of body and soul is directed on God and dependent on God. He states that the terms, Imago Dei and *nefesj* both refer to the trans-psycho-physical dimension of humankind, which reflects his transcendental dimension of man's existence. According to Louw (1993:124), this dimension determines man's eventual destiny and it contains a transformative function which is related to the qualitative state of man. In the light of the transformative function of understanding Imago Dei it becomes relative to the healing process of self-injury.

Imago Dei procures human value, worth and dignity for people who self-injure.

4.3.1.2.1.1 Imago Dei procures human value and worth for people who self-injure

In the context of self-injury, it is valuable to focus on Imago Dei as it relates to the value and worthiness of human beings. Calvin emphasised that humans have an inherent God-given dignity which follows because of man being created in the image of God (Vorster, 2010:199). Calvin argued that God created man in His image implicating that the gift of God's image is present in every person. The worthiness of the human being is related to this creational principle.

Vorster (2010:200) agrees with Calvin's view that creation of humankind on the sixth day is especially important, noting that God first created a dwelling place for people before the creation of humankind. God imparted to humans a certain status. Calvin sees humans as the noblest of the works of God and this fact is proof of God's justice, wisdom and goodness (Calvin, 1957?:213). Humans are the mirror of his divine glory. The most distinguishing quality of humankind is its likeness to God, which seats in the intellect and in the abilities of the "soul" (Calvin 1957?:218). Vorster (2011:603) mentions that according to Genesis 9:6 the value of man

is attributed to the fact that he is created in the image of God and therefore humans and human life should be respected and valued as important and worthy.

4.3.1.2.1.2 Imago Dei procures human dignity for people who self-injure

Vorster (2011:603) explains that the theme of Imago Dei in humankind is continued in the New Testament as recorded in James 3:9 where the importance of speaking to and treating humans with respect and dignity is stressed, solely for the sake of them being created in the image of God. Vorster (2010:200) explains that the image of God is in one's fellow man and therefore a violation of one's fellow man is a violation of God. In the context of self-injury this would then imply that a violation of oneself is also then a violation of God.

Within pastoral ministry to the person who self-injures it is essential to help the person to realise and internalise his own human dignity procured by Imago Dei. Furthermore, the meaningfulness of life which has been imparted to us by Imago Dei is to be communicated in pastoral ministry. Developing a perspective and realisation of human dignity together with meaningfulness of human life should be prioritised within pastoral ministry. This perspective could elicit new perspectives for the person who self-injures which could help him to view his circumstances in a different light and help him to cope with his problems in a more productive and less self-destructive way. In this way the pastor thus communicates a message which provides a different frame for the person who self-injures, a frame established and anchored in human dignity and meaningfulness of life that is imparted to him by God himself.

The healing process of the person who self-injures may thus be impacted by a cognitive understanding of Imago Dei as they learn to see themselves in a different light; as a person who has received human value inherently procured by being created in the image of God. The mere cognisance of our human worth and value due to Imago Dei requires a responsible response or action in the form of a changed behaviour from the person who self-injures. This response is preceded by an attitude change. Kruger (2016:232-234) writes that no-one can live unchanged when listening to the Word of God. He argues that attitude changes can be the result of changes in individual's cognitive processes or behaviour. This implies that individuals can become active agents in attitude change.

The cognitive understanding is only one component of attitude change. It is closely correlated to the affective and conative components that all interrelate when an attitude change is made. Kruger (2016:226-227) writes that an attitude can be described as the specific feeling people harbour for someone or something that makes them react in a particular way. He explains that attitudes are learned and are an evaluation of people, objects and events in society. He distinguishes three components of an attitude, namely:

- Beliefs and thoughts.

- The evaluation of feelings and emotions.

- The behavioural aspect which refers to the way in which attitudes are expressed or the motives or intentions of people.

In understanding how a cognitive understanding of Imago Dei can lead to an attitude change for the person who self-injures it is valuable to research the factors that influence attitude development. Kruger (2016:227) indicates that attitudes develop during parent-children interactions, during critical periods in people's development, during various ways of learning that may include social media and advertisements, and through social, cultural and theological influences.

Kruger (2015:1383) explains that attitudes are formed by selecting facts. Persons generally select facts that are a confirmation of their attitudes. People also tend to protect their own attitudes by rationalising facts that are in conflict with their attitudes. Kruger (2016:227) indicates that attitudes that are central to someone's personality are relatively stable and thus difficult to change while peripheral attitudes are temporary and susceptible to change. Fiske (2004:217) mentions that factors like origin, intensity and duration of attitudes will influence how an attitude may change as cited by Kruger (2016:227).

The changing of attitudes regarding self-injury may be a challenge for the pastoral care giver, especially since self-injury provides immediate although short-term relief from emotional turmoil. Apart from that, it is addictive. If people's opinions are based on facts, their opinions will change if the facts are changed (Kruger, 2016:226-228). If opinions are based on attitudes, opinions will offer more resistance to change. This implies that the emotional nature of a negative attitude may persist even though negative facts are changed to positive ones (Kruger, 2016:228).

 Attitude change in the context of pastoral care and cessation of self-injury is linked to the "agogisch moment" in pastoral care. From this perspective, attitude change is seen as something that leads to a spiritual or faith change (Kruger, 2016:227). Understanding one's own created-ness in Imago Dei leads to a spiritual or faith change which then impacts attitude change regarding the way one values yourself and your own body. The pastoral caregiver who aims to facilitate change should help people to develop a deeper vision of aspects that can initiate change (Kruger, 2016:227).

4.3.1.2.2 Implications from a teleological perspective

Louw (1993:152-153) explains that the noun *telos* was initiated from the root that means to turn around; where one phase is completed before the next is started. The online Strong's Greek

Dictionary (2016) indicates that the word *telos* is derived from a primary word τέλλω tellō which means 'to set out for a definite point or goal'; or 'properly the point aimed at as a limit, that is, (by implication) the conclusion of an act or state (termination [literally, figuratively or indefinitely], result [immediate, ultimate or prophetic] or purpose'.

According to Louw (1993:152-153), the word *telos* has a specific meaning when it is used in a theological context namely to bring people closer to God. In the New Testament the relation between *telos* and *eschatos* becomes significant. The term *eschatos* indicates the end or the last and it is used to indicate not only the beginning of a new dispensation which started at the birth of Jesus, but also the process of fulfilling or bringing to completion of God's redemptive plans and purposes at the end.

In the context of the research question of this study a further understanding of *telos* is required. The word *telos* as it is used in the book of Hebrews indicates a process of consecration to God and sanctification of one's life in order to stand before God in the same way as the priests of the Old Testament could stand before God (Louw, 1993:153). This is achieved and made possible through the sacrifice of Christ. He explains that the word *teleion* which is used in Hebrews 12:2 indicates that Jesus is the one who helps people to reach the goal and who brings everything to completion.

Jesus is the pioneer and perfecter of our faith. Kruger (2002:99) mentions that the example of Christ becomes the focus in Hebrews 12:1-4 where the example of Christ serves to encourage and motivate the readers to endure despite their difficult situations. Jesus is described as the pioneer and perfecter of our faith (ὁ ἀρχηγός καὶ τελειωτής). Despite the things that He suffered during difficult circumstances that He faced He endured by focussing on the joy that was set before Him. Jesus is pioneer in the sense that what He did sacrificially was for once and for all according to Hebrews 7:27; 9:12 and 10:10. Believers may share in that which He did and therefore may enter the throne room of God with boldness and confidence according to Hebrews 10:19.

Furthermore, the appeal to the person who self-injures for spiritual growth or *telos* τέλλω ('to set out for a definite point or goal') is motivated by the example of Jesus's obedience to the will of God. Kruger (2002:99) mentions that the verb τελειόω is used nine times in the book of Hebrews and three times in relation to Jesus's own perfection (Hebrews 2:10,5:9 and 7:28). Jesus attained salvation through His suffering. Through His suffering God brought Jesus Christ to His highest purpose which was to bring salvation to the world. As High Priest and pioneer (Forerunner) πρόδρομος (Hebrews 6:20) the work of Jesus does not end in the past. He is not only Pioneer to attain salvation but also to the consummation of salvation at end of history. He is eternally High Priest according to Hebrews 7:12 and 24, 8:11 (Kruger, 2002:99).

Therefore, we are urged and instructed to enter the throne room of God boldly with confidence (that we will be helped) with our requests. We are urged again in Hebrews 10:35 not to throw away our confidence as it holds a great reward. A clear understanding of the concept of Jesus as pioneer and perfecter of our faith will greatly influence and motivate the person who self-injures to develop *telos* or set a definite goal to cease self-injury.

The *telos* dimension which is imparted to the person who self-injures contributes to healing and cessation of self-injury which is now described in more detail.

4.3.1.2.2.1 Imago Dei procures destiny and purpose for people who self-injure

Lutheran theologian Philip Heffner as cited by Lidums (2004:9) stated it aptly: "Unless we perceive the human being's divinely ordained destiny, we have failed from the outset, to comprehend who and what Homo sapiens is." According to him, our createdness underwrites the very notion that we humans have *telos* that is intended by our Creator.

God's intentional action in creation has a *telos*, that is, a goal or purpose for humankind (King & Whitney, 2015:57). They question a static conception of the image of God and assert that a more dynamic understanding of the Imago Dei will enhance theology's practicality and ability to speak into applied issues. They recognise a dynamic understanding of the Imago Dei, influenced by the reality of human plasticity and their belief in the continually renewing efforts of the Holy Spirit. This understanding of King and Whitney (2015:57) has important implications for the process of cessation of self-injury, namely the purpose, destiny and fulfilment or *telos* which God intended will motivate the person who self-injures to cease from self-injury. An understanding of one's purpose will positively impact cessation of self-injury.

4.3.1.2.2.2 Imago Dei procures healing for the person who self-injures

Within the teleological perspective of the Imago Dei the aspect of healing is present, in addition to the aspects of destiny and purpose. The word *teléo* is used with the meaning to fulfil or bring to completion (Louw, 1993:152). In this sense it is related to eschatology. According to Fergusson and Wright (1988:231), Christ's second coming marks the completion of His work begun in Bethlehem. In addition to completion or fulfilment another aspect related to *teléo* is that of peace. Louw (1993:152) indicates that the word *sálém* is often used as equivalent to *teléo* and indicates a process of healing; a state of peace where the emphasis is on being whole, perfect and intact. Louw and Nida (1989:90) describe peace as a state of freedom from anxiety and inner turmoil, peaceful, free from worry.

Louw (1993:152) describes that the word *teleios* is often used to describe the heart which is wholly turned towards God and the man who has bound himself wholly to God. Wood *et al.* (2004:455) explain that the Hebrew term for heart (*lebab)* means 'centre of things'. In Hebrew

way of thinking, the term 'heart' was essentially the whole man with all his attributes, physical, intellectual and psychological and the heart was conceived as the governing centre of all of these. Imago Dei is brought to completion in the life of the person who self-injures when he turns to God with his whole heart, the governing centre of his life.

4.3.1.2.2.3 Imago Dei procures a capacity for a relationship with God

In the biblical world, the term, image of God described a position of possessing the god's life. Waltke (2007:217) explains that people in the biblical world had an understanding that image functioned as the dwelling place of the represented deity's life. In the same way the life of God indwells His image. Waltke (2007:218) explains that according to Genesis 2:4-24 God's breathing into man's nostrils the breath of His life, provides an understanding of this concept. He explains that according to Psalm 104:29-30 and Eccl. 12:7 life is passed on seminally, but the Spirit of God gives each creature its breath. He concludes that we are therefore created as living beings that have the capacity to speak and communicate and engage in relationship with others.

In addition to this King and Whitney (2015:51) broaden this concept by explaining that although a capacity for relationship is seen as a key characteristic of the Imago Dei, the relational aspect of humanity is part of growing into the image of God and imaging God.

Furthermore Lidums (2004:11) agrees that humans have been created in the image of God, and therefore have the capacity for relationships with God, but that Imago Dei is not lost in humans. He explains that it is marred and distorted, and needs to be restored in and through Jesus Christ, who is the complete revelation of what the full image of God looks like.

The importance of the restoration of the image of God in mankind is also emphasised by Vorster (2011:607). He argues that man is not an autonomic being that can work out his own salvation. Humans can only find their true humanness when they restore their relationship with God. However, humans are so dependent on God that they cannot restore this relationship by themselves. This initiative comes from God.

According to Louw (1993:128), we are to be transformed to the image of Christ. He indicates that the glory of God is continuously increased in us as we continuously behold and contemplate the glory of the Lord (II Cor. 3:18). In this way man is brought back to his original creative purpose which is to represent God and be in relationship with God as His child.

The distorted image is restored through being in Christ, in the Church, in meaningful relationships, and receiving a continuous impact that helps in the process of restoration through these relationships (Lidums, 2004:11). He explains that the human situation changed in two ways after the fall: the humans experienced a loss of positive self-identity, and the existential reality of a divided self.

It is in this sense that the person who self-injurers, being created in Imago Dei, is able to relate to God and others in church in a meaningful way which transforms identity, procures healing and provides destiny and purpose.

From the above discussions one can conclude that a theological understanding of the concept of Imago Dei results in the following:

- A realisation of human value, worth and dignity as well as destiny and purpose for the person who self-injures.

- This becomes possible when the person starts reasoning theologically about his own self-perception.

- A comprehensive cognitive understanding of this concept brings the person into a closer relationship with God.

- An understanding of Imago Dei gives him a new identity and new self-perception which results in healing and cessation of self-injury.

These conclusions are summarised in Figure 4.2.

Imago Dei procures:
- Human value and worth
- Human dignity
- Destiny and purpose
- Relationship with God and others
- New identity

Healing
- Imago Dei is restored through Christ
- Person reasons theologically
- Self-injury ceases

Figure 4-2   Imago Dei is restored through Jesus Christ

Cognition of how Imago Dei procures human value, worth, dignity, destiny and relationship is the starting point and when it translates into a deeper understanding - phronesis (practical wisdom) a new cognition of one's identity within Imago Dei is formed which creates the space for healing to transpire. Cognition involves a cognitive, affective and volitive component. All these components bring about emotional healing in addition to a mere cognisance of a new identity.

4.3.2 Normative perspectives on self-injury

4.3.2.1 Self-injury and holiness unto God

The following discussion provides an exegesis of Leviticus 19:1-2, 28; 21:5 where self-injury as part of pagan rituals and in relation to holiness unto God is referred to.

> Leviticus 19:1-2: "And the Lord spoke to Moses saying: Speak to all the congregation of the children of Israel, and say to them; you shall be holy, for I the Lord your God am holy".
>
> Leviticus 19:28**.** "You shall not make any cuttings in your flesh for the dead, nor tattoo any marks on you: I am the Lord".
>
> Leviticus 21:5 "Priests must not shave their heads or shave off the edges of their beards or cut their bodies" (Bible, 2011).

In this discussion the socio-historic context of this Scripture is discussed, as well as a word study of important concepts in the key verses, and the implications for healing of the person who self-injures.

4.3.2.1.1 The socio-historic context of Leviticus 19: 1,2, 28

The book of Leviticus is regarded as a guidebook of holy living for the Hebrews (Mac Arthur, 2005:134; O'Day & Petersen, 2009:42). In this Old Testament Scripture self-injury is mentioned as a ritual in pagan societies. These pagan societies used to cut themselves to memorialise a deceased loved one (MacArthur, 2005:157).

Freedman (2000:600) stresses that the decree to be holy in Leviticus 19 was to purposely oppose such Canaanite cultic practices. It was the custom of the Amorites, when anyone died, to cut their flesh. For a deceased king they cut off a part of the ear, shaved the hair, cut the arms, wounded the forehead and nose, and transfixed the left hand with arrows. This was done to appease the infernal deities. Wiseman (1980:201) writes that the incising of patterns on the skin as described in Leviticus 19:28, formed part of pagan mourning rituals which was prohibited by God as the disfiguring of the skin which probably included emblems of pagan deities, dishonoured the divine image in a person and was forbidden because it did not reflect God's holiness.

4.3.2.1.2 Word study of important concepts in the key verses

Important concepts in these key verses relating to this study are 1) 'holy' and 2) 'cut'. These words are thus looked at in more depth.

1. Holy:

Concerning the word holy Marshall *et al.* (2004:477) mention that:

- The main Hebrew root denoting holiness or the holy is קדשׁ as used in the Old Testament.

- Etymological studies suggest two associations with '*qdush*' namely 'separation' and 'brightness'.

- With respect to humans, holiness is always derived and dependent on proximity and relationship to God.

- With respect to God holiness is his quintessential nature.

- The lives of God's people were now to reflect His own holiness as Leviticus 19:1-2 illustrate: "You shall be holy, for I the Lord your God am holy".

Douglas (1990:486-487) further explains the word holy and mentions that:

- The main root of *qdsh* is derived from the simple root *qd* meaning to cut or separate.

- It denotes apartness, indicating the separation of a person or thing from the common or profane to the divine use.

- In Scripture, the term is used in reference to people or things that have been separated or set-apart for God and His service.

- The word does not imply ethical attributes but mainly consecration to the Lord and His service.

- Holiness is God's self-disclosure in the Old Testament.

- Holiness is the testimony He bears to Himself.

- Holiness is the aspect that He wills His people to know Him by.

Freedman (2000:598) mentions that:

- The root idea of holiness is that of "separation" or "withdrawal".

- The theological problem is that this holy God desires to have fellowship with sinful human beings.

- God cannot become less holy in order to fellowship with humans and therefore humans must become more holy.

Hartley (1992:312) mentions that:

- In the entire universe God alone is intrinsically holy.

- This means God is exalted, awesome in power, glorious in appearance, pure in character.

- God's holiness is contagious.

- Wherever His presence is, that place becomes holy.

- Since Israel's holiness is learnt and derived from God, the command for Israel to become holy is expressed in a verbal sentence.

- The use of the verb "be, become" captures the maturing dimension of holiness on the human plane.

- Being Yahweh's representative on earth, Israel is to evidence in her community characteristics that are similar to God.

- Whereas God's holiness is outgoing and dynamic, Israel makes herself holy by separating herself from sin and all that defiles in order to experience the sanctifying presence of God.

Wiseman (1980:195) explains that:

- The introductory section in Leviticus 19:1-22 illustrates that God's demand that His people be holy is seen as a public demand like all the other covenantal laws.

- No-one is exempt from responsibility in ensuring that holiness is a regulative principle of daily living.

- God's holiness is to be taken as a model for individual and community life.

- God's nature reflects the characteristics of holiness; attributes such as righteousness, love, goodness and purity.

- Holiness also describes His infinite power, greatness and sublime exaltation above His creation, which causes man to appear by contrast as lost and wholly unworthy (Wiseman, 1980:196).

- God's holiness is the antithesis of human imperfection.

From the above it can be concluded that because the practice of cutting was related to idols and Canaanite gods it made the person 'part of the common or profane' and therefore separated

from God, thus in the context of the Old Testament 'unclean', and therefore unholy, leading to a limited relationship with God.

In the current context of self-injury, the cognition of how God views the human body, namely as being sacred, while its wholeness represents the beauty and perfection of holiness, becomes important. Rooker (2000:262) adds to our understanding when he writes that the Israelites were not to emulate pagan practices of mourning since they were to maintain sacredness for life and the human body. This normative perspective provides practical guidelines in practice to motivate people to view their bodies as sacred and representative of holiness.

2. Cut/slash:

Van Gemeren (1997:820) translates the Hebrew term for 'cut' as:

- תִּתְגֹּדְדִי (titgodĕdi) is translated with "mutilation" indicating self-injury.

- The Philistines used to cut their bodies and shave their hair and beards in mourning rituals.

- Leviticus 19 and 21, Jeremiah 47:5 and Ezekiel 44:20 are Scriptures where these mourning rituals related to cutting are also prohibited by God.

Balentine (2002:162) explains in his commentary concerning the practice of self-injury that:

- The integrity of the human body must not be violated by anything one consumes internally (Leviticus 19: 26) or does externally (cutting, lacerations or marking) (Leviticus 19: 27-28).

- Holiness must extend to all aspects of everyday life.

Hartley (1992:320) writes about the act of self-injury and holiness that:

- The body is a marvellous creation of God and its wholeness represents the beauty and perfection of holiness.

- In this sense the body is to be kept whole.

- It is not to be intentionally harmed or marred in any way.

- The pagan custom of lacerating the body as a means of mourning was prohibited.

- This practice was done to offer blood to the departed spirit, whereas marking the body served as a sign of belonging to a certain cult, thus causing it to become unholy.

In reflecting on the above exegesis of Scriptures relating to self-injury and holiness the following deductions can be made:

- Holiness is a regulative principle of daily living (Wiseman, 1980:195).

- God's nature reflects the characteristics of holiness; attributes such as righteousness, love, goodness and purity which is to be taken as a model for individual and community life.

- The root idea of holiness is that of "separation" or "withdrawal". God is holy, but desires to have fellowship with sinful human beings. God cannot become less holy in order to fellowship with humans and therefore humans must become more holy (Freedman, 2000:598).

- God views the human body as being sacred, while its wholeness represents the beauty and perfection of holiness (Rooker, 2000:262).

- The integrity of the human body must not be violated by anything one consumes internally or does externally (self-injury) as holiness must extend to all aspects of everyday life (Balentine, 2002:162).

- The body is a marvellous creation of God and its wholeness represents the beauty and perfection of holiness. In this sense the body is to be kept whole (Hartley, 1992:320).

4.3.2.1.3 Implications of holiness for healing of the person who self-injures

It is important to recognise the importance of holiness for the purposes of this study. The implications for healing are discussed from two distinctive perspectives:

4.3.2.1.3.1 Holiness brings an ethical implication

The fact that humans are created in Imago Dei requires a response from humankind which is related to him in two ways:

(1)   Living a life which is separated unto and consecrated unto God; a relationship with God characterised by living a holy life and

(2)   Viewing one's body in the same way as God does i.e. as a marvellous creation which represents the beauty and perfection of holiness (Hartley, 1992:320).

The concept of Imago Dei emphasises humans as relational beings and in relationship with God. It is important for the pastoral counsellor to center the person who self-injures within his relationship with God and establish a sense of hope that originates in this relationship. Vorster (2011:19-21) writes that the Old Testament history reveals God as seeking and establishing a covenantal relationship with the people of Israel. In this covenant with God the promise of reconciliation and restoration is found. He notes that history speaks of Israel breaking covenant

relationship with God repeatedly which resulted in broken interpersonal relationships due to idolatry, and injustice to the poor and stranger.

Vorster (2011:19-21) explains that God continues to renew His covenantal relationship with Israel and repeats His promises of reconciliation despite Israel's failure to keep covenant. In doing this God confirms His commitment to a personal covenantal relationship with His people. He chooses to communicate His commitment to this relationship by establishing holy appointments with His people in the form of holy feasts. He instituted a sign (circumcision) which indicated covenantal bond and relationship as a reminder of His covenant. Through Imago Dei and the establishment of a holy covenantal relationship with humankind God imparts dignity and worth to mankind.

In the context of the research question of this study the concept of reconciliation becomes important. For the person who seeks to cease from self-injury it is necessary to understand the role of Christ in reconciliation and restoring the covenantal relationship with God. Paul uses the word ηιλαστεριον *(hilasterion)* in Romans 3:25 to describe Christ as the sacrifice which met the jurisdictional justice of God and through faith in Christ we are reconciled to God and restored in a renewed covenantal relationship (Vorster, 2011:20). The restoration of relationship with God for the person who self-injures is therefore fundamental to healing.

Through the covenant Israel were given knowledge of the divine law, moral as well as ceremonial (Douglas, 1990:486-487). In this way the ethical was imparted to them. In this sense the term holy meant not only living a separated life, but bearing a character different from that from the ordinary man. The word holy therefore attains a distinct ethical implication which is seen as an important aspect when healing is the objective in the life of the self-injurer; where healing is understood as a holistic component.

It is furthermore important to understand the connotation of holiness in the New Testament to understand its relevance for the person who self-injures. According to Douglas (1990:487), the main and practically exclusive connotation in the New Testament of holiness also has a strong ethical significance. He refers to Hebrews 12:10 and mentions that the call of God to "Be holy" is the divine call of God to his creatures to share in His holiness. It is this impartation of the divine holiness which takes place in the soul of man in regeneration, which becomes the spring and foundation of holy character.

Christ in His life and character becomes the supreme example of the divine holiness (Douglas, 1990:487). Douglas refers to John 17:19 and explains that in Christ holiness was more than mere sinlessness; it was His entire consecration to the will and purpose of God and to this end Jesus sanctified Himself. He explains that the holiness of Christ is thus both the standard of the

Christian character and its guarantee as seen in Hebrews 2:11: "He who sanctifies and those who are sanctified have all one origin" (Douglas, 1990:487).

The question is how does holiness contribute to healing? The implication of this norm for the person who engages in self-injury is linked with the desire of God to enter into a covenantal relationship with him through faith in Christ and which is characterised by holiness. Holiness within the covenantal relationship is extended to one's body as well as God views the body as holy. A sense of hope for the self-injurer originates in this relationship.

4.3.2.1.3.2 Holiness and the Pneumatological enablement

Holiness is in essence a transformative aspect of the believer and the work of the Holy Spirit is to actively empower the believer in this process and to eventually present the believer as holy and blameless to the Father.

The specific nature of the work of the Holy Spirit in the transformational process within the relationship between man and God is important in this context. Louw (1993:34-35) emphasises the Pneumatological empowerment in the transformation process. According to Louw (1993:143), the term *pheuma* is often used to describe the inner dimension or spirit of man. In the writings of Paul, the correlation is drawn of man becoming a pneumatic being when he enters a new resurrected life in the context of salvation through Christ. Louw (1993:143) refers to Romans 8:16 indicating the relation and interaction between the human *pheuma* and Godly *pheuma* and states that man is therefore viewed from his experience with Christ.

In this sense the unbeliever does not have πηευμα (*pheuma*). Louw (1993:144) therefore states that the *pheuma* dimension in the new man describes his total submission, transformation and directedness on God. This man is moved and motivated by God so that his will and thoughts are transformed and he lives from the reality of his reconciliation with God and resurrected life. Through the process of rebirth, the human *pheuma* receives a new transcendental dimension and within the close *pheumatic* bond between the believer and God transformation takes place through the renewal power of the Holy Spirit.

Louw (1993:34-35) further mentions that pastoral ministry is not a passive happening but rather a happening which is intent on change. The change that is produced is an active process of salvation mediation that Christ does through the Holy Spirit. He states that the active assistance of the Holy Spirit in the lives of Christians in the New Testament is mentioned continuously throughout the New Testament. The compassion of God for His people takes on a concrete form when Christians are focussed on caring, praying, encouraging, accepting and loving one another. Within this caring-for-one-another community the assistance of the Holy Spirit is expressed in a loving konoina.

The sanctity or holiness of God and His desire for fellowship with His people are central in the book of Leviticus. The moral obligations which were inherent in the Old Testament laws can be seen as moral principles for living as believers. Believers should live holy lives unto God, honouring God with gratitude (Willis, 2009:171). In this context holiness does not mean to live without sinning but rather as separated unto God and living to His honour.

In addition to this the eschatological significance of holiness is significant in the process of healing of the person who self-injures. Louw (1993:144) stresses that the human *pheuma* gives man a holy moral identity with eschatological character as man lives his life from the mercy and promises of God. The *pheuma* of man therefore creates a teleological dimension to man as he is directed on the eschatological dimension of his existence.

Louw (1993:14146) refers to Ephesians 4:7-15 to explain the eschatological tension of the new pneumatic man as he is already partaking in the fullness of salvation, but he is still living in hope as the fullness of the reality of his salvation has not yet been realised in his life. The new man is already perfect but still waits to be renewed in perfection. In the context of the person who injures himself the teleological dimension becomes significant. As already mentioned, holiness is in essence a transformative aspect of the believer. An eschatological expectancy of a person living a holy, consecrated life unto God offers a basis for the understanding or cognition for the person who self-injures and impacts his healing process.

Faith is the means by which man accepts and applies his salvation and renewal in his life. According to Douglas (1990:488), there is order and welfare in the holiness of God which ensures a final restoration, bringing to pass a regeneration of the moral universe.

4.3.2.2 Self-injury and idolatry

1 Kings 18:26, 28 are examined in this discussion, where self-injury is an act of idolatry.

> 1 Kings 18: 26, 28: "So they took the bull given them and prepared it. Then they called on the name of Baal from morning till noon. "Baal, answer us!" they shouted. But there was no response; no one answered. And they danced around the altar they had made…. So they shouted louder and slashed themselves with swords and spears, as was their custom, until their blood flowed" (Bible, 2011).

In this discussion, the socio-historic context of these verses is presented, as well as a word study of these and other verses. The discussion is concluded with implications for healing of the person who self-injures.

4.3.2.2.1 The socio-historic context of 1 Kings 18:26, 28

According to House (1995:220), the ancient Baal worshippers believed that Baal could fall asleep or go on a journey and even resort to self-mutilation. Therefore, the Baal worshippers cut themselves according to the rites of their religion. They practiced frenzied shouting or prophesying. The relevant text implies that their god cannot hear them because he is not real.

4.3.2.2.2 Word study of important concepts in the key verses

In studying self-injury and the factors that contribute to healing the word 'slash' is researched in more depth by using two dictionaries, which are that of Louw and Nida (1989:225) and Van Gemeren (1997:819).

1. Slash/cut:

According to Louw and Nida (1989:225), the meaning of gashing 'κατακόπτων' is translated as:

- To "cut severely with some sharp instrument or object, to cut".

- To cut, to carve, to engrave or incise letters or designs.

- It is used to indicate "mutilation by severe cutting".

Van Gemeren (1997:819) translates the Hebrew term for 'slash' וַיִּתְגֹּדְדוּ with:

- Causing a cut or cutting yourself.

- To penetrate, to cut.

- The cutting was often accompanied by loud shouts to call on the gods to listen sympathetically to the person and show him favour (Van Gemeren, 1997:819).

Further insight to the motivation of this behaviour is provided by House (1995:220), Goldingway (2010:87) and Mac Arthur (2005:421) who explain that:

- The prophets of Baal slashed their bodies in the same way, hoping to get a reaction from Baal.

- If Baal himself resorted to self-mutilation the prophets identified with that through slashing and cutting themselves.

4.3.2.2.3 Additional light on the theme from other parts of Scripture

Regarding further relevant verses which provide understanding to the motivation for cutting, Van Gemeren (1997:820) refers to Jeremiah 41:5 which describes the history of eighty men from the northern kingdom who cut themselves the day after the death of Gedalja to mourn his death. He further mentions the cutting incidences of rebels of the tribe of Ephraim in their attempt to get the attention of Baal, trusting Baal to provide food and wine for them if they cut and mutilated themselves for him, found in Hosea 7:14 (Van Gemeren, 1997:820).

4.3.2.2.4 Implications for healing of the person who self-injures

The Baal worshippers 'worked' for the favour of their god by slashing and cutting their bodies which proved to be futile attempts, bringing no solution to their problems. The personal response and faith choice that people who self-injure can make today is to trust in God as a trustworthy covenant making God who is faithful to keep His covenant in contrast to trying to find solutions in their own strength.

In conclusion it seems that self-injury as it happened in these instances was related to pleasing idols, especially Baal, to gain something from them. The connotation between self-injury and idolatry is clear. While contemporary self-injury may not necessarily be intended as idolatry, it is a way to gain something, such as relief from emotional distress, in a manner that does not acknowledge God as provider and healer. The implication for healing is thus to introduce God as provider, helper, friend and healer to the person who self-injures.

4.3.2.3 Self-injury and Jesus

Mark 5:2-6 is examined, where the desperate condition of a person who injured himself is described as well as the manner in which Jesus responds to this person.

Mark 5:2-8: "And when Jesus had stepped out of the boat, immediately there met Him out of the tombs a man with an unclean spirit. He lived among the tombs. And no one could bind him anymore, not even with a chain, [4] for he had often been bound with shackles and chains, but he wrenched the chains apart, and he broke the shackles in pieces. No one had the strength to subdue him. [5] Night and day among the tombs and on the mountains he was always crying out and cutting himself with stones. [6] And when he saw Jesus from afar, he ran and fell down before him (Bible, 2001).

In this section a word study of important concepts is presented, the response of Jesus in the situation and implications for the healing of the person who self-injures are discussed.

4.3.2.3.1 Word study of important concepts in the key verses

In studying the role of phronesis and faith in the healing process of people who self-injure the following words and phrases are examined from three authors namely that of a) Louw and Nida, b) Strauss and c) Stein:

- scream or crying out

- shackles and chains,

- cutting with stones, and

- fell down before Him

1. Scream or crying out

According to Louw and Nida (1989:399), the Greek term κραζων (krazon) that is used in these verses may be interpreted as follows:

- To speak with considerable volume or loudness.

- As an idiom, literally to 'raise the voice' to increase the volume with which one speaks to overcome existing noise or the speech of someone else.

- To call out, with the probable implication of seeking some response.

- It is translated as to scream, to call out, or to beg.

According to Stein (2008:216), the term "crying out" κραζων (krazOn) refers to:

- Crying out in agony.

- In this situation the sound was unnatural.

- It indicated that the person tried to convey his utmost grief and pain to the dead and tombstones around him.

The concept of "crying out in agony" which was related to self-injury is further researched for a deeper understanding of self-injury. In this regard MacArthur (2005:1211) and Healy and Williamson (2008:99) describe that:

- The screaming was accompanied by wild facial expression.

- The sound that the man with the unclean spirit was making was a continuous unearthly sound.

- It was accompanied by intense emotions.

Research has indicated that in the current context of self-injury, the release of intense emotions is often the motivation for self-injury which seems to be the same motivation for the person described in this passage.

2. Shackles and chains

Although the terms shackles and chains are not directly related to the act of self-injury they are included here to provide a more comprehensive description of the condition of the person who cut himself. Strauss (2014:214-215) explains the word 'shackles' as used in these verses:

- It is related to 'foot' and most probably refers to leg irons around the person's feet.

- The word 'chains' is a more general term for chain restraints though it may refer to handcuffs.

- These words describe the hopelessness of the man's situation (Strauss, 2014:215).

Louw and Nida (1989:55) provide the following insight regarding shackles and chains:

- A shackle is understood as a "fetter" – something that restrains.

- A shackle was made for the feet.

- A shackle had chains with special links prepared to go around the ankles.

3. Cutting with stones

According to Louw and Nida (1989:225), the meaning of cut is:

- To "cut severely with some sharp instrument or object, to cut".

- To cut, to carve, to engrave or incise letters or designs.

- It is used to indicate "mutilation by severe cutting".

Stein (2008:525) further explains that the Greek term κατακοπτων "*katakóptōn heauton lithois*":

- Is used in this instance and it describes the continual nature of this action as portrayed by the imperfect periphrastic: "was continually crying out and cutting".

- The man was continually and intentionally harming himself with sharp stones.

Biblical commentaries by Strauss (2014:217) and MacArthur (2005:1211) on this passage provide a deeper understanding of the intensity of the person's situation:

- These words point to the man's desperate and pitiable condition.

- The stones most probably had sharp edges which he used to harm himself.

- Self-destructive behaviour can be associated with demonic possession or oppression (Strauss, 2014:217).

4. Fell down before Him

According to Stein (2008:253), the Greek term προσεκυνησεν '*prosekynèsen'* as used in this text is most probably best understood as:

- "Knelt down before/prostrated himself", i.e., as an act of concession and entreaty in the face of Jesus's superior power.

- The man saw hope in Jesus, and seeks help in Jesus, despite dominion by the unclean spirits.

Strauss (2014:216) also indicates that:

- The verb used here does not always mean to worship but to bow down and prostrate before.

- Though rushing out to challenge Jesus, the demoniac falls down in a heap of submission before Jesus.

Stein (2008:252) provides additional information and describes the man's condition:

- As unending tragedy (night and day);

- His unclean and death-filled residence and lonely existence (among and in the tombs);

- His continual crying for help and/or in anger.

- He is beyond human help and in need of divine intervention.

- This is "one of the most lamentable stories of human wretchedness in the Bible".

4.3.2.3.2 Jesus responds to the person who self-injures

In the context of healing the response of Jesus towards the person who was in despair is paramount. Strauss (2014:223) writes that the man's condition epitomised complete brokenness which demanded a radical solution which he sees as the power of transformation by God.

In this episode the willingness of God to bring wholeness in people's lives is illustrated and healing is received through the intervention of Jesus who exercised the power and authority of God. After Jesus intervened in this person's life in Gerasa he was found "sitting and clothed and in his right mind" in Greek terms σωφρονουντα (sOphronounta). The word mind, φρονεις (*sophroneo*) indicates the ability to reason; being self-controlled, sober-minded and disciplined. *Sophroneo* (mind) is "*sozo*" meaning "to save" "phren" "the mind" (Vines Dictionary, 1985:409). As mentioned in the interpretative chapter phronesis can be described in terms of mindfulness (Parsons, 2012:442).

In the context of healing the first remarkable change noted in the man after he was healed is that he was in condition where he had a sense of phronesis; the ability to reason. There was no need for shackles and chains anymore as he was self-controlled and mindful of himself and others around him.

Jesus responds with compassion to the demoniac in Gerasa who cut himself. He delivers him from his torment, heals him, restores his mind and enables him to reason correctly again with a sense of phronesis and in addition to that, gives him a purpose (*telos)* by sending him to proclaim his healing in his own town.

4.3.2.3.3 Implications for healing of the person who self-injures

- This incident provides an example of the power of God to bring healing to a person who self-injures.

- The person who self-injures can exercise the choice he has to seek divine intervention as this person did when he prostrated himself before Jesus.

- God is willing to intervene and does extend healing to the self-injurer.

- This incident offers hope of restoration.

- God provides holistic healing which impacts his mind, body and actions and provides telos, and purpose to his life.

A more comprehensive understanding of healing for the person who self-injures becomes obtainable when the concept of phronesis and the fear of the Lord is examined.

4.3.3   Normative perspectives on phronesis in healing of people who self-injure

4.3.3.1   Phronesis and the fear of the Lord

The wisdom writings in Scripture offer advice on most of human experience and are aimed at making man fit for a life well lived (Brunsdon, 2015:4). In this regard the wisdom Scriptures have value in the process of healing and cessation of self-injury.

According to Walton and Hill (2004:315), certain wisdom literature pertains to certain fields of the human experience. In the Psalms, advice is given to man on his relationship with God; in Proverbs, on society and family; in Song of Songs, on love and sexuality; in Ecclesiastes, on the meaning of life; and in Job, on moral structure. These writers stress that the virtue of wisdom comes from God and He himself rewards those who seek it. Walton and Hill (2004:315) conclude that not seeking wisdom amounts to foolishness, and gathering with the unwise will lead to one's downfall according to Ps 1:1.

The importance of human choice in this regard is mentioned by Freedman (2000:1382). He mentions that we have a choice between the way of evil and the way of human uprightness. We have the option of moral adherence to God's will. This is significant in the healing process of the person who self-injures. Freedman (2000:1382) compares this to the fear of the Lord which he describes as faithful believers who possess a fundamental orientation to God's will. The concept includes an awareness of God's presence, proper moral behaviour, observance of the law and just being humble before God Almighty.

The focus for this study was on the wisdom of fearing the Lord and how this wisdom implicates in the life of the self-injurer. Waltke (2007:904) emphasises that the theological significance of Proverbs lies in its affirmation that *I AM* brought "wisdom" into existence, revealed its teachings to humanity, and as Guarantor upholds the moral order that is revealed in it.

The verse for exegesis in this section is Proverbs 9:10, followed by a word study and a discussion on the implications for healing for the person who self-injures.

Proverbs 9:10: "The fear of the Lord is the beginning of wisdom"

4.3.3.1.1   Word study of important concepts in Proverbs 9:10

In researching the role that practical wisdom or phronesis plays in the healing process of people who self-injure, the concepts from this text that were researched are:

- Fear of the Lord

- The Lord

- Knowledge

- Wisdom

1. Fear of the Lord

Waltke (2007:903) explains the term fear of the Lord and indicates that:

- יִרְאַת יְהוָה usually means "revere, in awe of".

- The word is followed by the case of the verb – fearing God.

- The Hebrew word used in Ps. 86:11 is "*yareh*", and is used to indicate fear and reverence of Yahweh.

- Solomon as king of Israel looked at humanity and his world through the lens of Israel's covenants and drew the conclusion that one could enter the world of wisdom only through the fear of the Lord (Waltke, 2007:903).

2. The Lord

Waltke (2007:903) explains the term *Yhwh* and indicates that:

- *Yhwh* is used as the title of Israel's immanent God.

- *Yhwh* entered into covenant with them thus indicating His covenant name and nature.

- This is in contrast with the title that Job's three friends used, who mostly spoke of "God" – *Elohim*

- The use of *Yhwh* is significant as this fear is a fear of the covenant making Lord who relates to His people through a covenant relationship.

3. Knowledge

Waltke (2007:903) explains the term knowledge and indicates that:

- Knowledge is translated as *(da'ath)*.

- In Proverbs 1:7, Solomon states that 'fear of the Lord is the beginning of knowledge' (*da'ath*).

- In chapter 9:10 this notion is repeated with a slight change in the word order, namely 'fear of the Lord is the beginning of wisdom' (*chokmâh*).

154

4. Wisdom

Waltke (2007:913-914) offers the following insight on the concept of wisdom:

- Wisdom is translated as (*chokmâh*).

- Wisdom generally means, "masterful understanding," "skill", "expertise".

- In biblical texts outside of Proverbs, the word is used of technical and artistic skills, of the magic arts, of government and diplomacy and of war.

- C*hokmâh* mostly denotes the mastery over experience through the intellectual, emotional, and spiritual state of knowing existentially the deed-destiny nexus.

- It implies acting upon moral spiritual knowledge out of its internalisation referred to in Prov. 1:2; 2:1-5 (Waltke, 2007:913).

- Wisdom entails the other virtues such as knowledge (*da'ath)*, insight (*bînâ)*, prudence (*hasîl)*, cunning, discretion, learning, guidance, counsel, understanding or competence, resourcefulness and heroic strength.

- These capacities are exercised in the realms of righteousness, justice and equity giving wisdom a moral dimension according to Prov. 1:3; 8:20.

Guthrie and Motyer (1988:48) contribute to our examination of the term wisdom by adding that:

- To the Hebrew thinkers, true wisdom (*chokmâh*) was not merely intellectual speculation.

- It was practical in the best sense and had a very real moral and religious content.

- They view the term "the fear of the Lord as the beginning of wisdom" as the truly wise man is he who views all life in a spirit of reverence towards God.

- In contrast the foolish man is devoid of moral and religious sensibilities.

4.3.3.1.2 Implications of fear of the Lord for healing in the person who self-injures

In examining normative perspectives gained from the fear of the Lord, the covenant keeping name of God, *I AM* will be used. Waltke (2007:922-924) explains that this generic name functions in the Old Testament to signify God's power, strength, and heavenly transcendence over earthly mortals according to Num. 23:19; Isa.31:3 and Ezek. 28:2. He mentions that the proverbs about *I AM* as the creator of human beings represent Him as both transcendent and

immanent. The word transcendent assures His sovereign supremacy and the word immanence indicates that He is personal and near to people; especially the helpless and the righteous.

In the book of Proverbs God's traits of transcendence and immanence are related to being wise. Waltke (2007:924) concludes that faith in God's sovereignty and in divine retribution makes one wise.

The value and implications of the concept of the fear of the Lord in the life of the person who self-injures is therefore explored more fully.

4.3.3.1.2.1 The 'fear of *I AM"* reveals the moral imperative of Scripture to the person who self-injures and inspires him

According to Waltke (2007:161), the fear of *I AM* (*'yir'at Yahweh')* involves both rational and non-rational aspects at one and the same time. He explains that according to Ps. 34:11-13 the rational aspect entails an objective revelation that can be taught as he sees "fear of *I AM"* as a co-referential term to "law", "statues" "commands" and "ordinances" of *I AM* in Psalm 19:7-9; 8-10. "Fear of God" therefore refers to a standard of moral conduct known and accepted by men in general. Waltke (2007:161) continues and mentions that in the light of Gen 20:10-11 and Exod 1:17 it motivates people to right behaviour even when a state does not enforce moral sanctions. Freedman (2000:457) agrees that the fear of the Lord is connected to keeping the law and commandments and means to revere God which is seen as a wise action as it will cause one to depart from evil.

The second aspect of the fear of *I AM* according to Waltke (2007:161) entails a non-rational aspect, an emotional response of fear, love and trust. He indicates how the psychological poles of fear and love come together in a uniform way. He explains how Deuteronomy 5:29; 6:2-5, and Joshua 24:14 regard "love of *I AM*" and "fear of *I AM"* as synonyms and further explains that Prov. 2:1-5 indicates that "the fear of *I AM* is found through heartfelt prayer and diligent seeking for the sage's words. Waltke (2007:161) highlights that "humility" and "fear of *I AM"* are parallel terms as seen in Prov. 15:33 and in Prov. 22:4 "humility" is defined as "fear of *I AM".*

The wise accept the inspired revelation because they fear and stand in awe of *I AM;* the wise and righteous respond to the moral imperative of Scripture (Waltke, 2007:161). He explains that according to Prov. 14:26-27 the fear of *I AM* is just as real as their love for Him. According to him, both psyches are rooted in their faith: they believe His promises and love Him; they believe His threats and fear Him. Waltke (2007:161) emphasises this by quoting Charles Bridge who says: "The fear of *I AM* is that affectionate reverence, by which the child of God bends himself humbly and carefully to his Father's law." Waltke (2007:914) concludes that the biblical wisdom literature transforms the neutral word wisdom into virtue.

4.3.3.1.2.2 The "fear of *I AM"* brings the person who self-injures into a relationship with God through Jesus

The concept of the fear of the Lord, however, needs a closer exploration to comprehend the fuller meaning. Brunsdon (2015:5) explains that 'fear' is derived from the Hebrew word *yare.* Here 'fear' is used in a positive sense, namely to have a relationship with God. This relationship is a faith relationship based on trust and the recognition of God as the creator and keeper of people. He explains that the Old Testament fear comes into greater perspective when, in the New Testament, God becomes flesh in Jesus and wisdom becomes personified in the Son of God. Moreover, the Gospel of John arguably presents him as Wisdom incarnate, and Matthew's Gospel seems to present Jesus as not only teaching but also somehow embodying wisdom. This extends the Old Testament emphasis on wisdom as God's initiative of communication to humanity.

Brunsdon (2015:5) proves his statement by explaining that 1 Corinthians 1:30 indicates that we are in Christ Jesus, who has become for us wisdom from God that is our righteousness, holiness and redemption. Jesus is now the 'sophia' from God, and those coming into a relationship with Him are coming into a relationship with wisdom. In this sense wisdom may be regarded as a relational concept. Brunsdon (2015:5) explains that in this relationship, wisdom becomes a gift from the Holy Spirit according to Ephesians 1:17, which enables the believer to gain even more wisdom from the personified wisdom, Jesus Christ.

4.3.3.1.2.3 The "fear of *I AM"* makes wisdom accessible to the person who self-injures through faith

Waltke (2007:160) states that mortals do not have the ability to buy wisdom, as true wisdom is found in a dimension other than earthbound activities. The people of God apprehend it by the divine gift of faith as is revealed in Job 28:1-28 and Proverbs 30:1-6.

Brunsdon (2015:5) mentions that this wisdom is accessible to all. He mentions that according to James 1:5, wisdom is given to all who seek it from God. In the light of Rom.12:1 he states that the only prerequisite is a willingness to accept God as the source of wisdom and the willingness to be changed in light of God's liberating wisdom. Waltke (2007:924) recognises that it is faith in God's sovereignty and in divine retribution that makes one wise.

Waltke (2007:924) states that Jesus Christ is our God-given wisdom (1 Cor. 1:30), and He enables us to become wise as we have His mind by the Spirit (2:7-16). Unlike the Greek version focussed on immanence, Christian wisdom is offered not to a heroic few, nor by way of recollection. Unlike the former Jewish version, wisdom has an aspect of transcendence, not as a gift of the law, but as a gift to people who have failed to follow the law.

How, then, would Christian wisdom shape the life of the person who self-injures? Van Hoozer (2005:849) explains that the New Testament presents Jesus as the Redeemer of all things; the incarnate Word or Wisdom, through whom the Father created all things (John 1:1-18; cf. Prov. 8; Col. 1:15-20; Heb. 1:1-14; 1 Cor. 1:24, 30). He writes that the life and teaching of Jesus embody and advance the principles of Old Testament wisdom showing how the Sermon on the Mount is largely proverbial teaching in genre and content (compare Eccles. 5:18-20 and 9:9-10 with Matt. 6:25-34; Ps. 37:11, 22 with Matt. 5:5).

4.3.3.2 Phronesis and wisdom: the mind of Christ

An exegesis of Philippians 2:5 followed by the implications of phronesis and wisdom for the person who self-injures is presented.

Philippians 2:5 "Let this mind be in you which was also in Christ Jesus".

4.3.3.2.1 Word study of important concepts of phronesis and wisdom

The verb associated with the noun phronesis occurs ten times in Philippians as follows: 1.7, 2.2 (twice), 2.5, 3.15-19 (3 times), 4.2 and twice in 4.10 (Rooms, 2012:84). The word occurs usually at crucial places in the development of the letter, which increases the importance of understanding its meaning and usage at that place (Rooms, 2012:84). Fee (1995:184) mentions that the word phronesis "dominates the imperatival moments of the letter" as cited by Rooms (2012:84). The concepts 1) mind and 2) 'In Christ Jesus' are examined.

1. Mind

Louw and Nida (1989:325) provide the following interpretation of the word mind φρονησίς as used in this context:

- To employ one's faculty for thoughtful planning

- With emphasise upon the underlying disposition or attitude -- to have an attitude

- To think in a particular manner

- The attitude you should have is the same as the one that Christ Jesus had

- You should think the way that Jesus did

According to Louw and Nida (1989:54-55), the Greek verse of this is literally:

158

- "This you think in you which also in Christ Jesus".

- The verb translated "you think" connotes more than mere thinking.

- It denotes primarily not a state of thinking, but a state of mind; an inward disposition.

- It signifies reflecting the action of the heart as well as the head.

- In this context the verb is best rendered as "having the same attitude as".

Kruger (2016:9) interprets the concept of φρονησίς as:

- The mind of Christ according to Philippians 2:5

- It denotes the idea of discernment and judicious insight

- It denotes to having attitude, to hold a view, thoughtful planning or wisdom (Louw & Nida, 1993:259).

- Phronesis (φρονησίς) can also indicate the psychological faculty of thoughtful planning, often with the implication of being wise and provident in a way of thinking (Louw & Nida, 1993:325).

- The noun Φρονησίς can also denote the idea of understanding resulting from insight and knowledge (Louw & Nida, 1993:384).

According to Melick, Jr. (1991:100):

- Paul picks up the theme of a proper attitude in Phil. 2:15 which he commended in 2:2 with the word "like-minded" and in 2:3 with the word "considered".

- Looking forward Paul sees the mind of Jesus as the epitome of the proper mind.

- From this verse two questions need an answer: what is the meaning of "your attitude should be the same as" and what is the sense of "Christ Jesus"?

- The first question relates to whether the verb translated "your attitude should be" *(phroneite)* is active or passive.

- The KJV takes the passive - "Let this mind be". Most Greek texts have the active form which is translated: "You think this in you".

De Silva (2004:648) interprets the use of the word mind φρονησίς in this passage as follows:

- Forms of the verb *phronein* –"to consider, regard, think" appear quite frequently and in particularly high concentrations near the introduction of Paul's lofty expression of Christology known as the Christ hymn in Phil 2:6-11.

- Paul is using the verb to highlight the more important points he makes. He is urging them to think, reflect, consider and discern what is important in their spiritual journey.

Reumann (2008:116) in his comprehensive and exhaustive commentary on Philippians explains:

- Phronesis refers to an orientation of the whole person—mind, heart and body.

Hawthorne and Martin (2004:26) agree that phronesis:

- Indicates a sense of embracing "feeling and thought, emotions and mind".

According to Rooms (2012:84-85), the word phronesis and its cognates:

- Are difficult to translate into English.

- The word group of adjectives and verb alongside the noun is collected under the heading of "mind" in The New International Dictionary of New Testament Theology Vol. 2.

- The noun phronesis has a fuller sense of discernment or judicious insight as opposed to the cognate verb where the reference is to the "content of what is thought".

- The meaning is expanded from simply "cogitate" to "setting one's mind on" or having a "certain way of looking at things" which may or may not reach beyond activity of the head.

- He argues therefore that the meaning of phronein and phronesis has both a forward and backward orientation.

- This orientation includes recollection, perception, accounting for and hopeful anticipation all of which amount to, exercising judgment or discernment through the whole person.

2. In Christ Jesus

Melick, Jr. (1991:100) understands the term "in Christ Jesus" as follows:

- As the text stands, another verb is needed to make a complete statement.

- Translators added "was" which then reads "has this mind in you which was in Christ Jesus".

- The most natural reading would be "Think this in you which Christ thought in Him".

Loh and Nida (1977:54-55) explain that in the context of the verb:

- It should be interpreted in the sense of "that belonged to Christ Jesus."

- Or 'that Christ Jesus had'.

- With this interpretation the transition to the Christological hymn becomes natural.

- Paul is making an appeal to Christ as the supreme example of humility.

- In many languages the closest equivalent to 'attitude' is 'thinking'.

Kruger (2016:9) explains that the formula 'in Christ Jesus' provides:

- The indication that verse 5 must be understood as a demand to have the same attitude (mind) as people that are in Jesus Christ.

- The humble mind of Jesus Christ is the kind of attitude that believers must follow.

- The concept of phronesis denotes a mental attitude, insight or mentality.

4.3.3.2.2 Implications of phronesis and wisdom for persons who self-injure

In relation to people who self-injure it would be wise to examine the possible ways in which wisdom or phronesis could be facilitated in the lives of people who self-injure. Personality and social psychologists have distinguished between a flourishing life and a languishing life (King and Whitney, 2015:47). The wisdom literature in Scripture (Psalm 1) similarly contrasts the way of wisdom (lifestyle) to the way of foolishness (a foolish lifestyle) indicating that the person who chooses and applies the way of wisdom will be a flourishing person. Therefore, applying phronesis can be instrumental in the process of cessation of self-injury and transform a languishing life into a flourishing life.

Brunsdon (2015:4) states that current pastoral praxis has room for the development of a positive approach. He places the positive approach within the framework of wisdom as the imagined positive outcome. This means that the pastoral process will orientate itself in relation to wisdom. Brunsdon (2015:5) claims that by facilitating and nurturing wisdom pastorally, it is believed that counselees will become fit for a meaningful life. The following guidelines for pastors and pastoral counsellors to facilitate practical wisdom are proposed by Brunsdon (2015:4-7):

4.3.3.2.2.1 A narrative approach in facilitating phronesis in healing the person who self-injures

In a pastoral process that aims at the outcome of wisdom, the pastoral-narrative approach has much potential when the authority of Scripture could be maintained (Brunsdon, 2015:6). The pastor aims at the uncovering of existing wisdom in the lives of counselees where counselees

have acted 'wisely'. From here, the narrative of the counselee can be merged with the grand narrative of Scripture, and relevant constructs from the wisdom genre can be employed to enrich and inform the counselee's own narrative in the quest for wise living, leading to a positive experience of being human (Brunsdon, 2015:6). The focus is shifted to the wisdom within as well as finding or learning the wisdom that God put at our disposal as source for positive pastoral care.

4.3.3.2.2.2 Creating a 'wisdom' frame of reference for the person who self-injures

Brunsdon (2015:6) urges that the Bible's teachings on wisdom as well as the findings of positive psychology need to be applied in the lives of counselees. If wisdom also features within the congregation through preaching, teaching and modelling, relating wisdom to the personal lives of counselees stands on firmer ground. An understanding of wisdom as a foundational virtue that can transform our lives in light of God's wisdom as seen in Christ, needs to be developed. This wisdom frame of reference could bring order to our lives and provide practical parameters for life also for the person who self-injures.

The most important principle in creating this frame of reference remains the fact that wisdom, in biblical terms, is a relational concept, for real wisdom is to be sought in the 'sophia' from God, namely Jesus Christ. Once the counsellor leads the counselee to acknowledge and recognise Christ as such, the pastoral process can proceed (Brunsdon, 2015:6).

The conclusions on the role of phronesis and the fear of the Lord in the healing of the person who self-injures are illustrated in Figure 4.3.
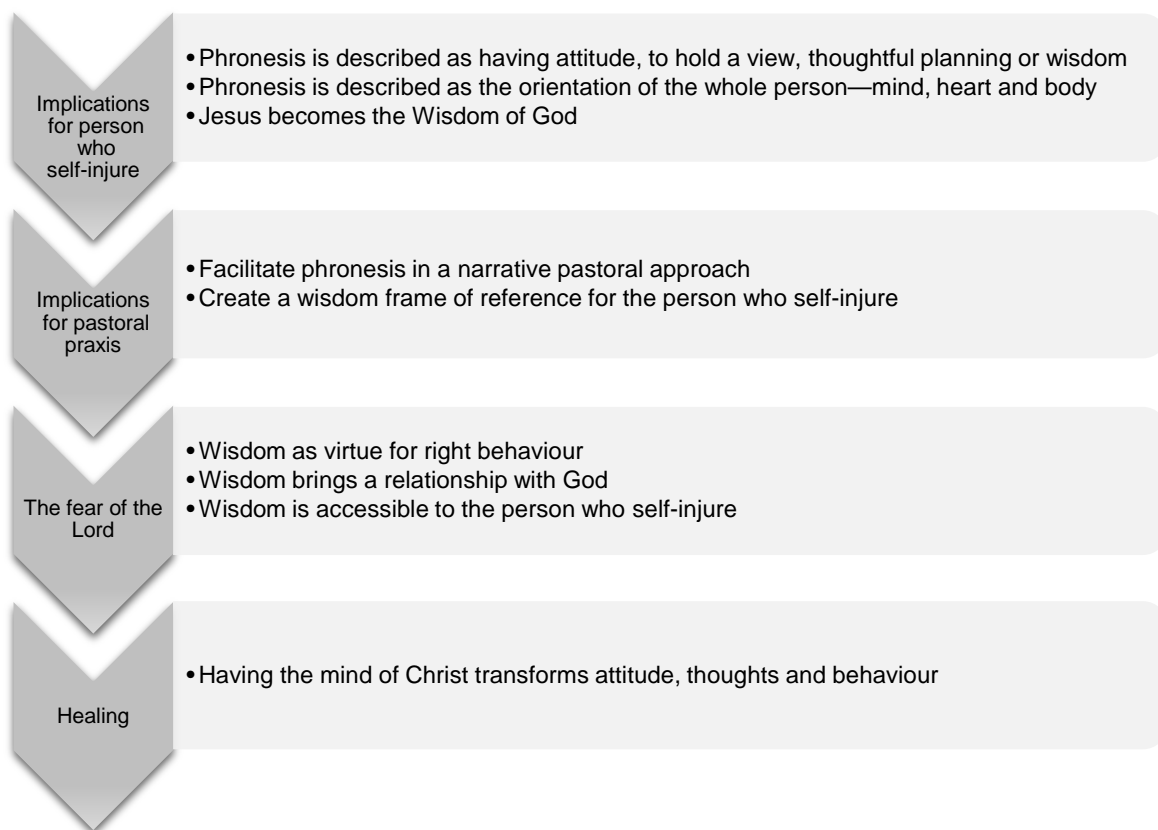
Figure 4-3: **The role of phronesis and the fear of the Lord in the healing of the person who self-injures**

4.3.4 Normative perspectives on faith

The normative perspective on faith is discussed by referring to Hebrews 11:1, followed by a word study and a discussion of the implications for healing.

Hebrews 11:1 "Now faith is the substance of things hoped for, the evidence of things not seen".

4.3.4.1 Word study of important concepts in Hebrew 11:1

Important concepts in this text include 1) faith, 2) substance and 3) evidence.

1. Faith

According to Longman III *et al.* (2013:563), the Hebrew and Greek terms of faith overlap to a certain degree. They state that:

- In Hebrew the words translated as "faith" and "faithful" are *´emunah' and 'emet'.*

- In Greek the word is '*pistis'.*

- The semantic domains are somewhat different in the sense that *emunah* and *emet* connote an objective sense of reliability (of persons) and stability (of inanimate objects).

- The subjective sense of pistis is correlated to considering the person as "faithful", "trustworthy" and "committed".

- *Pistis* connotes more of a subjective sense of placing trust and confidence in a person (Longman III *et al.,* 2013:563).

Allen (2010:541) states that word faith 'pistis' in Hebrew 11:

- Connotes trust in God.

- Connotes reliance on Him in the sense of fidelity and firmness.

- Jesus is depicted in this verse as the believers' object of faith.

- He is also the exemplar of faith.

Freedman (2000:453) interprets the word faith and explains that:

- The word *emunah* is rare in Hebrew and it equals 'fidelity'.

- The noun *emet* originally means 'stability'.

- The noun *emunah* suggests conduct that grows out of a relationship, faithfulness, especially an inner attitude and conduct on the part of an individual.

- The Christian use of the term *pistis* is in relation to the acceptance of the '*kerygma'* or apostolic proclamation about the crucified and risen Jesus.

- Therefore, Greek *pistis* becomes the technical term for reaction to the preaching of the gospel. Christians are therefore believers and become members of the household (family) of faith.

Furthermore Douglas (2004:358) indicates that:

- The verb *pisteuo* is often followed by 'that', indicating that faith is concerned with facts.

- The word *pisteuo* may be followed by the simple dative, when the meaning is that of giving credence to, of accepting as true, what someone says.

- Sometimes *pisteuo* is followed by *epi, 'upo'* indicating that faith has a firm basis.

- He stresses the importance to remember that there is an intellectual content to faith.

- The man who really believes God will act on that belief.

- The characteristic construction for saving faith is that wherein the verb *pisteuo* is followed by the preposition *eis*.

- Literally this means to believe 'into'.

- It denotes a faith which takes a man out of himself, and puts him into Christ which explains the New Testament expression frequently used of Christians, being 'in Christ'.

- The tenses of the verb *pisteuo* are also instructive.

- The aorist tense points to a single act in past time and indicates the determinative character of faith.

- The present tense has the idea of continuity. Faith is not a passing phase. It is a continuing attitude.

- The perfect tense combines both ideas. It speaks of a present faith which is continuous with a past act of belief. Faith is therefore fundamental.

- The man who believes enters a permanent state.

- In addition to intellectual assent, it is a faith where the believer cleaves to his Saviour with all his heart. When a man comes to believe he commits himself decisively to Christ.

- The word "faith" refers to a way of life and not to mere theoretical belief.

In the context of the research question the understanding of the term faith is important. Firstly, a covenantal relationship with Christ is established through faith and secondly, the act of faith results in becoming a member of the family of believers which in itself contributes to healing as the person is accepted and finds a place where he belongs, thereby fulfilling primary human emotional needs.

2. Substance

Allen (2010:542) describes the concept of substance as follows:

- Verse 1 begins with the sentence initial *estin*-- "is"

- This is used to emphasise what is to follow. What followed is crucial for their full understanding of what faith is.

- Faith is said to be the *hupostasis* of things hoped for.

- The word means the basic or essential structure/nature of an entity, substantial nature, essence, actual being, and reality.

- The word *hupostasis* in context of Heb. 11:1 can be understood as "realisation of a plan" and suggests the meaning: "in faith things hoped for become realised'.

- "Guarantee of ownership/entitlement/title deed" is regarded as another translation of the term substance.

- It connotes the idea of something which legally guarantees future possession.

3. Evidence

Allen (2010:543) explains that the word *elenchos* translated as 'evidence' has:

- An objective sense of 'proof' or 'evidence' and not only the subjective sense of 'conviction' or 'demonstration'.

- In secular Greek usage *'elenchos'* is the 'test' or 'trail'

- This test shows the thing to be as it really is.

According to Louw and Nida (1989:340; 673), the word evidence relates to:

- That which is completely believable;

- That which is worthy of belief, believable evidence; proof.

According to Wood *et al.* (2004:94), the noun *plerophoria* is used to describe:

- A sense of fullness;

- Fullness of conviction and confidence;

- Full assurance of faith.

- A fullness of understanding brings a wealth of assurance and one can approach God with *plerophoria* of faith.

Carson and Moo (2005:613) mention that Hebrews has a distinctive Christological emphasis and that the exposition of the priestly work of Christ, both on earth and in heaven, is much more detailed here than anywhere else in the New Testament. According to Allen (2010:541), Jesus is depicted in this verse as the believers' object of faith as well as the exemplar of faith.

In conclusion the word study of the concept of faith indicates that faith is the objective grounds upon which subjective confidence may be based. It is clear that faith has both an intellectual and affective aspect which results in an active wholehearted choice when the believer commits his life to Christ. Such faith springs from a personal encounter with God and enables one to venture into the future supported only by the Word of God.

The normative perspectives on faith are now discussed as it relates to healing of the person who self-injures.

4.3.4.2 Implications of faith for healing in the person who self-injures

Within the Christian tradition the term faith is described as a settled disposition enabling one to move towards God by grace (McFarland, 2011:180). He mentions that faith is considered according to two fundamental dimensions: it refers both to the beliefs or doctrines to which one assents and also to the act of trust or adherence by means of which these beliefs are accepted as true. Faith is not only a cognitive state but a determining characteristic of one's whole manner of life – adherence, fidelity, and obedience – as contrasted to mistrust or disobedience. It is in this trust which is contained in a relationship with God that faith procures healing.

The writer of Hebrews understood that the believers' faith could be re-ignited if they received a deeper cognition or understanding of who they believed in. Knowing who you believe in together with a fuller comprehension of His priestly work and sacrifice makes faith in Him easier to embrace and apply in one's personal life.

The implications of faith for healing are discussed, namely faith procures hope, a relational bond with God and transformation for the person who self-injures. Faith thus entails knowing, trusting and doing (cognitive, affective and conative aspects).

4.3.4.2.1 Faith procures hope for the person who self-injures

According to McFarland (2011:180), faith creates hope as without hope one would despair of attaining the realities of which faith speaks; and without love one would not even desire to come to that goodness in which one had come to believe. He explains that faith is rooted in a relationship with God who rewards us when we draw near to Him according to Hebrews 11:6. Hope for the person who self-injures is thus created because of the knowledge (cognition) of the rewarding nature of God.

4.3.4.2.2 Faith procures a relational bond with God for the person who self-injures

The ultimate object of faith is always God himself, present as illumining the mind and animating the heart in order, by grace, to bestow faith on a believer (McFarland, 2011:181). He explains that this is the ground of faith's certainty, not merely that the truth of God is grasped by the mind,

but that the One who is believed in every genuine act of faith is always God himself. This emphasises the personal or relational dimension of faith, as a bond that God establishes with a believer – who believes not only that God exists, or what God teaches, but also believes in God himself as faithful and true. It is within this personal relational bond with God that healing is facilitated to the person who self-injures.

4.3.4.2.3 Faith procures transformation for the person who self-injures

The word faith implies dependence and trust. Faith, because it also incorporates dependence and trust, embodies action (Mitchell, 2006:133). She argues that this action can take many forms, but belief or faith that does not eventuate in a changed life is not true biblical faith.

The specific ways how transformation takes place through the practice of faith is summarised by Freedman (2000:453) who clarifies our understanding of faith by mentioning the following:

- Faith relates to righteousness (Gal 3:6-14)

- Faith relates to justification (Rom 4)

- Faith relates to peace (Rom 5:1-2)

- Faith relates to access to God (Rom 5:1-2)

- Faith relates to the Spirit (Gal.3:2, 5, and 14).

- Faith relates to being "in Christ' (Gal. 3:25-26)

- Faith relates to reconciliation (Rom. 5:9-11)

- Faith relates to redemption (Rom. 3:24-25)

- Faith relates to fellowship ('*koinonia')* (1 Cor.1:9)

- Faith relates to grace

All of the above-mentioned aspects contribute to bringing transformation and healing to the person, contributing to cessation of self-injury.

In conclusion, it is evident that a comprehensive understanding of the substance of faith reveals how the faith of the person who self-injures procures healing. In the context of the research question, faith is described in relational terms - being in a relationship with God. Faith- "*pistis"* describes faith as reliance, loyalty or complete trust in God.

Faith is not only a cognitive state but a determining characteristic of one's whole manner of life; adherence, fidelity, and obedience, as contrasted with mistrust or disobedience. It is in this complete manner of life which is contained in a relationship with God that faith procures healing for the person who self-injures in specific ways.

The following diagram summarises the most important aspects of faith in relation to healing.

Faith contains cognitive, affective and volitive aspects

Faith procures healing in the following ways:

- Faith procures hope

- Faith procures a relational bond with God

- Faith procures transformation and healing

Person is transformed through relational bond with Christ, receiving grace and gaining hope
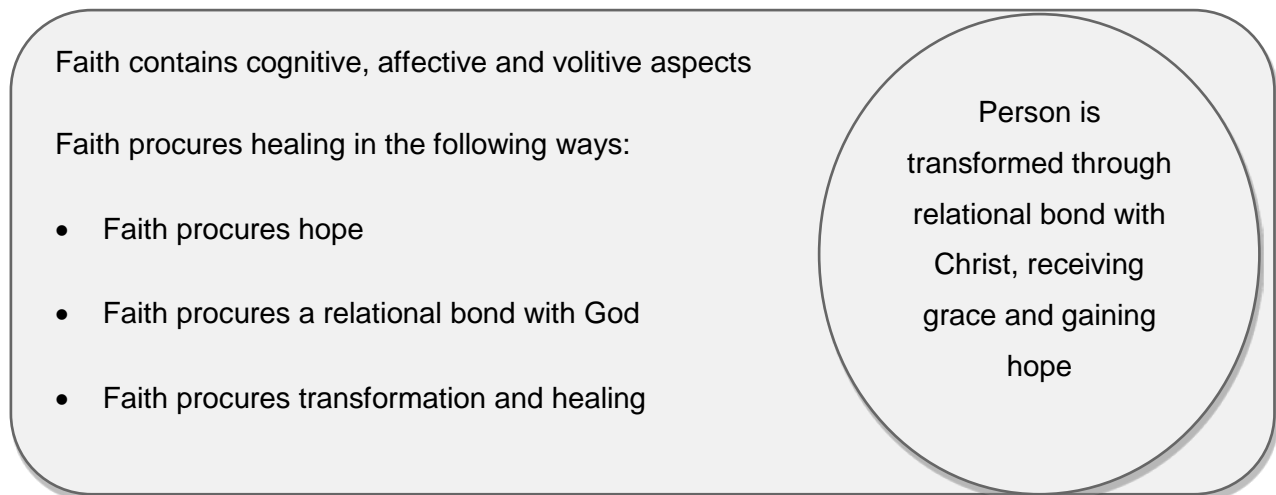
Figure 4-4:   The role of faith in the healing of the person who self-injures

4.3.5   Normative perspectives on healing

Normative perspectives on healing are discussed by referring to 2 Corinthians 5:17. A word study on this text, a discussion of a theological holistic understanding of Christian spiritual healing and the implications for the person who self-injure are presented.

2 Cor. 5:17: "If anyone is in Christ, he is a new creation".

4.3.5.1   Word study of important concepts in 2 Cor. 5:17

The phrases 1) 'in Christ', and 2) 'new creation' are examined.

1. In Christ

Wood *et al.* (2004:358) explain that:

- The New Testament expression 'In Christ' was frequently used by Christians.

- The verb *pisteuo* is followed by the preposition *eis* which literally means *to believe 'into'.*

- It denotes a faith which takes a man out of himself and puts a man into Christ.

- This experience is also referred to by the term "faith union with Christ".

- It denotes not only an intellectual belief but a belief where the believer cleaves to His Saviour with all his heart.

- Such a believer abides in Christ and Christ in him as mentioned in James 15:4.

Loh and Nida (1977:54) explain that Paul uses this term:

- In the sense of "in communion with Christ Jesus" or

- More specifically "in your Christian fellowship".

2. New creation

Louw and Nida (1989:594) translate this term as follows:

- The state of being new and different,

- With the implication of superiority.

- Newness, to make new, renewal (Rom 6:4 Col 3:10) 'put on the new self which has been made new in knowledge (Rom 12:2).

- Literally to be made new in the spirit of your mind but more accurately 'to be made new in your spirit and mind" as mentioned in Ephesians 4: 23.

- Pertaining to what is new and recent, in the sense of not previously existing -'new, recent, new and different as used in Hebrews 10:20: "He inaugurated for us a new and living way."

It is thus in a union with Christ that the person who self-injures become new or regenerated.

4.3.5.2 Holistic healing for the person who self-injures

The healing of the person who self-injures is to be understood holistically. Louw (2013:8) emphasises that healing should impact the realities that a person faces in life. He describes these realities as existential. Each reality is connected to an existential need and the aspect of healing as it is procured through Christ. Following is a brief exploration of the holistic understanding of healing as proposed by Louw (2013:8) as it relates to the healing of person's who self-injure:

- **The fear of being rejected and isolated within human relationships resulting in anxiety**

The basic need experienced by the person who self-injures is intimacy. Each person has a need to be accepted unconditionally for who he is without the fear of rejection. Experiencing intimacy implies that the need for human dignity and positive acknowledgement and affirmation has been met; a need that has not been met adequately in the lives of most people who self-injure.

For the person who self-injures spiritual healing in this regard means to discover grace according to 1 Cor. 15:10: "But by the grace of God I am what I am". Grace is unconditional love which relates to the faithfulness of God. The person who self-injures experiences God as a compassionate suffering God who suffers with him and comforts him.

- **The reality of guilt and shame**

The person who self-injures may experience feelings of guilt and shame which could be related to his past.

The person who self-injures can obtain healing from guilt and shame through forgiveness and reconciliation according to Col. 2:13-14: "He forgave us all our sins" and 2 Cor. 5:18: "God reconciled us to himself through Christ". The mediation of Christ resulted in salvation and justification and frees us from our guilt. "For he has forgiven us all our sins; he has cancelled the bond which pledged us to the decrees of the law. It stood against us, but he has set it aside, nailing it onto the cross" (Col. 2:14).

- **The reality of despair, despondency and doubt**

When the person who self-injures experiences no hope for the future he becomes despondent. Hope is a necessary ingredient to continue with life. His basic need is to develop an anticipation of a hopeful future.

Healing for the person who self-injures in this regard means to develop trust in the faithfulness of God. The person who self-injures learns that his disturbed affective condition does not determine his identity. The fact that the person who self-injures is already a new being in Christ gives him courage to hope. Hope and trust are linked in Rom.15:13: "May the God of hope fill you with all joy and peace as you trust in him, so that you may overflow with hope by the power of the Spirit".

- **The reality of helplessness and vulnerability**

People who self-injure often become victims of circumstances of their lives. They often become so fatigued by trying to cope with life. Their basic need is support and assistance.

Healing and support is to be found in *koinonia* or fellowship in the faith community through prayer and practical assistance. "If one part suffers every part suffers with it" (1 Cor. 12:26.)

- **The reality of disillusionment, frustration, anger and unfilled needs**

Disillusionment and disappointment due to unfulfilled needs often lead to acts of aggression and anger. Our basic need is fulfilment in life, which creates a sense of joy.

Removing destructive factors that deny human dignity, justice and human rights as represented by the ethical framework of the Christian faith, leads to healing. When a person experiences a sense of life fulfilment, joy and gratitude result. Gratitude because one's identity is established through God and His faithful character and not by one's own performance or lack of performance. Joy results when one realises that it is through the Holy Spirit that we are empowered and thus find fulfilment in life.

- **The reality of greed and insatiable desires (boredom)**

Materialism cultivates a sense of insatiability in a materialistic society and could lead to a lack of meaning and a sense of boredom. The person who self-injures who develops complete dependence on God and praises Him in gratitude for his life will attain healing.

Greed and materialism can be countered by intentionally caring for others. Humility precedes acts of care.

Healing therefore occurs when the above-mentioned realities of our existence can be linked to the following components of healing: intimacy, deliverance, hope, support, fulfilment, and human welfare (Louw, 2013:14). The hermeneutical interaction between the realities which we face in life and the needs that are linked to these realities indicates possible spiritual problems and directs one to specific components of healing (Louw, 2013:12). When the person who self-injures is able to identify and see the connections between the different realities of life and needs linked to these realities, he is able to reframe his understanding and perspective of his situation and discover meaning.

In this regard Mitchell (2006:144) mentions that healing requires the disruption of one's most deeply embedded lies and illusions. Once the lies have been exposed, change may start and healing follows. Mitchell (2006:144) concludes that healing comes when one's vision of God is finally greater than one's own need.

Change and healing will translate into peace. Louw and Nida (1989:315) translate the Greek word peace as "a state of freedom from anxiety and inner turmoil and freedom from worry". They mention that peace in the sense of freedom from worry is often expressed by means of an idiom,

for example 'to sit down in the heart', 'to rest in the liver' and to 'be quiet in one's inner self'. It refers to a psychological state and not a set of circumstances which could lead to peace.

Louw (2013:14) emphasises the role of hope in the process of healing. He sees hope as ontological, as being and thinking differently and new. The eschatological component of our salvation and justification implies ontological change and qualitative transformation. Hope is therefore seen as ontological - as a human being is transformed and renewed in Christ (Louw, 2013:14).

4.3.5.3 A pastoral care approach to healing

According to Louw (1999:157), pastoral care aims at a transformation that results in recovery, as well as healing. A faith that enables one to live with hope and meaning results in healing. When one has developed an understanding of God and His nature it enables one to discover meaning in life (Louw, 2013:2).

4.3.5.4 Healing and human wholeness

The importance of human wholeness in the healing process is highlighted by Louw (2013:7). In care-giving an interdisciplinary model is necessary for holistic healing. Louw (2013:1) advocates a theological interpretation of healing as attaining wholeness when the soul, (nephesh), is healed within the presence of God; within other human relationships and within a cultural structure.

In addition to that Louw explains that healing transpires when the person realises that his identity, significance and destiny is determined by spirituality. An understanding of our identity and significance as humans results in healing and human wholeness.

4.3.5.5 Implications for healing in the person who self-injures

A theological holistic understanding of Christian spiritual healing has been presented (Louw, 2013:8). Healing impacts the existential realities of life by addressing the existential need which is present in every reality. Healing in each existential reality is procured through Christ. Louw (2013:12) explains that a hermeneutical understanding of the realities and needs is necessary for healing. He identifies the following six spiritual components which are linked to the various existential realities which procure healing:

- Intimacy which implies unconditional acceptance without the fear of rejection.

- Deliverance which implies liberation and freedom from past transgressions.

- Hope which implies anticipation of something new and meaningful, for change and transformation.

- Support which implies having a reliable support structure.

- Fulfilment which implies experiencing acknowledgement and satisfaction which produces joy and gratitude.

- Human welfare which implies caring for others and creating a sustainable livelihood.

4.4 Normative perspectives on self-injury, faith, phronesis and healing: summary and conclusion

This chapter presented the third phase of Osmer (2008:135). In this chapter the approach of a theological interpretation of the concepts of faith and phronesis were used to interpret particular episodes, situations and contexts of self-injury. The manner in which these concepts can be utilised in practice with regards to facilitating healing to the person who self-injures has been investigated.

From the above discussion the following important principles in terms of the pastorate and pastoral counselling were identified from the normative examination:

1. **In facilitating healing to people who self-injure it is important to take into consideration that God calls people to a relationship where one lives in holiness before God.**

- The mission of Christ Jesus is to save and to reconcile man to God.

- The restoration of relationship with God for the person who self-injures is fundamental to healing.

- For the person who seeks to cease from self-injury it is necessary to understand the role of Christ in reconciliation and restoring the covenantal relationship with God.

- Paul uses the word ηιλαστεριον *(hilasterion)* in Romans 3:25 to describe Christ as the sacrifice which met the jurisdictional justice of God and through faith in Christ we are reconciled to God and restored in a renewed covenantal relationship (Vorster, 2011:20).

- Christ invites man to fellowship with Himself because Christ has shared the weakness of humanity, and through that shown men that God loves them despite their weaknesses and shortcomings.

- Therefore, man "can accept himself in spite of all his unacceptable features, because he has already been accepted by God" (Lidums, 2004:15-16).

- The Pneumatological empowerment in the transformation process is important (Louw, 1993:34-35).

- Holiness has a strong ethical significance and cognition of this fact results in changed behaviour.

- No-one is exempt from responsibility in ensuring that holiness is a regulative principle of daily living.

- God's holiness is to be taken as a model for individual and community life.

- God views the human body as being sacred, while its wholeness represents the beauty and perfection of holiness.

- The Israelites were not to emulate pagan practices of mourning since they were to maintain sacredness for life and the human body (Rooker, 2000:262).

- The divine call of God to his creatures is His will for them to share in His holiness.

- It is this impartation of the divine holiness which takes place in the soul of man in regeneration, which becomes the spring and foundation of holy character.

- Holiness has an eschatological significance. Louw (1993:144) stresses that the human *pheuma* gives man a holy, moral identity with eschatological character as man lives his life from the mercy and promises of God.

- The *pheuma* of man therefore creates a teleological dimension to man as he is directed on the eschatological dimension of his existence.

- God desires to enter into covenantal relationship with humankind which is characterised by holiness.

2. **Pastoral facilitation has an important goal to communicate the implications of Imago Dei for the person who self-injures. A deeper understanding of a person's created-ness in Imago Dei and the internalisation thereof in a deeper relationship with Christ may result in changed behaviour.**

In the pastorate the following normative perspectives are to be communicated:

- Imago Dei attributed to humankind in creation is contained in man's free will, his intellect and ability to reason; his moral nature, his ability of being conscious of himself and his immortal soul and his emotional characteristics that differentiate him from animals; his transcendental

nature; outward appearance; his representation of God on earth and his relationship with God (Vorster, 2011:591).

- The responsibility that man has been given implies accountability which includes being accountable on how man cares for his own being and body, as man is created in the image of God.

- Imago Dei helps people to self-transcend in the search for a deeper understanding of their lives and destinies.

- Imago Dei and *nefesj* both refer to the trans-psycho-physical dimension of humankind, which reflects the transcendental dimension of man's existence.

- This dimension determines man's eventual destiny and it contains a transformative function which is related to the qualitative state of man (Louw, 1993:124)

- The word *telos* as it is used in the book of Hebrews indicates a process of consecration to God and sanctification of one's life in order to stand before God in the same way as the priests of the Old Testament could stand before God (Louw, 1993:153). This is achieved and made possible through the sacrifice of Christ.

- A theological understanding of the concept of Imago Dei procures healing for the person who self-injures in the following ways:

  - A realisation of human value, worth and dignity as well as destiny and purpose for the person who self-injures procures healing.

  - This becomes possible when the person starts reasoning theologically about his own self-perception.

  - A comprehensive cognitive understanding of this concept brings the person into a closer relationship with God.

  - An understanding of Imago Dei gives him a new identity and new self-perception which facilitates a closer Christological relationship which results in healing and cessation of self-injury.

3. **Pastoral facilitation of the person who self-injures has the important goal to clarify dealing with distress by inviting God into the situation through prayer and trusting Him as a Helper in need instead of trusting in self-injury as a means to deal with intense overwhelming emotional distress.**

- Incidents in the Old Testament link self-injury with not trusting in God where people used self-injury to gain favour and an answer from an idol.

- Self-injury is regarded as a coping mechanism and the person will benefit from replacing self-injury as a coping mechanism with alternative actions for instance prayer and community involvement.

4. **Pastoral facilitation has the important goal to communicate the response of Jesus to persons who self-injure:**

- Jesus responds with compassion to the demoniac in Gerasa who cut himself.

- He gives him a purpose (*telos)* by sending him to proclaim his healing in his own town.

- After Jesus intervened in this person's life in Gerasa he was found "sitting and clothed and in his right mind" in Greek terms σωφρονουντα (sOphronounta).

- In the context of healing the first remarkable change noted in the man after he was healed is that he was in condition where he had a sense of phronesis; the ability to reason. There was no need for shackles and chains anymore as he was self-controlled and mindful of himself and others around him.

- This incident provides an example of the power of God to bring healing to a person who self-injures.

- The person who self-injures can exercise the choice he has to seek divine intervention as this person did when he prostrated himself before Jesus.

- God is willing to intervene and does extend healing to the self-injurer.

- God provides holistic healing which impacts his mind, body and actions and provides telos, and purpose to his life.

- This incident offers hope of restoration.

5. **In facilitating healing to people who self-injure it is important to take into consideration the normative perspective regarding phronesis and wisdom, which develops through embracing a relationship with God**:

- Phronesis is described as having attitude, to hold a view, thoughtful planning or wisdom.

- It includes the orientation of the whole person—mind, heart and body.

- Phronesis is seen as having the mind as Christ.

- Jesus becomes the Wisdom of God and healing is procured when the person who injures himself enters into a faith relationship with God.

- The fear of the Lord is seen as the beginning of wisdom and provides a moral imperative of Scripture to the person who self-injures and inspires him.

- Wisdom is seen as a virtue for right behaviour.

- By facilitating and nurturing wisdom pastorally, it is believed that counselees will become fit for a meaningful life (Brunsdon, 2015:5).

- Embracing wisdom implies embracing a relationship with God and it is made accessible to everyone.

6. **Pastoral facilitation has the goal to communicate the important role of faith in the healing process of persons who self-injure:**

- Faith is the objective grounds upon which subjective confidence may be based.

- It is clear that faith has both an intellectual and affective aspect which results in an active wholehearted choice when the believer commits his life to Christ.

- Such faith springs from a personal encounter with God.

- It enables one to venture into the future supported only by the Word of God.

- Faith procures healing in the following ways:

  - Faith procures hope

  - Faith procures a relational bond with God

  - Faith procures transformation and healing

7. **Pastoral facilitation has the goal to communicate normative perspectives on health and healing to people who self-injure.**

In order for the person who self-injures to relate to these perspectives the facilitation needs to be planned in a way that will enhance healing, for instance through building a relationship, exploring the person's views and experiences and studying Scripture together and reflecting what it means to the person. In the pastorate the following normative perspectives are to be presented:

- "If anyone is in Christ, he is a new creation" (2 Corinthians 5:17).

- In union with Christ the person who self-injures become new or regenerated.

- Literally to be made new in the spirit of your mind but more accurately 'to be made new in your spirit and mind" as mentioned in Ephesians 4: 23 (Louw & Nida, 1989:594).

- Health implies a condition of being at peace or shalom. The Greek word peace is translated as "a state of freedom from anxiety and inner turmoil and freedom from worry" (Louw & Nida, 1989:315).

- It refers to a psychological state and not a set of circumstances which could lead to peace.

- Louw (2013:14) emphasises the role of hope in the process of healing. Hope is understood as being and thinking new and differently.

- Pastoral care aims at a transformation that results in recovery, as well as healing.

- Faith that creates meaning and hope in life produces healing (Louw, 1999:157).

- Salvation and justification imparts a new identity to one resulting in ontological change and qualitative transformation (Louw, 2013:14).

- Spiritual healing refers to wholeness of the soul, which includes living within the presence of God and others within a cultural structure (Louw, 2013:14).

- In addition to that Louw explains that healing transpires when one's identity, significance and destiny is determined by spirituality.

- Healing has a teleological dimension.

- Louw (2013:12) indicates that healing impacts the existential realities of life by addressing the existential need which is present in every reality.

- Healing in each existential reality is procured through Christ.

- The different existential issues are interrelated and create a hermeneutical understanding.

- The following spiritual components are linked to the various existential realities which procure healing: intimacy, hope, deliverance, support, fulfilment and human welfare.

CHAPTER 5: PRAGMATIC PERSPECTIVES ON FAITH AND PHRONESIS IN THE HEALING OF PERSONS WHO SELF-INJURE.

5.1 Pragmatic perspectives: introduction

This chapter focusses on the pragmatic task of practical theological interpretation (see Figure 5-1). The focus of the pragmatic task is one of forming and enacting strategies of action that influence events in ways that are faithful and effective (Osmer, 2008:176). The question that Osmer poses in this task is: How might we respond in order to bring change or renewal?
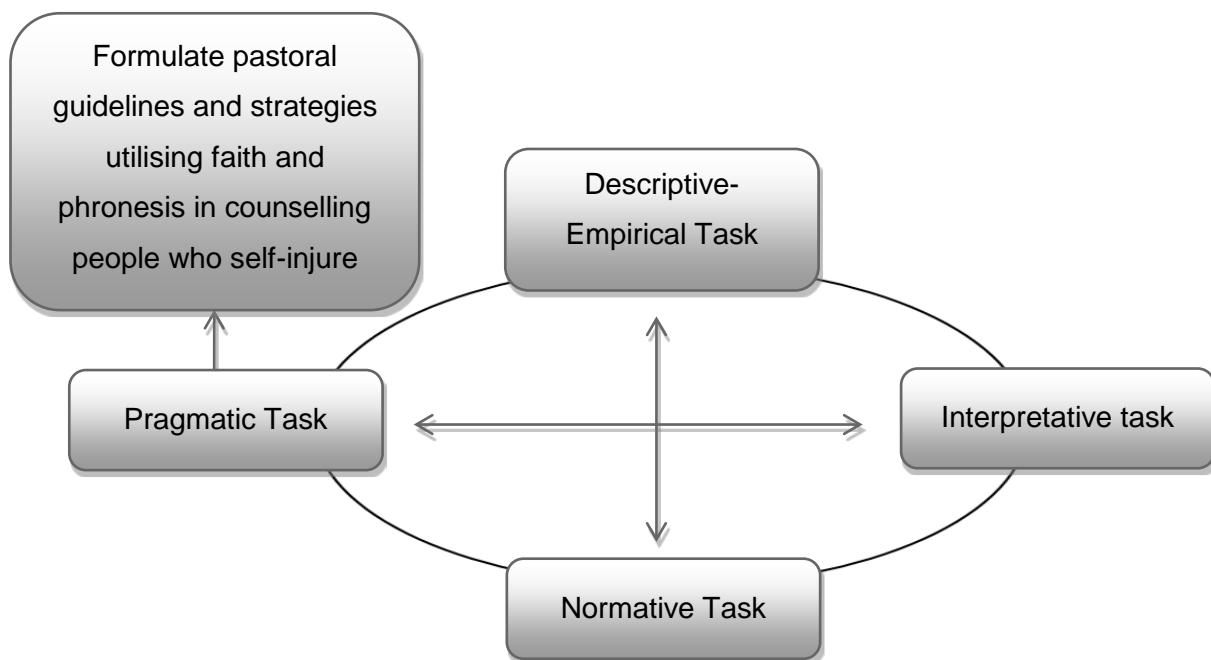
Figure 5-1:   Osmer's fourth phase: how might we respond?

The knowledge gained in the previous phases of this research brought about perspectives that may be used to bring about change and renewal. These perspectives are brought together in this chapter in a hermeneutical interaction and are integrated to provide a theologically sound opportunity for both pastoral counsellors and pastors to utilise the constructs of faith and phronesis effectively in helping people who self-injure.

The objective of this chapter is thus to formulate practice orientated guidelines which can be used to inform people who self-injure, as well as practical theologians how to effectively deal with self-injury through applying the practice of faith and phronesis. In this manner this study attempts to contribute to the church in their task to care for the person who self-injures.

5.2 Various perspectives of the study

In order to formulate theoretical guidelines for use in praxis, an integration of all the perspectives from the previous tasks is necessary (as described in chapters 2-4). This study was undertaken from a pastoral perspective and focussed on how the concepts of faith and phronesis could contribute to effective guidelines for pastoral counselling in facilitating healing in people who self-injure. Self-injury as a form of trauma was examined from a biblical perspective. The word trauma in the Greek context means "*wound*". The verb *traumatizo* in Greek would be translated as traumatise in English and is defined as "to hurt or wound, normally resulting in some mark or permanent scar on the body" (Louw & Nida, 1988:231) (Chapter 1 par. 1.2.)

Self-injury is invariably linked to traumatic incidents and emotional experiences that result in a sense of personal trauma. Hunsinger (2011:8) emphasises the importance of pastors dealing with the reality of trauma in our communities. She places trauma in a theological context and concludes that the anguish of human trauma is endured as we mediate the love of God by providing a relational home for one another; a place where God's compassion is attested. She emphasises that praying for one another and the worship of the people of God sustains the traumatised in hope.

Chapter 1 provided an introduction to the study and problem statement where the objective and methodology of the study was mentioned. The main objective of this study was the examination of interdisciplinary perspectives from the scientific disciplines of social psychology, sociology, cognitive psychology, together with intra-disciplinary perspectives from the sciences of Theology, Philosophy and Moral ethics, and how they may contribute towards an understanding of the nature of self-injury as well as the recovery of the individual.

The various terminologies were discussed with a brief overview on prevalence of self-injury in South Africa as well as previous research in South Africa on the phenomenon of self-injury.

Chapter 2 provided the answer to Osmer's (2008:33) question: what is going on? He describes this task as gathering information to better understand particular episodes, situations, or contexts (Osmer, 2011:1-7). The descriptive–empirical task provided perspectives on the role of faith and phronesis in the process of healing people who self-injury. The objective of this phase was to explore how faith and phronesis play a part in the healing of individuals who self-injure. The theological and empirical field was explored to answer the question of what is happening in the field of faith and in the field of practical wisdom in relation to the incidences of self-injury. How is faith and phronesis playing its role in the lives of people who self-injure? The objective was to identify the components of these constructs and how these aspects conspire to bring about transformation.

Chapter 3. The main objective of this chapter is the examination of interdisciplinary perspectives from the scientific disciplines of social psychology, sociology, cognitive psychology, together with intra-disciplinary perspectives from the sciences of Theology, Philosophy and Moral ethics to establish how they may contribute towards an understanding of the nature of self-injury as well as the process of cessation of self-injury by application of faith and phronesis.

Osmer (2008:83) describes theoretical interpretation as the ability to draw on theories of the arts and sciences to understand and respond to particular episodes, situations, or contexts. He understands that no one perspective captures the fullness of truth and that often many perspectives are needed to understand complex, multidimensional phenomena. Osmer (2011:3-7) describes this phase as entering into a dialogue with the social sciences to interpret and explain why certain actions and patterns are taking place.

Chapter 4 is a discussion of the normative task. During this phase normative questions from the perspectives of theology, ethics and other fields were raised (Osmer, 2011:4-7). Exegesis of Scripture relating to self-injury, faith and phronesis was conducted with guidelines provided by De Klerk and Van Rensburg (2005:12-102). Normative insights gained from exegesis on the important concepts of Imago Dei, practical wisdom or phronesis, holiness, faith and healing illustrate the value these concepts have for the person seeking cessation of self-injury by application of faith and phronesis.

Chapter 5 provides pragmatic perspectives. The way in which the findings of the research can be applied in practical situations is explored in this phase with the aim of finding practical ways where the application of faith and phronesis can make a difference in the lives of those who self-injure. The integration of all above perspectives is to result in practice orientated pastoral care guidelines for pastoral counsellors and self-injurers with the focus on how to apply faith and phronesis as agents of healing and transformation.

The following sections are a discussion of how the perspectives gained in these chapters can be integrated to provide new insights into how faith and phronesis can be functional in the healing process of a person who self-injures, thus providing an answer to the research question posed in Chapter 1.

5.3 Pragmatic perspectives on faith and phronesis in the healing of persons who self-injure

In the light of the interaction between the descriptive-empirical aspects, the interpretative aspects and the normative aspects the following were identified as important and significant themes which continuously presented throughout the study. These aspects are valuable for the pastoral counsellor in caring for the person who self-injures:

- Faith positively influences healing of the person who self-injures.

- Phronesis (practical wisdom) is an essential practice in facilitating healing of the person who self-injures.

- A healthy social environment contributes positively to the healing process of the person who self-injures.

The above-mentioned aspects serve as indicators for further practice of theoretical perspectives which are discussed in greater depth.

5.3.1   Faith positively influences healing of the person who self-injures

5.3.1.1   Hermeneutical interaction between the perspectives from chapter 2-4 concerning faith and healing of the person who self-injures

From the literature it was evident that the presence of faith in a person's life determines his well-being significantly (Chapter 2 par.2.3.1.). In the light of insights gained from literature and findings from this research the concept of faith in relation to its role in healing of persons who self-injure the following perspectives are discussed:

- Faith as a relationship with Christ -- a Christian spirituality perspective.

- Faith and a biblical anthropology -- a pastoral-anthropological perspective.

- Faith and holiness -- a pastoral care perspective.

Figure 5-2: Faith impacts healing of the person who self-injures in three ways

1.   Faith as a relationship with Christ and healing of the person who self-injures

The following perspectives relating to the influence of a personal relationship with Christ on healing became apparent from chapters 2-4:

- Chapter 1 outlined the importance of personal faith in and a personal relationship with Christ Jesus as a criterion for selection of participant in this study. The researcher specifically aimed at exploring the effects of the Christological relational connection on participants' healing in order to determine what components of this relationship with God and what components of their faith caused transformation and healing and how these components of faith brought about healing (Chapter 2 par. 2.3.1.). Personal faith is interpreted as a personal relationship with God. Chapter 3 described the perspective on faith as more than mere belief. It also implies dependence and trust and because it incorporates dependence and trust it also embodies action (Mitchell, 2006:133) (Chapter 3 par. 3.5.1.1.).

- Chapter 2 highlighted the perspective that the nature of the God-man encounter is significant in healing (Louw, 1999:30). The point of convergence between God and humankind provides a specific nature to the encounters between God and human beings. It is a bipolarity that entails an already- and not yet-tension (Louw, 1999:30). The impartation from God to the person who self-injures within the God-man encounter may be significant in understanding how this facilitates healing (Chapter 2 par.2.3.1.). This encounter with God provides a safe place for the person to engage in a relationship where he is accepted unconditionally, fulfilling primary human needs of belonging and being loved and cared for.

- Chapter 3 describes the transformational and healing nature of faith. Roos (2013:136) clarifies that Christian faith has a dimension of healing which is linked to the work of Jesus Christ on the Cross and the resurrection. He states that healing does not involve only the inner 'soul', but the totality of a person's being. Scripture portrays faith in Christ as the foundational means of the restoration of human function (Pierre, 2010:80). Transformation and change is possible due to the power in the reconciliation work of Christ to enable a person to change his or her behaviour in the sense that he changes his or her circumstances of life (Louw, 1993:113). The surest route to overcoming problems and becoming the person one was meant to be is reconnecting with God and with one's community. This kind of relating depends entirely on deep fellowship with Jesus Christ and then spills over on to other people with the power to change their lives (Mitchell, 2004:5) (Chapter 3 par. 3.5.1.2.).

- From Chapter 2 it became clear that theological praxis should be framed by the compassion of God (Chapter 2 par 2:3). Louw (2011:1-20) clarifies the compassion quality of God's involvement with humans by referring to 'the Pneumatological praxis of God'. He describes a divine intentionality (teleology), a modus of God's praxis, the how of God within the vulnerability and suffering of human beings. The under girding theological presupposition is that *ta splanchna* (strong feeling of mercy and compassion expressed by the intestines) denotes a compassionate praxis of co-suffering (the passio Dei)" (Chapter 2 Par.2.3.).

- Another important perspective recognised in Chapter 2 is that praxis thinking should be determined by the quest for meaning and our human suffering. Discovery of meaning can take place only within a living relationship with God and in a loving relationship with fellow-human beings (Louw, 2011:21). The person who self-injures needs the security that is outlined in God's covenantal promises and the eschatological reality of salvation that is evidenced in the cross and the resurrection to discover meaning. Meaning is the discovery of a God whom one can trust and who can bring meaning to life due to actual involvement and engagement with those existential realities which the person is faced with.

- A person's God-concept has an influence on his or her view and the way the person processes suffering (Louw, 1985:12). An important perspective is understanding that pastoral care aims at the development of appropriate God-images and a faith maturity, in order to help people to cope with life (Roos, 2013:84). This understanding is essential for healing to happen in the lives of people who self-injure. According to Louw (2008:77), it is about the appropriateness of God-images in themselves and not about whether they are appropriate in terms of our human quest for meaning and our struggle to come to terms with human suffering. Pastoral care aims to embody the presence of God's Spirit in order that people who self-injure can be healed and become whole (Chapter 2 par. 2.3.1.3.).

- The dynamic relationship between faith and life is evident. Louw (2008:46) argues that a person is healthy when he or she has a source of faith that facilitates meaningful living (Chapter 2 par 2.3.1.3.). In the Christian faith, praxis thus involves faith in God. Faith and life are (and should be) narrowly involved and mutually interwoven (Immink, 2003:11). On the one hand, faith has an effect on everyday life. Life, on the other hand, has an effect on faith. From this it can be deduced that the person who self-injures' faith is connected to the context in which that person finds him- or herself. It is in this close interaction between the self-injurer's everyday life and her faith that a space develops where healing starts to occur (Chapter 2 par. 2.3.1.2.).

- In Chapter 3 interpretative perspectives indicated that emotional pain and psychological distress are underlying factors in self-injury behaviour. Negative emotions associated with self-injury would include feelings of worthlessness, hopelessness, depression, disappointment, loneliness, guilt, anger, shame, and self-hatred. Self-injury is then used as a way to cope with overwhelming negative feelings. For some people self-harm is a way to cope with the absence of emotions; where no emotions are experienced and the self-injury helps them to feel alive again. It seems that people use self-injury to control and manage their emotions and the intense relief that is experienced by hurting themselves can become addictive. An addictive cycle of pain-self-injury-relief-self-hatred and other negative emotions-pain becomes a behavioural pattern (Chapter 3 Par.3.3.1.1.).

- The concept of faith when applied in the life of the person who harms himself will then intervene in this addictive cycle and bring change; not by providing another coping mechanism but by bringing healing to the original causes of the pain (Chapter 3 Par.3.3.1.1.).

- The relation between faith and experience is fundamentally important in pastoral practice. The theological concepts and symbols will remain abstract concepts unless they make an impact on an existential level of the person's psychological structure and influencing and changing his behaviour (Louw, 1993:122).

- The subjective component of faith is important in the pastoral practice when dealing with the person who self-injures. Faith means that the person who self-injures makes choices and acts upon them. Therefore, faith and behaviour are not to be separated. Faith is the means by which the person who self-injures accepts and applies his salvation and renewal in his life which results in cessation of self-injury.

- An important perspective gained in Chapter 2 is that of applying a holistic approach in human health. Humans are relational and face realities in life described as existential issues (Louw, 2013:1-16) (Chapter 2 par. 2.3.1.3.).

- From the empirical research regarding the role of faith in cessation of self-injury (chapter 2) participants' individual and shared response to knowing and experiencing God in a personal relationship (in a sacred space of real meeting and acknowledgement between God and the participant) was analysed. Patterns and themes of faith were identified that lead to healing and cessation of self-injury. The following themes were identified as being significant in a faith relationship as facilitating cessation of self-injury:

  - The love of God was a motivating factor to cease self-harm.

  - Personal faith offered a better way to deal with problems than self-injury.

  - The realisation that one's body is a temple of the Holy Spirit positively impacted cessation of self-injury.

  - Participation in church is vital for healing.

  - The Word of God positively influenced cessation of self-injury.

  - Transformation is made possible through grace.

  - Dependence on the Holy Spirit is essential.

- Recognising it as a spiritual battle helped participants in their journey to healing.

- Forgiveness, hope and contentment become powerful components in the process of cessation of self-injury.

- Faith as an active choice leads to cessation of self-injury (Chapter 2 par. 2.4.7.1).

- Chapter 4 presented a theological interpretation of faith and provided a Christological dimension to healing. In the context of the research question the understanding of the term faith is important. Firstly, a covenantal relationship with Christ is established through faith and secondly, the act of faith results in becoming a member of the family of believers which in itself contributes to healing as the person is accepted and finds a place where he belongs, thereby fulfilling primary human emotional needs (Chapter 4 par. 4.3.4.2.3.).

- The implications of faith in relation to healing is that faith procures hope, a relational bond with God and transformation for the person who self-injures. Faith thus entails knowing, trusting and doing (cognitive, affective and conative aspects). Faith therefore impacts healing in all these areas of the person who self-injures (Chapter 4 par.4.3.4.2.3.).

- Chapter 4 indicates the relationship between faith and hope. Faith is said to be the *hupostasis* of things hoped for. The word means the basic or essential structure/nature of an entity, substantial nature, essence, actual being, and reality. The word *hupostasis* in context of Heb. 11:1 can be understood as "realisation of a plan" and suggests the meaning: "in faith things hoped for become realised' (Allen, 2010:542). In practice this understanding and dynamic of hope is to be communicated to the person who self-injures. (Chapter 4 par. 4.3.4.2.3.).
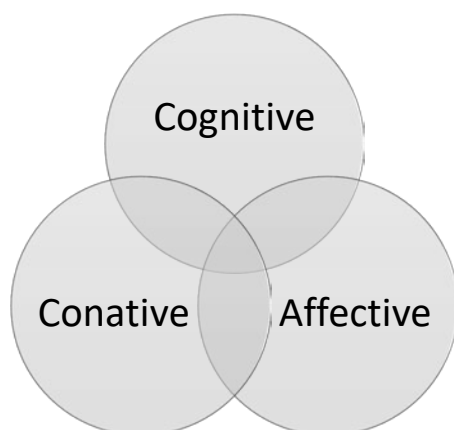
Figure 5-3: **Faith is a response on three levels**

5.3.1.1.1 Pragmatic-strategic perspectives on a relationship with Christ and healing of the person who self-injures within pastoral care

In the light of insights gained from literature and findings from this research the following pragmatic-strategic perspectives relating to a relationship with Christ and healing are presented:

1. The essential framework for pastoral care for the person who self-injures is found in the redemptive work of Christ:

- The person who self-injures needs the security that is outlined in God's covenantal promises and the eschatological reality of salvation that is evidenced in the cross and the resurrection to discover meaning.

- Accepting God's personal love (as illustrated by the redemptive work of Christ) for the person who self-injures is necessary for healing (Chapter 2 par. 2.4.7.1.). The way in which participants received and accepted Christ's love, comfort and care enabled them to start loving themselves. This love was perceived and experienced within an interactive faith relationship with God. It is important that the counsellor is cognizant that the person who self-injures for reasons of self-punishment linked to shame and guilt may still be struggling to love and accept himself. He may find it difficult to accept that God loves him unconditionally. The counsellor is to help the person to deal with guilt and shame by appropriating the redemptive work of Jesus in his life.

- The pastor is to determine if the person who self-injures is limiting this encounter with God by only partially accepting God's redemptive work, love and compassion. Encourage a deeper encounter if necessary by illustrating God's compassion. Help the person who self-injures to accept and embrace the love of God in practical ways. Theological praxis should therefore be framed by the compassion of God (Chapter 2 par 2.3).

- The pastor is to facilitate the concept that faith and a relationship offers a better way to deal with problems. The role of the Holy Spirit is to be described to the counselee as that of the Helper, Comforter and the Person who enables him to deal with problems. In this sense the function that self-injury had as a means to comfort and deal with overwhelming stress is then replaced by the comfort and wisdom provided in a relationship with Christ.

- Praxis thinking should be determined by the quest for meaning and our human suffering (Browning, 1983:13) (Chapter 2). The pastor is to facilitate discovery of meaning which takes place only within a living relationship with God (Louw, 2011:21).

- The pastor is to recognise the role of the Word in healing. The living relationship with God cannot be separated from engaging in the Word of God. A significant factor that was evident

from the research was the essential role the Word of God played in participants healing process. The Word that was taught to participants helped them to view themselves as worthy and valued; it helped them to forgive others which enhanced their healing; it helped them to rectify incorrect thinking patterns which caused self-injury; it helped them to gain insight into their problems and also to see it as a spiritual battle. The Word was activated through their faith and became a powerful tool for phronetic choices in ceasing from self-injury.

2. Pastoral engagement with the person who self-injures is based on the ministry of reconciliation according to II Corinthians 5:

- The pastoral counsellor has a ministry of reconciliation to the person who self-injures. The restoration of relationship with God for the person who self-injures is fundamental to healing. Understanding the role of Christ in reconciliation is necessary for the person who seeks to cease from self-injury. Paul uses the word ηιλαστεριον (hilasterion) in Romans 3:25 to describe Christ as the sacrifice which met the jurisdictional justice of God and through faith in Christ we are reconciled to God and restored in a renewed covenantal relationship (Vorster 2011:20). Reconcile the person who self-injures to God by helping him or her to accept the redemptive gift of Christ personally and correct incorrect beliefs about God.

- Within the context of reconciliation with God and pastoral care the pastor is to encourage the self-injurer to trust God in his journey to cessation of self-injury. The pastor is to help him discover that one can trust God to bring meaning to his life due to actual involvement with those existential realities which he encounters.

- Through the ministry of reconciliation, a sense of hope is imparted. Through faith in God hope emerges. Louw (1985:96) mentions that hope becomes grounded, through the Cross, and creates a sense of belonging and security. Pastoral care and pastoral therapy can also be viewed as mechanisms of hope. Pastoral care provides a source of hope for the future. Louw (2006:15) states that hope correlates with two core aspects: firstly, a person's attitude or approach toward the trauma and crisis must change to alter the perspective. Attitude and approach are the only variable factors of suffering. Secondly, an external support and faith anchor is needed, in order to look past the loss and crisis.

- According to Louw (1999:15), the acceptance of hope in Jesus Christ is part of the convergence point when salvation, change, renewal, recovery and growth of a person in Christ, based on God's grace, converge.

3. The relationship with Christ is characterised by individual responsibility and accountability.

- Within pastoral dialogue it is important for the pastoral counsellor to emphasise that faith implies an active choice. Each individual has personal responsibility to actively engage in his own healing journey within the relationship with Christ.

- The concept of taking ownership and responsibility for their healing is to be facilitated with empathy yet with directness. From the results of this study it was evident that people who made an active choice of faith positively impacted cessation of self-injury (chapter 2 par. 2.4.7.1.).

- Each person has a unique story or narrative of his life that is conveyed during pastoral dialogue and the pastor helps the person to reframe his unique individual narrative within the narrative of God's redemptive acts.

4. The relationship with Christ brings the person into a community of believers which plays an important role in healing.

- The fact that healing could transpire within a faith community or koinonia has been explored by Henri Nouwen (1932-1996). The essence of healing through communitas is described in his book *The Wounded Healer.* He advocates a ministry model where the common fundamental woundedness in all humanity becomes a source of strength and healing for others. He states that ministers make their deepest connections with God and others through the shared experience of suffering – a suffering world, generation or person. It is in this sharing that a person becomes a transformative influence.

- Within the faith community it is important to form authentic relationships with the person who self-injures in lovingly caring for and affirming the value and worth of the person. Participants reported on the healing influence of the community of believers. Pastoral ministry is not a passive happening but rather a happening which is intent on change by actively caring, praying, encouraging, accepting and loving one another. Within this caring-for-one-another community the compassion of the Holy Spirit is expressed in a loving koinonia (Louw, 1993:34-35).

- It is within the loving relationship with fellow-human beings, koinonia, that discovery of meaning often takes place (Louw, 2011:21). Small group meetings on a regular basis may offer valuable opportunities for people to discover meaning and receive phronetic wisdom and guidance in various ways.

- In addition to small groups the role that people gifted in phronesis play in local congregations is significant. Wise people in the congregation could act in a supporting capacity in the healing process.

- Encourage active participation in church services as it is vital for healing. Participation in liturgy during services may influence healing. Kruger (2016:par.2) states that words have power to shape our perceptions of reality. During worship services and in praying, and participating in liturgy, knowledge of God is imparted to the person who self-injures and contributes to the development of a new mind, thus developing a new perspective on his or her personal problems and situation.

- Another important aspect of liturgy is the element of persuasion that is brought about in a positive way to further healing. According to Kruger (2016:par 2), meaningful liturgical language conveys persuasion regarding the meaningfulness of life. He sees persuasion in liturgy as guiding people to cooperate according to God's will for their lives. In this sense persuasion has to do with change.

5. The person who self-injures is to realise that he is in relationship with God, with himself and with others and that he should grow intentionally in these relationships.

- The pastoral dialogue should be aimed at facilitating extending forgiveness to others and to oneself. Facilitate self-acceptance through self-forgiveness. If the person who self-injures is struggling to accept the love of God the counsellor can facilitate speaking forgiveness to God if necessary, even though God is not at fault. Often people who self-injure may feel rejected by God and may benefit from dealing with this emotion in this way.

- Within pastoral praxis the pastor aims to bring phronetic insight and perspective in the person's life and his quest for meaning. The pastor is to facilitate intentional growth in the person's relationship with God and with himself. Intentional growth is realised when the person is helped to recognise that self-hatred and self-injury is in direct contrast to what the Lord has commanded: to love God, others and yourself and therefore they are to take authority over their self-loathing thoughts and emotions.

- The emphasis on growth in relationship with God, self and others is on being intentional and creating specific growth opportunities for the person. Pastors are to convey a vision of pastoral care for the person by establishing programs where people are trained in personal ministry to support young people who self-injure. Similarly, a phronetic care group within a congregation may offer valuable assistance in pastoral care. This care group can serve in visiting people who self-injure, establishing authentic relationships, offering a phronetic ear to listen, loving and affirming the person and also confront him in love if necessary.

- Within praxis, pastoral care for the person as a holistic being is important. In pastoral care the relationship which the pastor forms with the person is important as it enhances healing.

- The faith relationship with Christ affects the person holistically and therefore the pastor is to think in holistic terms when dealing with persons who self-injure. As social workers, psychologists, and medical professionals have received specialised training in their respective fields, their contributions are much needed and valuable in conjunction with pastoral care.

- In the pastoral care relationship transformation is made possible through extending grace. The pastoral counsellor who illustrates and extends grace creates a space of intimacy where the person can feel accepted unconditionally for who he is, without fearing rejection. This unconditional acceptance is a continuation of the unconditional acceptance that the person experiences in his relationship with Christ which is vital for people who want to heal from self-injury.

5.3.1.1.2 Faith, biblical anthropology and healing of the person who of self-injures

In the light of insights gained from literature and findings from this research, perspectives from chapters 2-4 on the concept of faith and biblical anthropology in relation to its role in healing of persons who self-injure, are now discussed:

- An anthropologic perspective describes humankind from his relationship with God (Louw, 1993:121) (Chapter 2 par. 2.3.1.2.).

- From Chapter 2 it became evident that anthropology determines healing, because the way we see ourselves and others as well as how we see and understand God determines our approach to life (Louw, 2012:1-9). The pastoral counsellor who spends much time in exploring the truth and implications of our createdness in Imago Dei with the person who self-injures will establish a solid foundation for the person to recognise faulty self-schemas and faulty God-schemas.

- Chapter 4 describes the perspective of Imago Dei as being a transformative function. According to Louw (1993:123), humankind as a living being (nefesj) is differentiated from animals as man's whole life and his uniqueness of body and soul is directed on God and dependent on God. He states that the terms, Imago Dei and nefesj both refer to the trans-psycho-physical dimension of humankind, which reflects his transcendental dimension of man's existence. According to Louw (1993:124), this dimension determines man's eventual destiny and it contains a transformative function which is related to the qualitative state of man. In the light of the transformative function of understanding Imago Dei it becomes applicable to the healing process of self-injury.

- Emotional pain and psychological distress are underlying factors in self-injury behaviour. Negative emotions associated with self-injury would include feelings of worthlessness, hopelessness, depression, disappointment, loneliness, guilt, anger, shame, and self-hatred. Self-injury is then used as a way to cope with overwhelming negative feelings (Chapter 3 par. 3.3.1.1.).

- Faith determines the person who self-injures' understanding of himself (self-schema) and therefore his or her self-image and identity.

- Cognition of how Imago Dei procures human value, worth, dignity, destiny and relationship is the starting point and when it translates into a deeper understanding - phronesis (practical wisdom) -- a new cognition of one's identity within Imago Dei is formed which creates the space for healing to transpire. Cognition involves a cognitive, affective and volitive component and healing affects all these components bringing about emotional healing in addition to a mere cognisance of a new identity (Chapter 4 par. 4.3.1.2.1.2.).

- Within pastoral ministry to the person who self-injures it is essential to help the person to realise and internalise his own human dignity procured by Imago Dei.

- Furthermore, the meaningfulness of life which has been imparted to us by Imago Dei is to be communicated in pastoral ministry. Developing a perspective and realisation of human dignity together with meaningfulness of human life should be prioritised within pastoral ministry. This perspective could elicit new perspectives for the person who self-injures which could help him to view his circumstances in a different light and help him to cope with his problems in a more productive and less self-destructive way.

- In this way the pastor thus communicates a message which provides a different frame for the person who self-injures, a frame established and anchored in human dignity and meaningfulness of life that is imparted to him by God himself.

- Chapter 4 presented a normative perspective on how Imago Dei relates to self-injury. People are created in the Image of God. This fact is regarded as the most fundamental truth about human beings. Ferguson and Wright (1998:178) indicate that it is folly to ignore our Creator and His instructions given at creation or man's spiritual uniqueness and stewardship over creation. The uniqueness of humankind is found in his God-given responsibility and freedom of will and choice. The responsibility that man has been given implies accountability which includes being accountable on how man cares for his own being and body, as man is created in the Image of God (Chapter 4 par.4.3.1.2.). Being created in Imago Dei results in responsibility and accountability as it is clearly indicated in Genesis where man is given responsibility to live and rule over creation.

- The mere cognisance of our human worth and value due to imago Dei requires a responsible response or action in the form of a changed behaviour from the person who self-injures. This response is preceded by an attitude change. Kruger (2016:232-234) writes that no-one can live unchanged when listening to the Word of God. He argues that attitude changes can be the result of changes in individual's cognitive processes or behaviour. This implies that individuals who want to cease from self-injury can become active agents in attitude change. It is important for the pastoral caregiver to understand that cognitive understanding is only one component of attitude change and that the affective and conative components are all interrelated when an attitude change is made (Chapter 4 par. 4.3.1.2.1.2.).

- The changing of attitudes regarding self-injury may be a challenge for the pastoral care giver, especially due to the fact that self-injury provides immediate although short term relief from emotional turmoil. Apart from that, it is addictive.

- Attitude change in the context of pastoral care and cessation of self-injury is linked to the "agogisch moment" in pastoral care. Attitude change leads to a spiritual or faith change (Kruger, 2016:227). Understanding one's own created-ness in Imago Dei leads to a spiritual or faith change which then impacts attitude change regarding the way one values yourself and your own body. The pastoral caregiver who aims to facilitate change should help people to develop a deeper vision of aspects that can initiate change (Kruger, 2016:227) (Chapter 4 par. 4.3.1.2.1.2.).

- Chapter 4 presents an important normative perspective regarding an understanding of the word telos. The word telos as it is used in the book of Hebrews indicates a process of consecration to God and sanctification of one's life in order to stand before God in the same way as the priests of the Old Testament could stand before God (Louw 1993:153). This is achieved and made possible through the sacrifice of Christ. He explains that the word teleion which is used in Hebrews 12:2 indicates that Jesus is the one who helps people to reach the goal and who brings everything to completion. This becomes applicable in the healing process of people who self-injure (Chapter 4 par. 4.3.1.2.1.2.).

- The perspective that Imago Dei procures destiny and purpose for people who self-injure is important in their healing process. God's intentional action in creation has a telos, that is, a goal or purpose for humankind (King & Whitney, 2015:57). They question a static conception of the image of God and assert that a more dynamic understanding of Imago Dei will enhance theology's practicality and ability to speak into applied issues. They recognise a dynamic understanding of the Imago Dei influenced by the reality of human plasticity and their belief in the continually renewing efforts of the Holy Spirit. This understanding of King and Whitney (2015:57) has important implications for the process of cessation of self-injury,

namely the purpose, destiny and fulfilment or telos which God intended will motivate the person who self-injures to cease from self-injury. An understanding of one's purpose will positively impact cessation of self-injury (Chapter 4 par. 4.3.1.2.2.).

- The perspective that Imago Dei procures a capacity for a relationship with God becomes relevant in the healing process of the person who self-injures. Although a capacity for relationship is seen as a key characteristic of the Imago Dei, the relational aspect of humanity is part of growing into the image of God and imaging God (King & Whitney, 2015:51) (Chapter 4 par. 4.3.1.2.2.3).

5.3.1.1.3 Pragmatic-strategic perspectives on biblical anthropology and healing of the person who self-injurers within pastoral care

With insights gained from literature and findings from this research, pragmatic perspectives on the concept of faith and biblical anthropology in relation to its role in healing of persons who self-injure, are now presented:

- Within pastoral care the pastoral counsellor aims to restore true identity of the person. Faith determines the person who self-injures understanding of himself and therefore his or her self-image and identity. In facilitating healing his aim is to teach the person who self-injures that identity, value and worth is determined by Imago Dei as God fathered and created humans in His identity and image.

- Within pastoral care the pastoral counsellor aims to help the person to internalise the perspective of his personal human dignity. Within pastoral ministry to the person who self-injures it is essential to help the person to realise and internalise his own human dignity procured by Imago Dei.

- Within the pastorate the meaningfulness of life is to be communicated. The pastor aims to help the person realise that meaningfulness of life has been imparted to us by Imago Dei. This perspective could elicit new perspectives for the person who self-injures which could help him to view his circumstances in a different light and help him to cope with his problems in a more productive and less self-destructive way. In this way the pastor thus communicates a message which provides a different frame for the person who self-injures, a frame established and anchored in human dignity and meaningfulness of life that is imparted to him by God himself.

- Within the pastorate the person is encouraged to embrace destiny and purpose. Encourage the person to see himself as someone with a God-given destiny and purpose procured through Imago Dei.

The following diagram illustrates perspectives which can be incorporated in a pastoral model for counselling the person who self-injures:

Imago Dei procures:
- Human value and worth
- Human dignity
- Destiny and purpose
- Relationship with God and others
- New identity

Healing
- Imago Dei is restored through Christ
- Person reasons theologically
- Self-injury ceases
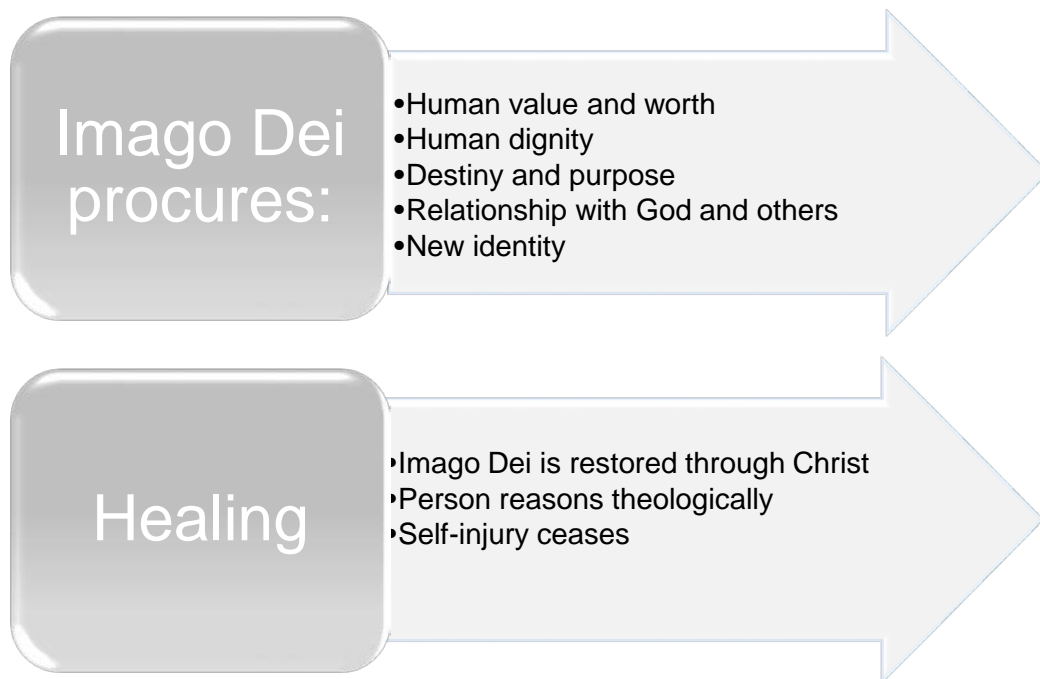
5.3.1.1.4 Faith, holiness unto God and healing of the person who self-injures

The following perspectives relating to faith and holiness and the significance thereof for healing became apparent from chapters 2-4:

- In the current context of self-injury, the cognition of how God views the human body, namely as being sacred, while its wholeness represents the beauty and perfection of holiness, becomes important (Rooker, 2000:262) (Chapter 4 par. 4.3.2.1.2.).

- The perspective that holiness is a principle of daily living is significant for the person who self-injures (Wiseman, 1980:195).

- God's nature reflects the characteristics of holiness; attributes such as righteousness, love, goodness and purity which is to be taken by the person who self-injures as a model for individual and community life.

- The root idea of holiness is that of "separation" or "withdrawal". God is holy, but desires to have fellowship with sinful human beings. God cannot become less holy in order to fellowship with humans and therefore humans must become more holy (Freedman, 2000:598).

- The integrity of the human body must not be violated by anything one consumes internally or does externally (self-injury) as holiness must extend to all aspects of everyday life (Balentine, 2002:162).

- The body is a marvellous creation of God and its wholeness represents the beauty and perfection of holiness. In this sense the body is to be kept whole (Hartley, 1992:320).

- Holiness has an ethical implication. We are to maintain sacredness for life and the human body. This normative perspective provides practical guidelines in practice to motivate people to view their bodies as sacred and representative of holiness (Rooker, 2000:262) (Chapter 4 par.4.3.2.1.3.1.).

- The perspective of holiness and the pneumatological empowerment in healing the person who self-injures is important. The *pheuma* dimension in the new man describes his total submission, transformation and directedness on God. This man is moved and motivated by God so that his will and thoughts are transformed and he lives from the reality of his reconciliation with God and resurrected life. Through the process of rebirth, the human *pheuma* receives a new transcendental dimension and within the close *pheumatic* bond between the believer and God transformation takes place through the renewal power of the Holy Spirit (Louw, 1993:144).

- Chapter 4 presents the perspective that the eschatological significance of holiness is significant in the process of cessation of self-injury. The pheuma of man creates a teleological dimension to the individual who self-injures as he is directed on the eschatological dimension of his existence (Chapter 4 par. 4.3.2.1.3.2.). Louw (1993:144) stresses that the human *pheuma* gives man a holy moral identity with eschatological character as man lives his life from the mercy and promises of God.

5.3.1.1.5 Pragmatic-strategic perspectives on holiness unto God and healing of the person who self-injures within pastoral care

In the light of insights gained from literature studies and findings from this research, pragmatic-strategic perspectives in relation to holiness and its role in healing of persons who self-injure, are now presented:

- Within the pastoral dialogue with the person who self-injures the pastor would aim to convey a message of the liberating power of holiness. During the pastoral dialogue the pastoral counsellor himself/herself is important in facilitating change. It is important to remember that the therapeutic space where two people meet each other, regard each other as valuable,

and unconditionally accept and appreciate each other, creates a situation in which people can be healed (Louw, 2012:27-28).

- Within the pastorate the pastoral counsellor encourages the person to meditate on God's nature which reflects the characteristics of holiness; attributes such as righteousness, love, goodness and purity. This becomes a model for individual and community life and is a personal model for the person who self-injures.

- Within pastoral dialogue with the person who self-injures the counsellor is to emphasise the sacredness of the body. An understanding (cognition) that God views the human body as being sacred, while its wholeness represents the beauty and perfection of holiness (Rooker, 2000:262) becomes a motivational aspect for the person who self-injures. The pastor is to encourage the person to develop this godly perspective of his body.

- The pastor is to facilitate an understanding or cognition that holiness requires a response; an understanding that the integrity of the human body must not be violated by anything one consumes internally or does externally (self-injury) as holiness must extend to all aspects of the person's everyday life and behaviour (Balentine, 2002:162). The pastor is to point to the ethical implication that holiness has for the person who self-injures.

- The pastor is to convey the perspective that self-injury as a means to provide comfort and emotional relief is to be replaced by God as Comforter and Healer (Chapter 4). Self-injury is seen as way to gain something, such as relief from emotional distress, in a manner that does not acknowledge God as provider and healer. The implication for healing is thus to introduce God as provider, helper, friend and healer to the person who self-injures (Chapter 4 par 4.3.2.2.4.). When the person embraces God as Comforter he has chosen to honour God as Healer. Holiness is a principle of daily living (Wiseman, 1980:195).

- Within pastoral dialogue the pastoral counsellor is to facilitate the concept that their body is a temple of the Holy Spirit. When the person internalises this truth, it impacts healing.

- Facilitate the process of Pneumatological empowerment within pastoral care. Encourage the person to invite the empowerment, inspiration, direction and leadership of the Holy Spirit in embracing holiness and in cessation of self-injury. Louw (1993:144) states that the *pheuma* dimension in the new man describes his total submission, transformation and directedness on God.

- Within the pastoral dialogue the eschatological significance of holiness is to be communicated to the counselee. Louw (1993:144) explains that the pheuma of man creates

a teleological dimension which gives man a holy moral identity with eschatological character as man lives his life from the mercy and promises of God.

5.3.2 Phronesis (practical wisdom) is an essential practice in facilitating healing of the person who self-injures

5.3.2.1 Hermeneutical interaction between the perspectives from chapter 2-4 concerning phronesis and the healing of the person who self-injures

The second significant theme that was identified in this research is that phronesis is an essential aspect in healing. With insights gained from literature and findings from this research, perspectives from chapter 2-4 on the concept of phronesis in relation to its role in healing of persons who self-injure, are now discussed:

- Many practical theologians have acknowledged the central place of phronesis or practical wisdom within their hermeneutics (Lavallee, 2013) (Chapter 2 par. 2.3.2.). Louw (2011:13) argues that practical reasoning is seen in thought patterns; in expressing ideas and concepts; in paradigms of belief systems, convictions and philosophies of life. The philosophical dimension of practical reason reveals belief systems and their influence on behaviour, actions and being (Louw, 2011:12) (2.3.2).

- The perspective that knowledge is important for faith in order to act responsibly (Kruger, 2016:10) emerged from chapter 2. The concept of phronesis (cognition) is not just about mere intellectual knowledge. Therefore, the concept of cognition or phronesis (practical wisdom) is important in understanding how it relates to and influences people to cease self-injury; how it translates in people acting responsibly when they receive knowledge for faith. The concept of phronesis is referred to as practical wisdom or practical rationality.

- The perspective that phronesis is necessary to make wise choices became evident in Chapter 1. Kinsella and Pitman (2012:35) explains that phronesis emphasises reflection (both deliberative and that revealed through action) as a means to inform wise action, to assist one to navigate the variable contexts of practice, and as directed toward the ends of practical wisdom (Chapter 1 par.1:6).

- Chapter 3 presents perspectives on the transformational value of phronesis. Phronesis doesn't begin in a premise, a statement of principle posited in advance, but in a proairesis, a process of deliberate or considered decision-making on the basis of character. The word proairesis originated from Aristotle who claimed that proairesis is the self; it defines who we are; it indicates purpose; it is that decisiveness by which what lies ahead is taken hold of and then becomes decisive in one's own life. According to Aristotle, as it is in this manner that

phronesis can bring transformation in a human being (Parsons, 2012:446) (Chapter 3 par. 3.4.6.).

- Chapter 3 presented another important perspective regarding phronesis and healing. People's emotional experiences are influenced, not only by their concrete situation, but also by their cognitive observation, appraisal or interpretation of that particular situation (Kruger, 2016:17) (Chapter 3 par. 3.4.4.) The task of the pastoral caregiver is to help the person who self-injures to be aware of his unique interpretation of events in comparison to an objective interpretation.

- Phronesis provides insight into functional living in that it counteracts anxiety, doubt and fear by making a life of peace a possibility. For the person who self-injures this insight for right living is gained through their faith experience with God (Chapter 2. Par. 2.3.2).

- Chapter 2 (par.2.3.2.) highlighted the perspective that the acquisition and development of practical wisdom cannot be divorced from the individual's core spiritual and religious beliefs and practice; spiritual discernment is an integral and indispensable part of practical wisdom and is therefore valuable for the person who self-injures in attaining healing (Tredget, 2010:716-723).

- Within pastoral care practical wisdom could be used as the foundational virtue to motivate and maintain the process of personal development and to overcome psychological challenges such as self-injury (Chapter 2 par. 2.3.2.).

- The perspective that wisdom (phronesis) implies a basic understanding and application of knowledge regarding the problems people have to deal with; that a solution or positive change is possible, thus creating hope within the individual that self-injures, and this hope manifests on a spiritual and emotional level (Chapter 2 par.2.3.2.).

- Chapter 3 offered valuable perspectives on the systems analysis approach to healing. This approach assumes that healing can only come when a person is aware of how current knowledge impacts upon life and how one accepts, lives, and comes to terms with that current and particular framework of meaning (Stutzner, 2015:11). Stutzner argues that a new philosophy of life is needed where a person broadens one's worldview by using system concepts. The basic assumption is that in order to be healed on a spiritual level, more is at stake than merely the human person or an individual 'soul'. The paradigms that motivate human behaviour and determine frameworks of meaning should also be healed. Patterns of thinking are paradigms that contain within them, among other things, a person's spirituality, life views and framework of belief or convictions (Chapter 3 par. 3.4.6.).

- Apart from healing patterns of thinking and paradigms, another important perspective offered in Chapter 3 is that philosophical counselling. Philosophical counselling realises that the outside world and the framework for meaning, as well as the interpretation of events, need to be changed for healing to take place. Healing requires more than empathetic listening and talking (verbalising).

- Healing also requires paradigmatic changes and the development of a functional philosophical disposition toward your situation. Philosophical counselling asks the question what is your framework for meaningful living? This question cannot be separated from its philosophical context, which is determined by different schemata of interpretations and patterns of thinking paradigms (Louw, 2011:3-4).

- Philosophical counselling is about the beauty of life, which is the mode by which one interprets the challenges in life in order to grow into a deeper sense of significance and gratitude. In this sense, philosophical counselling for the person who self-injures would probe into the human art of daily living and wisdom decision-making. In essence, philosophy is a passion for healing in order to use astonishment and amazement as a tool to bring about a profound transformation of the individual's manner of seeing and being, a transformation of our vision of the world and a metamorphosis of our intentionality. It is called a 'worldview interpretation' or wise therapy (Louw, 2011:4) (Chapter 3 par.3.4.6.).

In this study phronesis was studied from two distinct vantage points:

1. Phronesis as the fear of the Lord

2. Phronesis as the mind of Christ
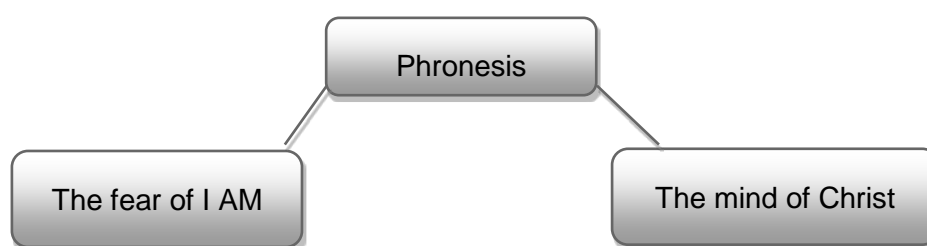
5.3.2.1.1 Hermeneutical interaction between the perspectives from chapter 2-4 concerning:

Phronesis as the fear of the lord and the healing of the person who self-injures

From chapters 2-4 the following perspectives relating to phronesis as the fear of the Lord and how it influences healing emerged:

- Chapter 2 highlighted the perspective of choosing 'the way' of life. The focus of this study was on the wisdom of fearing the Lord and how this wisdom implicates in the life of the self-injurer. The importance of human choice is mentioned by Freedman (2000:1382). The person who self-injures has a choice between self-destructive behaviour and healing. We have the option of moral adherence to God's will. This is significant in the healing process of the person who self-injures. In Jewish writings, the Hebrew *hālak*, corresponding with the Greek *anastrephō*, describes in a figurative way, life as a 'way', a mode of walking in the way of God (positive), or walking in sin (negative) (Louw, 2016:4). The way of life can be called the praxis dimension in practical theological thinking; a designation for a conduct of meaningful life within the parameters of wisdom thinking. Freedman (2000:1382) compares this to the fear of the Lord which he describes as possessing a fundamental orientation to God's will (Chapter 4 par. 4.3.3.2.2.).

- The 'fear of I AM" thus reveals the moral imperative of Scripture and is relevant to the person who self-injures and inspires him. Waltke (2007:161) mentions that in the light of Gen 20:10-11 and Exod 1:17 the "fear of I AM" motivates people to right behaviour.

- Chapter 4 highlights the perspective of the fear of the Lord which causes the person who self-injures to turn to God in love and trust. The second aspect of the fear of I AM according to Waltke (2007:161) entails a non-rational aspect, an emotional response of fear, love and trust. The psychological poles of fear and love come together in a uniform way. Deuteronomy 5:29; 6:2-5, and Josh. 24:14 regard "love of I AM" and "fear of I AM" as synonyms and Prov. 2:1-5 indicates that "the fear of I AM is found through heartfelt prayer and diligent seeking for the sage's words (Chapter 4 par. 4.3.3.1.2.1.).

- In Chapter 4 the perspective that wisdom may be regarded as a relational concept is explained (Chapter 4 par. 4.3.3.1.2.2.). The "fear of I AM" makes wisdom accessible to the person who self-injures through faith. The "fear of I AM" brings the person who self-injures into a relationship with God through Jesus. Brunsdon (2015:5) explains that 1 Corinthians 1:30 indicates that we are in Christ Jesus, who has become for us wisdom from God that is our righteousness, holiness and redemption. Jesus is now the 'sophia' from God, and those coming into a relationship with Him are coming into a relationship with wisdom.

5.3.2.1.2 Hermeneutical interaction between the perspectives from chapter 2-4 concerning:

Phronesis as the mind of Christ and healing of the person who self-injures

The following perspectives relating to phronesis as the mind of Christ emerged from chapter 2-4 and are now discussed:

- Chapter 2 (par. 2.3.2.) highlighted the perspective that phronesis deals with the understanding of the mind of Christ, the insight on what is right for daily life, what is the driving force behind decisions, sober judgement according to the living faith and the quest for wisdom in church and society (Kruger, 2016:9). This perspective becomes important in pastoral care of the person who self-injures.
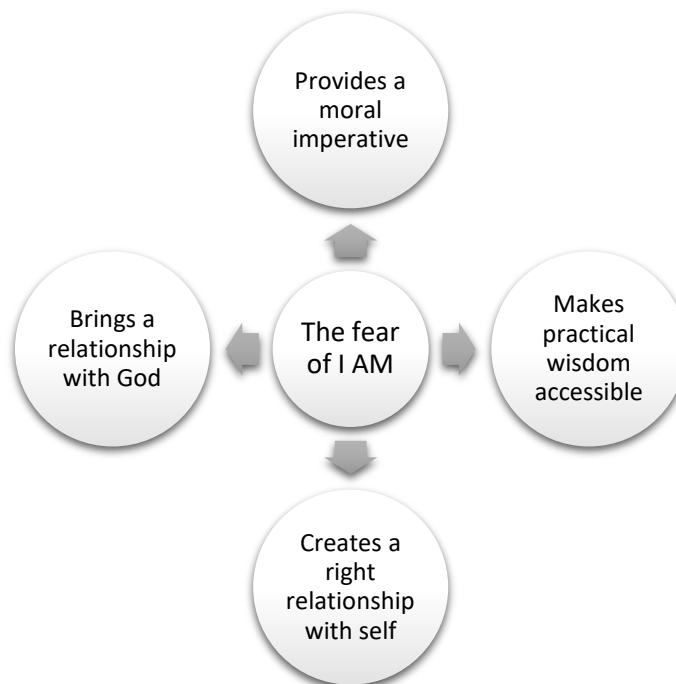
- The perspective of wisdom as the mind of Christ is valuable in pastoral care of the person who self-injures. Louw (2016:4) explains that in the New Testament the word *anastrephō* describes a way of life as new communion in Christ; to turn away from a previous way of life to a new life of obedience, piety and holiness (2 Cor. 1:2; 1 Pet. 1:15, 17; 3:16). Christian conduct is determined by fellowship with God and translates "knowledge into practice" (Ebel, 1978:934 cited by Louw, 2016:4). Fellowship with God implies a very specific praxis, namely a lifestyle. Lifestyle denotes a kind of hodos, a way of thinking, feeling, deciding. In a figurative sense, hodos as lifestyle describes the way one has to follow in order to reach a goal; "…hodos can acquire the meaning of the means and way of reaching or carrying out

something, measures, procedure, the style and way in which one does something and in which one lives" (Ebel, 1978:935 cited by Louw, 2016:4).

- The perspective that phronesis involves the cognitive (thoughts), affective (feelings or will) and also conative (acts and behaviour) aspects of life is important in caring for the person who self-injures. Wisdom includes cognitive, emotional, motivational and social factors within the context where individuals who self-injure may live (Kruger, 2016:9) (Chapter 2 par.2.5.2.).

- The perspective that acquiring wisdom is an essential growth experience becomes evident when the person who self-injures starts applying phronesis in the process of cessation of self-injury (Chapter 2 par 2.3.2).

- Chapter 4 provided the perspective of a positive approach in pastoral praxis. Brunsdon (2015:4) places the positive approach within the framework of wisdom as the imagined positive outcome. This means that the pastoral process will orientate itself in relation to wisdom. Brunsdon (2015:5) claims that by facilitating and nurturing wisdom pastorally, it is believed that counselees will become fit for a meaningful life (Chapter 4 par. 4.4.).

- Chapter 4 offered normative perspectives on phronesis. Phronesis is described as having attitude, to hold a view, thoughtful planning or wisdom. It is described as the orientation of the whole person—mind, heart and body.

- Jesus becomes the Wisdom of God. Wisdom is regarded as virtue for right behaviour; it brings a relationship with God and wisdom is accessible to the person who self-injures. Having the mind of Christ transforms attitude, thoughts and behaviour (Chapter 4 par.4.4.).

5.3.2.2 Pragmatic strategic model on phronesis in pastoral care of the person who self-injures

Drawing from insights from literature and from findings of this research the following pragmatic strategic perspectives regarding phronesis in pastoral care is now presented:

- The pastor or pastoral caregiver should assess the understanding of the spiritual needs of the person who self-injures by assessing the wisdom of paradigms. At a spiritual level, these patterns are to be assessed so the individual's framework of meaning may be addressed to lead to a more holistic healing. The healing of paradigms is a spiritual matter and is closely related to frameworks of meaning. Paradigms contain the concepts and beliefs that are organised into particular patterns of thinking, established convictions and all kinds of belief

systems. These patterns always constitute very particular presuppositions and ideologies as experienced through life (Stutzner, 2015:11) (Chapter 3 par.3.4.6.).

- The pastor is to assess the paradigms of the person. Paradigms are expressions of a faith system; they contain within them attitudinal value; thought judgments, and conscious memory. In their most basic form they constitute concepts and in their more developed sense they constitute schemas. The assumption is that such a faith system reveals the internal relationship between the person and God. Consequently, it also reveals the relationship with himself and the world. In this regard, Stutzner (2015:12-15) argues that philosophical counselling can play a decisive role in a more inclusive and integrative approach to spiritual healing and wholeness (Chapter 3 par.3.4.6.).

- Within pastoral care Scripture is useful in creating a wisdom frame of mind. Personality and social psychologists have distinguished between a flourishing life and a languishing life (King & Whitney, 2015:47). The wisdom literature in Scripture (Psalm 1) similarly contrasts the way of wisdom (lifestyle) to the way of foolishness (a foolish lifestyle) indicating that the person who chooses and applies the way of wisdom will be a flourishing person. Therefore, applying phronesis can be instrumental in the process of cessation of self-injury and transform a languishing life into a flourishing life (Chapter 4 par. 4.3.3.2.2.).

- The pastoral caregiver aims to adopt a positive approach in pastoral praxis. Brunsdon (2015:4) states that current pastoral praxis has room for the development of a positive approach. He places the positive approach within the framework of wisdom as the imagined positive outcome. This means that the pastoral process will orientate itself in relation to wisdom. Brunsdon (2015:5) claims that by facilitating and nurturing wisdom pastorally, it is believed that counselees will be able to cease self-destructive behaviour and become fit for a meaningful life.

- The pastor aims at developing the perspective of wisdom as the mind of Christ in the pastoral dialogue. Chapter 3 referred to interpretative perspectives on phronesis which is important for the pastoral caregiver to take into consideration when caring for the person who self-injures. Cognition refers to the way one looks at things; one's perceptions, mental attitudes and beliefs. Mitchell (2006: 68) studied the healing power of faith and mentions that all one's moods are created by one's thoughts or cognitions. She mentions that research has documented that the negative thoughts that cause a person's emotional turmoil nearly always contain gross distortions. The pragmatic task of the pastor is to help the counselee to recognise the irrationality of thought patterns and correct faulty belief systems by developing the mind of Christ..

- The following guidelines for pastors and pastoral counsellors to facilitate practical wisdom are proposed by Brunsdon (2015:4-7):

  - A narrative approach in facilitating phronesis in healing the person who self-injures

In a pastoral process that aims at the outcome of wisdom, the pastoral-narrative approach has much potential (Brunsdon, 2015:6). The pastor aims at the uncovering of existing wisdom in the lives of counselees where counselees have acted 'wisely'. From here, the narrative of the counselee can be merged with the grand narrative of Scripture, and relevant constructs from the wisdom genre can be employed to enrich and inform the counselee's own narrative in the quest for wise living, leading to a positive experience of being human (Brunsdon, 2015:6). The focus is shifted to the wisdom within as well as finding or learning the wisdom that God put at our disposal as source for positive pastoral care.

  - Create a 'wisdom' frame of reference for the person who self-injures

Brunsdon (2015:6) urges that the Bible's teachings on wisdom as well as the findings of positive psychology need to be applied in the lives of counselees. This wisdom frame of reference could bring order to the life of the person who self-injures and provide practical parameters for his life. The most important principle in creating this frame of reference remains the fact that wisdom, in biblical terms, is a relational concept, for real wisdom is to be sought in the 'sophia' from God, namely Jesus Christ. Once the counsellor leads the counselee to acknowledge and recognise Christ as such, the pastoral process can proceed (Brunsdon, 2015:6) (Chapter 4 par. 4.3.3.2.2.1.).

- The pastor is to facilitate the application of phronesis in the life of the person who self-injures. In this study it was quite evident from the interviews that the ability that participants had to apply practical wisdom in their lives impacted their ability to cease from their self-injury behaviour. It was clear that participants who demonstrated a greater degree of phronesis achieved a greater degree of healing (Chapter 2 par. 2.5.). Insights gained from participants' reports on how phronesis impacted their process of healing in relation to self-injury have been used to determine specific ways the construct of phronesis can be utilised in pastoral care and counselling (Chapter 2 par. 2.3.2.).

Drawing from insights from literature in conjunction with analyses of participants' reports on their experiences related to phronesis the following model for phronetic pastoral care of the person who self-injures is presented:

Table 5-1:   Phronetic pastoral care model for the person who self-injures

Assess the person's wisdom of paradigms	Paradigms are to be assessed so the individual's framework of meaning may be addressed leading to a more holistic healing.
	Paradigms contain the concepts and beliefs that are organised into particular patterns of thinking, established convictions and all kinds of belief systems. These patterns always constitute very particular presuppositions and ideologies as experienced through life (Stutzner, 2015:11).
	Paradigms are expressions of a faith system, and contain within them attitudinal value; thought judgments, and conscious memory. In their most basic form they constitute concepts and in their more developed sense they constitute schemas. The assumption is that such a faith system reveals the internal relationship between the person and God. Consequently, it also reveals the relationship between the person and himself and the world.
Adopt a narrative approach	Uncover the existing wisdom in the lives of counselees and recognise the wisdom that God put at our disposal as source for positive pastoral care.
	Merge the narrative of the counselee with the grand narrative of Scripture.
	Utilise Biblical constructs from the wisdom genre to enrich and inform the counselee's own narrative in the quest for wise living (Brunsdon, 2015:6). The focus is shifted to the wisdom within as well as finding or learning the wisdom that God put at our disposal as source for positive pastoral care.
Create a 'wisdom' frame of reference	The most important principle in creating this frame of reference is the fact that wisdom is a relational concept and is to be sought in the 'sophia' from God, in a Christological relationship.
	Wisdom as having the mind of Christ.
	Wisdom as virtue for right behaviour.
	Wisdom as the reverential fear of *I AM*

Recognise and deconstruct false beliefs	Help people who self-injure to recognise that their thoughts of self-hatred and self-depreciation are untrue according to the Word (thus in contrast to having the mind of Christ).
	Help them to formulate a list of all the lies that they have believed concerning their identity and worth.
	Help them to renounce the lies that they have believed.
Faith and healing comes by the Word of God	Correct false belief systems and retrain thought patterns by applying the Word.
	Help to formulate a list of truths that replaces the lies they have believed.
	Contrast conforming to the world with being transformed to the image of Christ according to Romans 12. In this concept of transformation, the second Greek word that is used for the concept of form, is the word *morfe*. In the concept of morfe, the essence of inward substance is found.
	The idea is that people who self-injure must be transformed in their innermost being or inmost nature. The concept is therefore denoting the idea of complete change and therefore it is a transformation away from the standards of this world into the image of Christ (Kruger, 2003:461-484).
	Practical theology and pastoral care operates within a faith paradigm. The Bible brings about a radical change as the inner framework of a person is changed (Stutzner, 2015: 16).
Taking ownership of thoughts:	Facilitate how to apply the wisdom of guarding your thoughts and speaking against and continually resisting the lies. This is a process that needs to be cultivated with perseverance.
	Scripture is clear that God wants us to be like Him in every facet of our lives, including our intellectual life according to Coe and Hall (2010:15).
	We are transformed spiritually by having the categories of our minds renewed (Romans 12:1-2). This happens when we take ownership and responsibility of our thought processes.
Embrace true identity	Once the person has taken ownership of his thought processes he is able to start embracing his new identity of value, worth and dignity

	procured through Imago Dei.
	Facilitate the practical wisdom of knowing your identity.
Prayer and worship	Apply the practical wisdom of prayer, singing and praying aloud. Research has indicated the transforming power of participating in liturgy of prayer and worship in songs.
Eliminate unhealthy activities	Help the person to see the wisdom of eliminating unhealthy activities and relationships from his life.
Godly relationships strengthens one	Help the person to see the wisdom of surrounding himself with godly people. The caring for one another in a faith community is important in sustaining healing.
Be accountable	Facilitate the wisdom of being accountable. Accountability encourages responsible behaviour.
Identify and focus on strengths	A strengths perspective is advocated by Kam-Shing YIP (2006:142). Within this perspective people who self-injure are regarded as people with skills, potential, knowledge, needs and interests. The pastoral counsellor using the strengths approach will then help the person to focus on his strengths and on his abilities; on gaining insight into the meaning of his behaviour of self-injury.

The conclusions on the role of phronesis in the healing of the person who self-injures are illustrated in Diagram 4.3.

Implications for person who self-injure
- Phronesis is described as having attitude, to hold a view, thoughtful planning or wisdom
- Phronesis is described as the orientation of the whole person—mind, heart and body
- Jesus becomes the Wisdom of God

Implications for pastoral praxis
- Facilitate phronesis in a narrative pastoral approach
- Create a wisdom frame of reference for the person who self-injure

The fear of the Lord
- Wisdom as virtue for right behaviour
- Wisdom brings a relationship with God
- Wisdom is accessible to the person who self-injure

Healing
- Having the mind of Christ transforms attitude, thoughts and behaviour

5.3.3 A healthy social environment contributes positively to the healing process of the person who self-injures

The third important and significant theme which presented in this study is that a healthy social environment positively influences healing.

5.3.3.1 Hermeneutical interaction between the perspectives from chapter 2-4 concerning social environment and the healing of the person who self-injures

When the preceding chapters are compared the following perspectives relating to the impact of social environment and healing emerge:

- Interpretative perspectives from the science of sociology have indicated that self-injury has become a sociological occurrence. Adler and Adler (2011:2) have indicated how self-injury took on new social meanings. While remaining a behaviour practiced by psychologically troubled individuals, it also became a legitimated mode of emotional expression and relief among a much wider population. Society learned that people who were neither mentally ill nor suicidal were using self-injury to cope with life's difficulties. It became a socially learned and contagious behaviour. During the twenty-first century self-injurers found a common community and that in cyber space, where they could communicate, learn from one another, and offer one another knowledge and understanding (Chapter 3 par.3.3.2.1.).

- Chapter 3 presented an interpretative perspective on the societal and systemic abandonment of the youth as postulated by Clark (2011:8). He states that culture has changed so quickly that the developmental, societal, and relational needs of children have been neglected in recent decades and by the time children reach adolescence they have been left on their own to navigate the path toward adulthood. He terms this a process of systemic abandonment of our youth which seems to be a contributing factor to the increase in prevalence of self-injury.

- In this search for meaning adolescents often turn to the Internet. Ernhout and Whitlock (2014:3) mention that it is common for individuals who feel isolated in non-virtual life to use on-line connections as an attempt to meet core acceptance and belonging needs. While the Internet can increase feelings of connection and acceptance, it can also exacerbate harmful behaviour such as self-injury.

- Many adolescents complain about experiencing high levels of stress due to excessive amounts of homework and parental pressure to succeed academically. They have many concerns with their future careers and the unstable economy. The trend is that parents also overload their children by over scheduling them in too many extracurricular activities (Selekman, 2009:4). Selekman argues that the desperation to succeed at all costs has resulted in high rates of anxiety, depression, eating disorders and self-harming among adolescents.

- Self-injury being often a secretive act can carry an influence into the rest of a person's life. Self-injury is known to be a source of guilt and shame and knowing that something needs to be kept secretive will influence social interactions. This may range from wearing clothing to hide scars and wounds to restricting close relationships. Hastelow (2012:38) indicates how this can impact on a person's psychological well-being, potentially increasing the need for self-injury, and limiting social support. In turn the social stigma attached to self-injury will have an effect on social experiences.

- From a phenomenological perspective self-injury may be seen as a punishment on the body which is felt to be unclean or disgusting (as, for example, in the aftermath of sexual abuse); as a release of filth or evil which, at some level of consciousness, the person feels is within them; or as an opportunity, in tending the wounds, to provide tender loving care for oneself when this has not been forthcoming from significant others (Best, 2006:5) (Chapter 3 par.3.3.1.7.).

- Results from 18 studies provide converging evidence for an affect-regulation function. Research indicates that: (a) acute negative affect precedes self-injury, (b) decreased

negative affect and relief are present after self-injury, (c) self-injury is most often performed with intent to alleviate negative affect, and (d) negative affect and arousal are reduced by the performance of self-injury proxies in laboratory settings. Studies also provide strong support for a self-punishment function, and modest evidence for anti-dissociation, interpersonal-influence, anti-suicide, sensation-seeking, and interpersonal boundaries functions (Klonsky, 2007:226-239).

- The bio-psycho-social framework as described by Walsh (2006:57) provides an avenue for practical theologians to understand the experiences of people who self-injure. Self-injury as a bio-psycho-social phenomenon includes five interrelated dimensions. The environmental domain discusses environmental factors, the biological domain focusses on biological and neurological influences, the psychological domain focusses on the cognitive dimension and affective dimension and the social domain examines social, cultural and familial influences of self-injury. For the large majority of individuals, all five dimensions play a role in the emergence and recurrence of self-injury.

- The different ways in which the social environment contributes to the person's view on self-injury and his behaviour is to be taken into account when facilitating cessation of self-injury.

- From the empirical research it was indicated that participants' social environment significantly influenced them to see self-injury as a coping mechanism. They all reported that their friends introduced them to self-injury as a way out or as a coping mechanism in stressful situations and with negative emotions. The following aspects were identified as factors within their social environment that impacted their view on self-injury:

  - The influence of friends: Friends played a significant role in not only introducing participants to self-injury, but also in some instances creating fertile soil for self-injury to escalate by creating environments where participants experienced a sense of rejection and low self-esteem (Chapter 2 par. 2.4.7.5.).

  - The influence of music: The results of the study indicated that participants' attitudes and opinions of self-injury were significantly impacted and formed through the music they listened to.

  - The influence of internet: The internet played a direct role in participants' choices regarding self-injury. Through the internet participants were able to see how to injure themselves and also meet others who practised self-injury. The internet contributed directly to influence participants to engage in self-harm by providing information and visual pictures of self-injury. The internet contributed indirectly to self-harm by providing pornographic material which led to self-injury. Participants reported the following: "There

is a whole self-harm culture on the internet. It can be very harmful" (Chapter 2 par 2.4.7.5.). The internet also provided opportunities for participants to feel connected and provided a sense of belonging.

- The influence of Social media: The results of the study indicated that social media such as Facebook promoted self-injury in participants' lives. Furthermore the media played a significant role in forming participants' ideas of what is needed to be acceptable in youth culture. Participants who were subjected to peer pressure to fit in and look and act in certain ways which are portrayed as the approved way, used self-injury as a means to cope with feelings of rejection and failure when they perceived themselves as not being able to fit in.

- Research by Coetzer (2011:16) indicates that many individuals who self-injure testify of betrayal, abandonment, and brokenness. Their self-injury is not just a cry for attention but is the indication of a real need for relational affirmation. (Chapter 3 par. 3.3.1.2.). Many adolescents have suffered the loss of safe relationships and intimate settings that served as the primary nurturing community (Clark, 2011:34) (Chapter 3 par. 3.3.1.5.). The intense negative reactions evoked in others, and the shame, guilt and remorse experienced by self-injurers may disrupt personal relationships (Voon *et al.,*. 2014:487) thus increasing their relational needs for belonging and feeling worthy (Chapter 3 par. 3.3.1.6.).

5.3.3.2 Pragmatic strategic perspectives on social environment and healing of the person who self-injures within pastoral care

From insights gained from literature and specific findings in this research the following pragmatic strategic perspectives relating to social environment and healing are presented:

- **The pastor is to assess the social environment of the person who self-injures.** Interpretative perspectives from Chapter 3 indicate the necessity of a fuller understanding of the social environment surrounding the person who self-injures. Youth are uniquely dependent on and accountable to the social systems (e.g., families, schools, peer groups). Family support especially has been found to be a significantly protective factor for both self-harm and suicide attempts (Reisner *et al.,* 2014:546) (Chapter 3 par. 3.3.1.6.). When an assessment has been done the pastor is able to formulate specific objectives in addressing needs and encouraging changes in the person's social environment.

- **The pastor is to aim to meet the person's relational needs.** Interpretative perspectives from Chapter 3 indicate that the relational needs of adolescents have been neglected (Clark, 2011:8.) The importance of having an experience of belonging in relationships with others is mentioned by Skidmore (2013:3-4). A sense of connectedness to one's parents, family, non-

family adults, and school is an established protective factor against health risk behaviours, suicide and self-injury. In contrast, the perception of being unwanted, expendable, or otherwise burdensome on loved ones is associated with suicidality in adults and adolescents (Chapter 3 par. 3.3.1.6.). It is important for parents and practical theologians to identify different avenues where relational needs and needs for affirmation can be met for the individual who self-injures.

- **The pastor is to identify protective factors and resilience resources.** This is important for parents and practical theologians to take into account when dealing with and treating people who self-injure. Reisner *et al.* (2014:546) recognise the importance of protective factors and resilience resources to help people who self-injure. They see resilience resources as positive factors that are external to the individual and that help people to overcome risk. Examples of these external resources are having family support, having a supportive adult in school or adult mentor, community engagement (e.g., volunteering, participating in clubs and extracurricular activities), and positive peer engagement (e.g., sports team involvement).

- **The pastor is to identify an adult inspirational other.** The friends of the person who self-injures often make cessation of self-injury very difficult as many times these friends also self-injure which Selekman (2010:121) terms a 'problem life-support system.' Terminating these friendships causes a perceived loss of support for the person and in many cases the person is not emotionally strong enough to face the perceived loss of support. A solution to this is offered by Selekman (2010:121) in the form of an adult inspirational other. People who have been experiencing the same problems but have reached a level of healing can be approached to form a new support system where emotional support, advice and meaningful connection is offered. Parental consent is obtained and in this way the person is empowered even more to cease his self-injurious behaviour.

- **The pastor is to establish accountability to the social systems.** The pastor is to recognise that youth are uniquely dependent on and accountable to the social systems (e.g., families, schools, peer groups). Family support especially has been found to be a significantly protective factor for both self-harm and suicide attempts (Reisner *et al.,* 2014:546) (Chapter 3 par. 3.3.1.6.). Establishing accountability in the faith community of the person is to be prioritised.

5.4 Healing and self-injury: guidelines and strategies

5.4.1 Hermeneutical interaction between the perspectives from chapter 2-4 concerning healing of the person who self-injures

The following perspectives on healing have emerged from the preceding chapters:

Chapter 3 offers interpretative perspectives on how people have become healthy. Research by Sugimoto (2014:201); Williams and Gilligan (2011:15) and Kress *et al.* (2004:195-201) identified the following strategies and factors that successfully contributed to cessation of self-injury:

- People stopped with self-injury due to the fact that the consequences of self-injury which were described as increased interpersonal difficulties began to outweigh its benefits e.g., the intrapersonal stress relief. The consequences were seen as problematic in the lives of people who self-injured.

- Another reason that was reported for cessation of self-injury was a conscious decision to stop self-injury.

- To a lesser degree people reported that a major event lead them to cease self-injury.

- Self-injury was recognised as an unhealthy means of coping, and people who self-injured were internally motivated to change their behaviour.

- A variety of cognitive and behavioural replacement strategies were utilised to deal with the urge to self-injure. The most common strategies were exercise and distraction techniques such as watching television, creating art, reading, and writing.

- Social support, such as speaking with others, was noted as an effective way of dealing with the urge to engage in self-injury.

- Encouraging the person to be around others when wanting to injure can be helpful, as self-harm is rarely done when others are nearby.

- A factor that contributes to a cessation of self-injury is to develop an ability to identify and express feelings verbally. Williams and Gilligan (2011:15) mention that many young people who self-injure often cannot verbalise the reasons for their behaviours.

- Furthermore the use of a counsellor and therapeutic interventions were beneficial in reducing self-injury (Chapter 3 par. 3.3.3.).

5.4.1.1   Bio-psycho-social-spiritual assessment of person who self-injures

The necessity of assessing the person who self-injures is important in the healing process. The following aspects are discussed:

- **A pastoral diagnosis**

Chapter 2 highlighted the notion of a pastoral diagnosis in pastoral practice as valuable in a holistic systemic approach to healing. Magezi (2007:658) mentions that pastoral diagnosis seeks to understand and analyse the quality of an individual's faith and spirituality. Magezi (2007:658) cites Charles Taylor (1991:61-80) who names this process, "theological assessment". An assessment of faith is done in terms of the person's God-images and life's ultimate meaning. However, this does not mean that emotions and experiences of the self-injuring person are ignored; rather, they are put in a theological frame.

Louw (1999:23) clarifies the concept of pastoral diagnosis by stating that it is simply the interpretation of the person's total holistic existence, not a procedure of classification through which behaviour is categorised. It focusses on clarification, establishing connections, organising data and interpreting behaviour in terms of the quest for meaning. The process of organising, summarising and interpreting data enables a pastoral diagnosis to establish links between faith and life; between God-image and self-understanding; between Scriptural truth and existential context (Chapter 2 par. 2.3.5.).

A pastoral diagnosis focusses on the effect which faith has on: a person's emotional processes (affective dimension); the association between faith and personal motivation (conative dimension); faith as a form of knowledge – rational component (cognitive dimension); faith and the existing concepts, ideas and perceptions (experiential dimension); faith and ethics (ethical dimension); and faith and socio-political dimension (contextual dimension) (Magezi, 2007:659) (Chapter 2 par. 2.3.5.).

- **Assessing the functions of self-injury**

In Chapter 3 the importance of assessing the function that self-injury has for each individual is mentioned as well as the importance of determining the need that drives the behaviour in order to navigate successful healing of the person who self-injures.

Research has suggested that self-injury may act as:

- A coping mechanism for some individuals to navigate a difficult adolescence.

- It is regarded as a temporary behaviour that is engaged in for a limited period and once the situations were resolved, the behaviour was no longer needed (Sugimoto, 2014:32).

- Lifetime self-injury was associated with a diagnosis of depression.

- Self-injury is associated with non-heterosexual orientation.

- Self-injury is associated with affective dysregulation (Sugimoto, 2014:21) (Chapter 3 par.3.3.1.7.).

- Some adolescents may self-injure to take risks, rebel, reject their parents' values, state their individuality, or to be accepted.

- Others may injure themselves out of desperation or anger, to seek attention, to show their hopelessness and worthlessness, or because they have suicidal thoughts.

- Self-injury may serve as a form of self-punishment. Self-punishment functions were similar to emotion relief, with an emphasis on emotions such as shame and guilt rather than general emotions such as sadness or anxiety. Similar to emotion relief, self-punishment has been associated with difficulty regulating emotions, greater affective intensity, and expressive suppression (Turner *et al.*, 2012:28).

- **Assessing the cognitive dimension of the person who self-injures.**

In Chapter 2 empirical research findings indicated cognitive distortions that people who self-injure have. Participants reported that changing negative self-depreciative thoughts and replacing them with objective truth from the Word of God greatly impacted their healing process.

The cognitive dimension of a pastoral diagnosis received attention in Chapter 3. The pastoral caregiver should assess the cognitive functioning as well as cognitive distortions of the person who self-injures. The functioning of cognitive distortions was studied by Louw and Edwards (1998:548–549) who identified the following types of cognitive distortions:

- Overgeneralisation. In this kind of distortion people tend to think of other people in a generic way. In the case of cultural and ecclesiastical differences people often think that other people are their enemies or opponents.

- Arbitrary conclusions. People tend to make conclusions without the full picture of knowledge and insight in other people's lives.

- Selective abstraction. People tend to focus on a small part of reality while they are ignoring other important facts.

- All-or-nothing-thinking. People tend to think that people are making sense to them or they do not.

Chapter 3 indicated the importance of the roles that self-schemas play in persons who self-injure. Schemas can be seen as everyday subjective theories about how the world operates, including whom God is and how He operates (Fiske, 2004:152). The schemas of self-injurers need to be taken into account in order to firstly identify and expose faulty schemas and secondly correct schemas according to the Word of God.

Irrational cognitions and belief systems may lead to dysfunctional schemas and cause self-injury behaviour to be perpetuated. As a persons' faith grows and he or she develops a biblical worldview, and a significant change in the way they view themselves will take place. Irrational self-schemas and God-schemas need to be corrected and will eventually lead to a place of wholeness and healing. The apostle Paul urges believers to renew their mind in Romans 12:2. (Chapter 3 par.3.4.4.).

In Chapter 3 the importance of attitudes in the process of correcting irrational self-schemas and God-schemas is mentioned. With the help of attitudes, people make favourable or unfavourable evaluations of the objects of their thought (Kruger, 2015:3). A different way of thinking will definitely influence a person who self-injures' feelings, their behaviour and also the other way around. In the context of self-injury this implies that a distorted way of thinking could result in negative feelings and actions. Kruger (2003:137) indicated that scholars are unanimous that attitudes consist out of three components, namely:

- A cognitive component (thoughts and beliefs).

- An affective component (evaluation of things and emotions).

- A conative or behavioural component (motives and intentions as ways in which attitudes are expressed.

Changes in one of the components also influence the functioning of the other components (Chapter 3 par. 3.3.1.9.1.).

- **Assessing the social functioning of the person who self-injures**

Chapter 3 mentioned the importance of assessing the social factors which play an important role in the development, function, and maintenance of self-injury (Sugimoto, 2014:31) (Chapter 3 par. 3.3.2.1.). When assessing the social functioning of the person the following interpretative perspectives as mentioned in Chapter 3 need to be considered in dealing with the person:

- **The social transformation of self-injury**

In Chapter 3 the work of Adler and Adler (2011:2) is mentioned. They describe what they term as the social transformation of self-injury. The rise of self-injury has been accompanied by a

significant transformation in its prevalence and social meaning. Self-injury changed from being the limited and hidden practice of the psychologically disordered to becoming a cult youth phenomenon, then a form of more typical teenage anguish. Self-injury became associated with different groups who used it in numerous contexts to express their anguish and disaffection with society. Unconventional youth used it to claim membership and express status in an alternative, hard-core punk subculture that over time morphed into the Goth and later the Emo subcultures. Adolescents used it as a mechanism to cope with the traumas typically associated with the dramatic physical and personal changes, shifting social alliances, identity uncertainty, raw nastiness, inarticulateness, insecurity and general emotional drama associated with the 'tween and teenage years of life (Adler & Adler, 2011:2).

Adler and Adler (2011:2) continue and indicate how self-injury took on new social meanings. It became a legitimated mode of emotional expression and relief. It became a socially learned and contagious behaviour; a sociological occurrence. Early in the twenty-first century self-injurers found a common community and that in cyber space, where they could communicate, learn from one another, and offer one another knowledge and understanding. Self-injury is strongly represented among social networking websites, and YouTube, evidenced by large group memberships and video view counts.

The self-injury videos on YouTube may foster normalisation of self-injury and may reinforce the behaviour through regular viewing. These videos largely provide information on self-injury and/or express a hopeless or melancholic message. Parents, teachers and pastors will benefit from being informed about these videos which may lead to more open and informed discussions about self-injury (Lewis *et al.,* 2011: e556) (Chapter 3 par. 3.3.2.1.).

- **The daily self-injuring process (Brossard 2014)**

Brossard (2014:561) states that self-injury is a multi-step process, a succession of activities leading to self-injury. The process usually starts with an interaction that disturbs the person, creating a feeling of misunderstanding, uncertainty or injustice. He describes trigger events as embarrassing situations with no physical or verbal reaction from the one who has been embarrassed. As the day continues, the individual's mind focusses, wanders, extrapolates, repeats, and his inner conversation runs a loop. These inner thoughts seem to gradually autonomize from the situation in which they originate. The autonomization of thoughts can therefore be defined as a kind of inner conversation that follows an embarrassing interaction, but the topic of which is no longer the embarrassing interaction. This culminates in self-injury as individuals subjectively see it as a practical activity for releasing emotional trouble and thus maintaining the social interaction order around them.

- **The biosocial model Linehan (1993)**

Linehan's Biosocial Theory (1993) suggests that a problematic interaction between a biologically vulnerable individual in relation to self-injury and an invalidating environment produces emotional dysregulation in individuals. (Courtney-Seidler *et al.,* 2014:38).

Linehan (1993) describes invalidation as the process when an individual experiences that the accuracy of his or her emotions are questioned. People in the individual's social environment react to his or her emotional responses in such a way that it is suggested that their emotion is wrong in some way. Furthermore there is often a subtle suggestion that the emotional responses of the individual – positive or negative – result from undesirable personality traits, such as being manipulative, overly sensitive, dramatic, or paranoid (Courtney-Seidler *et al.,* 2014:35-38).

They describe how the invalidation is perpetuated due to the characteristics of an emotionally dysregulated individual – sensitivity, reactivity, and slower return to emotional baseline – making it more likely that the individual's social environment will respond to the expression of emotion with invalidation more chronically. Skills to regulate emotions and validation skills are to be developed as an intervention in self-injury.

- **Assessing the bio-graphical functioning of the person who self-injures**

The following bio-graphical aspects often present in the life of the person who self-injures:

- Often a history of physical, emotional, and/or sexual abuse (Hicks & Hinck, 2008:410; Penner, 2008:95).

- A family mental health history of addiction biochemically predisposes some people to self-injury (Walsh, 2006:68).

- Poor quality of attachments between parents and their children/ disputes with parents (Kelly, 2013:5).

- Habitual invalidation of emotions by primary care-givers/ parents and social environment.

- Lack of role models for regulating emotional responses and coping skills

- People who self-injure may suffer from serious psychiatric problems such as depression, psychosis, Posttraumatic Stress Disorder (PTSD), and Bipolar Disorder.

- Depression -- Self-harm rapidly reduces physiological and psychological tension, returning the person to his normal state of emotional well-being.

- When an intense, uncomfortable emotion is triggered in the person, he lacks adequate coping skills and the ability to tolerate the distress that this feeling is creating in his mind and body. He will turn to self-injury, knowing that it will deal with the intense emotion (Raath, 2015:87).

- Inability of young person to 'fit in' with peers (Walsh, 2006:68).

- Affiliation with negative peer groups.

- Bullying

- Self-injury is often related to eating disorders (Kerr *et al.,* 2010:241).

5.4.2   Pragmatic strategic perspectives on healing of the person who self-injures within pastoral care

Given the insights gained from literature and findings in this research the following pragmatic strategic perspectives related to healing of persons who self-injure are presented:

5.4.2.1   Important strategies in helping the person to cease from self-injury

The following important strategies for caring for persons who self-injury in pastoral practice is suggested:

- The pastor is to embrace a holistic-systemic approach in pastoral care. According to Louw (2008:41), this means that a person should be viewed as a relational and social being that acts within a cultural context. Louw adds that a human being is a moral and spiritually social being, within a dynamic process of meaning-giving. He argues that the components of morality, spirituality and meaning-giving cannot be limited to analytic relationship categories. A further implication of such a holistic approach is that the pastor is to facilitate healing in the structures in the community, as well as the dynamics within relationships.

- The pastoral counsellor himself/herself is important in facilitating change. Louw (2012:27-28) mentions that the therapeutic space where two people meet each other, regard each other as valuable, and unconditionally accept and appreciate each other, creates a situation in which people can be healed. He calls this space of intimacy the sacred space of real meeting and acknowledgment.

- Within this experience, the pastor is to facilitate the discovery of meaning and identity. The pastorate can essentially be seen as a theological field of study. The pastorate is spiritual support that is offered as life support. According to Louw (1999:167), it cannot be denied that

Rogers (1967) opened the eyes of the pastorate to the need for love and appreciation within a pastoral meeting that attempts to help people live meaningfully and bring about a connection with their understanding of God and basic life questions (Chapter 2 par. 2.3.1.3.).

The pastor is to employ the following essential practices in the process of healing of the person who self-injures:

- **Help by creating a safe therapeutic environment**

The pastoral counsellor aims at creating a safe and warm atmosphere where the person can feel safe enough to venture into a process of self-examination to discover reasons, functions and underlying forces of his behaviour of self-injury. The safe therapeutic environment is created and enhanced in the following ways:

- Honouring emotional vulnerability creates safety

People who self-injure often hide their scars and injuries and may find it difficult to seek help as they may fear rejection of stigmatisation. The pastor is to recognise that the person is risking being emotionally vulnerable when he approaches him for help and should endeavour to respect and honour that sense of vulnerability.

Franklin and Fong (2011:137) mention the importance of pastors and church leaders avoiding confrontational approaches during initial contact, and instead to focus on establishing a relationship with the individual by taking an interest in them. Especially when dealing with adolescents one is to remember that they are often secretive and carry feelings of shame and guilt regarding their self-injurious behaviour. It is therefore imperative that one would first establish a relationship with them prior to asking about the injuries. They need to feel that they can trust their pastor or leader before they will be willing to honestly describe what is happening in their life.

- Unconditional acceptance creates safety

Pastoral care entails being with people where they are, and meeting them with deep concern and sincere empathy (Roos, 2013:84). When the pastoral counsellor or pastor facilitates healing to the self-injurer within the framework of deep concern and sincere empathy, it enables the self-injurer to embrace healing (Chapter 2 par. 2.3.1.3.).

The pastor is to intentionally develop a safe therapeutic environment for a trusting relationship to grow which in itself already stimulates the healing process. Parrot III (2000:32) writes that the best condition for growth, especially for adolescents, is when (1) they feel they are accepted unconditionally; (2) feel they are with someone who is trustworthy and real; and (3) feel they are

deeply understood. People who self-injure often expect to be rejected and may do things to provoke rejection and test the counsellors authenticity and acceptance (Penner, 2008:126).

The pastor is to employ the skill of empathy in pastoral dialogue with the person who self-injures. Wright (2011:43) writes that empathy is one of the most important commodities for effective counselling. According to him, it means to view the situation through the person's eyes, feeling and sensing with him or her. It involves the ability to discriminate as well as the ability to communicate this understanding to the other person in such a manner that the person realises that one has picked up on both his feelings and behaviour. Wright (2011:43) further explains that empathy is an understanding with the person rather than a diagnostic understanding of the person and in this way it bonds you with the other person. Empathetic responses can be the following:

- "If I'm hearing you correctly…"

- "I somehow sense that maybe you feel…."

- "You appear to be feeling…"

- "So your world is a place where you…"

- **Active listening skills create safety**

The pastor is to practice active listening in the pastoral dialogue. The practice of active listening is crucial for effective counselling and for creating a safe therapeutic environment. According to Parrot III (2000:35-36), active listening contains two ingredients: reflection and clarification. He writes that empathetic reflection means responding sensitively to the emotional rather than the semantic meaning of a person's expression. Not only content of the person's communication is to be reflected but also the thinking and feeling behind the message.

The caregiver is to listen without attempting to solve the person's problems too quickly by either over-spiritualising or getting on the emotional ride with him. Nonverbal communication like nodding, eye contact, and "Oh" and "Mm" responses can be used. This gives the pastor an opportunity to process his own thoughts and discern and pray about how to best respond.

- **Validating feelings create safety**

The pastor needs to validate the person's feelings. Validating the person's feelings will promote a safe therapeutic environment which is imperative for recovery. Courtney-Seidler et *al.* (2014:36) describe an invalidating environment as "one that responds to the individual's communications of his/her internal emotional experiences with scepticism, derision, or punishment. Invalidation questions the accuracy of the individual's experience and

223

representation of his/her emotions, either overtly or in more subtle ways, and may even suggest that the emotional responses of the individual – positive or negative – result from undesirable personality traits, such as being manipulative, overly sensitive, dramatic, or paranoid.

Invalidation and emotional dysregulation have been correlated according to research findings by Courtney-Seidler et *al.* (2014:36). They highlight the importance for therapeutic interventions aimed at increasing emotionally dysregulated individuals' abilities to tolerate emotional distress and not engage in maladaptive emotion regulation strategies such as self-injury.

Courtney-Seidler et *al.* (2014:36) cites Linehan's Biosocial Theory (1993) which posits that emotional dysregulation in individuals is stimulated when a biologically vulnerable individual is subjected to an invalidating environment, often resulting in self-injury. The pastor will benefit from understanding and exploring different etiological pathways and expressions of invalidation that the person who self-injures had encountered previously.

People who self-injure often describe their emotional states as overwhelming or highly intense. Courtney-Seidler et *al.* (2014:37) explain that chronic invalidation may be distressing for individuals with normative capabilities to regulate emotions, and it therefore may be even more challenging for individuals who experience their emotions as intense and difficult to manage, thus aggravating their disposition toward dysregulation. The view of one's emotional experiences as generally "wrong" in some way can become internalised by some individuals, leading to mistrust in the accuracy of emotional responses and shame in the face of their inability to easily resolve problems. In an attempt to deal with the sense of shame the individual punishes him/ herself for failures to navigate difficulties more skilfully, leading to the development of maladaptive behaviour such as self-injury.

Validation also communicates to the person that his experiences are taken seriously enough to try to understand them (Kerr *et al.*, par 27). When the person's feelings and behaviour is invalidated and regarded as a passing phase, the person may feel more isolated in his problem and the risk of perpetuating the self-injury will be increased.

In addition to validation of the person's feelings, the pastor is to be cognisant that self-injury has been shown to be a strong risk factor of eventual suicide attempts (Swahn *et al.*, 2012:179). The necessity of understanding self-injury as a serious complicated phenomenon is necessary, realising that it may be a warning sign for suicide attempts.

In dealing with people who self-injure it is therefore important to continually validate his/her feelings. Validate the person's feelings by saying: "I can see why you are feeling dejected or abandoned" and "Anyone in your shoes would feel this way." It normalises the person's feelings and will encourage further discussion.

- **Ensuring confidentiality creates safety**

The pastor is to give the person who self-injures the assurance of confidentiality as this will encourage deeper discussion while establishing trust. Wright (2011:36) states that keeping confidences is a trait of a trustworthy person as Proverbs 11:13 reveals: "He goes about as a talebearer reveals secrets, but he who is trustworthy and faithful in spirit keeps the matter hidden".

It is also necessary for the pastor to realise the high risk nature of self-injury. If one is dealing with a minor, one is ethically and morally obligated to involve the child's parents. A pastor could indicate his concern for the child's well-being and explain that he will still support the child in the process of informing his parents or caregivers. Explain that this is something his parents need to be aware of because it is important to protect him and help him receive professional care. Allowing the adolescent to choose how he would like to inform his parents about his self-injurious behaviour may be experienced as empowering.

- **Being authentic creates safety**

The pastor is to be authentic in his responses and care of the person. Often young people who self-injure desperately seek an adult who will be real and authentic in the helping process; someone who will really care for them in spite of being different (Penner, 2008:126).

- **Gentleness and kindness creates safety**

When the person who self-injures experiences the counsellor as gentle and kind he feels safer (Penner, 2008:126; Ryan *et al.*, 2008:249).

- **Help by encouraging the person**

Encouraging, along with listening is an essential technique to use when helping a person to cease from self-injury. Wright (2011:41) describes encouraging as stimulating a person to do what he or she should be doing. It is saying to the person, " *I believe you have the ability and the potential to follow through in doing this."* Encouraging a person who wants to cease from self-injury helps him or her to believe in his or her own personal worth, which is one of the goals of counselling.

Wright (2011:40) agrees that the principle of encouraging and edifying is important in counselling and quotes 1 Thess. 5:11: "Therefore encourage (admonish, exhort) one another and edify (strengthen and build up) one another".

- **Help by appropriate confrontation**

The pastor's ability to confront in love is important in the process of healing. Confrontation is defined as an act by which the pastoral counsellor points out to the counselee a discrepancy between his or her perspective and the counselee's manner of viewing reality (Wright, 2011:51). It is seen as an extension of advanced accurate empathy. It involves unmasking of distortion concerning the counselee's understanding of himself and a challenge to action. The purpose of confronting people who self-injure is to help them to make better decisions for themselves, to become more accepting of themselves and become more productive and less destructive in their lives (Wright, 2011:52).

Important interpretative perspectives gained in Chapter 3 (par.3.3.1.9.2.) reveal that thoughts, assumptions, rules, attitudes and core beliefs are all part of the cognitive dimension (Walsh, 2006:150-152). Thoughts play a fundamental role in the onset and continuation of self-injury. When a thorough cognitive analysis is performed with self-injuring individuals, complex layers of negative, pessimistic core beliefs, attitudes, rules, assumptions and automatic thoughts often emerge. Walsh (2006:164) quotes Aaron Beck (1995) who suggested that the negative core beliefs of individuals fall into two basic categories: incompetence (e.g., "I'm stupid") and unlovability (e.g., "I have no friends"). Core beliefs are the bedrock of cognitive processes. They are derived from early life history and are mostly firmly held.

Walsh (2006:158) emphasises the importance of identifying and challenging irrational thoughts and beliefs. In his experience one of the most common automatic thoughts that precede self-injury is "Cutting, (or other self-injury) is the only effective solution."

The practical theologian has the task of imparting not only biblical truth in countering dysfunctional beliefs, but also the task of imparting the practical love and acceptance of Christ to the self-injurer (Chapter 3 par. 3.3.1.9.2.).

The fact that the counsellor cares about the person necessitates appropriate confrontation. The prophetic counsellor, imitating Jesus, instructs, warns and corrects, without counter-attacking, shaming or blaming the counselee (Hayward, 2010:171).

- **Help by fostering hope**

The pastor has the practical task of imparting hope to the person. People who want to end behaviour of self-injury may struggle with little faith and hope. Therefore they will need a sense of faith and hope in the Lord and in their future to carry them until their own faith and hope has been built up and they have developed their own inner strength (Wright, 2011:57).

- **Help the person who self-injures by taking care of yourself**

The pastoral counsellor who takes care of his own needs and avoids burn-out is able to help the person who self-injures. The counsellor who understands his own emotions and has developed the ability to manage his/her own emotions is much more able to help the other person in this regard (Clark & Henslin, 2007:143).

5.5   Pastoral care guidelines

Osmer (2008) describes the role pastors could play in the lives of individuals who self-injure as that of mediating between God and his people; imitating Jesus Christ through fulfilling functions of priestly listening and kingly judgment in interpretation; prophetic discernment in helping others to hear and find God in current reality; in a pragmatic form of transforming, servant leadership in which they are also affected and changed. In formulating pastoral guidelines the following functions in different models of care and counselling as identified by Louw (2012:4-5) become paramount.

Louw (2012:5) states that these pastoral functions are therapeutic in themselves. He mentions that their intention is to foster change and to promote human and spiritual health and maturity. In this sense these pastoral functions offer answers to the question that Osmer poses in this task: How might we respond in order to bring change or renewal? The main and fundamental role of these functions is to display God's comfort. In terms of the human quest for identity and dignity one can say that comfort (the *parakalein* of pastoral care and counselling) displays the presence of God within the realm of life. Louw (2012:5) further emphasises that pastoral comfort implies more than the psychotherapeutic notion of empathy. Comfort establishes a space of intimacy wherein people are exposed to unconditional love, that is, a space where one is accepted unconditionally without fearing rejection.

The therapeutic pastoral functions as proposed by Louw (2012:4-5) are used as a framework for a pastoral care model for facilitating healing to the person who self-injures:

5.5.1   Healing

5.5.1.1   Psychological healing

Hermeneutical interaction between the perspectives from chapter 2-4 concerning psychological healing of the person who self-injures

The following perspectives emerged from Chapter 2-4:

- A holistic approach in human health is a well-accepted concept (Louw, 2013:1-16) (Chapter 2 par. 2.3.5.).

- In Chapter 2 a biblical perspective of healing is presented. Health points to life and salvation (Louw, 2013:2). Louw (2008:11) states that 'cura vitae' (the healing of life) is about a theology of life and the healing of life from the perspective of Christian spirituality. New life in the risen Christ and the indwelling presence of the Spirit can contribute to the empowerment of human beings. In the process of healing meaning is found within the reality of suffering, human vulnerability, trauma, illness and sickness.

- The study reports how participants testified how their relationship with God and the presence of the Holy Spirit transformed their lives and empowered them to cease from self-injury behaviour (Chapter 2 par.2.4.7.1.).

- Louw (2012:4-5) proposes that the act of healing implies the restoration of a loss and the search for integration and identity; to regain what has been lost or to attain new coping skills, coping mechanisms or the reframing of existing concepts and ideas. A holistic and comprehensive approach to healing includes physical, psychological, relational, contextual and spiritual healing.

- In Chapter 2 the role of pastoral care in psychological healing of the person who self-injures is mentioned. Louw (2008:75) indicates that pastoral care entails being with people where they are, and meeting them with deep concern and sincere empathy as cited by Roos, (2013:84). When the pastoral counsellor or pastor facilitates healing to the self-injurer within the framework of deep concern and sincere empathy, it enables the self-injurer to embrace healing (Chapter 2 par. 2.3.1.3.).

- Louw (2008:74) states that in healing our guilt and feelings of guilt, ethical matters, our conscience in doing good, and justice is included. Our hopelessness, helplessness, doubt and despair, our desire for hope and our search for meaning and purpose are also included.

- In Chapter 2 the correlation between finding meaning and healing was indicated. Louw (2008:46) argues that a person is healthy when he or she has a source of faith that facilitates meaningful living. He explains that faith maturity implies an understanding of God and His nature that creates meaning; it is seen in a congruence between what people believe in and how that person behaves in the awareness of God's presence (Roos, 2013:61) (Chapter 2 par. 2.3.1.1).

- In Chapter 4 normative perspectives on healing are discussed by referring to 2 Corinthians 5:17: "If anyone is in Christ, he is a new creation". The term 'new creation' is translated as the state of being new and different; newness, to make new, renewal (Rom 6:4 Col 3:10) 'put on the new self which has been made new in knowledge' Rom 12:2. The term in a literal sense indicates to be made new in the spirit of your mind but more accurately 'to be made

new in your spirit and mind" as mentioned in Ephesians 4: 23 (Louw & Nida, 1989:594). It is thus in a union with Christ that the person who self-injures become new or regenerated (Chapter 4 par. 4.3.5.).

Pastoral perspectives concerning psychological healing of the person who self-injures

The following pastoral pragmatic strategic perspectives relating to psychological healing are now presented:

- The pastor is to implement a holistic approach. This implies a systemic, relational and qualitative interpretation of *soul* in *cura animarum* -- cure and care of human souls - as proposed by Louw (2012:1-9).

- The pastor is to assess the functions that the self-injurious behaviour has for the person. Identify the roots of self-injurious behaviour as possible emotional hurts, wounds and personal losses due to incidents of active or passive abuse in their lives.

- After assessment of functions the pastor is to help the person to recognise personal psychological hurts and wounds due to overt abuse or passive abuse such as the lack of good things in their lives; a lack of love, acceptance and affirmation. The pastor is to help the person to recognise the impact of injustice and trauma in his life. Help the person to recognise and identify the way in which these traumatic incidents have impacted and formed their current thought patterns, choices and self-injurious behaviour.

- The pastor is to acknowledge any hurt, injustice, abuse or trauma that the person experienced which caused self-injury behaviour.

- The pastor is to validate the person's feelings.

- The pastor is to facilitate forgiveness: Help the person to speak forgiveness to people who have been directly or indirectly responsible for personal and emotional loss.

- The pastor is to assess and reframe cognitive functioning. He is to help the person to reframe existing concepts and thought patterns which are self-depreciating and replace faulty or irrational belief systems with truth and promises of God's faithfulness.

- The pastor is to correct faulty God-and self-schemas by applying faith concepts. Help the person to compile a list of positive characteristics (self-schema) that he has and teach him to read this list every day to retrain his thought patterns.

- The pastor is to help the person to identify emotional triggers and physical cues related to self-injury so that individuals can become self-aware, manage their behaviour and choose to stop the behaviour. The aim is to equip the person to deal pro-actively with his behaviour.

5.5.1.2 Relational healing

Hermeneutical interaction between the perspectives from chapter 2-4 concerning relational healing of the person who self-injures

The following perspectives emerged from chapter 2-4:

- Chapter 2 highlighted the importance of a holistic approach to healing which includes assessing relational health.

- Louw (2012:1-9) argues that healing is embedded in relational and systemic networks. Healing implies that human relationships as determined by paradigms (patterns of thinking and conceptualisation) and originating from cultural settings, should be healed. An intimate space of unconditional love enables the person who self-injures to heal the quality of his human identity and attitude within the existential realities of his life (i.e. anxiety, guilt or shame, despair, helplessness or vulnerability, anger) (Chapter 2 par. 2.3.5.).

- A holistic-systemic approach implies that a person's being is more important than the functioning of bodily parts (Louw, 2008:41). It means that a person should be viewed as a relational and social being that acts within a cultural context. Louw adds that a human being is a moral and spiritually social being, within a dynamic process of meaning-giving. He argues that the components of morality, spirituality and meaning-giving cannot be limited to analytic relationship categories. A further implication of such a holistic approach is that the structures in the community, as well as the dynamics within relationships, must be healed in order to heal the person (Chapter 2 par. 2.3.5.).

- Chapter 2 indicated that phronesis is related to relational healing for the person who self-injures. In Chapter 2 spiritual discernment is mentioned as an integral and indispensable part of practical wisdom (Tredget, 2010:716-723). According to Tredget, practical wisdom is not an end in itself but a means to discern how to live a morally good life in relationship to other individuals which leads to relational health (Chapter 2 par.2.3.2.).

- In Chapter 3 the perspective that many adolescents who self-injure have experienced a loss of safe relationships and intimate family time due to systemic abandonment of the youth was presented (Chapter 3 par. 3.3.1.5.). Healing strategies should thus be aimed at rectifying poor relationships.

- Related to the loss of relationships is the fact that people who self-injure often have greater relational needs for belonging and feeling worthy as their feelings of shame and guilt disrupt personal relationships (Voon *et al.*, 2014:487) (Chapter 3. Par. 3.3.1.6.).

- Youth are uniquely dependent on and accountable to the social systems (e.g., families, schools, peer groups). Family support especially has been found to be a significantly protective factor for both self-harm and suicide attempts (Reisner *et al.*, 2014:546). (Chapter 3 par. 3.3.1.2.).

- In Chapter 4 the concept of Imago Dei indicates humans as relational beings and in relationship with God. It is important for the pastoral counsellor to center the person who self-injures within his relationship with God and establish a sense of hope that originates in this relationship (Chapter 4 par. 4.3.1.2.2.3.).

Pastoral perspectives concerning relational healing of the person who self-injures

The following pastoral pragmatic strategic perspectives related to relational healing are now presented:

- As human relationships are determined by paradigms (patterns of thinking and conceptualisation) it is important to assess the way in which the person thinks and relates to himself, others and God.

- The pastor is to facilitate a process whereby the person's self-and God-schemas can be recognised (named) and reframed within Imago Dei. Correcting faulty schemas will directly impact on their relationship with God, themselves and others. Encourage the person by teaching him that we have been created in imago Dei which implies the capacity for relationship.

- The pastor is to teach that God's primary command is relational -- to love oneself, God and others. In this sense being connected in relationships is essential for healing. It is a human need which is to be prioritised.

- During the pastoral dialogue the pastor helps the person to assess and identify the loss of safe relationships and intimate settings that served as the primary nurturing community. Facilitate a process of understanding (phronesis) in how this loss occurred in an attempt to avoid future losses of relationships and plan to restore relationships (Chapter 3 par. 3.3.1.6.).

- Help the person recognise that the shame, guilt and remorse experienced by self-injurers may have disrupted personal relationships (Voon *et al.*, 2014:487). Help them to recognise that this has therefore increased their relational needs for belonging and feeling worthy

(Chapter 3. Par. 3.3.1.6.). Help the person to deal with feelings of shame, guilt and remorse by appropriating the redemptive work of Jesus in their lives.

- The pastor is to identify different avenues where relational needs and affirmation can be met for the individual who self-injures especially in the community of believers.

- The pastor is to identify relational protective factors and resilience resources to help people who self-injure.

- Resilience resources are positive factors that are external to the individual and that help people to overcome risk. Examples of these external resources are having family support, having a supportive adult in school or adult mentor, community engagement (e.g., serving in church, participating in clubs and extracurricular activities), and positive peer engagement (e.g., sports team involvement).

- Identify and correct unhealthy relational patterns such as withdrawal, isolation, or aggressive tendencies.

- Help the person to connect relationally with his family members in an authentic way.

- Selekman (2010:112,114) suggests creative family activities and rituals which serve as catalysts to promote and build healthy relationships as a means to re-connect authentically with family members:

  - Family story-telling: Stories serve to establish and maintain a sense of family traditions. These stories are to be told preferably at the dinner table and parents are encouraged to share stories of incidents in their own lives where they struggled as adolescents or young adults.

  - Adolescent mentoring parents: Relational connection is strengthened when adolescents are invited and encouraged to share their knowledge with parents, for instance technology related information concerning computers and cell-phones. In this way the young person will feel he is adding value and has something to offer.

  - Solution-orientated family choreography: These activities help family members to gain insight in and develop a broader perspective on their destructive and dysfunctional patterns of interaction and expose rigid interpretations of roles within the family. The adolescent is to take a place in the middle of the room and then indicate to the counsellor which position every member in his family will occupy in relation to emotional distance or closeness. In this way he may also indicate why it is difficult for him to move closer to

certain family members. It serves an opportunity to deal with unresolved conflict with certain members or family secrets.

- Have a compliment container: The use of a compliment container in counselling families where an adolescent is engaged in self-injury, is very effective. This container is placed in a central place in the home. Every member in the family is required to write a compliment to another member in the family every day. These compliments are then read every day after supper or at an agreed time and then discussed also in therapy (Selekman, 2010:117).

5.5.1.3 Contextual healing

Hermeneutical interaction between the perspectives from chapter 2-4 concerning contextual healing of the person who self-injures

The following perspectives relating to contextual healing emerged from Chapter 2 to 4:

- In Chapter 2 contextual healing is linked to a systems approach. A systems approach refers to a holistic model in pastoral care and counselling which can be described as an interdisciplinary approach. Holistic health is seen as an integration between mind, body and spirit; between the person and others, nature and God (Louw, 2010:360) (Chapter 2 par. 2.3.5.).

- In Chapter 3 the importance of exposing dysfunctional social schemas is linked to contextual healing. Apart from the need people have to be socially accepted, the understanding people have of themselves in their social worlds play a significant role in self-injury. Fiske (2004:152-153) highlights the impact of social roles and how people act differently in different situations. She explains how social 'schemas' guide people to make sense of their worlds-to encode (attend and interpret), remember, and respond (judge and interact) in their social worlds. Schemas are everyday subjective theories about how the world operates. People have self-schemas which comprise their most salient and central understandings of themselves. The social schema of the person who injures himself needs to be examined and assessed in order to expose dysfunctional social schemas (Chapter 3 par. 3.4.4.).

- In Chapter 4 a normative perspective is presented regarding the current context of self-injury. God views the human body as being sacred and holy. The Israelites were not to emulate pagan practices of mourning since they were to maintain sacredness for life and the human body (Rooker, 2000:262; Hartley, 1992:320) (Chapter 4 par.4.3.2.1.2.).

- Chapter 4 emphasised the importance of the integrity of the human body which should not be violated by anything one consumes internally or does externally (self-injury) as holiness must extend to all aspects of everyday life (Balentine, 2002:162).

Pastoral perspectives concerning contextual healing of the person who self-injures

The following pastoral pragmatic strategic perspectives related to contextual healing are now presented:

- The pastor is to facilitate a process where the person can explore his social schemas and identify any dysfunctional perspectives he may have about how he interprets his social world.

- The pastor is to teach techniques to verbalise feelings and frustrations. When self-injury is repeatedly used as a coping mechanism the individual may repeat a cycle in which he seeks relief from increasingly overwhelming emotions but is unable to effectively express or regulate these emotions (Turner *et al.*, 2012:28). The pastoral counsellor aims then to help the person to effectively verbalise and express emotions.

- Teach techniques for the management of anxiety, anger and to manage emotions

- Explore healthy alternative coping skills.

- Explore techniques for relaxation.

- Increase awareness of more socially accepted and less harmful ways of coping with stress.

- Encourage and plan to increase recreational activities.

- Motivate the person who self-injures to view his body in the context of holiness, as sacred and holy.

5.5.1.4 Spiritual healing

Hermeneutical interaction between the perspectives from chapter 2-4 concerning spiritual healing of the person who self-injures

The following perspectives relating to spiritual healing from chapter 2-4 are now presented:

- In Chapter 2 spiritual healing refers to wholeness of the soul including life as experienced within the presence of God and other human relationships within a cultural structure (Louw, 1999:157) The term soul as used in Scripture refers to human wholeness (Louw, 2012). (Chapter 2 par 2.3.5.)

- In Chapter 2 the role of faith in healing was mentioned. According to research (Koenig *et al.,* 2001:53; Byron & Miller-Perrin, 2009:68), the presence of faith in a person's life is correlated to well-being. Significant progress has been made in discussing, naming and measuring positive developmental experiences and outcomes in recent years so that religion can be successfully and validly integrated into the clinical and counselling practice (Benson & Scales, 2009:86) (Chapter 2 par 2.3.1.).

- In Chapter 2 the relation between faith and experience is emphasised. According to Louw (1993:122), the theological concepts and symbols should make an impact on an existential level of the person's psychological structure and influence and change his behaviour. He explains that faith means in essence: I believe. In this way faith determines a person's understanding of himself and therefore his or her self-image and identity. Furthermore faith means that one makes choices and acts upon them. Therefore faith and behaviour is not to be separated. The subjective component of faith is important in the pastoral care practice (Chapter 2 par 2.3.5.).

- In Chapter 3 the importance of assessing the wisdom of paradigms is mentioned. At a spiritual level, these patterns are to be assessed so the individual's framework of meaning may be addressed to lead to a more holistic healing. The healing of paradigms is a spiritual matter. Paradigms contain the concepts and beliefs that are organised into particular patterns of thinking, established convictions and all kinds of belief systems. These patterns always constitute very particular presuppositions and ideologies as experienced through life (Stutzner, 2015:11) (Chapter 3 par.3.4.6.).

- Phronesis is essential for spiritual healing. The acquisition and development of practical wisdom impacts the individual's core spiritual and religious beliefs and spiritual practice (Tredget, 2010: 716-723) (Chapter 2 par.2.3.2.).

- Chapter 4 indicated that even though contemporary self-injury may not necessarily be intended as idolatry, it is a way to gain something, such as relief from emotional distress, in a manner that does not acknowledge God as provider and healer. The implication for healing is thus to introduce God as provider, helper, friend and healer to the person who self-injures (Chapter 4 par. 4.3.2.2.4.).

- In Chapter 4 Christian spiritual healing is discussed from a holistic understanding. Louw (2013:8) proposes a model for healing and postulates that healing impacts the existential realities of life that faces a person. He identifies six realities of life, the need that is revealed in each reality and the healing for every existential need as it is procured through Christ. Following is a discussion of the realities, needs and healing for every need:

- The reality of anxiety; the fear of rejection and isolation within human relationships

The existential need related to anxiety is intimacy. The need for intimacy indicates the need to be accepted unconditionally without fearing rejection; the need for human dignity and positive acknowledgement within human relationships.

Spiritual healing in this regard means to discover grace according to 1 Cor. 15:10: "But by the grace of God I am what I am". Grace refers to unconditional love. Grace refers to the faithfulness of God. Rather than the concept of a remote God, faith then operates with the intimate understanding of God as the covenantal Partner for Life who displays his compassion within our human suffering. Such a God is a Compassionate Suffering God; He suffers with us.

- The reality of guilt and shame

  Guilt and shame are linked to past experiences of human failure and sin. We need is to be liberated and set free from past failures and sin.

  Healing is obtained through forgiveness and reconciliation according to Col. 2:13-14: "He forgave us all our sins" and 2 Cor. 5:18: "God … reconciled us to himself through Christ". The mediatory work of Christ which procured salvation and justification, sets us free from guilt and shame.

- The reality of despair, despondency and doubt

  Loss of hope and a future orientation leads to despair and despondency. When despondency sets in one lacks any meaningful source or courage to continue with life. The need in this regard is anticipation in hope. Our human identity latches onto a sense of meaningful, future orientation.

  Spiritual healing in this regard means trusting in the faithfulness of God and the fact that our identity is an ontological fact despite our disturbed affective condition and negative mood swings.

  The fact that we are already a new being in Christ provides the foundation for steadfastness and the courage to be. Paul confirmed his affirmation in Christ on the basis of grace and resurrection hope: "However (despite the fact of his monstrous birth and bloody, violent past), by God's grace I am what I am" (I Cor. 15:9). Paul's total existence was determined by hope as he explains in Rom.15:13: "May the God of hope fill you with all joy and peace as you trust in him, so that you may overflow with hope by the power of the Spirit".

- The reality of helplessness and vulnerability

  People who self-injure often remain helpless victims of their circumstances and may become emotionally exhausted to the extent that they cannot cope without support and assistance. Their need is for an effective support system.

  In *koinonia* or fellowship spiritual healing is found through prayer and practical assistance.

- The reality of disillusionment, frustration, anger and unfilled needs

  Disillusionment and disappointment due to unfulfilled needs often result in acts of aggression, anger and self-injury. The existential need in this regard is life fulfilment, which creates a sense of joy.

  Spiritual healing is found in the removal of destructive factors which deny human dignity and just treatment as represented by the ethical framework of the Christian faith. Life fulfilment is characterised by gratitude and joy.

- The reality of greed and insatiable desires resulting in boredom

  Materialism often results in a sense of insatiability and may lead to boredom. The need in this regard is indeed the promotion of the welfare of others and creating a sustainable livelihood.

- The different existential issues are interrelated and are to be understood hermeneutically. It clarifies the link between different realities, spiritual needs and possible spiritual pathology (Louw, 2013:12).

- Chapter 4 indicated that healing is about seeing the same event from a different perspective (Louw, 2013:13). In this regard Mitchell (2006:144) mentions that healing requires the disruption of one's most deeply embedded lies and illusions. Once the lies have been exposed, change may start and healing follows. Mitchell (2006:144) concludes that healing comes when one's vision of God is finally greater than one's own need.

- Chapter 4 indicated that health refers being at peace. Louw and Nida (1989:315) translate the Greek word peace as "a state of freedom from anxiety and inner turmoil and freedom from worry". Louw (2013:3) mentions that when we are healthy we experience peace in a right relationship with God and one another as well as the world.

- Chapter 4 indicated the role of hope in healing. According to Louw (2013:14), hope is ontological and describes being new and thinking differently and anew. Salvation and justification imparts a new identity which implies ontological change and qualitative transformation.

Pastoral perspectives concerning spiritual healing of the person who self-injures

The following pastoral pragmatic strategic perspectives are now presented:

- Using the model of healing provided by Louw (2013:8) the pastor is to assess the person's existential realities of life, the need that is revealed in each reality and the healing for every existential need as it is procured through Christ.

- The pastor is to help the person to identify and reframe the links between the different realities of life. In this process the person who self-injures discovers meaning (Louw, 2013:12). Louw (2014:2) cites D. Capps (1990:3) and explains that change is necessary to heal and to cure the cura animarum (human soul). The purpose of counselling is threefold: choice, change and clarity (Augsburger, 1986:349). Change is about reframing; changing the conceptual and/or emotional viewpoint in relation to which a situation is experienced and to place it in another frame or paradigm (phronetic pattern of thinking) which fits the facts of the same concrete situation equally well or even better, thereby changing its entire meaning (Capps, 1990:17).

- When spiritual healing is facilitated the pastor aims to help the person to establish a meaningful relationship with God. In establishing a meaningful relationship with God, the use of the Bible, the sacraments, prayer and the fellowship of believers play an important role (Louw, 1999:380-384) (Chapter 2 par 2.3.1.3.).

- Pastoral facilitation of the person who self-injures has the important goal to clarify dealing with distress by inviting God into the situation through prayer and trusting Him as a Helper in need instead of trusting in self-injury as a means to deal with intense overwhelming emotional distress.

- Teach the person to view and cherish his body as a holy temple of the Holy Spirit.

- Encourage the person to attend church regularly where truth is imparted relating to human value, dignity and worth. Apart from attendance active participation in liturgy is encouraged.

- Healing is produced through the Word of God as existential issues are clarified by the promises of God.

- Grace as a component of faith is an example of the practical way in which personal faith impacts healing. Grace creates a space of intimacy where the person is accepted unconditionally without fearing rejection.

- Assess the person's wisdom of paradigms. At a spiritual level, these patterns are to be assessed so the individual's framework of meaning may be addressed to lead to a more holistic healing.

- Identify and correct any faulty God-schemas which may hinder the person's spiritual growth.

- Teach the person that phronesis and the fear of the Lord results in intimacy with God, and companionship Ps. 25:12-14

5.5.1.5 Sustaining

The art of sustaining indicates the capacity to accept what cannot be changed and to adopt a realistic stance in life. Sustaining is not about passive resignation, but about realistic acceptance and the art of drawing strength and support from existing resources. In this regard the person who self-injures needs a support system in order to surstain healing or to take courage to proceed with life (Louw 2012:4-5).

Hermeneutical interaction between the perspectives from chapter 2-4 concerning sustaining healing of the person who self-injures

The following perspectives regarding sustaining healing from chapter 2-4 are now presented:

- In Chapter 2 the empirical perspectives indicated that phronesis is linked to sustaining healing. The phronesis (practical wisdom) of surrounding yourself with godly people, of knowing your identity and of being accountable is indicated as impacting and sustaining healing (Chapter 2 par. 2.4.7.3.).

- In Chapter 2 the influence of social environment is discussed. Participants who managed to eliminate unhealthy activities and relationships from their life, who managed their use of social media, internet and choice of music positively, were better able to sustain healing. In these instances phronesis (the ability to choose wisely) influenced the level in which sustained healing was attained.

- In Chapter 3 the importance of utilising family and environmental strengths and assets in sustaining healing is mentioned. Walsh (2006:61) explains that it is important not to forget the strengths of a family. These strengths serve to mitigate the risk of self-injury and can positively impact on reducing the self-destructive behaviour. When conducting a strengths-

based analysis of the families of self-injurers the strengths within the following areas should be identified:

- The home and extended family

- The neighbourhood, and related networks

- School and employment sectors

- Financial resources and management

- Cultural identity and resources

- Recreational activities and hobbies

- Religious and spiritual beliefs and institutional supports (Chapter 3 par.3.3.1.9.).

- Chapter 3 indicates the role of biochemical dimensions to self-injury. Research has linked diminished serotonin levels with impulsive aggression and self-injury. Self-injuring adolescents have lower levels of serotonin than the average person, which may cause difficulties with depressed mood, anxiety, rumination, obsessive thoughts and impulse control (Walsh, 2006:63; Selekman, 2009:6).

  Self-injurers may have lower levels of cortisol, which is secreted by adrenal glands when experiencing higher levels of stress. The lower levels of cortisol may cause the person to be more emotionally and biologically reactive to environmental stressors than the average person. Self-injurers have increased levels of nor- epinephrine, a bodily stress chemical secreted during the fight or flight response, which also triggers impulsivity and emotional reactivity (Selekman, 2009:6) (Chapter 3 par. 3.3.1.9.). When healing is to be sustained the biochemical dimensions of the person who self-injures needs to be taken into account and managed productively.

- In Chapter 3 the mechanisms of hope in relation to healing are explored. Through faith in God hope emerges. Louw (1985:96) mentions that hope becomes grounded, through the Cross, and creates a sense of belonging and security. Pastoral care and pastoral therapy can also be viewed as mechanisms of hope. Pastoral care is about Christian hope, and pastoral therapy offers hope for faith maturity and healing. It provides a source of hope for the future.

  Louw (2006:15) states that hope correlates with two core aspects: firstly, a person's attitude or approach toward the trauma and crisis must change to alter the perspective. Attitude and

approach are the only variable factors of suffering. Secondly, an external support and faith anchor is needed, in order to look past the loss and crisis. These two aspects are needed for hope to emerge. Hope is essential in sustaining healing.

- In Chapter 4 the teleological perspective related to healing is mentioned. Louw (1993:152-153) explains that the noun *telos* was initiated from the root that means to turn around; where one phase is completed before the next is started. The online Strong's Greek Dictionary (2016) indicates that the word *telos* is derived from a primary word τέλλω tellō which means 'to set out for a definite point or goal'; or 'properly the point aimed at as a limit, that is, (by implication) the conclusion of an act or state (termination [literally, figuratively or indefinitely], result [immediate, ultimate or prophetic] or purpose'. The word *telos* as it is used in the book of Hebrews indicates a process of consecration to God and sanctification of one's life in order to stand before God in the same way as the priests of the Old Testament could stand before God (Louw, 1993:153).

- In the New Testament the relation between *telos* and *eschatos* becomes significant. The term *eschatos* indicates the end or the last and it is used to indicate not only the beginning of a new dispensation which started at the birth of Jesus, but also the process of fulfilling or bringing to completion of God's redemptive plans and purposes at the end (Louw, 1993:152-153).

- Jesus is the pioneer and perfecter of our faith (ὁ ἀρχηγός καὶ τελειωτής). Kruger (2002:99) mentions that the example of Christ becomes the focus in Hebrews 12:1-4 where the example of Christ serves to encourage and motivate the readers to endure in spite of their difficult situations. The appeal to the person who self-injures for spiritual growth or *telos* τέλλω tellō ('to set out for a definite point or goal') is motivated by the example of Jesus's obedience to the will of God. Jesus attained salvation through His suffering. Through His suffering God brought Jesus Christ to His highest purpose which was to bring salvation to the world. As High Priest and pioneer (Forerunner) πρόδρομος (Hebrews 6:20) the work of Jesus does not end in the past. He is not only Pioneer to attain salvation but also to the consummation of salvation at end of history. He is eternally High Priest according to Hebrews 7:12 and 24, 8:11 (Kruger, 2002:99).

Therefore we are urged and instructed to enter the throne room of God boldly with confidence (that we will be helped) with our requests. We are urged again in Hebrews 10:35 not to throw away our confidence as it holds a great reward. A clear understanding of the concept of Jesus as pioneer and perfecter of our faith will greatly influence and motivate the person who self-injures to develop *telos* or set a definite goal to cease self-injury (Chapter 4 par. 4.3.1.2.2). This understanding of *telos* may contribute to sustaining healing.

- In Chapter 4 the specific nature of the work of the Holy Spirit in the transformational or healing process is mentioned. Louw (1993:34-35) emphasises the Pneumatological empowerment in the transformation process. According to Louw (1993:143), the term pheuma is used to describe the inner dimension or spirit of man. Louw (1993:144) states that the pheuma dimension in the new man describes his total submission, transformation and directedness on God. This man is moved and motivated by God so that his will and thoughts are transformed and he lives from the reality of his reconciliation with God and resurrected life. Through the process of rebirth the human pheuma receives a new transcendental dimension and within the close pneumatic bond between the believer and God, transformation takes place through the renewal power of the Holy Spirit.

Pastoral perspectives on sustaining healing

The following pastoral pragmatic strategic perspectives regarding sustaining healing are now presented:

- In pastoral practice church community is vital as a resource for sustaining healing. The compassion of God for His people takes on a concrete form when Christians are focussed on caring, praying, encouraging, accepting and loving one another. Within this caring-for-one-another community the assistance of the Holy Spirit is expressed in a loving konoina (Louw, 1993:34-35).

- The pastor is to facilitate continuous development and growth of the relationship with Christ as healing will be sustained when this relationship is nurtured.

- The pastor is to provide on-going support to facilitate and strengthen renewed healthy thought patterns and behaviour.

- The pastor is to create support in family members especially to sustain efforts of cessation.

- The pastor is to identify protective factors and resilience resources to ensure sustaining healing.

5.5.1.6 Guiding

Louw (2012:4-5) explains that the function of guiding is not about prescription, but about the empowerment and enabling of people. The guide acts as a co-interpreter of life.

Hermeneutical interaction between the perspectives from chapter 2-4 concerning guiding of the person who self-injures

The following perspectives relating to guiding from chapter 2-4 emerged:

- Healing is linked to direction. Often, the person who self-injures needs to make difficult decisions which require a sense of phronesis. In order to do this, the person who self-injures needs a moral framework, a philosophy in life or a soul friend who can guide him/her through the difficulties of life.

- In Chapter 2 the aspect of guiding is related to phronesis. The concept of phronesis is explained as an aspect that deals with the understanding of the mind of Christ; the insight on what is right for daily life, what is the driving force behind decisions, sober judgement according to the living faith and the quest for wisdom in church and society (Kruger, 2016:9) (Chapter 2 par. 2.3.2.).

- In Chapter 2 the perspective that phronesis involves the cognitive (thoughts), affective (feelings or will) and also conative (acts and behaviour) aspects of life is presented. The insight in acquiring wisdom is an essential growth experience for the person who self-injures. Wisdom includes cognitive, emotional, motivational and social factors within the contexts where individuals who self-injure may live (Chapter 2 par. 2.3.2.).

- Chapter 3 provides the perspective that skilful living involves fearing God (Proverbs 1: 7) and following God's principals in order to lead a flourishing life. A flourishing life is seen as living a life according to God's design. Aristotle was concerned about the question: what is the best possible way in which a person can live? Flourishing of life has to with acting according to virtue and intellect (Kruger, 2016:5). The Hebrew word for wisdom (hokmah) can be translated as "skill for living" (Coe & Hall, 2010:366). Aristotle sees phronesis as a uniquely self-involving way of thinking that is transformative of the thinker (Chapter 3 par.3.4.1.).

- Chapter 4 offers a normative perspective on how phronesis influences healing. Wisdom implies acting upon moral spiritual knowledge out of its internalisation referred to in Prov. 1:2; 2:1-5. Wisdom entails the other virtues such as knowledge (*da'ath)*, insight (*bînâ),* prudence (*hasîl)*, cunning, discretion, learning, guidance, counsel, understanding or competence, resourcefulness and heroic strength. These capacities are exercised in the realms of righteousness, justice and equity giving wisdom a moral dimension according to Prov. 1:3; 8:20 (Waltke, 2007:913).

Pastoral perspectives on guiding

The following pastoral pragmatic strategic perspectives for praxis are now presented:

- Within pastoral praxis the paradigm of wisdom is to be established. Wisdom is essential for healing in that it is related to guiding the person who self-injures to develop a moral framework, a philosophy in life which contributes to healing and cessation of self-injury.

- Within pastoral praxis the pastor is to guide the person in making wise choices explaining the consequences of phronesis in healing. Louw (2017:22-39) mentions that in Jewish writings, the Hebrew hālak, (Greek anastrephō), describes, life as a 'way', a mode of walking in the way of God (positive) or walking in sin (negative). The verb anastrephō denotes the meaning of human behaviour: to walk, to conduct oneself, to live in a particular way. In the New Testament anastrephō describes a way of life as new communion in Christ – to turn away from a previous way of life to a new life of obedience, piety and holiness (2 Cor 1:2; 1 Pt 1:15, 17; 3:16). Christian conduct is determined by fellowship with God and translates 'knowledge into practice'.

- The pastor is to offer guidance in phronetic lifestyle choices. Louw (2017:22-39) explains that fellowship with God implies a very specific praxis, namely to walk with God. Lifestyle denotes a kind of hodos (a kind of life), the way one has to follow in order to reach a goal (Ps 119:105). Such a lifestyle is guided and informed by practical wisdom.

- The pastor is to guide the person who self-injures to contrast the way of wisdom - a lifestyle of wisdom - to the way of foolishness - a lifestyle of foolishness - by taking cognisance of the consequences of each lifestyle.

- The pastor is to guide the person to develop practical ways to employ phronesis and the concept of the 'mind of Christ' in managing self-injurious thoughts, choices and behaviour.

- Guide the person to cultivate habits where thoughtful planning and wisdom (phronesis) is utilised to establish healthy patterns of thought, affect and behaviour.

5.5.1.7 Reconciling

Reconciling is about the overcoming of estrangement, isolation and hatred through forgiveness and unconditional love (grace). It is about bringing people together and overcoming the gap of unforgiveness. Enmity should be exchanged and overcome by the peace of salvation (Louw, 2012:4-5).

Hermeneutical interaction between the perspectives from chapter 2-4 concerning reconciliation of the person who self-injures

From the literature and results of this study the following perspectives from chapter 2-4 emerged:

- Chapter 3 indicates that transformation and change is possible due to the power in the reconciliation work of Christ. Overcoming problems and becoming the person one was meant to be is achieved through reconnecting with God and with one's community (to be reconciled). This kind of relating depends entirely on deep fellowship with Jesus Christ and then spills over on to other people with the power to change their lives (Mitchell, 2004:5) (Chapter 3 par. 3.5.1.2.).

- In Chapter 4 the restoration of relationship with God for the person who self-injures is described as fundamental to healing. Understanding the role of Christ in reconciliation is necessary for the person who seeks to cease from self-injury. Paul uses the word ηιλαστεριον (hilasterion) in Romans 3:25 to describe Christ as the sacrifice which met the jurisdictional justice of God and through faith in Christ we are reconciled to God and restored in a renewed covenantal relationship (Vorster, 2011:20). The restoration of relationship with God for the person who self-injures is therefore fundamental to healing. Reconcile the person who self-injures to God through correcting incorrect beliefs about God and his God schema (Chapter 4 par. 4.4.).

- In the context of self-injury the concept of reconciliation is important. According to Longman III (2013:1401), believers are reconciled to God because God, not humanity, has taken the initiative. Even though we were sinners subject to God's wrath, alienated from God and enemies in thought and act, Christ died for us (Rom. 5:6-11; Col. 1:21). Christ removed the barrier that was between God and the person who self-injures by taking the punishment for their sin.

- Another important concept of reconciliation is emphasised by Ridderbos (1971:203) who indicates that Paul uses the word *katallage* (change) for 'reconciliation' in his letters. Katalallage is derived from the word *allos* which means 'another'. Paul uses the word *katalassein* to describe the relationship between God and man which is indicative of the transformation or renewed state of this relationship.

- The word *katallage* primarily denotes an exchange, reconciliation, a change on the part of one party, induced by an action on the part of another; the reconciliation of men to God by His grace' and love in Christ. The word is used in Rom. 5 : II and II : 15. In 2 Cor. 5 : 18, 19. *katallage* is used not as the ministry of teaching the doctrine of expiation, but that of beseeching men to be reconciled to God on the ground of what God has wrought in Christ (Vine 1981:262). In pastoral practice the person who self-injures can be strongly encouraged to embrace a relationship with Christ based on *katallage.*

- God's purpose in reconciliation is to present the believer "holy in His sight, without blemish and free from accusation" (Col. 1:22). The result of reconciliation is the joy that comes from being at peace with God (Rom.5:1-2, 11) (Longman III, 2013:1401).

- Reconciliation between God and humanity makes it possible for people to be truly reconciled to one another (Longman III, 2013:1401). Vorster (2011:19) agrees that reconciliation is about restoration of relationships and harmonising of interests.

- Tenney (2009:55-57) also explains that reconciliation has a broader meaning than justification. The concept speaks of the restoration of a proper relationship between two parties. It refers to overcoming an enmity. In Paul's writings reconciliation is contrasted with "enmity" and "alienation" (Rom. 5:10; Eph. 2:14-15; Col. 1:22).

- Tenney (2009:55-57) further mentions that reconciliation has the meaning of peace (Rom. 5:1, 10; Eph. 2:15-16; Col. 1:20-21). This is important in the context of healing the persons who self-injure. The removal of the reason for alienation brings about a condition of peace between the warring parties. In its biblical sense, peace is the inclusive term referring to the restoration of fellowship between God and sinners.

- Tenney (2009:55-57) emphasises that the new relationship between God and human beings, which results from their reconciliation, is that of sonship. The healing of the person who self-injures will be positively influenced when sonship offers a place of acceptance, worth and belonging to the self-injurer. Sonship is the result of adoption (Gal. 4:4-5). Adoption is the goal of the great divine purpose of reconciliation. It is a direct result of redemption, justification (Rom. 3:25-26; 4:25), and reconciliation (2 Cor. 5:18-19).

- The new interpreter's dictionary of the Bible (2009:747) reveals how *katallage* results in someone becoming a new "creation". Christ stands in humanity's place in order that humanity may stand in Christ's place before God. As a result, God views humanity as if it were righteous. God imputes Christ's righteousness and this bestowal of righteousness is God's means of bringing about a "new creation", even though the transformation will not be complete until the end of time when the justified are saved. Even though the reconciliation of the world has been fully accomplished by God through Christ, that objective state of affairs must be appropriated personally by individuals. The God who reconciled the world to himself has therefore given to Paul and others "the ministry of reconciliation."

Pastoral perspectives concerning reconciliation of the person who self-injures

From insights gained from literature and findings of this study the following pastoral pragmatic strategic perspectives are now presented:

- The pastoral counsellor has the task and ministry of reconciliation. Teach the person that a new position of being a son or daughter of God results from being reconciled through Christ. Healing will be positively influenced when sonship offers a place of acceptance, worth and belonging to the self-injurer.

- The pastor is facilitate reconciliation on three levels: with God, with others and with oneself.

- In pastoral practice the person who self-injures can be strongly encouraged to embrace a relationship with Christ based on *katallage.*

- The pastor is to teach the person who self-injures that God's purpose in reconciliation is to present the believer "holy in his sight, without blemish and free from accusation" (Col. 1:22). In this sense the person can be encouraged to accept, love and nurture himself in contrast to self-injury. The result of reconciliation is the joy that comes from being at peace with God (Rom.5:1-2, 11) (Longman III, 2013:1401).

- The pastor is to facilitate self-forgiveness and self-acceptance as an on-going continuous happening and not a once-off event. This is seen as restoring and healing the relationship with himself (reconciliation with self) based on the commandment of God to love oneself (Luke 10:27; Proverbs 19:8).

- The pastor is to facilitate healing to the person who self-injures by helping them to extend forgiveness and pardon to people who have dealt unrighteously with them. If necessary assist the person to reconcile with people.

5.5.1.8 Nurturing

Hermeneutical interaction between the perspectives from chapter 2-4 concerning nurturing of the person who self-injures

The following perspectives are mentioned in Chapters 2-4:

- Nurturing is the art of how to grow into maturity and how to use human potential and spiritual potential in order to foster and facilitate growth through different stages of life. It can be linked to a developmental model in pastoral care. Its aim is maturity and identity (Louw, 2012:4-5).

Pastoral perspectives concerning nurturing of the person who self-injures

The following pastoral pragmatic strategic perspectives for pastoral praxis are now presented:

- The pastor is to equip family members to nurture the person who self-injures. This can be achieved through applying practical guidelines suggested by Selekman (2010:112,114) using creative family activities and rituals which serve as catalysts to promote and build healthy relationships as a means to re-connect authentically with family members.

- If possible, the pastor is to identify spiritual family members in a church community to play a nurturing role in the life of a self-injurer.

- The pastor is to encourage the person to read the Bible. Reading the Word is a nurturing activity.

- The pastor is to teach self-nurturing and self-soothing techniques.

- The pastor may plan activities in nature and use nature as a means to nurture for the person who self-injures..

5.5.1.9 Liberating

Hermeneutical interaction between the perspectives from chapter 2-4 concerning liberation of the person who self-injures

The following perspectives are mentioned in Chapters 2-4:

- People need to be helped to be emancipated from slavery, addiction and situations of victimhood. In relation to the healing of people who self-injure this implies a movement from the bondage of self-injury, through transformation and change, to overcoming situations, structures and circumstances that dominate people and rob them of their human dignity and freedom (Louw, 2012:4-5).

- In Chapter 2 the liberating nature of pastoral care is mentioned. Louw (2008:74) states that pastoral care is about the embodiment of the engagement of God with life issues in such a way that concrete actions of comfort, change, liberation and transformation can take place.

- In Chapter 3 the role of phronesis in relation to liberation of the person who self-injures is explained. Parsons (2012:445) expounds the concept of phronesis by explaining that phronesis strains forward towards that for which something is to be undertaken. It seeks that for which an action is to be done, which is its end. The purpose (telos) of an action lies ahead, as that which is to come to be, towards which and by which what is to be done is moved. It is in this sense that the soul reaches out ahead of itself to come to know itself. Phronesis then begins not in a premise, a statement of principle posited in advance, but rather in a proairesis, a process of considered decision-making by which an end is grasped

and made one's own. Proairesis indicates purpose; it is that decisiveness by which what lies ahead is taken hold of and then becomes decisive in one's own life (Chapter 3 par. 3.4.2.).

- According to Aristotle, it is in this manner that phronesis can bring transformation in a human being. He describes it as a movement towards what is to come to be. Phronesis begins at its end with the discernment of the hou heneka; the for-the-sake-of-which; that has the power to transform the thinker's own being in how the thinker acts. Each action done for-the-sake-of-which- is formative of character; it moves the phronetic person towards what she is to become, taking her into her own future (Parsons, 2012:446) (Chapter 3 par. 3.4.2.).

- In Chapter 4 the willingness of God to liberate and bring wholeness in people's lives is illustrated. After Jesus intervened in the demoniac of Gerasa's life he was found "sitting and clothed and in his right mind" in Greek terms σωφρονουντα (sOphronounta). The word mind φρονεις (sophroneo) indicates the ability to reason; being self-controlled, sober-minded and disciplined. As mentioned in the interpretative chapter phronesis can be described in terms of mindfulness (Parsons, 2012:442). The first remarkable change noted in the man after he was healed is that he was in condition where he had a sense of phronesis; the ability to reason. Jesus responds with compassion to the demoniac in Gerasa and delivers him from his torment, heals him, restores his mind and enables him to reason correctly again with a sense of phronesis and in addition to that, gives him a purpose (telos) by sending him to proclaim his healing in his own town.

Pastoral perspectives concerning liberating the person who self-injures

The following pragmatic strategic pastoral perspectives are now presented:

- The pastor is to encourage engagement with God with life issues in such a way that concrete actions of comfort, change, liberation and transformation can take place.

- The pastor is to adopt a holistic approach and utilise the services of social workers, medical and legal professionals and others in liberating the person from situations of victimhood.

- The pastor is to illustrate God's willingness to liberate the person by using the narrative of the self-injurer in Gerasa.

- The pastor is to teach the understanding of phronesis as a state of proairesis, the power of considered decision-making by which an end is grasped and made one's own. In this sense concrete goals and objectives need to be set which the person purposefully embraces with a sense of proairesis. Proairesis is that decisiveness by which what lies ahead is taken hold of and then becomes decisive in one's own life; a liberating action.

5.5.1.10 Empowering

With regard to the notion of empowering, pastoral care needs to deal with issues related to power and the abuse of power (Louw, 2012:4-5). In the context of self-injury the person who self-injures needs to be empowered in cases of abuse.

Pastoral perspectives concerning empowering the person who self-injures

The following pastoral pragmatic strategic perspectives are now presented:

- The pastor aims to equip people who self-injure with the necessary skills and knowledge to prepare them for the various crises they may face in life. Developing a sense of phronesis is empowering as it enables the person to make wise choices.

- The pastor aims at clarifying boundaries in the person's life. Developing and maintaining appropriate boundaries is empowering. Many people who self-injure may experience their problems, legitimate needs, and wants as something bad, destructive, or shameful. This is often the result of poor boundaries in families. Having a poor example of healthy boundaries they may struggle to implement healthy boundaries. Cloud and Townsend (1992:31) emphasise the necessity of establishing personal boundaries in order to manage our own emotions. This is experienced as empowerment.

5.5.1.11 Interpreting

Hermeneutical interaction between the perspectives from chapter 2-4 concerning interpretation and the person who self-injures

- Pastoral care has a hermeneutical task, that is, to link the stories or narratives of people's life with the story or narrative of the gospel (Louw, 2012:5).

- Chapter 2 indicates that an anthropologic perspective describes humankind from his relationship with God (Louw, 1993:121) (Chapter 2.3.5.). In this sense the person's narrative is interpreted from this anthropologic perspective.

- A pastoral hermeneutics is about the attempt to understand and interpret the fundamental issues in the lives of those who self-injure in the light of their understanding and experience of God.

- Often a person who self-injures may struggle with existential issues as they are related to their struggle to come to terms with life and their search for meaning in life.

Pastoral perspectives concerning interpreting and the person who self-injures

The following pastoral pragmatic strategic perspectives are now presented:

- In a pastoral hermeneutics the pastor functions as an interpreter or hermeneutist of God-images (people who self-injure's perceptions and noetic concepts of God).

- In the pastoral dialogue the concept of Imago Dei is to be discussed with emphasise on how it translates into healing.

- Facilitate the process of searching for meaning in a framework of wisdom and phronesis. Help the person to name and reframe his existential issues in the light of his new identity procured through Imago Dei.

5.6   Pragmatic pastoral perspectives: conclusion

Chapter five was aimed at answering the question: how we might respond to the person who self-injures? Objectives centred around establishing practical guidelines for pastoral praxis related to faith, phronesis and healing of the person who self-injures.

The following conclusions are presented:

- Faith positively influences healing of the person who self-injures.

- Phronesis is an essential practice in healing the person who self-injures.

- A healthy social environment contributes positively to the healing process of the person who self-injures.

5.6.1.   Faith positively influences healing of the person who self-injures

- In this research the influence of faith on healing of persons who self-injure had been studied. From the research the following conclusions are made:

- Within a relationship with Christ the person discovers meaning and the compassion of God -- 'the Pneumatological praxis of God'-- a divine intentionality (teleology); God engages in the vulnerability and suffering of human beings. Faith procures hope and entails knowing, trusting and doing (cognitive, affective and conative aspects) (Chapter 4 par.4.3.4.2.).

- Chapter 3 describes the transformational and healing nature of faith. Transformation and change is possible due to the power in the reconciliation work of Christ to enable a person to change his or her behaviour in the sense that he changes his or her circumstances of life (Louw, 1993:113). Transformation happens in reconnecting with God and with one's community. This kind of relating depends entirely on deep fellowship with Jesus Christ and

then spills over on to other people with the power to change their lives (Mitchell, 2004:5) (Chapter 3 par. 3.5.1.2.).

- Faith provides a pastoral-anthropological perspective which positively influences healing. Imago Dei procures human value, worth, dignity, telos, destiny and relationship and when this knowledge translates into a deeper understanding - phronesis (practical wisdom) -- a new cognition of one's identity within Imago Dei is formed which creates the space for healing to transpire (Chapter 4 par. 4.31.2.).

- Cognisance of our createdness in Imago Dei requires an attitude change which include cognitive, affective and conative components, resulting in changed behaviour from the person who self-injures. Attitude change leads to a spiritual or faith change (Kruger, 2016:227) (Chapter 4 par. 4.3.1.2.1.2.).

- Faith provides a pastoral care perspective. Holiness has an ethical implication. The person who self-injures is motivated to view his body as sacred and representative of holiness (Rooker, 2000:262) (Chapter 4 par. 4.3.2.1.2.).

- The eschatological significance of holiness is significant in the process of cessation of self-injury. The pheuma of man creates a teleological dimension to the individual who self-injures as he is directed on the eschatological dimension of his existence (Chapter 4 par. 4.3.2.1.3.2.).

- Holiness and the Pneumatological empowerment in healing the person who self-injures is important. The *pheuma* dimension in the new man describes his total submission, transformation and directedness on God. This man is moved and motivated by God so that his will and thoughts are transformed and he lives from the reality of his reconciliation with God and resurrected life. Through the process of rebirth, the human *pheuma* receives a new transcendental dimension and within the close *pheumatic* bond between the believer and God transformation takes place through the renewal power of the Holy Spirit (Louw, 1993:144).

- The Word of God is significant in the healing process (see empirical results in chapter 2). The Word helped participants to view themselves as worthy and valued; it helped them to forgive others which enhanced their healing; it helped them to rectify incorrect thinking patterns which caused self-injury; it helped them to gain insight into their problems and see it as a spiritual battle. The Word was activated through their faith and applying the principles and truth of the Word became a powerful tool in ceasing self-injury.

5.6.1 Phronesis is an essential practice in healing the person who self-injures

In this research, the influence of phronesis on healing of persons who self-injure was studied. From the research, the following conclusions are made:

- The systems analysis approach to healing assumes that healing can only come when a person is aware of how current knowledge impacts upon life and how one accepts, lives, and comes to terms with that current and particular framework of meaning (Stutzner, 2015:11). The basic assumption is that in order to be healed on a spiritual level, more is at stake than merely the human person or an individual 'soul'. The paradigms that motivate human behaviour and determine frameworks of meaning should also be healed. Patterns of thinking are paradigms that contain within them, among other things, a person's spirituality, life views and framework of belief or convictions (Chapter 3 par. 3.4.6.).

- Philosophical counselling realises that the outside world and the framework for meaning, as well as the interpretation of events, need to be changed for healing to take place. (Louw, 2011:3-4).

- Philosophical counselling is about the beauty of life, which is the mode by which one interprets the challenges in life in order to grow into a deeper sense of significance and gratitude. In this sense, philosophical counselling for the person who self-injures would probe into the human art of daily living and wisdom decision-making. In essence, philosophy is a passion for healing in order to use astonishment and amazement as a tool to bring about a profound transformation of the individual's manner of seeing and being, a transformation of our vision of the world and a metamorphosis of our intentionality. It is called a 'worldview interpretation' or wise therapy (Louw, 2011:4) (Chapter 3 par.3.4.6.).

- In Jewish writings, the Hebrew *hālak*, (Greek *anastrephō)*, describes in a figurative way, life as a 'way', a mode of walking in the way of God (positive), or walking in sin (negative) (Louw, 2016:4). The way of life can be called the praxis dimension in in practical theological thinking; a designation for a conduct of meaningful life within the parameters of wisdom thinking (Chapter 4 par. 4.3.3.1.).

- Phronesis can be described as the *Fear of I Am* which makes practical wisdom accessible; provides a moral imperative for living; brings the person into a relationship with God and creates a right relationship with the self.

- Phronesis is also described as having the mind of Christ (to be his followers), which implies the insight on what is right for daily life, what is the driving force behind decisions, sober judgement according to the living faith and the quest for wisdom in church and society

(Kruger, 2016:9). In the New Testament anastrephō describes a way of life as new communion in Christ; to turn away from a previous way of life to a new life of obedience, piety and holiness (2 Cor. 1:2; 1 Pet. 1:15, 17; 3:16) (Louw, (2016:4).

- Jesus becomes the Wisdom of God. Wisdom is regarded as virtue for right behaviour; it brings a relationship with God and wisdom is accessible to the person who self-injures. Having the mind of Christ transforms attitude, thoughts and behaviour (Chapter 4 par.4.3.3.2.2.2).

- Wisdom includes cognitive, emotional, motivational and social factors within the context where individuals who self-injure may live (Kruger, 2016:9) (Chapter 2 par. 2.3.2.). Phronesis results thus in healing for the person who self-injures.

- The pastoral-narrative approach (Brunsdon, 2015:6) uncovers existing wisdom in the lives of counselees where counselees have acted 'wisely'. From here, the narrative of the counselee can be merged with the grand narrative of Scripture, and relevant constructs from the wisdom genre can be employed to enrich and inform the counselee's own narrative in the quest for wise living leading to a positive experience of being human (Brunsdon, 2015:6). The focus is shifted to the wisdom within as well as finding or learning the wisdom that God put at our disposal as source for positive pastoral care.

- This wisdom frame of reference brings order to the life of the person who self-injures and provides practical parameters for his life. The most important principle in creating this frame of reference remains the fact that wisdom, in biblical terms, is a relational concept, for real wisdom is to be sought in the 'sophia' from God, namely Jesus Christ. (Brunsdon, 2015:6) (Chapter 4 par. 4.3.3.2.2.2).

5.6.2 A healthy social environment contributes positively to the healing process of the person who self-injures

In this research, the influence of the social environment on healing of persons who self-injure was studied. From the research the following conclusions are made:

- The pastoral counsellor aims to assess the social environment of the person who self-injures as he or she is uniquely dependent on and accountable to the social systems (e.g., families, schools, peer groups).

- The pastoral counsellor aims at meeting relational needs of the person who self-injures. The importance of having an experience of belonging in relationships with others; a sense of connectedness to one's parents, family, non-family adults, and school is a protective factor

against self-injury. The pastoral aim is to educate family members that the perception of being unwanted, expendable, or otherwise burdensome on loved ones may increase instances of self-injury. It is important for parents and practical theologians to identify different avenues where relational needs and needs for affirmation can be met for the individual who self-injures.

- Pastoral counsellors need to identify protective factors and resilience resources. Resilience resources are positive factors that are external to the individual and that help people to overcome risk. Examples of these external resources are having family support, having a supportive adult in school or adult mentor, community engagement (e.g., volunteering, participating in clubs and extracurricular activities), and positive peer engagement (e.g., sports team involvement) (Reisner *et al.,* 2014:546).

- The pastoral counsellor aims to assess a possible 'problem life-support system' and make changes if necessary (Selekman, 2010:121). The friends of the person who self-injures often make cessation of self-injury very difficult as many times these friends also self-injure. Terminating these friendships causes a perceived loss of support for the person and in many cases the person is not emotionally strong enough to face the perceived loss of support. An adult inspirational other may offer a solution in offering much needed support.

5.6.2. Healing of the person who self-injures

In this research, healing of persons who self-injure was studied. From the research, the following conclusions are made:

- Healing is a holistic approach to caregiving, indicating that faith care, implies life care as well. Healing can be described as a praxis of faith seeking lifestyles-- *Fides quaerens vivendi* which points to the praxis principle of the whole of human life standing under the will of God and which is thus called a way (Ps 119:105). This way or lifestyle is guided by wisdom (Louw, 2017:22-39). *Fides quaerens vivendi* is closely connected to Christology. In John's Gospel, *hodos* [way] is applied to the person of Christ: 'I am the way' (Jn. 14:6). In Acts 24:14, Christians and belonging to the church were called 'the people of the way'.

- The pastoral counsellor aims at conducting a pastoral diagnosis which is seen as the interpretation of the person's total holistic existence, not a procedure of classification through which behaviour is categorised. It focusses on clarification, establishing connections, organising data and interpreting behaviour in terms of the quest for meaning. The process of organising, summarising and interpreting data enables a pastoral diagnosis to establish links between faith and life; between God-image and self-understanding; between Scriptural truth and existential context (Louw, 1999:23) (Chapter 2 par 2.3.5.).

- Within this pastoral diagnosis the functions that the self-injury has for the person is assessed; the bio-graphical environmental, cognitive, social and spiritual functioning is assessed with the aim of applying a holistic-systemic approach to healing. An implication of such a holistic approach is that the structures in the community, as well as the dynamics within relationships, must be healed in order to heal the person.

- Louw (2012:5) identified pastoral therapeutic functions which offer answers to the question that Osmer poses in this task: How might we respond in order to bring change or renewal? The main and fundamental role of these functions is to display God's comfort. The objective of these pastoral functions is to foster change and to promote human and spiritual health and maturity. In terms of the human quest for identity and dignity one can say that comfort displays the presence of God within the realm of life. Louw (2012:5) further emphasises that pastoral comfort implies more than the psychotherapeutic notion of empathy. The following pastoral functions are now mentioned:

  - Psychological, relational, contextual and spiritual healing

  - Sustaining

  - Guiding

  - Reconciling

  - Nurturing,

  - Liberating

  - Empowering

  - Interpreting

- Creating a safe therapeutic environment, encouraging the person, appropriate confrontation of dysfunctional beliefs and fostering hope are essential elements in pastoral care of the person who self-injures.

- According to Louw (2013:1), hermeneutics indicate the interpretation of existential life events and suffering as it determines how meaning of life is interpreted. Louw (2013:2) identifies six existential issues which describe human suffering. Spiritual health is dependent on an appropriate response to these realities.

5.7   Strategic conclusion

The phenomenon of self-injury needs to be addressed in pastoral care praxis. The concepts of faith (a personal relationship with Christ) and phronesis significantly contribute to healing of persons who self-injure and can be utilised in pastoral care of the person who self-injures.

5.7.1   A holistic phronetic faith-based model for pastoral care of the person who self-injures

The following therapeutic approach is suggested for dealing with self-injury as a proposed practical model where a holistic phronetic faith-based therapy can be applied. The model can be applied in three phases which are: 1. Assess, 2. Clarification and establishing goals, 3. Practical interventions

1. Assess

Conduct a bio-psycho-social-spiritual assessment of person who self-injures which includes the following components:

- A pastoral diagnosis

- Assess spiritual needs of the person

- Assess wisdom of paradigms

- Assess functions of self-injury

- Assess social environment

- Assess social functioning

- Assess cognitive functioning

- Assess affective functioning

- Assess bio-graphical functioning

2. Clarification and establishing goals

(1)   Explain and discuss the implementation of a holistic phronetic faith-based approach with emphasis on the following:

- A holistic approach to healing in pastoral therapy implies a systemic, relational and qualitative interpretation of *soul* in *cura animarum* -- cure and care (Louw, 2012:1-9).

- Discuss the nature of a compassionate praxis of co-suffering (the passio Dei) divine intentionality (teleology) of God's praxis within the vulnerability and suffering of human beings.

- Discuss the implications of faith in relation to healing. Faith procures hope, a relational bond with God and transformation of identity for the person who self-injures. Faith provides boundaries in offering norms for ethical wise choices, which creates a sense of security. Faith entails knowing, trusting and doing (cognitive, affective and conative aspects).

- Discuss the implications of adopting a phronetic narrative approach to dealing with self-injury. Discuss developing a wisdom frame of reference in dealing with self-injury; developing the mind of Christ and the implications of the fear of *I AM* for the choices that the person makes.

(2) Develop an individual treatment plan.

(3) Establish goals for holistic healing which includes:

- Psychological, relational, contextual and spiritual healing.

- Establish goals to sustain healing.

- Establish goals to provide on-going phronetic guidance.

- Establish goals to reconcile the person to God, himself and others.

- Establish goals to nurture the person.

- Establish goals to liberate the person in identified areas where it is needed.

- Establish goals to empower the person in cases of abuse.

- Establish goals to actively act as a hermeneutist of God-images; to interpret the concept of Imago Dei and how it translates into healing; to interpret a search for meaning within a framework of wisdom and phronesis; reframe the person's existential issues in the light of his new identity procured through Imago Dei.

3. Implement practical interventions

In accordance with the bio-psycho-social-spiritual assessment, the individual treatment plan and established goals, practical interventions are to be planned and the treatment plan implemented.

- The pastor is to practically meet the person's psychological, relational, contextual and spiritual needs.

- Implement bio-graphical protective factors and resilience resources.

- Address dysfunctional social environmental factors

- Implement the help of an adult inspirational other.

- Implement accountability to the social systems

- Implement wisdom and phronetic paradigms

- Implement a process of reframing dysfunctional cognitive patterns and irrational belief systems

- Correct faulty God-and self-schemas by applying faith concepts.

PHRONESIS AND FAITH IN A NARRATIVE PASTORAL APPROACH IN HEALING THE PERSON WHO SELF-INJURES

- Phronesis is described as having attitude, thoughtful planning or practical wisdom

- Phronesis is described as the orientation of the whole person—mind, heart and body

- Phronesis is relational as Jesus becomes the Wisdom of God

- Phronesis as having the mind of Christ transforms attitude, thoughts and behaviour

- Phronesis as the fear of I AM is virtue for right behaviour

- Phronesis as the fear of I AM brings a relationship with God

- Phronesis as wise choices impacts and transforms influence of social environment

Hermeneutical interaction between faith and phronesis leads to healing

Faith results in a covenantal relationship with Christ and a faith community---transforms identity and creates belonging.

Created in Imago Dei procures identity, value, worth and dignity.

Faith and holiness implies ethical responsibility to maintain sacredness of life.

Relationship with God restored

Holistic healing of person who self-injures ⟶

Relationship with self-restored

Relationship with others restored

Figure 5-4: **A holistic phronetic faith-based model for pastoral care of the person who self-injures**

CHAPTER 6: FINAL CONCLUSIONS AND SUGGESTIONS FOR FURTHER RESEARCH

6.1 The descriptive empirical task: final overview on findings and conclusions

The central theoretical argument of this study is that a pastoral study of the role of faith together with phronesis may result in wise action in the healing process of people who self-injure.

The aim of the study was to research how faith and phronesis influences the healing process of people who self-injure and thereby the research findings can be applied to formulate guidelines for those involved in pastoral care of people who self-injure.

The objectives of the study were:

- To do a comprehensive descriptive-empirical overview to determine how faith and phronesis can be functional in the healing process of persons who self-injure.

- To do interpretative research which includes a literature review on an inter- and intra-disciplinary level, examining how faith and phronesis can be functional in the healing process of persons who self-injure.

- To gain a Biblical perspective on how faith and phronesis can be functional in the healing process of persons who self-injure.

- To develop pastoral strategies to be utilised in practice regarding the function of faith and phronesis in the healing process of persons who self-injure.

These objectives have been accomplished and a discussion of the final overview and conclusions pertaining to this study is appropriate.

Chapter 2 presented a descriptive-empirical overview of the function of faith and phronesis in the healing process of persons who self-injure. Empirical results indicated that faith, as experienced in a relationship with Christ positively impacted on cessation of self-injury in the following ways:

- The relationship with Christ had an emotional (affective) impact on the person who self-injured. Through the relationship with Christ the person who engaged in self-injury experienced love and unconditional acceptance which is the direct opposite of what the person was experiencing before (feeling unloved and unaccepted). One of the core reasons for self-injury as reported by participants was self-hatred. As faith is experienced as relational and not as a set of religious rituals, the effect is that the person's core personal emotional needs of being loved and to belong are met in and through the Christological relationship.

Participants all reported that the personal love of God was the most significant factor for change in their lives and motivated them to cease from self-injury.

- The second impact of relationship with Christ can be considered as positional. Through the Christ relationship the identity of the person is changed. An identity that was previously experienced as someone being worthless, unloved, unwanted and unimportant has been changed through Imago Dei to an identity where the person experiences a sense of personal worth, value and dignity. His identity was changed to being someone who is unconditionally loved, important, wanted and accepted. The relationship with Christ resulted in the person's identity being now that of a son or daughter of God which created a sense of belonging and security in the person. The shame based identity of the person who self-injures is healed through the redemptive work of Jesus Christ on the Cross and the resurrection.

- The relationship with Christ impacts the person on a conative level as his attitude towards God, himself and others is transformed. The person's God-schema, self-schema and social schema is changed through faith which impacts him on a conative level which in turn influences him on a behavioural level.

- The relationship with Christ impacted the person on a cognitive level. The empirical research indicated that participants' healing was positively impacted by liturgic elements of worship, singing, corporate and individual prayer and reading and proclaiming the Word. The research indicated the transforming power of these elements in the person's self-understanding as well as his understanding of God . Through these elements the pastorate coherently integrates with other disciplines in practical theology.

- The relationship with Christ has a relational impact on the person who self-injures. Through this relationship the person is also reconnected socially within a caring community of believers. The importance of being integrated in a caring faith community or spiritual family, koinonia, for healing was evident. In this network of social human relationships the person's healing was furthered, established and sustained. In the community of believers the person was able to find positive affirmation of his worth and value and was treated with dignity. The guiding, supporting and caring elements of community positively impacted healing.

- The relationship with Christ introduces the person to the concept of holiness which resulted in the person receiving an ethical moral imperative or guideline which positively impacted healing. The principle of holiness motivated the person to view his body as sacred and beautiful, which is opposite to the previous view of self-loathing as reported by participants.

- Participants not only managed to cease from self-injury, but experienced healing in a holistic manner. In the context of pastoral therapy, healing must be understood theologically as a result of God's faithfulness and mercy.

Chapter 2 further also presented a descriptive-empirical overview of the function of phronesis in the healing process of persons who self-injure. The empirical results indicated that phronesis, as described as the fear of *I AM* and phronesis as the mind of Christ was an essential practice in the process of healing. Phronesis had a significant impact on cessation of self-injury in the following ways:

- Phronesis impacted the person on a cognitive level by impacting their thought patterns. Participants mentioned that the wisdom of reading the Word changed their perspectives of themselves; it helped them to correct incorrect and irrational thoughts and belief systems. Reading, believing and verbally speaking the Word over themselves enhanced their healing process.

- The phronetic action of singing and praying aloud positively influenced healing. These findings correlate with research on liturgy and the notion of celebration in church communities. Studies by De Klerk and Kruger (2016:par.1) found that liturgy and celebration has the potential to change people and cultures; it teaches, forms, re-forms or transforms our reality. The self-understanding of the individual worshipper as well as the worshipping community is transformed. In this sense the cognition of self-schemas as well as social cognition of social schema is transformed and healed.

- The phronetic action of taking responsibility to guard thoughts and reject negative thoughts impacted healing.

- The phronetic action of surrounding oneself with godly people produced healing. Empirical findings indicate that the impartation from people in the lives of participants was mostly on two levels: firstly influence on an emotional level where friends or family impacted either positively or negatively on their affective state and secondly as a supportive role where support and accountability became viable.

- The phronetic action of eliminating unhealthy activities that feed into self-harming behaviour resulted in sustained healing. Furthermore terminating relationships that hinder the process of healing proved to be a wise action.

- The wisdom of not only knowing but also embracing one's true identity in Christ significantly impacted healing. Embracing true identity significantly impacted the way in which people dealt with self-harm; It helped them to separate themselves from unhealthy relationships and

activities, and changed their perspective of themselves and consequently their self-harming behaviour.

- The phronetic action of being willing to hold yourself and your healing progress accountable to others impacted healing as the person was motivated knowing he will be held accountable and responsible.

Chapter 2 further presented a descriptive-empirical overview of the influence that the social environment had on the person's perspective of self-injury. Empirical results indicated that participants were influenced by friends, music, internet and social media to engage in self-injury as a coping mechanism in difficult and overwhelming situations. The influence of these social environmental factors had to be addressed before healing could be sustained.

6.2   The interpretative task: final overview on findings and conclusions

Chapter three discussed the intra-and inter-related perspectives of neighbouring sciences of social psychology, sociology, ethics, in relation to self-injury, faith, phronesis and healing of the person who self-injures.

In the search for answers to Osmer's question as to why self-injury is happening the existential experiences of the adolescent were explored. The age of onset of self-injury is typically during the adolescent period, around age 14 years (Nixon & Heath, 2009:5). The concept of systemic abandonment (Clark, 2011:8) and the psycho-social environment of the adolescent was discussed in relation to the influence on the person who self-injurers. Culture has changed so quickly that the developmental, societal, and relational needs of children have been neglected in recent decades..

The person who injures himself experiences a need to belong and connect in relationships. It seems that these needs have not been adequately met in many modern families where adolescents have suffered the loss of safe relationships and intimate settings. The easy accessibility of social media and Internet websites have resulted in many adolescents turning to these to fulfil their needs, which complicates the issue of self-injury as it is normalised through social media and the internet and becomes more contagious.

An analyses of behavioural, physiological, and self-report data suggest that self-injury serves both an intrapersonal function i.e., decreases aversive affective/cognitive states or increases desired states and an interpersonal function i.e., increases social support or removes undesired social demands (Nock, 2010:339-363).

Interpretative perspectives from the science of sociology have indicated that self-injury has become a sociological occurrence. Adler and Adler (2011:2) has indicated how self-injury took

on new social meanings. While remaining a behaviour practiced by psychologically troubled individuals, it also became a legitimated mode of emotional expression and relief among a much wider population. It became a socially learned and contagious behaviour. During the twenty-first century self-injurers found a common community and that in cyber space, where they could communicate, learn from one another, and offer one another knowledge and understanding.

Research indicated that cessation of self-injury is linked to people realising that self-injury is an unhealthy means of coping, as well as an internal motivation to change their behaviour. Other factors that contribute to cessation of self-injury is developing an ability to identify and express feelings verbally and learning to use behavioural alternatives to self-injury. Encouraging the person to be around others when wanting to injure can be helpful, as self-harm is rarely done when others are nearby.

Christian faith has a dimension of healing which is linked to the work of Jesus Christ on the Cross and the resurrection (Roos, 2013:136). Kruger (2003:461-484) states that people's God-schemas and social schemas are inevitably going to be changed when confronted with the Gospel.

In Romans conforming to the world is contrasted with being transformed to the image of Christ. The transformation (renewal of mind) is the work of the Holy Spirit and the means whereby it happens is through the renewal of mind. Through faith and a relational bond with Christ the person who self-injures receives knowledge and truth as presented in the Gospel. When this truth is internalised (cognitively and affectionately accepted in the heart as true) it starts to reflect as an outward presence of phronesis bringing change and transformation.

The Scripture model as proposed by Pierre (2010:14) of the internal workings of the human person, which can be referred to as the heart, involves cognitive, affective, and volitional (the power to choose) aspects. He sees faith in Christ as the means by which all of these are restored to proper functioning. Through faith in God hope arises, creating a sense of security and belonging for the person who self-injures.

The place of phronesis or practical wisdom has been recognised by practical theologians within their hermeneutics. Practical wisdom is seen as a deeply integrative way of knowing and living (Cahalan, 2016:9). Phronesis deals with the cognitive (thoughts), affective (feelings or will) and also conative (acts and behaviour) aspects of life (Kruger, 2016:1-2).

The shift towards philosophically counselling is a shift towards wisdom and its connectedness to meaning, future orientation, life views and the realm of ideas or convictions. Its aim is to help one to apply the narrow insights that one has learned about yourself to the bigger picture of

one's life; to integrate every insight into a coherent, effective outlook on and approach to life (Louw, 2011:5).

The value of phronesis in the life of the church as well as the broader community has been recognised (Kruger, 2016:1-2). Practical theological hermeneutics and practical wisdom are more than a method of inquiry, but a virtue and practice embodied by Christian communities and constituted by Christian tradition.

6.3   The normative task: final overview on findings and conclusions

Chapter four offered normative perspectives related to the research question. Exegesis of the following resulted in the following conclusions:

- Genesis 1:26-28 illustrated the nature of human created-ness in Imago Dei and provided a Biblical anthropological understanding which influenced the person who self-injured to change his self-perception in the light of Imago Dei. Conclusions from exegesis is that the identity of the person who self-injures is changed through Imago Dei, resulting in an identity based on personal worth, value and human dignity.

- Leviticus 19:1-2, 28; 21:5 examined the relation between holiness and healing. The person who has an understanding or cognition of his created-ness in Imago Dei will naturally choose to live a holy life -as being set-apart and consecrated unto God. Apart from the natural choice these verses highlighted, the ethical implication of holiness which serves as a motivational factor in embracing healing was also emphasised.

- 1 Kings 18: 26, 28 examined the relation between idolatry and self-injury which further broadened our understanding of holiness (set-apart unto God). These verses emphasise the importance that God places on living a holy life-separated and consecrated unto God. In conclusion self-injury is often used as a means to release intense negative emotions; thus the person relies on self-injury to meet his emotional needs and should rather turn to God to meet these needs.

- Proverbs 1:7 provides instructions on gaining a sense of phronesis or practical wisdom. The wisdom writings in Scripture offer advice on most of human experience and are aimed at making man fit for a life well lived (Brunsdon, 2015:4). The person who self-injures will benefit from a comprehensive understanding of the concept of the fear of the Lord -*'yir'at Yahweh'* – which usually means "revere in awe of" *Yhwh* indicating the covenantal nature of God.

- Mark 5:2-8 provides a biblical example of self-injury in the New Testament and further enhances our understanding of the total despair and anguish of the person who self-injures as it is described here. The response of Jesus to someone who practises self-injury is portrayed in detail, illustrating the compassion of God for the person who self-injures as well as His willingness and ability to restore and heal the person who self-injures. The healing which is obtained through Jesus is holistic and restores the person in all the aspects of his life-his mind is fully restored; his body is restored; relationships are restored as he is restored into his community; he is removed from the environment and restored in a healthy environment and lastly also been given telos, purpose and destiny. This passage of scripture is therefore useful to offer hope to the person who engages in self-injury where hope is a much needed component in the healing process..

- Philippians 2:5 highlighted phronesis as the importance of developing the mind of Christ. This is also described as having the same attitude as that of Christ; to think like Christ. Reasoning is transformed and becomes Christ-like -- theological, leading to a process of change in all thought processes which include correcting faulty God-schemas and self-schemas.

- 2 Corinthians 5:17 provided a deeper understanding of the holistic quality and nature of healing that is achieved for the person who self-injures. Exegesis of this passage indicated that healing is more than merely cessation of self-injury; the result of healing is described as a new creature.

- Hebrews 11:1 provided a clear understanding of the nature of faith and explained how the dynamics of faith contributed to the healing of people who self-injure.

6.4   The pragmatic task: final overview on findings and conclusions

A hermeneutical interpretation from the descriptive-empirical task, interpretative and normative task has resulted in various pragmatic strategic perspectives and guidelines which those in pastoral care may apply in caring for the person who self-injures in pastoral praxis.

6.5   Restrictions of the research

The presupposition of this research was that the aspects of faith and phronesis play an important and significant role in the healing process of persons who self-injure. The empirical results have supported this presupposition. However, the following restrictions in empirical data are mentioned:

- The questions used to gather empirical data did not focus on exploring the participants' God-schemas. It would have added more value if their perceptions of God could be explored. These findings would have been valuable to those in pastoral care for a more comprehensive understanding of the person who self-injures.

- Many participants reported on the influence of konoina in their journey of healing although the specifics of how this transpired was not explored in detail.

- Another aspect which could have been approached differently was the concept of participants' identity; how they perceive identity and what they find their identity in and how self-injury impacted their identity.

6.6 Suggestions for further research

The following suggestions are made for future research:

- The long-term impact of phronetic thinking on emotional stability

- Phronesis and brain functioning

- Phronesis and healing of depression

- Phronetic development in young children- learning to choose wisely

- Phronesis and faith development in children

- Prevention of self-injury in families and in society

- Developing a phronetic culture in school as preventative measure for bullying

6.7 Final closing statement

From the hermeneutical integration of the four tasks of Osmer (2008) is evident that faith and phronesis are influential in the healing process of people who self-injure. Through developing a trusting, abiding relationship with Christ, people who have self-injured have managed to change their self-loathing thoughts and self-injurious behaviour to more self-accepting thoughts and self-caring behaviour, eventually resulting in cessation of self-injury.

Further this research has indicated the indispensable role of phronesis in the process of healing. Indications are that phronesis involves cognitive, affective and volitional components which are interrelated and influence each other. Phronesis is seen as a prerequisite for change and spiritual healing.

The relation between faith and phronesis is reciprocal—through one's faith phronesis is gained and through phronesis faith is embraced. It is in this sense that a person obtains healing- in the presence of faith and phronesis.

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ADDENDUM A: CONSENT FORM

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

HREC Stamp

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

FOR……………………………………………..

TITLE OF THE RESEARCH PROJECT:

Faith and phronesis in the healing process of persons who self-injure- a pastoral study

PRINCIPAL INVESTIGATOR: Miranda van der Westhuizen

ADDRESS: 217 Mimosa Street Northcliff Johannesburg

CONTACT NUMBER: 082 315 6957

You are being invited to take part in a research project that forms part of my Masters in Pastoral Studies at the North-West University.

Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is entirely voluntary and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU) and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

What is this research study all about?

> *This study will be conducted in Johannesburg and will involve in-depth interviews with experienced health researchers trained in interviewing; 20+ participants will be included in this study, depending on when saturation is reached.*

> *The objective of this research is to examine how faith and phronesis can be functional in the healing process of persons who self-injure.*

Why have you been invited to participate?

> *You have been invited to participate because you are an individual who has experienced self-injury.*

> *You have also complied with the following inclusion criteria: 18 years of age or older.*

> *You will be excluded if: you are younger than 18 years, cognitively impaired or unable to communicate your feelings adequately.*

What will your responsibilities be?

> *You will be expected to complete a short checklist with background details and be available to participate in two to three in-depth interviews of approximately 60-90 minutes each on separate days over a period of two to three weeks. These interviews will be held at a private place of your choice. If you keep a journal or notes this could be presented on a voluntary basis but is not compulsory.*

Will you benefit from taking part in this research?

> *The direct benefits for you as a participant will be an opportunity to discuss your self-harming behaviour with a professional in a non-threatening environment. This has debriefing benefits for you, which is beneficial in processing traumatic events in your life.*

> *The indirect benefit will be that not only similar people who self-harm will benefit from insights gained, but also educators, therapists, pastors and community leaders.*

Are there risks involved in your taking part in this research?

> *The risks in this study are minimal and relate only to emotional discomfort. In such a case the participant will receive counselling and may withdraw voluntary from the research project.*

> *The benefits outweigh the risk.*

What will happen in the unlikely event of some form of discomfort occurring as a direct result of your taking part in this research study?

> *Should you have the need for further discussions after emotional discomfort an opportunity will be arranged for you to receive debriefing and counselling.*

Who will have access to the data?

> *Anonymity will be guaranteed as participants will be asked to use a fictitious name. No hidden apparatus will be used such as video cameras. Only audio recordings will be made and confidentiality will be ensured by keeping all data locked in a safe. All transcribed data in digital format will be protected by passwords. Reporting of findings will be anonymous as described above. Only the researchers will have access to the data. Data will be kept safe and secure by locking hard copies in locked cupboards in the researcher's office and for electronic data it will be password protected. (As soon as data has been transcribed it will be deleted from the recorders.) Data will be stored for two years.*

What will happen with the data/samples?

> *This is a once off collection and data will only be analysed in South Africa.*

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the study but refreshments will be provided. Travel expenses will be paid for those participants who have to travel to the place where the interview is to be held. There will thus be no costs involved for you, if you do take part.

Is there anything else that you should know or do?

> You can contact Miranda van der Westhuizen at 082 315 6957 or miranda12@telkomsa.net if you have any further queries or encounter any problems.

> You can contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 2089; carolien.vanzyl@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher.

> You will receive a copy of this information and consent form for your own records.

How will you know about the findings?

> The findings of the research will be shared with you by providing you with an abstract of the research findings which will be sent to you either electronically or by post.

Declaration by participant

By signing below, I …………………………………..…………. agree to take part in a research study titled: Faith and phronesis in the healing process of persons who self-injure- a pastoral study.

 I declare that:

- I have read this information and consent form and it is written in a language with which I am fluent and comfortable.

- I have had a chance to ask questions to both the person obtaining consent, as well as the researcher and all my questions have been adequately answered.

- I understand that taking part in this study is voluntary and I have not been pressurised to take part.

- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.

- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) ....……......……………. on (*date*) …………...………. 20....

Signature of participant_____Signature of witness_____

Declaration by person obtaining consent

I (*name*) ……………………………………………..……… declare that:

- I explained the information in this document to …………………………………..

- I encouraged him/her to ask questions and took adequate time to answer them.

- I am satisfied that he/she adequately understands all aspects of the research, as discussed above

- I did/did not use an interpreter.

Signed at (*place*) ....……......……………. on (*date*) …………...………. 20....

Signature of person obtaining consent_____Signature of witness_____

Declaration by researcher

I *(name)* …………………………………………..……… declare that:

- I explained the information in this document to …………………………………..

- I encouraged him/her to ask questions and took adequate time to answer them.

- I am satisfied that he/she adequately understands all aspects of the research, as discussed above

- I did/did not use an interpreter.

Signed at *(place)* ....…….......……………. on *(date)* …………...……….. 20....

Signature of researcher_____Signature of witness_____

ADDENDUM B: MY IDENTITY IN CHRIST JESUS

(Taken from Dr Strydom's book: Healing begins with the sanctification of the Heart.)

In order to gain complete healing, it is vital that you learn to place your identity in Christ, and develop a healthy self-esteem by choosing to see yourself as God sees you; to renew your mind and develop a Biblical self-image.

1. God Accepts and Approves Of Me.

Jeremiah 1 v 5: "Before I formed you in the womb I knew [and] approved of you [as My chosen instrument], and before you were born I separated and set you apart, consecrating you…"

Before you were even formed in your mother's womb, He knew and approved of you. He already knew all the wrong, sinful, mistakes that you would make during your life… and knowing ahead of time all these things….HE STILL APPROVED OF YOU ANYWAY!

Ephesians 1 v 4: "He chose us [actually picked us out for Himself as His own] in Christ before the foundation of the world." He already knew every weakness and every flaw and He still said, "I want you."

Ephesians 1 v 5: He predestined you to be adopted as His child.

Ephesians 1 v 6: "To the praise of the glory of His grace, wherein He has made us accepted in the beloved."

2. I am Righteous Before God

God's love for you is not performance based. His love for you is not based on what you have done, but on what Jesus has done and His work on the cross. It is impossible for you to ever earn or deserve God's love, acceptance or approval because your most righteous acts are like filthy rags in God's sight… no amount of good works would ever be enough. Isaiah 64 v 6: "For we have all become like one who is unclean [like a leper] and all our righteousness (our best deeds of rightness and justice) are like filthy rags or a polluted garment; we all fade like a leaf and our iniquities like the wind take us away [far from God's favour, hurrying us towards destruction]." However, when Jesus becomes Lord of your life and you meet Him at the cross, you are literally given His royal robes of righteousness.

Isaiah 61 v 10: "I will greatly rejoice in the Lord, my soul will exult in my God; for He has clothed me with the garments of salvation. He has covered me with the robe of righteousness, as a bridegroom decks himself with a garland, and as a bride adorns herself with jewels."

What does righteousness mean? The definition is found in Romans 8 v 21: "For our sake He made Christ [virtually] to be sin Who knew no sin, so that in and through Him we might

become… the righteousness of God [what we ought to be, approved and acceptable and in right relationship with Him, by His goodness]." So righteousness means acceptance, approval, right relationship and right standing with God.

THIS IS THE BASIS OF SELF ACCEPTANCE – KNOWING THAT GOD COMPLETELY ACCEPTS YOU THROUGH JESUS AND SEES YOU AS TOTALLY RIGHTEOUS.

Psalm 8 verses 3 and 4: "When I view and consider Your heavens, the work of Your fingers, the moon and the stars, which You have ordained and established, What is man that You are mindful of him, and the son of [earthborn] man that you care for him?" Here David was saying, "Why in the world would you want to visit with us, Awesome and Mighty God? Why are we so important to You? Verse 5: "Yet You have made him but a little lower than God [or heavenly beings], and You have crowned him with glory and honour." Verses 6 to 8 of this powerful psalm of your God-given image go on to say how God has given you dominion and that all things are under your feet. So when you wake up in the morning and get out of bed to face the day, you get up crowned with glory and honour, you have dominion and you walk into every circumstance knowing it's under your feet!

3. **There is Now No Condemnation for Me in Christ!**

One of the devil's greatest tools to make us feel bad about ourselves is condemnation. You may think that God must be so disappointed and angry with you for all your failures and shortcomings.

Romans 8 v 33 – 34 "Who shall bring any charge against God's elect [when it is] God Who justifies [that is, Who puts us in right relation to Himself? Who shall come forward and accuse or impeach those whom God has chosen? Will God, Who acquits us?] Who is there to condemn [us]? Will Christ Jesus (the Messiah), Who died, or rather Who was raised from the dead, Who is at the right hand of God actually pleading as He intercedes for us?" So if God doesn't condemn you…And Jesus doesn't condemn you…Who is there to condemn you? Romans 8 v 1 "Therefore [there is] now no condemnation (no adjudging guilty of wrong) for those who are in Christ Jesus, who live [and] walk not after the dictates of the flesh, but after the dictates of the Spirit."

The next important point we need to know in the process of renewing our minds and developing a Godly self-esteem is:

4. **You are Loved Unconditionally by God**

You are a woman or man of such tremendous value and worth that the King of Kings gave His life for you. God's love for you is not performance based. When you mess up, it does not affect His love for you one little bit.

Romans 8 v 35, 38 & 39: "Who shall ever separate us from Christ's love? Shall suffering and affliction and tribulation? Or calamity and distress? Or persecution or hunger or destitution or peril or sword?... For I am persuaded beyond doubt (am sure) that neither death nor life, nor angels nor principalities, nor things impending and threatening nor things to come, nor powers, nor height nor depth, nor anything else in all creation will be able to separate us from the love of God which is in Christ Jesus our Lord."

Jesus said in John 16 v 27: "For the Father Himself [tenderly] loves you because you have loved Me and have believed that I came out from the Father. It is important that you are secure in the knowledge that you are loved by the Father so that you can overcome rejection.

5. Christ is your Spiritual Husband

The church is the bride of Christ (Revelations 19 v 7 and 22 v 17, Ephesians 5 v 26 – 27) Isaiah 54 v 5: "For Your Maker is your Husband – the Lord of Hosts is His Name – and the Holy One of Israel is your Redeemer; the Lord God of the whole earth He is called."

Song of Solomon 6 v 3: "I am my beloved's, and my beloved is mine."

Song of Solomon 2 v 4: "He brought me to the banqueting house, and His banner over me is love!" When Jesus comes again, He's coming for His bride.

So when you're struggling with low self-esteem, self-hatred and an identity problem remember Who you are engaged to! He's made you a son and a daughter, He has chosen you, you are the apple of His eye (Zechariah 2 v 8), you are engraved in the palms of His hand (Isaiah 49 v 16), He's betrothed you to His Son as a wife, your names are written down in Heaven in the Lambs book of life.

6. You are Fearfully and Wonderfully Made!

Psalm 139 v 14 – 15: "I will praise You for I am fearfully and wonderfully made: Marvellous are Your works; And that my soul knows very well! My frame was not hidden from You when I was being formed in secret [and] intricately and curiously wrought [as if embroidered with various colours] in the depths of the earth. Your eyes saw my unformed substance, and in Your book all the days [of my life] were written before ever they took shape, and when as yet there was none of them. How precious and weighty also are Your thoughts to me, O God! How vast is the sum of them!" (Amplified Bible).

7. As Jesus is, So are You in this World

1 John 4 v 17 "As He is, so are we in this world,". You were made in the image of God (Genesis 1 v 27). That image is modelled for you by Jesus. As Jesus is so are you now. Colossians 3 v 10 "Put on the new man, which is renewed in knowledge after the image of Him that created him. Renew your mind, change your thinking in the area of your self-image, and put on your new man

which is your new self-image according to who you are in Christ.. The Immeasurable and Unlimited and Surpassing Power of God is on the Inside of You!

Ephesians 1 v 19 – 20: "And [so that you can know and understand] what is the immeasurable and unlimited and surpassing greatness of His power in and for us who believe, as demonstrated in the working of His mighty strength, which He exerted in Christ when He raised Him from the dead and seated Him at His [own] right hand in heavenly [places]."

8. You Are More Than a Conqueror

Romans 8 v 37: "Yet amid all these things we are more than conquerors and gain a surpassing victory through Him who loved us."

Think like the New You

Speak like the New You

Hebrews 4 v 12 "The Word that God speaks is alive and full of power [making it active, operative, energizing and effective]; it is sharper than any two edged sword." The Word of God is a powerful two edged sword that we can use in spiritual warfare to defeat the enemy in our life. However just as a sword left in its sheath is not effective in battle until you take it out and use it, the Bible on the shelf is not going to do anything for you. Its power is only released when you speak it in faith. That is the way we need to respond to thoughts of self-hatred, condemnation, regret, guilt and any other negative thought that would make us feel bad about ourselves.

ADDENDUM C: SCRIPTURES FOR THE FAITH CONFESSION OF WHO YOU ARE IN CHRIST

(Taken from Dr. Strydom's book: Healing begins with the sanctification of the Heart)

1. Isaiah 61 v 10: "I will greatly rejoice in the Lord, my soul will exult in my God; for He has clothed me with the garments of salvation. He has covered me with the robe of righteousness, as a bridegroom decks himself with a garland, and as a bride adorns herself with jewels."

2. Psalm 8 v 4 – 6 "What is man that you are mindful of him, and the son of [earthborn] man that You care for him? Yet you have made him a little lower than the angels, and You have crowned him with glory and honour. You made him to have dominion over the works of Your hands; You have put all things under his feet."

3. Jeremiah 1 v 5: "Before I formed you in the womb I knew [and] approved of you [as My chosen instrument], and before you were born I separated and set you apart, consecrating you…"

4. Psalm 139 v 14 – 15: "I will praise You for I am fearfully and wonderfully made: Marvellous are Your works; And that my soul knows very well! (KJV) My frame was not hidden from You when I was being formed in secret [and] intricately and curiously wrought [as if embroidered with various colours] in the depths of the earth. Your eyes saw my unformed substance, and in Your book all the days [of my life] were written before ever they took shape, and when as yet there was none of them. How precious and weighty also are Your thoughts to me, O God! How vast is the some of them!" (Amplified Bible)

5. Romans 8 v 1 "Therefore [there is] now no condemnation (no adjudging guilty of wrong) for those who are in Christ Jesus, who live [and] walk not after the dictates of the flesh, but after the dictates of the Spirit."

6. 2 Timothy 1 v 9: "God has saved us and called us with a holy calling, not according to our works, but according to His own purpose and grace, which was given to us in Christ Jesus before the world began."

7. Ephesians 1 v 4: "Even as [in His love] He chose us [actually picked us out for Himself as His own] in Christ before the foundation of the world, that we should be holy (consecrated and set apart for Him) and blameless in His sight, even above reproach, before Him in love."

8. 1 Peter 2 v 9: "But you are a chosen race, a royal priesthood, a dedicated nation, [God's] own purchased, special people, that you may set forth the wonderful deeds and display the virtues and perfections of Him Who called you out of darkness into His marvellous light."

9. 1 Thessalonians 1 v 4: "[O] brethren beloved by God, we recognize and know that He has selected (chosen) you."

10. John 15 v 16: "You have not chosen Me, but I have chosen you and I have appointed you [I have planted you], that you might go and bear fruit and keep on bearing, and that your fruit may be lasting [that it may remain, abide], so that whatever you ask the Father in My Name [as presenting all that I AM], He may give to you."

11. Romans 8 v 15 - 16; "…You have received the Spirit of adoption [the Spirit producing sonship] in [the bliss of] which we cry, Abba (Father)! Father! The Spirit Himself [thus] testifies together with our own spirit [assuring us] that we are children of God."

12. 1 Peter 1 v 23: "You are born again, not of corruptible seed, but of incorruptible, by the Word of God, which lives and abides forever." (KJV)

13. Ephesians 1 v 7: "In Him we have redemption (deliverance and salvation) through His blood, the remission (forgiveness) of our offenses (shortcomings and trespasses), in accordance with the riches and the generosity of His gracious favour."

14. 1 John 2 v 12: "I am writing to you, little children, because for His Name's sake your sins are forgiven [pardoned through His Name and on account of confessing His Name]."

15. 1 John 1 v 9: "If we [freely admit that we have sinned and confess our sins, He is faithful and just (true to His own nature and promises) and will forgive our sins [dismiss our lawlessness] and [continuously] cleanse us from all unrighteousness [everything not in conformity to His will in purpose, thought, and action]."

16. Colossians 1 v 13 -14: "[The Father] has delivered and drawn us to Himself out of the control and the dominion of darkness and has transferred us into the kingdom of the Son of His love, In Whom we have our redemption through His blood, [which means] the forgiveness of our sins."

17. 2 Corinthians 5 v 17: "Therefore if any person is [in-grafted] in Christ (the Messiah) he is a new creation (a new creature altogether); the old [previous moral and spiritual condition] has passed away, Behold, the fresh and new has come!"

18. Romans 8 v 21: "For our sake He made Christ [virtually] to be sin Who knew no sin, so that in and through Him we might become… the righteousness of God [what we ought to be, approved and acceptable and in right relationship with Him, by His goodness]."

19. Ephesians 2 v 18: "For it is through Him that we both [whether far off or near] now have an introduction (access) by one [Holy] Spirit to the Father [so that we are able to approach Him]."

20. Hebrews 4 v 16: "Let us then fearlessly and confidently and boldly draw near to the throne of grace (the throne of God's unmerited favour to us sinners), that we may receive mercy [for our failures] and find grace to help in good time for every need [appropriate help and well-timed help, coming just when we need it]."

21. Galatians 3 v 9: "So then, those who are people of faith are blessed and made happy and favoured by God [as partners in fellowship]…"

22. Zechariah 2 v 8: "For thus said the Lord of hosts…he who touches you touches the apple or pupil of His eye."

23. Psalm 17 v 8: "Keep and guard me as the pupil of Your eye; hide me in the shadow of Your wings."

24. Isaiah 49 v 16: "Behold, I have indelibly imprinted you on the palm of each of My hands."

25. Ephesians 1 v 13: "In Him, you also who have heard the Word of Truth, the glad tidings (Gospel) of your salvation, and have believed in and adhered to and relied on Him, were stamped with the seal of the long-promised Holy Spirit."

26. 1 Corinthians 1 v 8: "And He will establish you to the end [keep you steadfast, give you strength, and guarantee your vindication; He will be your warrant against all accusation or indictment so that you will be] guiltless and irreproachable in the day of our Lord Jesus Christ (the Messiah)."

27. 2 Corinthians 3 v 18: "And all of us, as with unveiled face, [because we] continued to behold [in the Word of God] as in a mirror the glory of the Lord, are constantly being transfigured into His very own image in ever increasing splendour and from one degree of glory to another; [for this comes] from the Lord [Who is] the Spirit."

28. Philippians 1 v 6: "And I am convinced and sure of this very thing, that He who began a good work in you will continue until the day of Jesus Christ [right up to the time of His return], developing [that good work] and perfecting and bringing it to full completion in you."

29. Ephesians 2 v 10: "For we are God's [own handiwork (His workmanship), recreated in Christ Jesus, [born anew] that we may do those good works which God predestined (planned beforehand) for us [taking paths which He prepared ahead of time], that we should walk in them [living the good life which He prearranged and made ready for us to live.]"

30. 2 Corinthians 5 v 20: "So we are Christ's ambassadors, God making His appeal as it were through us. We [as Christ's personal representatives] beg you for His sake to lay hold of the divine favour [now offered to you] and be reconciled to God."

31. Colossians 2 v 10: "And you are in Him, made full and having come to fullness of life [in Christ you too are filled with the Godhead – Father, Son and Holy Spirit – and reach full spiritual stature]."

32. 1 Corinthians 6 v 19 - 20: "Do you not know that your body is the temple (the very sanctuary) of the Holy Spirit Who lives within you, Whom you have received [as a Gift] from God? You are not your own, You were bought with a price [purchased with a preciousness and paid for, made His own]. So then, honour God and bring glory to Him in your body."

33. 1 Corinthians 2 v 16: "For who has known and understood the mind (the counsels and purposes) of the Lord so as to guide and instruct Him and give Him knowledge? But we have the mind of Christ (the Messiah) and do hold the thoughts (feelings and purposes) of His heart."

34. Romans 8 v 17: "And if we are [His] children, then we are [His] heirs also: heirs of God and fellow heirs with Christ [sharing His inheritance with Him]; only we must share His suffering if we are to share His glory."

35. Colossians 1 v 12: "Giving thanks to the Father, Who has qualified and made us fit to share the portion which is the inheritance of the saints (God's holy people) in the Light."

36. Ephesians 1 v 11: "In Him we were also made [God's] heritage (portion) and we obtained an inheritance; for we had been foreordained (chosen and appointed beforehand) in accordance with His purpose…"

37. Galatians 3 v 13: "Christ purchased our freedom [redeeming us] from the curse (doom) of the Law [and its condemnation] by [Himself] becoming a curse for us, for it is written [in the Scriptures], Cursed is everyone who hangs on a tree (is crucified)."

38. 1 Peter 1 v 18 – 19: "You must know (recognize) that you were redeemed (ransomed) from the useless (fruitless) way of living inherited by tradition from [your] forefathers, not with corruptible things [such as] silver and gold. But [you were purchased] with the precious blood of Christ (the Messiah)…"

39. John 8 v 36: "So if the Son liberates you [makes you free men], then you are really and unquestionably free."

40. Galatians 5 v 1: "In this freedom Christ has made us free [and completely liberated us]; stand fast then and do not be hampered and held ensnared and submit again to a yoke of slavery [which you have once put off]."

41. Romans 6 v 11: "Even so consider yourselves also dead to sin and your relation to it broken, but alive to God [living in unbroken fellowship with Him] in Christ Jesus."

42. Ephesians 2 v 5-6: "Even when we were dead (slain) by [our own] shortcomings and trespasses, He made us alive together in fellowship and in union with Christ, [He gave us the very life of Christ Himself…] it is by grace (His favour and mercy which you did not deserve) that you are saved (delivered from judgment and made partakers of Christ's salvation). And He raised us up together with Him and made us sit down together [giving us joint seating with Him] in the heavenly sphere [by virtue of our being] in Christ Jesus (the Messiah, the Anointed One)"

43. 1 John 5 v 18: "We know [absolutely] that anyone born of God does not [deliberately and knowingly] practice committing sin but the One Who was begotten of God (i.e. Jesus) carefully watches over and protects him [Christ's divine presence within him preserves him against evil], and the wicked one does not lay hold (get a grip) on him or touch [him]."

44. 2 Peter 1 v 3 -4: "According to His divine power, God has given to us all things that pertain to life and godliness, through the knowledge of him that called us to glory and virtue: whereby He has given to us exceeding great and precious promises: that by these you may be partakers of the divine nature…"

45. Ephesians 1 v 3: "May blessing… be to God the Father of our Lord Jesus Christ Who has blessed us in Christ with every spiritual (given by the Holy Spirit) blessing in the heavenly realm!"

46. Colossians 2 v 6-7: "Therefore as you have received Jesus Christ the Lord, so walk in Him: rooted and built up in Him, and established in the faith, as you have been taught, abounding in thanksgiving."

47. Mathew 16 v 20: "…For truly I say to you, if you have faith [that is living] like a grain of mustard seed, you can say to this mountain, Move from here to yonder place, and it will move; and nothing will be impossible to you."

48. 1 John 5 v 4 – 5: "For whatever is born of God is victorious over the world; and this is the victory that conquers the world, even our faith. Who is it that is victorious over [that conquers] the world but He who believes that Jesus is the Son of God [who adheres to, trusts in, and relies on that fact]?"

49. Revelations 12 v 11: "And they overcame him by the blood of the Lamb, and by the word of their testimony."

50. Romans 8 v 37: "Yet amidst all these things we are more than conquerors and gain a surpassing victory through Him Who loved us."

51. 2 Corinthians 2 v 14: "But thanks be to God, Who in Christ always leads us in triumph [as trophies of Christ's victory] and through us spreads and makes evident the fragrance of the knowledge of God everywhere."

52. Ephesians 6 v 10: "In conclusion, be strong in the Lord [be empowered through your union with Him]; draw your strength from Him [that strength which His boundless might provide]."

53. Deuteronomy 28 v 13: "And the Lord shall make you the head, and not the tail; and you shall be above only, and you shall not be beneath, if you heed the commandments of the Lord your God and are watchful to do them."

54. 1 John 4 v 4: "Little children, you are of God [you belong to Him] and have [already] defeated and overcome them, because He Who lives in you is greater (mightier) than he who is in the world."

55. 1 John 14 v 12 – 14: "I assure you, most solemnly I tell you, if anyone steadfastly believes in Me, he will himself be able to do the things that I do; and he will even do greater things than these, because I go to the Father, And I will do [I myself will grant] whatever you ask in My Name [as presenting all that I AM], so that the Father may be glorified and extolled in (through) the Son. [Yes] I will grant [I Myself will do for you] whatever you shall ask in My Name].."

56. Mark 16 v 17-18: "And these attesting signs will accompany those who believe: In My Name they will drive out demons; they will speak in new languages; they will pick up serpents; and [even] if they drink anything deadly, it will not hurt them; they will lay their hands on the sick, and they will get well."

57. 1 John 4 v 17: "In this [union and communion with Him] love is brought to completion and attains perfection with us, that we may have confidence for the day of judgment [with assurance and boldness to face Him], because as He is, so are we in this world."

58. Ephesians 1 v 19-20: "And [so that you can know and understand] what is the immeasurable and unlimited and surpassing greatness of His power in and for us who believe, as demonstrated in the working of His mighty strength, which He exerted in Christ when He raised Him from the dead and seated Him at His [own] right hand in heavenly [places].

ADDENDUM D: FAITH CONFESSION OF WHO YOU ARE IN CHRIST

"I am a precious woman (or man) of great value and worth because Jesus, the King of kings, died and paid a great price for me. I am a royal daughter (or son) for I have a crown of glory and honour on my head, and I am wearing Jesus' royal robes of righteousness. (Isaiah 61 v10; Psalm 8 v5). God accepts and approves of me. (Jeremiah 1 v 5). I am fearfully and wonderfully made. (Psalm 139). There is now no condemnation for me in Christ. (Romans 8 v1). Therefore I accept myself, and love who I am and the way I am made. Father, I am who You say I am: I am called by God. (2 Timothy 1 v 9). I was chosen by God before the foundations of the world to be set apart for Him. (Ephesians 1 v 4; 1 Peter 2 v 9; 1 Thessalonians 1 v 4; John 15 v 16). I am God's child. (Romans 8 v 15 -16). I am born again of the Incorruptible seed of the living Word of God that endures forever. (1 Peter 1 v 23). I am forgiven of all my sins and the blood of Jesus has washed away my guilt and shame. (Ephesians 1 v 4 & 7; 1 John 2 v 12; 1 John 1 v9; Colossians 1 v 14). I am a new creation in Christ. (2 Corinthians 5 v 17). I am holy and blameless in God's sight, even above reproach, before Him in love. (Ephesians 1 v 4). I am the righteousness of God, which means that I am approved, acceptable and in right relationship with Him.(Romans 8 v 21). I have full access to the Father. (Ephesians 2 v 18) and can fearlessly, confidently and boldly draw near to His throne. (Hebrews 4 v 16). I am blessed and I am God's favourite. (Galatians 3 v 9). I am the apple of God's eye and my name is inscribed on the palm of His hand. (Zechariah 2 v 8; Psalm 17 v 8; Isaiah 49 v 16). I am stamped with the seal of the Holy Spirit. (Ephesians 1 v 13). I am established to the end. (1 Corinthians 1 v 8).

I am being changed into His image and He Who began this good work in me will bring it to completion. (2 Corinthians 3 v 18; Philippians 1 v 6) I am God's workmanship, recreated in Christ for good works. (Ephesians 2 v 10). I am an ambassador for Christ. (2 Corinthians 5 v 20). I am complete in Him. (Colossians 2 v 10). I am the temple of the Holy Spirit. (1 Corinthians 6 v 19). I have the mind of Christ. (1 Corinthians 2 v 16; Philippians 2 v 5). I am a joint heir with Christ and He has qualified me to share in His inheritance. (Romans 8 v 17; Colossians 1 v 12; Ephesians 1 v 11). I am redeemed from the futile way of life and am purchased with the precious blood of Christ. (1 Peter 1 v 18-19). I have been delivered from the control and dominion of the devil and have been translated into God's kingdom of love. (Colossians 1 v 13). I am set free. (John 8 v 36; Galatians 5 v 1; John 8 v 31 – 34). I am dead to sin and alive with Christ. (Romans 6 v 11; Ephesians 2 v 5). I am raised up with Christ and am seated with Him in heavenly places. (Ephesians 2 v 6). Because I am born of God the evil one cannot touch me. (1 John 5 v 18). I have been given all things that pertain to life and godliness and I am a partaker of His divine nature. (2 Peter 1 v 3-4). I am blessed with every spiritual blessing that heaven has to offer. (Ephesians 1 v 3). I am firmly rooted, built up and established in my faith (Colossians 2 v 7) and I have faith that can move mountains. (Mathew 16 v 20). Father, I can do what You say I can do: I

am a victorious over-comer (1 John 5 v 4; Revelations 2 v 11), a mighty woman (or man) of valour a champion overcoming warrior, who possesses dignity and honour. (Judges 6 v12). I am more than a conqueror. (Romans 8 v 35). All circumstances are under my feet. (Psalm 8 v 6). In all things I gain a surpassing victory (Rom 8 v 37) and in all things God leads me to triumph in Christ. (2 Corinthians 2 v 14). Through my union with God, I am strong in the Lord and the power of His might. (Ephesians 6 v 10). I have strength for all things in Christ who empowers me. I am ready for anything and equal to anything through Him Who infuses inner strength into me; I am self-sufficient in Christ's sufficiency. (Philippians 4 v13). Everything I put my hand to prospers. (Psalm 1 v 1 – 3). Greater is He that lives in me than he that is in the world. (1 John 4 v 4). Because I believe in, lean on, trust and rely on God, I do the things that Jesus did, and greater things will I do, for His Spirit within me knows no limit. (John 14 v 12 – 14). Therefore I believe that all things are possible and limit not the Holy One within me. (Philippians 4 v 13). I received power when the Holy Spirit came upon me, so every place I go and all I do, I do in the power of the Spirit: I have power to lay hands on the sick and see them recover (each and every one), and at my command, in the Name of Jesus all demonic powers are cast out and all people are set free; I have authority over all the power of the enemy and nothing shall by any means hurt me. (Mark 16 v 17 – 18). As Jesus is, so am I in this world (1 John 4 v 17) and the immeasurable, unlimited and surpassing power of God is on the inside of me! (Ephesians 1 v 19). The same power that raised Jesus from the dead lives in me! (Ephesians 1 v 20).

ADDENDUM E: PRAYER

Several guideline prayers have been used to formulate this prayer. Gratitude to Dr. M Strydom, Cecelia Meyer-de Wet, Ruach Christian Ministries. Cell: +27 (0)82 565 4058. Cecelia.ruach@gmail.com; Amanda Buys, Kanaan Ministries; Rita McPherson and Traci Morin.

Abba Father, I repent of and turn away from self-injury, self-hatred, self-rejection, self-disapproval and/or a low self-esteem, guilt, shame and condemnation in my life. I've allowed the accusing spirit, unloving spirit and spirit of rejection to train me in my thinking to have this toxic sinful mind-set and I fell into agreement with it. I ask You to forgive me, and I receive your forgiveness right now and thank you that the blood of Jesus has washed away my guilt and shame and has cleansed me from all unrighteousness.

I repent for the times I have had thoughts of self-injury, self-hatred, self-rejection, low self-esteem and suicide and wished for death. I recognize that it is lies from the enemy who comes to steal, kill and destroy (John 10 v 10). I choose life – not death (Deuteronomy 30 v 19). Your Word says in Psalm 91 v 16 that with long life You will satisfy me and show me Your salvation… and I choose to live that long life so that I can fulfil the destiny and calling on my life that you planned for me from before the foundation of the world (Ephesians 2 v 10) and impact all the people with Your love and Gospel of Good News in Your Word.

Abba Father I also want to confess and repent for addictions in my life in all its different forms specifically self-injury. I repent for looking to these things as a counterfeit source of love and comfort. Only Your love can truly fulfil and satisfy me (John 14 v 14) – so I ask Your Holy Spirit of sanctification to wash out and cleanse my love cup from all other lovers and counterfeits and to fill it with only You. Holy Spirit You are my Comforter, Counsellor, Strengthener and Stand-by and I need you (John 14 v 26).

In the Name of Jesus I ask You to write Your law of Who I am in Christ on my heart.

The Bible states that I DO belong to the body of Christ and the family of Christ. I am accepted in the Beloved (Ephesians 1 v 6) I have such great value and worth that the King of Kings died and paid a great price for me (John 3 v 16). I am the apple of God's eye (Zechariah 2 v 8) and I am the Bride of the King of Kings and Lord of Lords!

It is written that the joy of the Lord is my strength (Nehemiah 8:10). I choose to live in that joy from this moment, regardless of my circumstances. There is no more place for heaviness or dejection in my life. Father I thank You that in the spiritual realm I wear a crown of glory and honour (Psalm 8 v 5), Your royal robe of righteousness (Isaiah 61 v 10) and the garments of

praise (Isaiah 61 v 3). Help me Abba Father to renew my mind so that I can walk in the fullness of this Truth.

Father I totally surrender my WHOLE being to you – Jesus, I will love You with my spirit, soul and BODY – come and reign in me. I declare that you are Lord over my body. My body is not my own – it is Yours, because you bought it with a price, it is precious. It is paid for and made Your own (1 Corinthians 6 v 19 – 20)...so I dedicate my body to You as a living sacrifice as my spiritual worship – it is holy and devoted to You, it is consecrated and set apart for You (Romans 12 v 1 – 2) – that I may be a vessel of honour, ready for Your use (2 Timothy 2 v 21). I honour God and I will glorify You in my body.